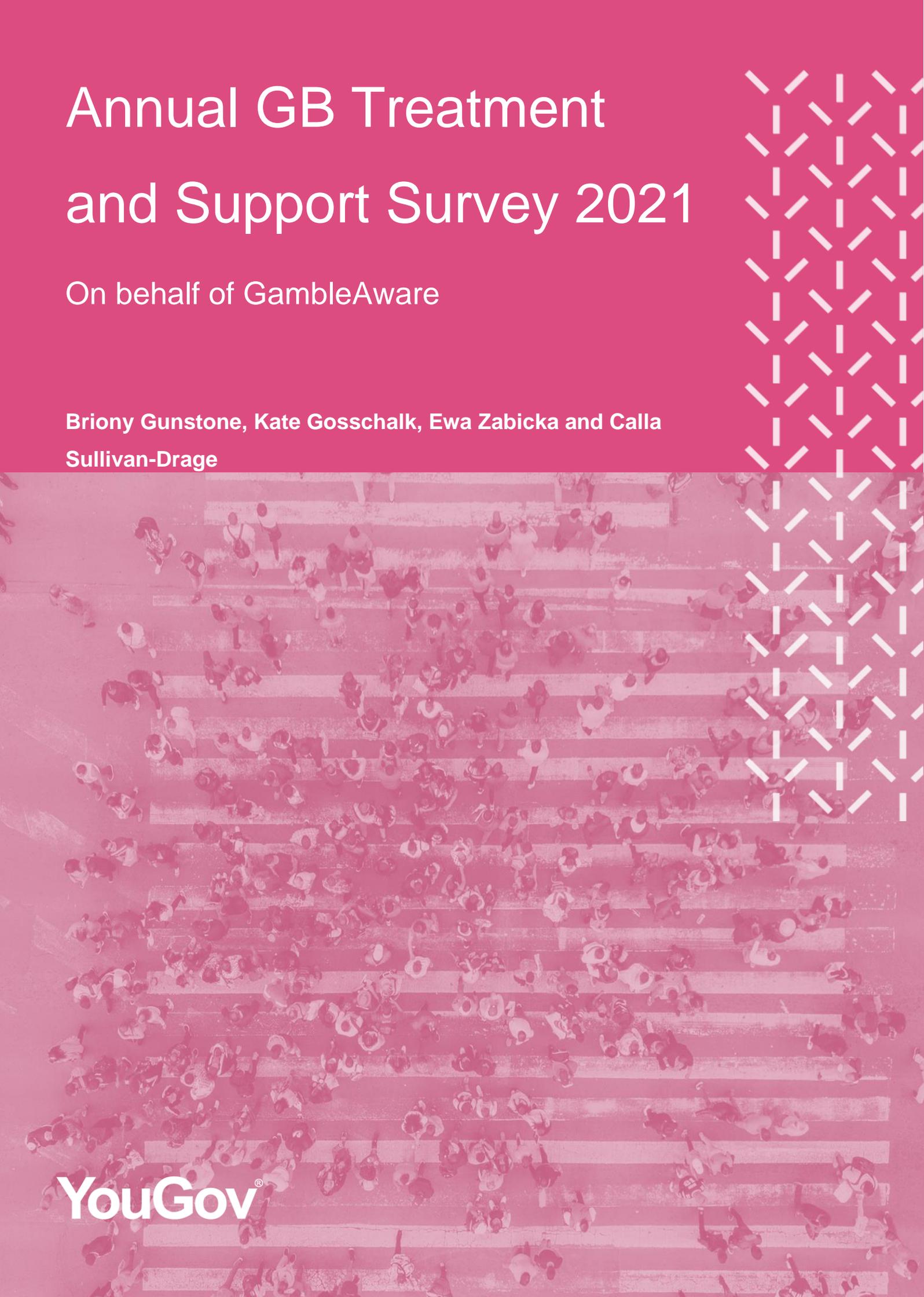


Annual GB Treatment and Support Survey 2021

On behalf of GambleAware

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YouGov[®]

The background of the cover features an aerial, high-angle photograph of a busy pedestrian crossing. The crossing is marked with white zebra stripes. On the right side of the image, there is a decorative graphic consisting of a grid of white dashed lines that form a pattern of squares and diamonds. The entire image has a semi-transparent pink overlay.

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1 Key findings

People who gamble: gambling participation

Overall, 59% of adults living in Great Britain (GB) reported participating in any gambling activity in the previous 12 months (equating to an estimated 30,450,000 GB adults) and 46% in the last four weeks (equating to an estimated 23,712,000 GB adults). Previously, we reported a reduction in gambling participation from 2019 to 2020, reflecting the impact of the Coronavirus (COVID-19) pandemic and resulting restrictions on many gambling activities. That pattern has now partially reversed, with the 2021 results showing a return towards levels seen in 2019. For example, 61% reported participation in the previous 12 months in 2019, which fell to 56% in 2020 and has climbed to 59% in 2021.

While various activities show an increase since 2020, the biggest single contributor to the overall increase in participation is the National Lottery. Given 2021 featured various high-profile sporting events, including the (rescheduled) 2020 Olympics and the (rescheduled) UEFA Euro 2020, there was also an increase in participation in sports betting, both online (10.7% in 2020 to 11.8% in 2021) and in-person (2.8% to 3.2%). In keeping with a longer-term upward trend observed elsewhere, there has been a continued increase in participation in online casino games (from 3.0% in 2019 to 3.6% in 2020 and 4.1% in 2021).

PGSI classification

Overall, 12.7% of adults (equivalent to approximately 6,532,000 GB adults) surveyed scored 1 or more on the Problem Gambling Severity Index (PGSI) scale (see section 3.2 for more detail): a small but statistically significant increase from 2020 when 11.8% of adults were classified this way, and closer to the level seen in 2019 (13.2%). Seven percent were classified as low-risk gamblers (PGSI score of 1-2); 2.9% percent as moderate-risk gamblers (PGSI score of 3-7) and 2.8% percent as problem gamblers (PGSI score of 8+). This equates to an estimate of approximately 1,440,000 GB adults.

The proportion of gamblers with a PGSI score of 1+ (i.e. experiencing any risk of harm) was higher among men and younger adults, and slightly higher among C2DEs (a term commonly used to describe those employed in broadly 'manual' occupations). Adults from Black and minority ethnic (BAME) communities also recorded higher PGSI scores on average than white adults, which may reflect differing preferences for gambling activities.

Interaction with other health behaviours

There is a known link between gambling and other behaviours associated with harm, highlighted in many academic studies.¹ Gamblers with a PGSI score of 1+ were more likely to drink at higher risk levels and smoke, with problem gamblers (PGSI score of 8+) much more likely to report drinking and smoking tobacco. Gamblers with higher PGSI scores were also more likely to be experiencing higher levels of distress (based on K-10) scores and have co-existing conditions, such as a mental health condition or chronic obstructive pulmonary disease (COPD) (See section 2.3 for more detail). This suggests the need for a holistic approach to support for gambling.

Number of self-reported affected others

Overall, six percent of the adult population report being an 'affected other' (those who have been negatively affected by another's gambling); comparable with 2020. This equates to an estimate of approximately 3,343,000 GB adults. There is a known link between an individual's own gambling and experiencing issues from the gambling of others, with problem gamblers (PGSI score of 8+) more likely than gamblers with lower PGSI scores to qualify as affected others. Self-reported affected others are more likely to be women, likely due to the male dominated gambling population and a higher proportion of heterosexual relationships than homosexual relationships resulting in more female partners and spouses being affected.

In an attempt to capture a potentially wider group of affected others than those who self-report, we analysed the number of adults and children in the household of respondents who were classified as gamblers with a PGSI score of 1+. On average, gamblers with a score of 1+ had just under two (1.8) other people living in their household, including both adults and children, and those with a score of 8+ had an average of 2.5 people. This equates to an estimated 11,758,000 people in Great Britain who may be affected by someone who gambles at any level of risk (PGSI score of 1+), of which an estimated 3,600,000 people may be affected by someone gambling with a PGSI score of 8+. It is

¹ ['Co-Occurrence of Addictive Behaviours: Personality Factors Related to Substance Use, Gambling and Computer Gaming'](#) (Walther et al., 2012) and ['Prevalence of comorbid disorders in problem and pathological gambling: systematic review and meta-analysis of population surveys'](#) (Lorains et al., 2011).

important to note that this analysis can only capture those within the household (while other contacts outside the household may also be affected); also, it may not be automatically true that everyone within the household will be affected by a person's gambling. As a result of both of these limitations, only a rough estimate of those who may be affected is possible.

There is a clear relationship between gambling disorder and having children, with a majority (58%) of problem gamblers (PGSI score of 8+) having children in their household, compared with 37% of all gamblers with a PGSI score of 1+ (and 24% of all adults in the sample). It is not possible to determine if this is a causal relationship, or simply correlation.

Type of affected other

Affected others are most likely to be negatively affected by the gambling of someone in their immediate family (53%), most commonly a spouse or partner, or a parent. Those affected by a spouse or partner are more likely to report a severe negative impact, likely due to the close nature of this relationship (e.g. shared finances, living together, children). Impacts include effects on relationships, negative emotions such as anxiety and depression, and financial difficulties.

Impacts on affected others

Gambling can have a profound impact on the day-to-day lives of not only gamblers, but those close to them, via resources (e.g. money and debt), health (e.g. mental distress) and on relationships. It is widely cited that gambling problems can have an impact on relationships, with the vast majority of affected others (77%) saying that a relationship has been affected by the gambling problem of someone else.

Gamblers: usage of treatment, advice or support

Among problem gamblers (PGSI score of 8+), 36% have not used any form of treatment, advice or support to cut down on their gambling in the past 12 months. This is comparable with 2020 findings (37%). By contrast, 85% of moderate-risk gamblers (PGSI score of 3-7) and 96% of low-risk gamblers (PGSI score of 1-2) reported this.

Among gamblers with a PGSI score of 1+, 20% reported using either treatment, support or advice to cut down on their gambling in the previous 12 months. This is comparable with 2020 findings (19%).

Gamblers: demand for treatment, advice or support

Overall, in 2021, 16% of gamblers with a PGSI score of 1+ said they wanted some form of treatment, advice or support. This rises to 57% for problem gamblers (PGSI score of 8+). This is comparable with 2020 findings (59%).

The predominant barrier to seeking treatment, advice or support was the perception that personal gambling habits were not harmful or that only small amounts were gambled; this was stated by 38% of gamblers with a PGSI score of 1+ not wanting treatment, advice or support. Other key barriers were the perception that treatment and support was not relevant or suitable for the individual, as well as the belief that gambling brought positive results. Among problem gamblers (PGSI score of 8+), stigma (e.g. feeling embarrassed, not wanting people to find out) was the most common barrier for not seeking support (24%). The qualitative phase also found that stigma is a prominent barrier to seeking help for those experiencing gambling disorder, with several fearing they would be judged for their participation in gambling. Denial was also found to play a key role in preventing gamblers from accessing support.

One in five (23%) gamblers with a PGSI score of 1+ recognised one or more factors which might motivate them to seek treatment, support or advice. The most common was knowing support was available via a particular channel (telephone, online or face-to-face) (9%). Other key motivators were knowing support was easy to access (including the ability to self-refer) or a partner or family member speaking to them about their gambling (both 8%).

Affected others: usage of treatment, advice or support

Thirty-six percent of self-reported affected others have sought advice or support in some form, either for themselves or on behalf of the person or people they know with a gambling problem. This includes advice and support (such as advice from a friend or family member) as well as from a treatment service (such as mental health services or a GP).

Mental health problems (including feeling anxious or concerned) are the most common prompt given by affected others for seeking treatment, advice or support. This is followed by concern for safety or wellbeing or needing help / knowledge on how to deal with the situation.

Affected others: current demand for treatment, advice or support

There remains sizable reported demand (43%) for treatment and support among affected others which should be addressed. Again, mirroring usage, there is reported demand for both treatment and support.

The most common reason for not wanting advice or support among affected others is the associated gambler not considering their gambling problematic (47%). There is also a common perception that the advice or support available would be just for gamblers and not helpful or effective for them.

2 Introduction

This report presents the findings of a study conducted in November 2021, which explored the usage of, and reported demand for, treatment and support services among gamblers and those affected by another's gambling. This is an annual study, previously conducted in November 2020 and October 2019.² The research was conducted by YouGov on behalf of GambleAware.

2.1 Background

In October 2019, GambleAware commissioned YouGov to undertake a study to explore usage of and reported demand for treatment, advice and support, among gamblers with a PGSI score of 1+³ and affected others.⁴ The study also explored motivations and barriers in relation to seeking treatment or support. This formed part of a wider research initiative to examine gaps and needs that exist within all forms of treatment and support services for those experiencing gambling harms and those affected by another's gambling.

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

² The full 2020 report can be found [here](#).

³ See 'Problem Gambling Severity Index (PGSI)' on pages 11-12 for a full description of PGSI score

⁴ Affected others were defined as anyone who: 1) thought that someone in their life had had a gambling problem (at any point in the past) and 2) felt that they had been personally affected by this person's gambling.

2.2 Method

The 2021 study consisted of a quantitative survey of 18,038 GB adults, conducted online. It also included a qualitative element, comprising 30 telephone in-depth interviews.

Quantitative survey method

The 2021 Annual GB Treatment and Support study fieldwork was conducted using YouGov's online panel, which consists of 1,000,000 adults in the UK. YouGov employs an active sampling method, drawing a sub-sample from its panel that is representative by socio-demographics (in this case, age; gender; region; National Readership Survey (NRS) social grade, and ethnic group).

YouGov has a proprietary, automated sampling system that invites respondents based on their profile information and how that aligns with targets for surveys that are currently active. Respondents are automatically, randomly selected based on which surveys are 'live' at the time and how that matches their profile information.

Respondents are contacted by email and invited to take part in an online survey without knowing the subject at this stage. We use a brief, generic email invitation which informs the respondent only that they are invited to a survey. This helps to minimise bias from those opting in/out based on level of interest in the survey topic. Additionally, conducting research in an online setting, where respondents feel a greater sense of anonymity, has been shown to minimise social desirability bias.

The 2021 Annual GB Treatment and Support study fieldwork was carried out between 18th November and 14th December 2021. In total, 18,038 adults in Great Britain were surveyed, including 2,338 PGSI 1+ gamblers. Data were then weighted by age, gender, UK region, NRS social grade and ethnic group, to make the sample representative of the overall GB adult population.⁵

⁵ See the technical appendix for more information on the weighting process

Qualitative interviews

YouGov's qualitative team invited 30 respondents from the quantitative survey to take part in a 30 – 45 minute telephone interview to further understand their experiences as gamblers or as affected others, as well their use of treatment and support and any enablers and barriers to accessing help.

Two main audience groups included in the qualitative stage were affected others (10 interviews) and gamblers (20 interviews with a mix of moderate (PGSI score of 3-7) and problem (PGSI score of 8+) gamblers). However, it is worth noting that among affected others, three respondents were also gamblers but during the interviews they were not explicitly asked about their gambling behaviours. Also, among 20 interviews with gamblers, five respondents were affected by the gambling behaviour of someone else in the past, but that experience was not explored with them during the interviews.

Across the interviews, there was also a mix of:

- Region
- Age
- Gender
- Ethnicity
- Social grade
- Gambling activities (including online and offline, types of products)
- Use of and type of treatment and support (as both a gambler and affected other).

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

2.3 Standardised tools and classifications

The following standardised tools and classifications were included in the survey and analysis process:

Problem Gambling Severity Index (PGSI)

The study used the full (9-item) Problem Gambling Severity Index (PGSI) to measure levels of gambling behaviour which may cause harm to the gambler. The PGSI⁶ consists of nine items ranging from 'chasing losses' to 'gambling causing health problems' to 'feeling guilty about gambling'. Each item is assessed on a four-point scale: never, sometimes, most of the time, almost always. Responses to each item are given the following scores: never = 0; sometimes = 1; most of the time = 2; almost always = 3.

The nine items are listed below:

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

When scores for each item are summed, a total score ranging from 0 to 27 is possible.

Respondents were placed into the categories listed in Table 1 according to their score on the PGSI measure. The report often refers to gamblers with a score of 1+; this term encompasses low-risk (PGSI score of 1-2), moderate-risk (PGSI score of 3-7) and problem gamblers (PGSI score of 8+).

⁶ 'Gambling behaviour in Great Britain' (NatCen, 2016): <http://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2016.pdf>

Throughout the report, gamblers with a PGSI score of 8+ are referred to as 'problem gamblers', this is how they are classified by the developers of the PGSI scale.

Table 1. PGSI score categories

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

Ethnicity Classification

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

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

Table 2. Ethnicity breakdown

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

Social Grade

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

Table 3. NRS Social Grade categories

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

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

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

Table 4. AUDIT-C categories

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

Kessler Psychological Distress Scale (K10)

The Kessler Psychological Distress Scale (K10) is a simple measure of psychological distress. The K10 scale involves 10 questions about emotional states each with a five-level response scale. The measure is intended to be used as a brief screen to identify levels of distress. Each item is scored from one 'none of the time' to five 'all of the time'. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress.

For purpose of analysis we have classified respondents as '10-19' (likely to be well) and '20 or higher' (likely to have some level of distress).

Treatment, support and advice

Throughout this report, when discussing the types of treatment, support and advice people can receive to help manage their gambling, we refer to 'treatment services' and 'sources of advice and support'. Treatment services are shown in pink on the charts throughout the report and include a range of professional services, including mental health services (e.g. counsellor, therapist), specialist face-to-face treatment service for gambling, and other addiction services (e.g. drug or alcohol). Sources of advice and support are shown in purple on the charts and include speaking to friends and family members, websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare), amongst others. Table 5 below gives the full breakdown of sources.

Table 5. Sources of treatment, support and advice

| Source | Treatment, support and advice type |
|---|------------------------------------|
| GP | Treatment |
| Mental health services (e.g. counsellor, therapist) | Treatment |
| Social worker, youth worker or support worker | Treatment |
| Specialist treatment service for gambling (e.g. National Gambling Treatment Service) | Treatment |
| Other addiction service (e.g. drug or alcohol) | Treatment |
| Online therapy for gambling e.g. Cognitive behavioural therapy (CBT) | Treatment |
| Face-to-face therapy for gambling | Treatment |
| A support group (e.g. Gamblers Anonymous) | Support and advice |
| Your spouse/partner | Support and advice |
| Friends or family members | Support and advice |
| Your employer | Support and advice |
| Books, leaflets or other printed materials | Support and advice |
| Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare) | Support and advice |
| Online forum or group | Support and advice |
| A telephone helpline (e.g. National Gambling Helpline) | Support and advice |
| Self-help apps or other self-help tools (e.g. self-exclusion, blocking software and blocking bank transactions) | Support and advice |

2.4 Notes for interpretation

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

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

Population estimates

Population estimates have been calculated using data from the 2021 Annual GB Treatment and Support Survey and the latest ONS mid-year estimates (for Great Britain, 18+, 2020). These are based on a total population size of 51,435,642 GB adults.

For example, in order to estimate the number of gamblers with a PGSI score of 1+, the proportion in the survey (12.7%) was multiplied by the total population. This figure was then rounded to the nearest thousand (6,532,000).

See Table 32 for the full population estimates for key prevalence figures, with confidence intervals included.

3 People who gamble

3.1 Gambling participation

The survey asked whether respondents had participated in a range of gambling activities in the previous 12 months and in the last four weeks. Overall, 59% of adults living in Great Britain reported participating in any gambling activity in the previous 12 months and 46% in the previous four weeks. This equates to an estimated 30,450,000 GB adults who gambled in the previous 12 months, and 23,712,000 in the previous four weeks. Previously, we reported a reduction in gambling participation from 2019-2020, reflecting the impact of the Coronavirus (COVID-19) pandemic and resulting restrictions on many gambling activities. That pattern has now reversed, with the 2021 results showing a return towards levels seen in 2019. For example, 61% reported participation in the previous 12 months in 2019, which fell to 56% in 2020 and has climbed to 59% in 2021.

The biggest single contributor to the overall increase in gambling participation is the National Lottery, which increased by around seven percent (from 41% in 2020 to 44% in 2021) (see Figure 1). The 2020 results represented a notable reduction since 2019 and suggested that many Lottery participants did not replace in-person purchasing with online participation during lockdown periods. The 2021 results show participation exactly in line with 2019 (44%) and suggest that the pandemic effect has now ended.

Various other activities also show an increase since 2020, particularly in the field of sports betting. Of course, 2021 featured various high-profile sporting events, including the (rescheduled) 2020 Olympics and the (rescheduled) UEFA Euro 2020, whereas the majority of events in 2020 were cancelled. Against this backdrop, online sports betting participation in the previous 12 months increased from 10.7% in 2020 to 11.8% in 2021, while in-person betting increased from 2.8% to 3.2% over the same time period.

There has been a continued increase in participation of online casino games⁷ (from 3.0% in 2019 to 3.6% in 2020 and 4.1% in 2021), in keeping with a longer-term upward trend in the popularity of this activity that has been observed elsewhere.⁸ Gambling via a gaming machine in a bookmakers also shows a statistically significant increase from 2020 to 2021. Figure 1 below contains more detail.

This was reflected in the qualitative interviews, where gamblers noted that the easing of COVID-19 restrictions coincided with a higher frequency of gambling. As things such as shops, casinos and bingo halls started to open, people were able to resume their pre-pandemic gambling habits.

“Less so (frequency of gambling), purely because of the pandemic. Not being able to go to shop to buy lottery tickets or scratch cards or go to the casino.”

(Person who gambles – 33, female, Scotland, PGSI - 12)

“Yes, it has decreased a lot due to shops being closed and online (gambling) is not my favourite.”

(Person who gambles – 29, male, North West, PGSI – 18)

“I’ve probably been gambling less because there were less events and sports to go to.”

(Person who gambles – 40, female, Scotland, PGSI - 3)

“When the pandemic hit, I wasn’t able to go to the bingo hall. Since the pandemic stopped, I haven’t been going as much [as I used to], probably due to having less money - things are getting more expensive, Christmas is coming. I would love to go to a casino but I can’t afford it.”

(Person who gambles – 56, female, Yorkshire and the Humber, PGSI - 16)

⁷ Previously the question asked about online casino games as one answer option. In November 2021, the question split out online poker from other online casino games, combining the figures for analysis.

⁸ Gambling Participation in 2019, Gambling Commission (2019):

<https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-participation-in-2019-behaviour-awareness-and-attitudes.pdf>

Nonetheless, this was not the case for everyone. Some gamblers noticed that they were online gambling a lot more during the pandemic, as a replacement for face-to-face gambling or out of boredom/having a lot more spare time.

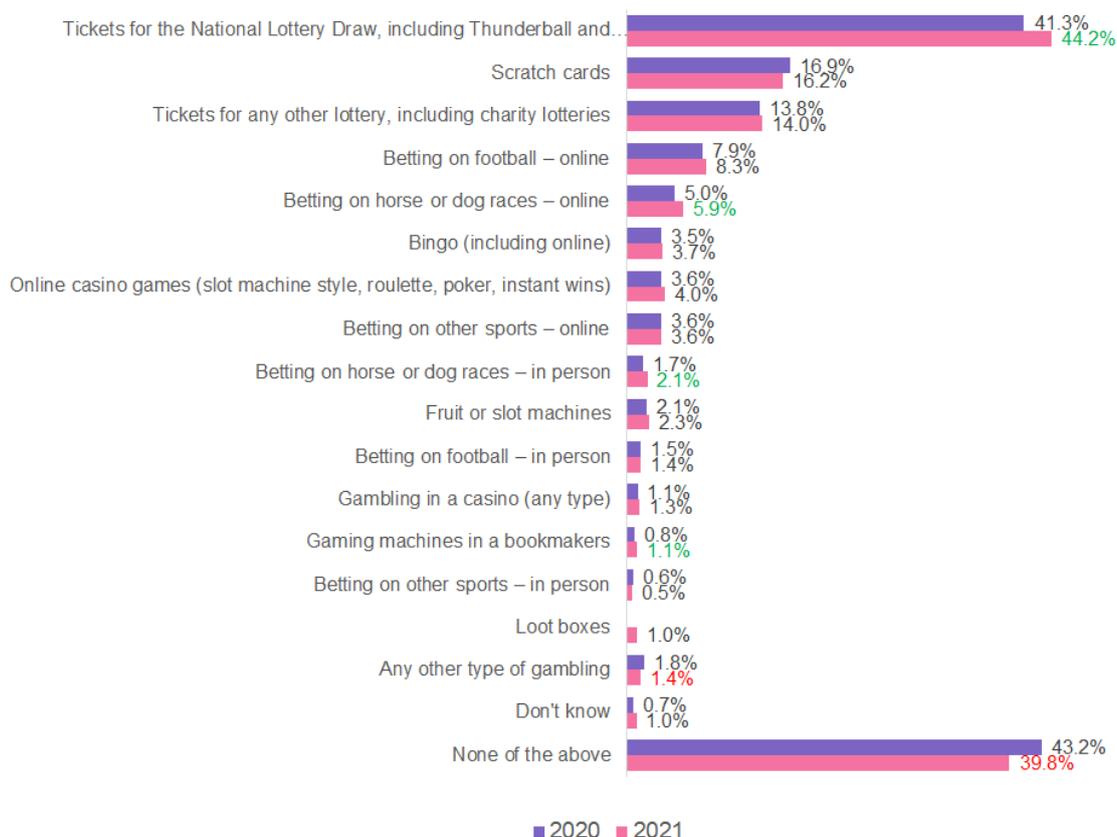
I've had so much spare time [due to the pandemic] and I've moved towards gambling a bit more than I used to. I try to fill my time with other things, but because I'm in all the time I find myself spending a lot of time gambling, especially due to the sporadic nature of my work."

(Person who gambles – 46, male, North West, PGSI - 21)

"In February (2021) I was playing a lot (online gambling games) to the extent that I decided to self-exclude myself from some sites. I occasionally played in pubs and casinos in the last year but not much with Covid."

(Person who gambles – 21, female, Yorkshire and the Humber, PGSI - 12)

Figure 1: Gambling participation by study year



Base: all GB adults in 2020 (18,879) and 2021 (n=18,038)

As has been observed previously, gambling participation is higher among certain groups, including men, middle-aged aged adults, and those from ethnic minority backgrounds. For example, 63% of men reported gambling in the previous 12 months compared with 56% of women, and men were more likely to take part in all individual activities except bingo, scratchcards, and other/charity lotteries, which were more popular among women.

The results show that the recovery in participation since 2020 has happened fairly consistently among both men and women (see Table 6). However, women remain slightly less likely to participate than in 2019 (56% vs. 59%), whereas for men, 2021 participation (63%) is roughly in line with 2019 participation (64%).

The general trend of increasing participation in online casino games can be seen among both men and women; in both cases gambling participation increased significantly from 2019-2020, and again from 2020-2021. Women are significantly more likely to participate in fruit or slot machines in 2021 compared with 2020 (1.8% vs. 1.4%), whereas for men there has been no change in this activity, and a similar pattern is also evident for sports betting.

Table 6. Gambling participation by sex and study year⁹

| | All adults | | | Men | | | Women | | |
|---|------------|----------|----------|---------|---------|---------|---------|---------|---------|
| | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 |
| | (12,161) | (18,879) | (18,038) | (5,971) | (9,020) | (8,389) | (6,190) | (9,859) | (9,649) |
| National Lottery inc Thunderball, EuroMillions | 44.2% | 41.3% | 44.2% | 46.6% | 45.3% | 47.5% | 41.8% | 37.5% | 41.0% |
| Tickets for other/charity lotteries | 13.7% | 13.8% | 14.0% | 12.7% | 12.6% | 13.1% | 14.7% | 15.0% | 14.9% |
| Scratch cards | 18.9% | 16.9% | 16.2% | 17.3% | 15.7% | 15.1% | 20.4% | 18.1% | 17.3% |
| Gaming machines in a bookmakers | 1.3% | 0.9% | 1.1% | 1.9% | 1.3% | 1.5% | 0.6% | 0.5% | 0.6% |
| Fruit or slot machines | 3.5% | 2.1% | 2.3% | 4.3% | 2.8% | 2.8% | 2.8% | 1.4% | 1.8% |
| Bingo (including online) | 4.9% | 3.5% | 3.7% | 3.2% | 2.5% | 2.5% | 6.4% | 4.5% | 4.9% |
| Gambling in a casino (any type) | 2.0% | 1.1% | 1.3% | 2.6% | 1.6% | 1.7% | 1.3% | 0.6% | 0.8% |
| Online casino games (slot machine style, roulette, poker, instant wins) | 3.0% | 3.6% | 4.1% | 4.0% | 4.7% | 5.3% | 2.1% | 2.6% | 3.0% |
| Sports betting (combined) | 16.4% | 12.1% | 13.5% | 22.6% | 18.5% | 19.7% | 10.5% | 5.9% | 7.5% |
| Loot boxes | n/a | n/a | 0.7% | n/a | n/a | 1.1% | n/a | n/a | 0.3% |
| Other type of gambling | 1.8% | 1.8% | 1.4% | 2.5% | 2.7% | 1.8% | 1.0% | 0.9% | 1.1% |
| None of the above/Don't know | 38.9% | 43.9% | 40.8% | 36.3% | 39.8% | 37.3% | 41.4% | 47.8% | 44.1% |

⁹ For each of the tables, statistically significant differences vs. the previous year are indicated in red (significantly lower) and green (significantly higher). Base sizes are shown at the top of each column.

Respondents who were middle-aged were the most likely to report participation in any gambling activity in the previous 12 months (64% 35-54; 61% 55+; 50% 18-34), and different age groups also show a different pattern of participation in individual activities. While National Lottery participation is higher among middle-aged and older groups than younger adults (51% 35-54; 49% 55+; 30% 18-34), the opposite is true of sports betting (16% 18-34 and 35-54 vs. 10% 55+), and gaming activities show a similar pattern (see Table 7).¹⁰

Analysis of more detailed age groups shows that participation in certain gaming activities is highest among those aged 18-24, including gaming machines in a bookmakers, fruit or slot machines, casino gambling and loot boxes. However, participation in online casino games peaks among the 25-34 age group (7%).

Table 7. Gambling participation by age (2021)

| | 18-24 | 25-34 | 35-44 | 45-54 | 55+ |
|---|--------|--------|--------|--------|--------|
| | (2089) | (3131) | (3203) | (3257) | (6358) |
| National Lottery inc Thunderball, EuroMillions | 19.7% | 37.0% | 48.0% | 53.2% | 48.6% |
| Tickets for other/charity lotteries | 5.5% | 8.6% | 11.6% | 14.1% | 19.8% |
| Scratch cards | 15.0% | 20.7% | 21.9% | 17.2% | 11.7% |
| Gaming machines in a bookmakers | 2.6% | 1.7% | 1.5% | 0.8% | 0.3% |
| Fruit or slot machines | 3.8% | 3.0% | 3.4% | 2.2% | 1.2% |
| Bingo (including online) | 4.0% | 5.3% | 4.6% | 4.0% | 2.4% |
| Gambling in a casino (any type) | 2.9% | 2.4% | 1.8% | 0.7% | 0.3% |
| Online casino games (slot machine style, roulette, poker, instant wins) | 6.1% | 7.0% | 5.8% | 4.4% | 1.5% |
| Sports betting (combined) | 15.1% | 16.7% | 17.3% | 14.5% | 9.5% |
| Loot boxes | 2.0% | 1.3% | 0.8% | 0.5% | 0.0% |
| Other type of gambling | 1.7% | 1.9% | 1.6% | 1.6% | 0.9% |
| None of the above/Don't know | 58.7% | 44.0% | 36.7% | 34.6% | 38.8% |

¹⁰ See Table 30 in the appendix for participation by age in 2020 and 2021

As observed previously, participation was slightly higher among C2DE adults (61% compared with 58% of ABC1s). Generally, the pattern of activities participated in is similar among both of these groups, but C2DE adults were more likely to have participated via scratchcards and bingo.

Analysis by ethnic group shows a similar pattern to previous years, with White adults (60%) and those of Black/mixed heritage (59%) more likely to have participated in gambling activities in the previous 12 months than those of Asian/mixed heritage (47%) or other ethnic groups (50%). The results show a similar pattern of small increases since 2020 across all ethnic groups.

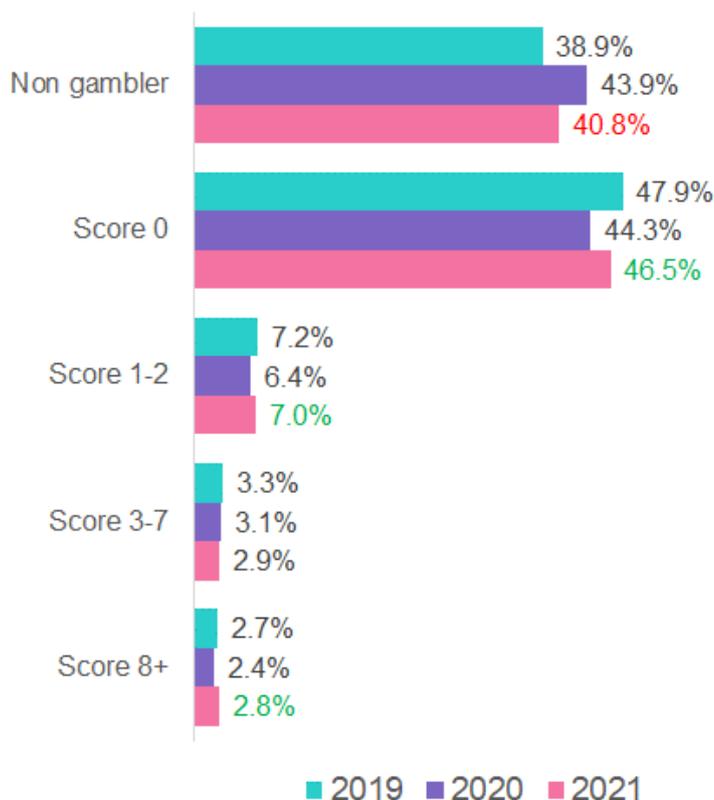
There is also considerable variation between ethnic groups in participation in individual activities. Most gaming activities show higher participation among adults from BAME communities, including gaming machines in a bookmakers (3.2% of Black adults, 2.0% of Asian adults, 0.9% of White adults), fruit or slot machines (3.8% of Black adults, 3.9% of Asian adults, 2.2% of White adults), casino gambling (2.4% of Black adults, 2.1% of Asian adults, 1.1% of White adults) and online poker (2.8% of Black adults, 2.2% of Asian adults, 1.0% of White adults). However, for online casino games there is no significant difference by ethnic group.

Participation in sports betting was most common among adults of Black/mixed heritage (19%, compared with 13% of White adults, and 12% of Asian adults). White respondents are more likely than other groups to take part in the National Lottery, other lotteries, and scratchcards.

3.2 Extent of harmful gambling

Overall, 12.7% of adults scored 1+ on the PGSI scale: a small but statistically significant increase from 11.8% in 2020, and closer to the level seen in 2019 (13.2%). This aligns with the results earlier in this chapter, showing that gambling participation has largely recovered from the dip seen in 2020, and suggests that harms from gambling have followed a similar pattern. Seven percent of adults were classified as low-risk gamblers (PGSI score of 1-2); 2.9% percent as moderate-risk gamblers (PGSI score of 3-7) and 2.8% percent as problem gamblers (PGSI score of 8+). Figure 2 shows the proportion falling into each category in the survey, compared with the proportions seen in 2020 and 2019.

Figure 2: PGSI classification by study year



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

The proportions falling into each PGSI category equate to the following estimated numbers in the overall GB adult population:

- PGSI score of 1+: 6,532,000 GB adults
- PGSI score of 1-2: 3,600,000 GB adults
- PGSI score of 3-7: 1,492,000 GB adults
- PGSI score of 8+: 1,440,000 GB adults

As shown in Figure 2, it is predominantly the low-risk (PGSI score of 1-2) category and the problem gambler (PGSI score of 8+) category which have increased in 2021 following a reduction in 2020. The moderate-risk (PGSI score of 3-7) category appears to be more stable; the proportion falling into this category did not change significantly from 2019-2020 and the 2021 results also show no significant change.

Men remain more likely to have a PGSI score of 1+ than women (16.2% of men vs. 9.3% of women) (see Table 8). For women, the 2021 figures represent a statistically significant increase since 2020 and a return to the level seen in 2019, whereas for men, the increase from 2020 is not significant and the 2021 figure remains slightly lower than that seen in 2019. Women also show a significant increase since 2020 in the proportion classified as a problem gambler (PGSI score of 8+), again returning to 2019 levels, whereas among men, this proportion has not changed significantly across the years.

Table 8. PGSI score categories – by sex and study year

| | Men | | | Women | | |
|-----------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | 2019 (5971) | 2020 (9020) | 2021 (8389) | 2019 (6190) | 2020 (9859) | 2021 (9649) |
| Non-gambler | 36.3% | 39.7% | 37.3% | 41.4% | 47.8% | 44.1% |
| Non-problem gambler (score 0) | 46.7% | 44.5% | 46.5% | 49.0% | 44.1% | 46.5% |
| Low-risk gambler (score 1-2) | 8.9% | 8.3% | 8.7% | 5.6% | 4.5% | 5.3% |
| Moderate-risk gambler (score 3-7) | 4.5% | 4.2% | 3.8% | 2.1% | 2.1% | 2.1% |
| Problem gambler (score 8+) | 3.6% | 3.3% | 3.7% | 1.9% | 1.5% | 2.0% |
| All gamblers with a score of 1+ | 17.0% | 15.8% | 16.2% | 9.6% | 8.1% | 9.3% |

Analysis by age group shows that among both the 35-54 and 55+ age groups, the proportion classified as a gambler with a PGSI score of 1+ has returned to roughly similar levels to those seen in 2019, following a decrease in 2020 against the backdrop of the pandemic (see Table 9). The proportion of these age groups classified as a problem gambler (PGSI score of 8+) has remained fairly stable, with no significant changes from either 2019-2020 or 2020-2021.

In contrast to older age groups, those aged 18-34 did not show a significant reduction in 2020 in the proportion classified as gamblers with a PGSI score of 1+ which has remained stable throughout the three study years. However, the problem gambler (PGSI score of 8+) category shows more change; this has increased significantly from 4.7% of 18-34s in 2020 to 6.0% in 2021.

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

| | 18-24 | | | 25-34 | | | 35-54 | | | 55+ | | |
|-----------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | 2019 (1,437) | 2020 (2,219) | 2021 (2,089) | 2019 (2,025) | 2020 (3,415) | 2021 (3,131) | 2019 (4,078) | 2020 (6,579) | 2021 (6,460) | 2019 (4,621) | 2020 (6,666) | 2021 (6,358) |
| Non-gambler | 57.4% | 64.5% | 58.7% | 41.1% | 46.6% | 44.0% | 32.4% | 36.9% | 35.6% | 38.4% | 42.9% | 38.8% |
| Non-problem gambler (score 0) | 25.7% | 19.8% | 23.7% | 39.6% | 35.1% | 38.6% | 52.0% | 49.3% | 49.2% | 54.4% | 51.0% | 54.1% |
| Low-risk gambler (score 1-2) | 8.0% | 7.2% | 6.7% | 9.2% | 8.7% | 8.3% | 8.3% | 7.3% | 8.7% | 5.1% | 4.3% | 5.0% |
| Moderate-risk gambler (score 3-7) | 3.7% | 3.9% | 3.9% | 4.7% | 4.9% | 3.8% | 4.2% | 3.8% | 3.8% | 1.7% | 1.4% | 1.6% |
| Problem gambler (score 8+) | 5.1% | 4.6% | 7.1% | 5.4% | 4.8% | 5.3% | 3.2% | 2.6% | 2.7% | 0.5% | 0.4% | 0.5% |
| All gamblers with a score of 1+ | 16.9% | 15.7% | 17.6% | 19.3% | 18.3% | 17.4% | 15.7% | 13.8% | 15.2% | 7.2% | 6.1% | 7.1% |

Adults in C2DE social grades remain more likely to be classified as gamblers with some level of harm (a score of 1+) than those in ABC1 social grades (13.5% vs. 12.0%). This same general pattern has been observed in previous study years.

Among ABC1 adults, the 2020 survey showed a significant reduction in the proportion classified as gamblers with a PGSI score of 1+, and particularly in those classified as problem gamblers (PGSI score of 8+). Both these proportions have now increased significantly since 2020, returning to similar levels to those seen in 2019.

The pattern is slightly different among adults from C2DE social grades (see Table 10). The proportion classified as problem gamblers (PGSI score of 8+) did not fall significantly in 2020, and has remained fairly stable throughout the three study years (2019 3.0%; 2020 2.8%; 2021 2.0%). However, the moderate-risk (PGSI score of 3-7) category shows a significant reduction since 2020, which is not the case among ABC1 adults. The proportion classified as gamblers with a PGSI score of 1+ overall in 2021 (13.5%) has not increased significantly since 2020 (13.1%) and remains slightly lower than the figure seen in 2019 (14.3%).¹¹

Table 10. PGSI score categories – by social grade and study year

| | ABC1 | | | C2DE | | |
|--------------------------------------|-----------------|------------------|-----------------|-----------------|-----------------|-----------------|
| | 2019 (6,535) | 2020 (10,252) | 2021 (9,836) | 2019 (5,626) | 2020 (8,627) | 2021 (8,202) |
| Non-gambler | 40.2% | 45.5% | 42.0% | 37.4% | 42.0% | 39.4% |
| Non-problem gambler (score 0) | 47.6% | 43.8% | 46.0% | 48.3% | 44.9% | 47.1% |
| Low-risk gambler (score 1-2) | 6.9% | 6.0% | 6.5% | 7.5% | 6.8% | 7.6% |
| Moderate-risk gambler (score 3-7) | 2.8% | 2.7% | 2.9% | 3.9% | 3.6% | 3.0% |
| Problem gambler (score 8+) | 2.5% | 2.0% | 2.7% | 3.0% | 2.8% | 2.9% |
| All gamblers with a score of 1+ | 12.2% | 10.7% | 12.0% | 14.3% | 13.1% | 13.5% |

¹¹ See Table 31 in the appendix for PGSI score by detailed social grade in 2020 and 2021

A pattern has been observed in previous study years whereby adults BAME backgrounds are less likely to participate in gambling overall than White adults, but more likely to record higher scores on the PGSI scale among those who do gamble (see Table 11). This pattern continues to be apparent in the 2021 study: over one in five (21.9%) adults from BAME communities were classified as gamblers with a PGSI score of 1+, compared with 11.6% of their White counterparts. Among White adults, this is a significant increase since 2020 (10.8%), following a statistically significant reduction from 2019-2020. Among those from BAME communities, the proportion has followed a similar pattern across the three years (2019 20.3%; 2020 19.7%; 2021 21.9%), however in this case the changes are not statistically significant.

Looking at problem gamblers (PGSI score of 8+) specifically, the proportion of White adults classified in this way has not changed across the three study years, remaining around 2% each year. However, among adults from BAME communities, this proportion has increased significantly from 6.4% in 2020 to 8.1% in 2021 (following a non-significant reduction from 7.2% recorded in 2019).

Among individual ethnic groups, Black adults were most likely to be classified as gamblers with a PGSI score of 1+ (25%), followed by Asian adults (21%). Both proportions are significantly higher than White adults (11.6%). Both Black and Asian adults were similarly likely to be classified as problem gamblers (PGSI score of 8+), with 8.2% and 8.4% respectively falling into this category.

Among Black adults, those of Black African/mixed heritage (10.3%) were more likely to be classified as a problem gambler than those of Black Caribbean/mixed heritage (5.0%).

Among Asian adults, this proportion was highest among those of Pakistani heritage (13.1%). These patterns were also observed in previous study years.

Table 11. PGSI score categories – by ethnic group and study year

| | White | | | Black (inc mixed) | | | Asian (inc mixed) | | |
|-----------------------------------|------------------|------------------|------------------|-------------------|---------------|---------------|-------------------|-----------------|-----------------|
| | 2019 (10,778) | 2020 (16,534) | 2021 (15,679) | 2019 (367) | 2020 (758) | 2021 (800) | 2019 (768) | 2020 (1,357) | 2021 (1,309) |
| Non-gambler | 37.6% | 42.9% | 39.8% | 40.0% | 43.6% | 40.7% | 51.0% | 55.8% | 53.1% |
| Non-problem gambler (score 0) | 50.1% | 46.3% | 48.7% | 36.8% | 32.8% | 34.8% | 27.2% | 25.6% | 25.6% |
| Low-risk gambler (score 1-2) | 7.1% | 6.1% | 6.8% | 10.0% | 10.7% | 10.8% | 7.5% | 7.4% | 7.6% |
| Moderate-risk gambler (score 3-7) | 3.0% | 2.9% | 2.6% | 6.9% | 4.8% | 5.6% | 5.3% | 5.3% | 5.4% |
| Problem gambler (score 8+) | 2.1% | 1.8% | 2.1% | 6.3% | 8.3% | 8.2% | 8.9% | 5.9% | 8.4% |
| All gamblers with a score of 1+ | 12.2% | 10.8% | 11.6% | 23.2% | 23.8% | 24.5% | 21.7% | 18.6% | 21.3% |

4 Interaction with other health behaviours

There is a known link between gambling and other behaviours causing harm, highlighted in many academic studies¹². This chapter will explore the link between alcohol use, smoking tobacco, psychological distress and co-existing conditions among gamblers surveyed.¹³

Alcohol use

There is a strong link between alcohol consumption and gambling. The AUDIT-C measure identifies at-risk drinkers, categorising people into low risk, including non-drinkers (a score of 0-4), increasing risk (a score of 5-7) and higher risk (a score of 8-12). Overall, gamblers with a PGSI score of 1+ were more likely than adults overall to be drinking at higher risk levels (18% vs. 11%) (see Table 12).

AUDIT-C scores increased with PGSI score in our sample, highlighting the link between gambling and other addictive behaviours. Among problem gamblers (PGSI score of 8+), a quarter (25%) were considered higher risk drinkers, higher than those in the PGSI 1-2 category (16%).

Table 12. AUDIT-C – by PGSI score

| | All (18,038) | Non gambler (7,431) | Score 0 (8,269) | Score 1-2 (1,272) | Score 3-7 (535) | Score 8+ (531) | Net: All 1+ (2,338) |
|-----------------------|-----------------|---------------------------|--------------------|----------------------|--------------------|-------------------|------------------------|
| Under 5 | 68% | 74% | 66% | 61% | 58% | 38% | 55% |
| Increasing risk (5-7) | 21% | 17% | 22% | 24% | 24% | 37% | 27% |
| Higher risk (8-12) | 11% | 8% | 12% | 16% | 18% | 25% | 18% |

¹² Walther et al. (2012) and Lorains et al. (2011)

¹³ Co-existing conditions include: Arthritis, Asthma, Cancer, COPD, Diabetes, Epilepsy, Heart disease, Hypertension (high blood pressure), Mental Health condition, Parkinson's disease, Stroke

Smoking

There is also a clear link between smoking tobacco and gambling. Gamblers with a PGSI score of 1+ were more likely than adults overall to be classified as smokers (23% vs. 13%) (see Table 13).

Additionally, gamblers with higher PGSI scores were more likely than those with lower scores to smoke. Among gamblers with a PGSI score of 8+, a third (34%) reported smoking tobacco. This is higher than among gamblers with PGSI scores of 3-7 (24%) and PGSI scores of 1-2 (18%).

Table 13. Smoking status – by PGSI score

| | All (18,038) | Non gambler (7,431) | Score 0 (8,269) | Score 1-2 (1,272) | Score 3-7 (535) | Score 8+ (531) | Net: All 1+ (2,338) |
|-----------------|-----------------|---------------------------|--------------------|----------------------|--------------------|-------------------|------------------------|
| Net: Non smoker | 87% | 90% | 87% | 82% | 76% | 66% | 77% |
| Net: Smoker | 13% | 10% | 13% | 18% | 24% | 34% | 23% |

The link between gambling and smoking/drinking was also seen in the qualitative interviews, especially with those who were long-term gamblers and had higher PGSI scores.

“The habit [of gambling] is ingrained in me. I’ve had a variety of family members that had to go to AA. It’s in our DNA (addiction) and we’re always going to be a gambler or a drinker.”

(Person who gambles – 50, female, London, PGSI - 24)

“I just enjoy it. It’s not the case of winning money but just taking part, it’s entertainment – the same as smoking or drinking. I have been gambling for 20 years.”

(Person who gambles – 40, male, Scotland, PGSI - 3)

Psychological distress

The K-10 psychological distress scale is widely used to measure distress, which can be used to identify those in need of assessment for anxiety and depression. Overall, gamblers with a PGSI score of 1+ were more likely than adults overall to be experiencing higher levels of distress (a K-10 score of 20+) (60% vs. 40%) (see Table 14).

There was a clear relationship between psychological distress and PGSI score category. Among problem gamblers (PGSI score of 8+) the vast majority (90%) were experiencing higher levels of distress (a K-10 score of 20+), compared with 48% of those in the 1-2 category.

Table 14. K-10 distress score – by PGSI score

| | All (18,038) | Non gambler (7,431) | Score 0 (8,269) | Score 1-2 (1,272) | Score 3-7 (535) | Score 8+ (531) | Net: All 1+ (2,338) |
|-------------------|-----------------|---------------------------|--------------------|----------------------|--------------------|-------------------|------------------------|
| Score of under 20 | 60% | 58% | 68% | 52% | 41% | 10% | 40% |
| Score of 20+ | 40% | 42% | 32% | 48% | 59% | 90% | 60% |

Co-existing conditions

Linked to K-10 scores, gamblers with a PGSI score of 1+ were more likely than adults overall to report being diagnosed with a mental health condition (16% vs. 14%). Those with PGSI scores 3-7 were most likely to report this (18%).

There is also a link between Chronic Obstructive Pulmonary Disease (COPD) and gambling, which is due to gamblers being more likely to smoke. One in ten (12%) problem gamblers (PGSI score of 8+) said that they had been diagnosed with COPD (rising to 19% of those who smoke), compared to three percent of adults overall. Additionally, problem gamblers (PGSI score of 8+) were more likely to have been diagnosed with epilepsy (six percent vs. one percent of adults overall) and Parkinson’s disease (two percent vs. zero percent of adults overall).

The case study (on the following page) of an affected other that took part in the qualitative interviews, provides a practical example of the relationship between gambling disorder and co-existing mental health conditions.

Case study: Affected Other

Other person's gambling behaviour



His younger brother is addicted to gambling and thinks that gambling in itself is an exploitative system, but believes his brother is more vulnerable with gambling due to his mental health condition – schizophrenia - which he believes affects his brother's sense of judgement.

He's stolen stuff from my mum and myself to fund his gambling, and that is something that crops up once every year or so.

Impacts



Despite his brother having stolen items from him in order to fund his gambling, the main impacts of his brother's gambling are emotional. He feels angry and irritated when his brother steals from him, distrustful of his brother, and worried about the strain and conflict it's wreaking on his elderly mother and the wider household. Due to his brother and wider family living in a different city, he feels helpless.

My biggest real concern is the strain that my mother and sister are going through... the pressure and stress... I'm fearful for them and their safety as it's quite a volatile situation... there's screaming and shouting and arguments.

Gambling problem acknowledgement & tools & support



His brother is currently in a position where he is unwilling to stop gambling and self-exclude from various bookmakers in his local area, or online. He has tried to get his brother barred on his behalf but was unable to do so despite his brother's condition. His brother agreed to attend a Gamblers Anonymous session, but found this wasn't suitable for his needs, and has not complied with attempts to get support since.

For someone like him, with a mental health condition, it was probably just too much for him to sit in a room and share his gambling experiences with other people... too intimidating, too stressful... I don't feel there's much concessions for people with mental health conditions... with a nurse on hand... for those who might need some extra support.

Barriers and enablers to seeking support



Willingness to stop gambling and seek out support were considered the largest barriers. Secondly, he feels that support and rules around gambling were not accessible enough for those with additional needs or conditions. After convincing his brother to attend a Gamblers Anonymous session, the set-up wasn't suitable for his needs resulting in his brother not attending again, which was a missed opportunity to receive support.

With any addict, they have to want to help themselves.

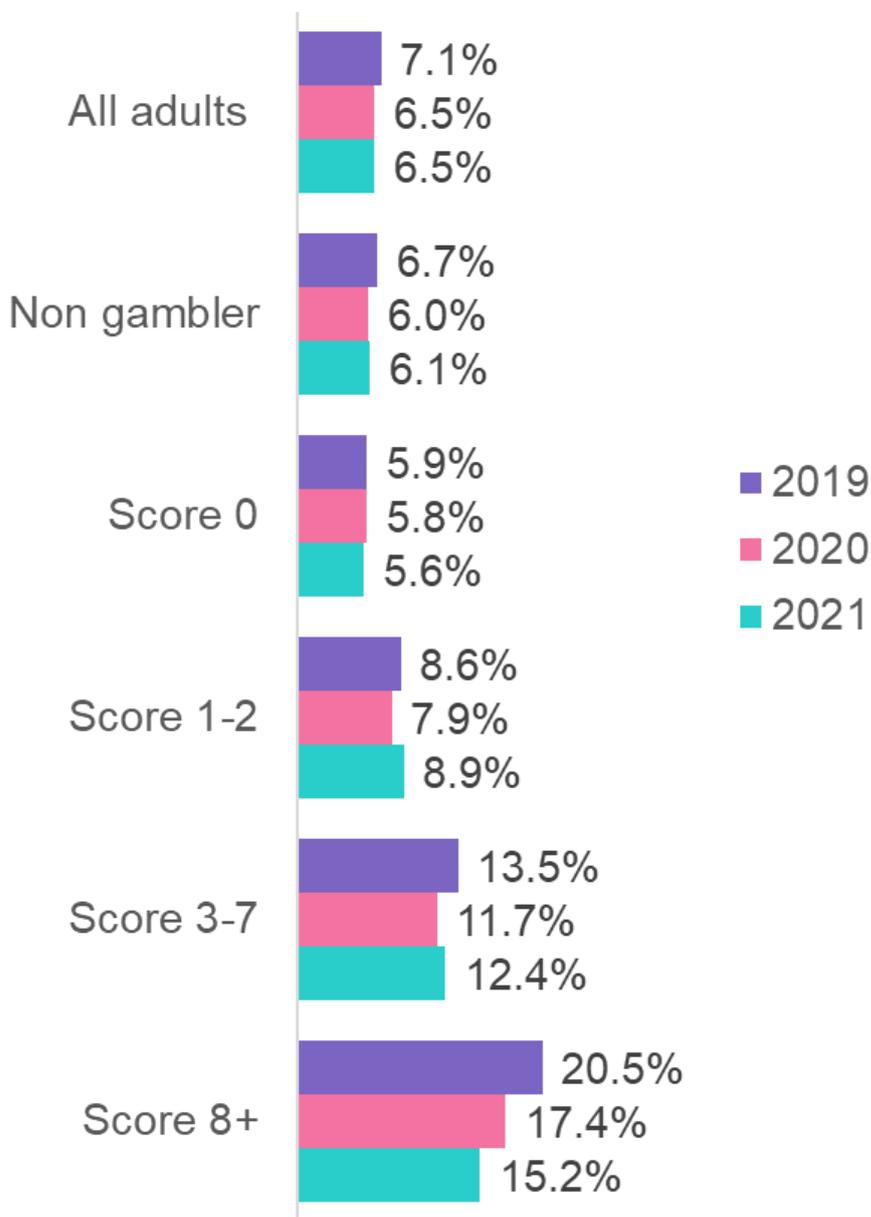
5 Affected others

5.1 Number of self-reported affected others

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

Overall, six percent of the adult population surveyed were identified as a self-reported affected other (comparable to the same proportion in 2020) (see Figure 3). This equates to an estimated 3,343,000 GB adults. There is an inter-relationship between an individual's own gambling and experiencing issues related to others' gambling, with problem gamblers (PGSI score of 8+) more likely than gamblers with lower scores to identify as an affected other. Affected others are more likely to be women than men (7% vs. 5%), likely due to the male dominated gambling population and a higher proportion of heterosexual relationships resulting in more female partners and spouses being affected.

Figure 3: Proportion who are an affected other, by gambling category



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

5.2 Type of affected other

Affected others were most likely to be negatively affected by a gambling problem of someone in their immediate family (53%) (see Figure 4). This is most commonly experienced through a spouse or partner (21%) or parent (18%). One in five (20%) were affected by a friend or flatmate.

“My brother started getting interested when he was quite young, playing fruit machines and got drawn towards the lights. If we were on holiday, he'd always ask for money to play on fruit machines. When he got older and got a job, he'd do it very regularly. He never had enough money to move out of home because of gambling.”

(Affected Other – 56, female, West Midlands)

“My former husband. He was also addicted to drugs and alcohol, he simply had an addictive personality. It was always a problem, but it was exacerbated when he was on drugs, it was always something he did when he was high.”

(Affected Other – 48, female, South West)

“Nephew is heavily into drugs, cocaine, and gambles particularly when bingeing on drugs, staying up all night and playing casino games. He is hyper on drugs and wears a virtual reality headset, he can be up for 2 or 3 days playing and then will sleep for 2-3 days on sleeping tablets.”

(Affected Other – 67, male, North West)

“A close friend has a gambling problem, he has an addictive personality - lives, eats, sleeps, breathes gambling. He can't control it. I've seen it progress from smaller bets to larger bets, big and frequent bets.”

(Affected Other – 41, male, East of England)

The case study below demonstrates how a mother’s gambling affected her daughter, by putting pressure on the teenager to manage household expenses which has had a long-term impact on their relationship.

Case study: Person who gambles

General gambling behaviour and associations



She has a long history of gambling behaviour and associates it with danger and losing control. Over the years, she has experienced cycles of being addicted to one mode of gambling, getting into debt, seeking help and stopping altogether, and then moving onto a different type of gambling and repeating the process.

I used to sit and play on the fruit machines... that got very dangerous as I would come out of there sometimes with no money for the shopping that week as I'd spent every penny that I've got.

I don't go on the fruit machines anymore - I've managed to wean myself off them. It's scratch cards that I'm struggling with. Every time I go in the shop, if they sell them, I buy 1...2...3...4...

Impacts



Gambling started to significantly impact her relationships. After gambling money for household bills and food, she had to borrow money from her sister. Excuses were made to not see people so that the time could be used to gamble instead, around 5 days a week. Eventually, she had to get her daughter to manage the household money, which had a long-term impact on their relationship.

My daughter resents me for putting all that pressure and worry on top of her little head as she was only 14. She says, 'I find it hard to believe that you let me do that at that age... you should have been able to control it yourself.'

Gambling problem acknowledgement & tools & support



Being unable to provide for her daughter was what triggered her to accept that she had a gambling problem, and she sought help from her local GP and attended Gamblers Anonymous. As well as this, she avoided venues with fruit machines and blocked online gambling. This was helpful for a period, but she then moved onto scratch cards and feels that gambling has become an issue again.

I got to the stage where I was scaring myself... thinking that I can't carry on living like this, it's not good for me. I was having terrible panic attacks because I'd spent all of the bill money, the realisation then finally dawned on me that I need[ed] help.

Barriers and enablers to seeking support



The main barrier she had to overcome was her acceptance of her gambling problem, and a willingness to stop was viewed as essential. She has a fatalistic attitude towards her gambling addiction, as something that she feels she can never be 'cured' of, which prevented her from seeking support in the past and at present, and the stigma and shame surrounding gambling is also significant. There's a sense that gambling addictions are misunderstood, and undermined in comparison to other addictions e.g., to drugs or alcohol.

The case study below shows financial and emotional impact of gambling on a partner.

Case study: Affected Other

Other person's gambling behaviour



Her husband became addicted to gambling following a career change. She feels that advertising for and notifications from gambling companies are extremely triggering in her husband's gambling, and what started as 'strategic' gambling escalated, leaving them with no money or savings. The frequency of her husband's gambling is worsened around Christmas when pressures are high, work is less of a distraction and when he's home alone.

I would go out to a Christmas do, come home and all of his wages would be gone. I got really angry as I'm not meant to babysit him - I have friends and a life of my own.

Impacts



Her husband's gambling has resulted in the loss of money and savings that were to go towards starting a family. As a result, their lives aren't progressing at the expected pace and it has held their relationship back. The dynamic of their relationship has also changed – whilst her husband used to be 'in control' and 'the rock', she now has to assume responsibility, and is filled with anxiety around her husband's gambling.

It [gambling] has pushed us back in our life by 4 or 5 years, much behind all of our friends. Sometimes he can't look me in the eye, and I know he's been gambling... it destroyed who we were together for a while.

Gambling problem acknowledgement & tools & support



Her husband signed up to GAMSTOP several months ago following a big loss, which prompted the realisation that he needed help. GAMSTOP has been helpful and is preferable for her husband as it doesn't require him to speak to a physical person. However, she feels that further help is still needed in the form of support from a GP and/or meetings, but her husband is 'too stubborn' to seek those out.

Barriers and enablers to seeking support

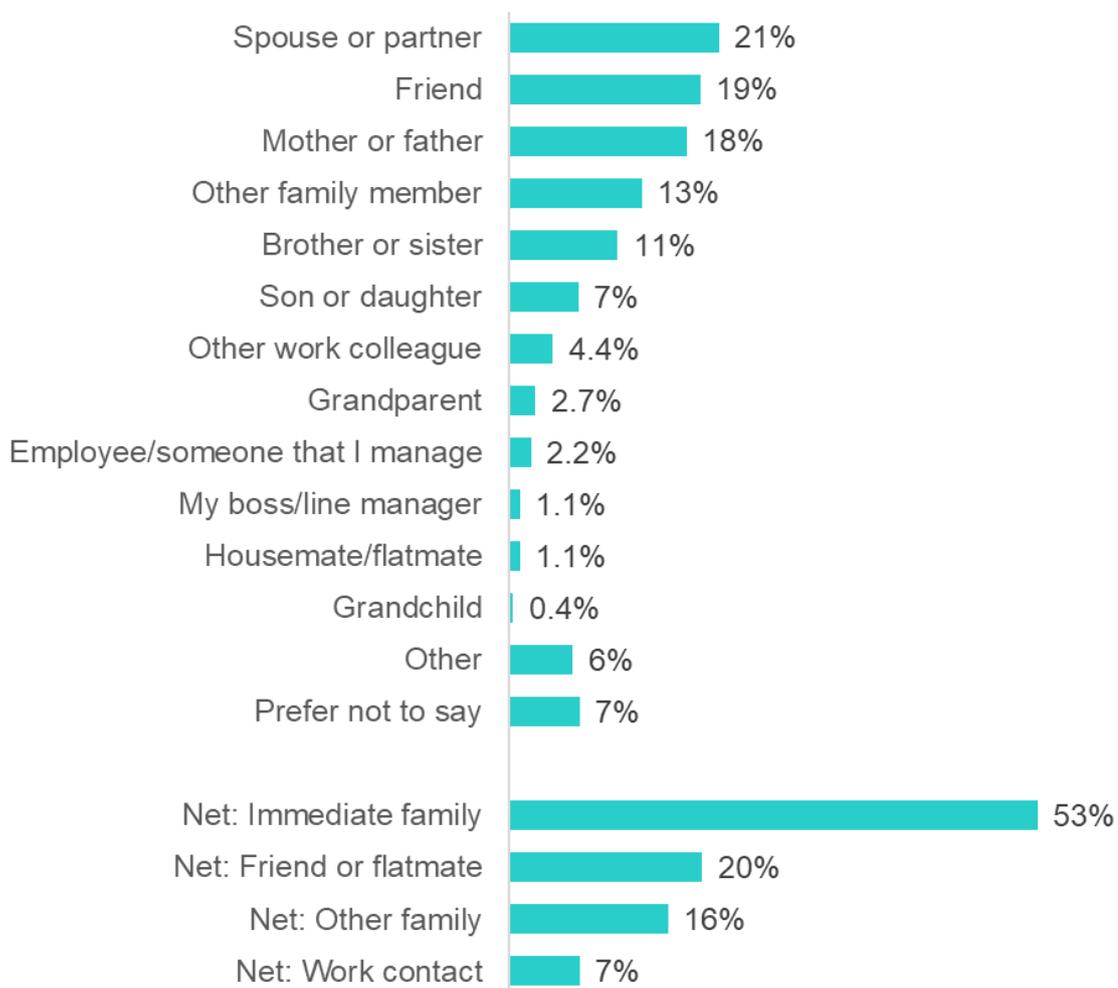


Predominantly, fear of betraying her proud husband and destroying his trust were the biggest barriers to seeking support. Equally, she doesn't know if he would accept support, and doesn't want to waste the time and resources and relevant charities. For her husband seeking help, she feels that shame around gambling is the biggest barrier, and he hasn't told anybody but her.

The main barrier is that he's ashamed, he's always tried to live his life so well and he's just so shamed that he has this flaw in himself. He's also stubborn and thinks he can deal with this himself.

Female affected others were more likely than men to be affected by a gambling problem of someone in their immediate family (62% vs. 40%), with women more likely to be affected by a spouse or partner (32% vs. 6%). By contrast, men remain more likely than women to have been negatively affected by a gambling problem of a friend or flatmate (29% vs. 13%) or work contact (12% vs. 4%).

Figure 4: Whose gambling affected others have been affected by



Base: All affected others in 2021 (n=1,194)

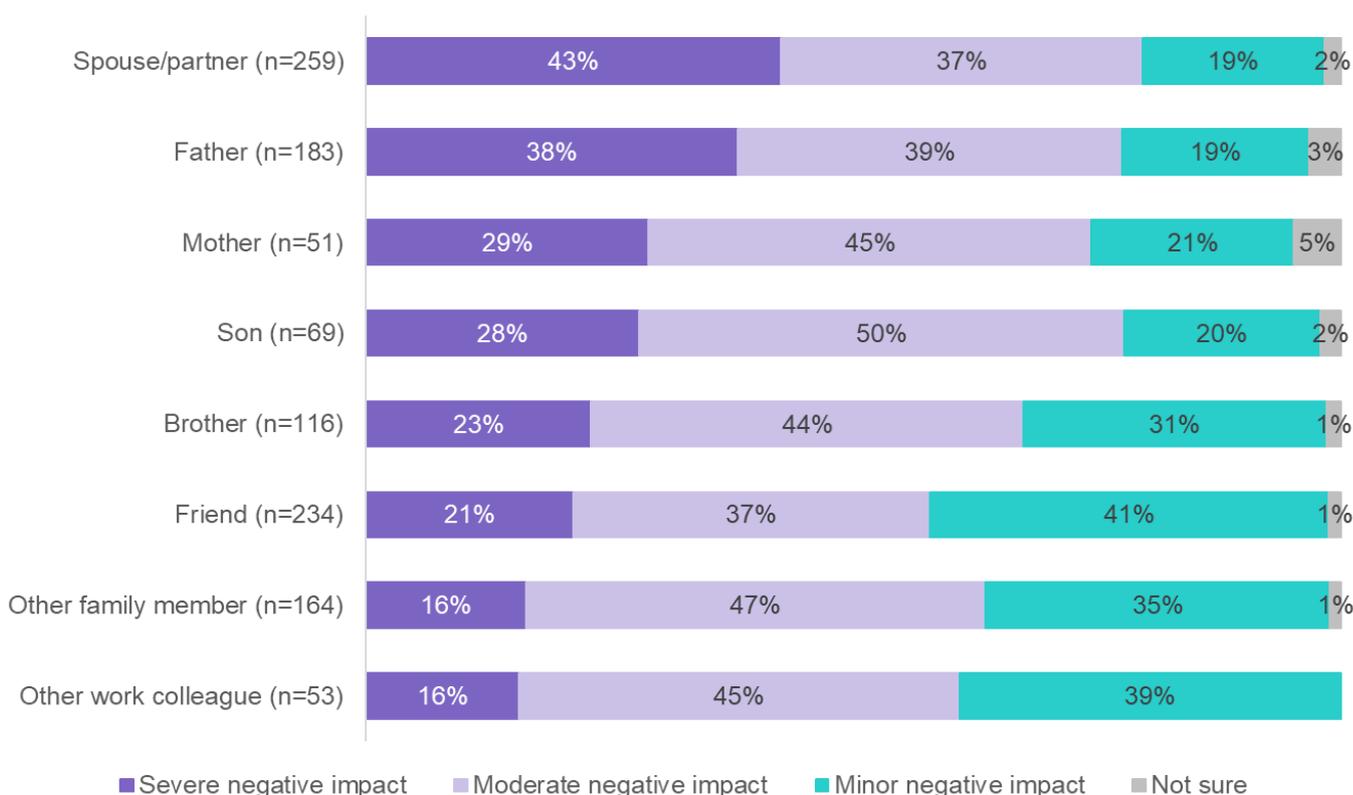
Problem gamblers (PGSI score of 8+) are not just affected by their own gambling, as 15% also identify as an affected other – this has fallen from 20% in 2019 but remains much higher when compared against all British adults. Three in ten (31%) affected others reported being affected by a friend or flatmate (higher than average), suggesting that gamblers might be more likely to socialise with other gamblers.

5.3 Impacts on affected others

Severity of impacts

The impact of a gambling problem for affected others is felt most severely by immediate family members (see Figure 5). Approximately two in five (43%) affected others that were affected by a spouse or partner’s gambling reported a severe negative impact, likely due to the close and intense nature of this relationship. Those affected by the gambling of a parent also report severe negative impacts: father (38%) and mother (29%).

Figure 5: Severity of impacts



“[My partner’s gambling] had an impact on my mental health. It has been so awful and stressful and not knowing who to speak to because of the stigma associated with it. It has been a lonely experience and he has been so selfish at times because of how it impacts our finances, our future, so it has led to a lot of relationship arguments (...). Even now there is that constant fear, I cannot completely relax, I need to check what he has been spending the money on. It is a huge burden and responsibility.”
(Affected Other - 28, female, East Midlands)

“My nephew robbed all my money, initially stealing things from the flat e.g., ornaments to sell on Facebook, then took money from my bank account and left me unable to pay bills. His aggressive behaviour, for example, he was banging a supermarket trolley into an old lady aggressively because she was slow at service desk. It is very stressful to be around him... He had been playing 888 Poker using my bank card and when I went through bank statements and saw how much he had been spent – he took all my pension money out of account.”

(Affected Other – 67, male, North West)

Whilst a relatively high proportion (19%) of affected others are affected by a friend, the impact of this tends to be less severe, with 21% reporting a severe impact and 41% saying the gambling problem has a minor negative impact on them. This suggests that the type and closeness of the relationship, for example whether they have a family or joint finances together, plays a key role in determining the severity of the negative impact.

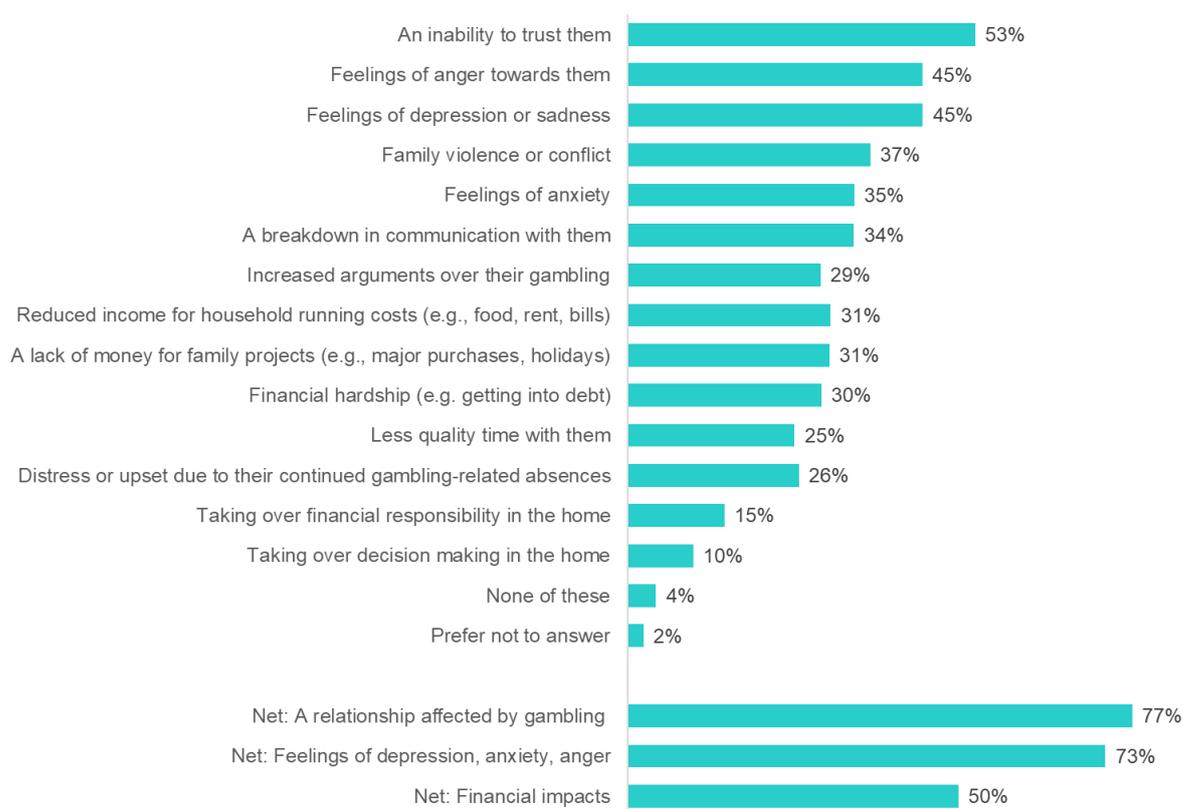
Types of impacts

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

The vast majority (77%) of affected others reported that a relationship has been affected by the gambling problem of someone else (see Figure 6). This includes an inability to trust the gambler, a breakdown in communication with them, increased arguments over their gambling, less quality time with them, family violence or conflict and taking over decision making in the home. Gambling can also result in negative emotions among affected others, with 73% saying they have felt feelings of anger, anxiety, depression, sadness, or distress and upset due the person's gambling.

Half (50%) of affected others reported experiencing financial impacts, including reduced income for household running costs, a lack of money for family projects, financial hardship and taking over financial responsibility in the home.

Figure 6: Types of impacts



Base: All affected others in 2021 (n=1,194)

The findings above were mirrored in qualitative interviews. Affected others reported emotional stress related to the secrecy of gambling resulting in lack of trust and feeling betrayed by the gambler, especially if they are their partner. Constantly worrying about the gambler and what they might do has a negative impact on the affected other’s mental health. Intimate and family relationships can be strained and sometimes permanently damaged by gambling.

“The emotional impact was so much worse - he has pushed us back in our life by 4 or 5 years. We’re much behind all of our friends. Sometimes he can’t look me in the eye, and I know he’s been gambling. It destroyed who we were together for a while. We’re in a much better place than we were. It feels like a betrayal, but I know he can’t help it. At times I didn’t know if I was going to come home, and he was dead - it was that bad.”

(Affected Other – 38, female, South East)

“It created a rift in our relationship. I found it annoying when they would ask for money to gamble, and it meant that I didn’t know how to talk to him in a normal context.”

(Affected other – 39, male, Scotland)

Secondly, many affected others also spoke about the financial impact the gambler's behaviour has on them. Some had their money stolen by the gambler and others learnt that their partner who was gambling lost their mutual savings. When a gambler loses their own wages or a job, it has a direct impact on affected others who then need to cover all of the household expenses themselves. It can also hinder affected others' ability to meet their own financial goals, such as buying a home and going on holidays.

“All of his money and our savings were gone. We were saving for a family. The worst thing was when he realised how he lost all of his money and he didn't know how to tell me - it was like he was having an affair.”

(Affected Other – 38, female, South East)

“I've been affected significantly by their gambling. My younger brother has stolen from me in order to sell items on to fund gambling, and I also have to provide mediation between family members in order to resolve the conflict that his gambling causes.”

(Affected Other – 47, male, London)

“Significantly [impacted]. The gambling of my former husband has gotten me into a significant amount of debt, and I'm having to sell my home in order to cover the debts. I was just getting fed up with paying for everything. I just got fed up with not having more money, because we would just always seem to be hemorrhaging money for like no reason. It was more realisation for me how it was affecting me.”

(Affected Other – 48, female, South West)

Some affected others also spoke about needing to be involved with the gambler's personal finances, not something they necessarily feel comfortable doing. Managing a gambler's account or looking after their credit card makes affected others feel like a 'bad cop'. This can become a hinderance, especially if the gambler is regularly relapsing as this can put additional pressure and stress on the affected other. The culmination of emotional, financial and practical impacts can lead to frequent arguments, anxiety and stress, which in some cases can lead to separation.

“My brother destroys himself doing it. We've had so many arguments – at the moment I have his debit card which I ration to him. I don't want to be doing it, but I don't know how else to stop him spending all of his money. I'm in a difficult situation but I don't know what else to do.”

(Affected other – 56, female, West Midlands)

5.4 Constructing a wider group of affected others

Harmful gambling can have a range of impacts on other people connected with the gambler – both within and outside the household – meaning that one gambler may result in multiple ‘affected others’. The previous analysis focussed only on adults who reported that they had been affected by someone else’s gambling. In an attempt to capture a potentially wider group, in this section we have analysed the number of adults and children in the household of respondents who were classified as gamblers with a PGSI score of 1+, and within this, those classified as moderate-risk gamblers (PGSI score of 3-7) and problem gamblers (PGSI score of 8+).

It should be noted that this analysis can only capture those within the gambler’s household, which will largely comprise of spouses/co-habiting partners and children. Non-resident contacts – which could include partners, close family members, friends and work colleagues – will be excluded from any estimate. However, it also should not be automatically assumed that everyone within the household will be affected by a person’s gambling. As a result of both of these limitations, it is only possible to produce a rough estimate of those who may be affected.

There is a clear relationship between gambling disorder and having children, with a majority (58%) of problem gamblers (PGSI score of 8+) having children in their household, compared with 37% of all gamblers with a PGSI score of 1+ (and 24% of all adults in the sample) (see Table 15). It is not possible to determine if this is a causal relationship, or simply correlation.

On average, gamblers with a PGSI score of 1+ had just under two (1.8) other people living in their household, including both adults and children. This equates to an estimated 11,758,000 people in Great Britain who may be affected by this gambling. Among those with a score of 8+ (who, as noted above, were more likely to have children) the average rises to 2.5 other people, which equates to an estimated 3,600,000 people affected in the GB population.

Among all gamblers with a PGSI score of 1+ the average number of children in the household was just under one (0.7) while among the problem gambler (PGSI score of 8+) subgroup, this rises to 1.4. Among those with children in the household only, the average number of children is 2 among gamblers with a PGSI score of 1+ and 2.3 among those with a PGSI score of 8+, again demonstrating the relationship between family size and experience of gambling harms.

Table 15. People in total, and children, in the household, among gamblers by PGSI category

| | 1-2 | 3-7 | Net: All 8+ | Net: All 1+ | Net: All 3+ |
|---|-----------|-----------|-------------|-------------|-------------|
| | (1,272) | (535) | (531) | (2,338) | (535) |
| Proportion with any children (under 18) in household | 29% | 35% | 58% | 37% | 35% |
| Average number of other people (adults and children) in household | 1.6 | 1.8 | 2.5 | 1.8 | 1.8 |
| Estimated number of people affected in the GB population | 5,761,000 | 2,685,000 | 3,600,000 | 11,758,000 | 5,277,000 |
| Average number of children (under 18) in household - overall | 0.5 | 0.7 | 1.4 | 0.7 | 0.7 |
| Average number of children in household - among those with any children | 1.7 | 1.9 | 2.3 | 2.0 | 1.9 |

6 Usage of treatment and support

This chapter will discuss engagement of treatment, advice and support by gamblers experiencing some level of harm (a PGSI score of 1+) in 2021, drawing comparisons with the Annual GB Treatment and Support studies in 2019 and 2020.

6.1 Gamblers' usage of treatment and support

Gamblers: usage of treatment and support in the previous 12 months

Usage of treatment, advice and support in the previous 12 months (e.g. speaking to a GP, accessing mental health services, speaking to family and friends etc.) in an attempt to cut down gambling has remained largely unchanged since 2020. Among gamblers with a PGSI score of 1+, 15% reported having used any type of treatment (such as mental health services, their GP, or specialist face-to-face treatment) in 2021 (see Table 16). A comparable proportion (14%) indicated that they had used any type of support or advice (such as from family and friends, support groups, websites or books). Overall, 20% had used either treatment and/or support/advice in the previous 12 months in 2021 (comparable to 19% in 2020).

Gamblers with higher PGSI scores remain more likely to have used treatment, advice and support than those with lower scores. While just four percent of those classified as low-risk gamblers (PGSI score of 1-2) had used treatment, support or advice, this rises to 15% of those classified as moderate-risk gamblers (PGSI score of 3-7), and 64% of problem gamblers (PGSI score of 8+). This is to be expected for gamblers with a PGSI score of 1-2 given that many will experience no negative consequences from their gambling. These findings are comparable with 2020.

Table 16. Usage of treatment, advice and support in the previous 12 months by PGSI category

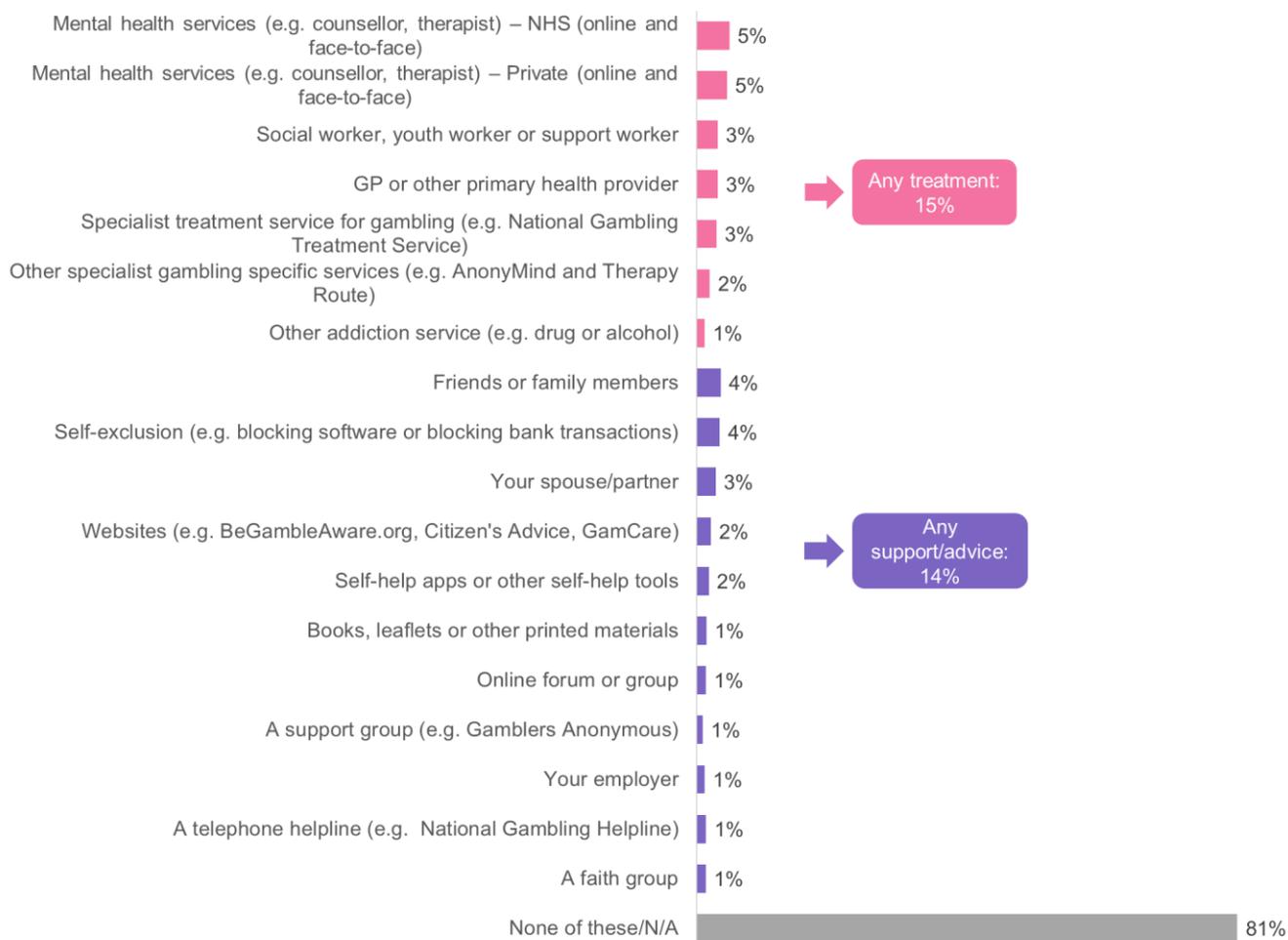
| | Net: All 1+ | | | Net: All 3+ | | | Score 1-2 | | | Score 3-7 | | | Score 8+ | | |
|---|-------------|------|------|-------------|------|------|-----------|------|------|-----------|------|------|----------|------|------|
| | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 |
| | 1605 | 2294 | 2338 | 729 | 1072 | 1066 | 876 | 1222 | 1272 | 398 | 602 | 535 | 331 | 470 | 531 |
| Used any treatment | 12% | 14% | 15% | 25% | 28% | 30% | 2% | 2% | 2% | 9% | 9% | 6% | 43% | 53% | 55% |
| Used any support/advice | 13% | 15% | 14% | 25% | 29% | 27% | 2% | 3% | 3% | 14% | 15% | 12% | 39% | 48% | 42% |
| Used any treatment/ support/advice | 17% | 19% | 20% | 33% | 37% | 39% | 3% | 4% | 4% | 17% | 18% | 15% | 54% | 63% | 64% |
| Have not used any | 83% | 81% | 80% | 67% | 63% | 61% | 97% | 96% | 96% | 83% | 82% | 85% | 46% | 37% | 36% |

Gamblers with a PGSI score 1+ who also qualify as affected others are more likely to have sought some form of treatment, advice and support. Three in ten (30%) report this compared to two in ten (20%) gamblers overall.

In an attempt to cut down their gambling, some gamblers with a PGSI score of 1+ have used a range of sources of treatment, support or advice (see Figure 7). Among treatment services, mental health services are most commonly used (8%), whether that be through the NHS (5%) or privately (5%).¹⁴ Gamblers have also sought support and advice from sources including friends and family and self-exclusion methods (both 4%).

¹⁴ Previously the question asked about mental health services as one answer option. In November 2021, the question split out NHS and private services.

Figure 7: Usage of treatment/support/advice in previous 12 months



Base: all gamblers with a PGSI score of 1+ in 2021 (n=2,338)

The findings above were mirrored in the qualitative interviews. The interviews found that those with higher PGSI scores were more likely to have accessed treatment and support initiatives, especially mental health services. Seeking support from friends and family and self-exclusion methods are often the first steps taken by a gambler when trying to stop. If unsuccessful, gamblers will seek more ‘professional’ advice and support from GPs and counsellors.

“I put self-exclusions on myself and I was a member of gambling forums where there was info on counselling. I contacted a counsellor and I had 10-12 sessions – I was going to face-to-face sessions but it was hard to leave work early to get there as it was on a fixed day and time, so later on it moved to telephone sessions which were helpful to look into the reasons behind gambling.”

(Person who gambles – 54, male, North West, PGSI - 21)

“2-3 years ago I reached out to my GP and I was signposted to a Gamblers Anonymous meeting online. I attended for some time until I felt better. However, I do feel that I’m at the point where I need to seek help again, but I’m reluctant to do so as I’m just not ready to stop yet.”

(Person who gambles – 50, female, London, PGSI - 24)

Younger gamblers aged 18-34, who have higher PGSI scores on average, were more likely to have sought treatment, support or advice than their older counterparts (31% vs. 16% of 35-54s and 6% of 55+) (see Table 17). This pattern is particularly striking among the youngest respondents (aged 18-24): 40% of gamblers with a PGSI score of 1+ in this age group had sought treatment, support or advice. These figures are comparable with 2020. Those aged 18-24 with PGSI scores of 1+ remain more likely than other age groups to have used treatment services, including mental health services (e.g. counsellor, therapist) – used by 23%. This is a combination of NHS (13%) and private (12%) services. Among problem gamblers (PGSI score of 8+) aged 18-24, close to half (48%) report having used mental health services.

Table 17. Usage of treatment, advice and support in previous 12 months – all gamblers with a PGSI score of 1+ by age

| | 18-24 | 25-34 | 35-44 | 45-54 | 55+ |
|-------------|-------|-------|-------|-------|------|
| Score 1-2 | 8% | 4% | 5% | 3% | 1% |
| Score 3-7 | 23% | 16% | 14% | 14% | 9% |
| Score 8+ | 80% | 66% | 60% | 43% | N/A* |
| Net: All 1+ | 40% | 25% | 19% | 11% | 6% |

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

Some of the younger respondents in the qualitative interviews had sought support from their family and friends, GPs, forums, and some had accessed self-exclusion software to reduce the amount they gamble. Nonetheless, not all young people interviewed had received treatment and support – mainly due to feeling that they didn’t require any (although most were open to it in the future if they felt they may need it).

“Yes, [I accessed support] via a GP. I went to Gamblers Anonymous meetings as a result.”

(Person who gambles – 50, female, London, PGSI - 24)

“Yes, [I accessed support] for four months at the beginning of the year. My partner told me to seek some help but I didn’t think I needed it. After getting support, I realised that I did need it.”

(Person who gambles – 29, male, North West, PGSI - 18)

Gamblers with co-existing conditions (both mental and physical) were more likely to have used some form of treatment, support or advice than those without (23% vs. 15%) – likely a result of them having higher PGSI scores on average (see Table 18). One in ten (11%) had used a mental health service, either privately or via the NHS, compared to five percent of those without a co-existing condition. This increases with PGSI score. Among problem gamblers (PGSI score of 8+) with co-existing conditions, two in five (42%) report having used a mental health service in an attempt to cut down their gambling (compared to 23% of those without). They were also more likely to have used specialist gambling specific services (such as AnonymMind and Therapy Route) (seven percent vs. three percent) or a telephone helpline (e.g. National Gambling Helpline) (seven percent vs. three percent).

Table 18. Usage of treatment, advice and support – all gamblers with a PGSI score of 1+ by co-existing conditions

| | Score 1-2 | | Score 3-7 | | Score 8+ | | Net: All 1+ | |
|------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|--|
| | With co-existing conditions (566) | Without co-existing conditions (679) | With co-existing conditions (224) | Without co-existing conditions (297) | With co-existing conditions (261) | Without co-existing conditions (231) | With co-existing conditions (1,051) | Without co-existing conditions (1,207) |
| Used any treatment/ support/advice | 3% | 4% | 19% | 11% | 74% | 53% | 23% | 15% |

Those drinking at higher risk levels (an AUDIT-C score of 8-12), who have higher PGSI scores on average, were more likely to have used some form of treatment or support than those with lower scores (0-4) (26% vs. 14%) (see Table 19). This pattern was particularly pronounced among problem gamblers (PGSI score of 8+). Seven in ten (73%) problem gamblers (PGSI score of 8+) drinking at higher risk levels reported using some form of treatment and support in an attempt to cut down their gambling, compared to half (49%) of those with lower scores (0-4). Specifically, problem gamblers (PGSI score of 8+) drinking at higher risk levels were more likely to have used mental health services (35% vs. 22% with lower scores) and a social worker, youth worker or support worker (14% vs. 6%). They were also more likely to have used other addiction services (e.g. drug or alcohol) (8% vs. 2%).

Table 19. Usage of treatment, advice and support in previous 12 months – all gamblers with a PGSI score of 1+ by AUDIT-C score

| | Used any treatment, advice and support |
|-----------------------|--|
| Score 1-2 | |
| Under 5 | 4% |
| Increasing risk (5-7) | 3% |
| Higher risk (8-12) | 3% |
| Score 3-7 | |
| Under 5 | 17% |
| Increasing risk (5-7) | 12% |
| Higher risk (8-12) | 12% |
| Score 8+ | |
| Under 5 | 49% |
| Increasing risk (5-7) | 73% |
| Higher risk (8-12) | 73% |
| Net: All 1+ | |
| Under 5 | 14% |
| Increasing risk (5-7) | 26% |
| Higher risk (8-12) | 26% |

Those experiencing higher levels of distress (a K-10 score of 20+), also had higher PGSI scores on average, and were more likely to have used some form of treatment and support (see Table 20). Two-thirds (68%) of problem gamblers (PGSI score of 8+) experiencing higher levels of distress reported this, compared with one third (34%) of those with lower scores (under 20). This stems from them being much more likely to report having used mental health services (37% vs. 7%) in an attempt to cut down their gambling.

Table 20. Usage of treatment, advice and support – all gamblers with a PGSI score of 1+ by K-10 score

| | Score 1-2 | | Score 3-7 | | Score 8+ | | Net: All 1+ | |
|------------------------------------|-------------------------|------------------------|-------------------------|------------------------|------------------------|------------------------|-------------------------|--------------------------|
| | Score of under 20 (645) | Score of over 20 (627) | Score of under 20 (213) | Score of over 20 (322) | Score of under 20 (53) | Score of over 20 (478) | Score of under 20 (911) | Score of over 20 (1,427) |
| Used any treatment/ support/advice | 2% | 5% | 10% | 18% | 34% | 68% | 6% | 29% |

Gamblers with a PGSI score of 1+ on lower incomes are more likely to have sought some form of treatment, advice or support than those on higher incomes (26% of those with a gross household income of <£20,000 per year vs. 11% of £60,000+). This includes being more likely to have used mental health services (e.g. counsellor, therapist) via the NHS (7% vs. 2%) in the last year. Among problem gamblers (PGSI score of 8+) on lower incomes, one in five (23%) have used these services.

Gamblers from BAME communities with a PGSI score of 1+, who have higher PGSI scores on average than their white counterparts, were more likely to have used treatment, advice or support to cut down their gambling: over a third (36%) had used any source, compared with 16% of white gamblers. This includes a higher usage of both treatment services (29% vs. 11%) and sources of support (25% vs. 11%). These figures are comparable with 2020 findings.

However, only one of the four gamblers from BAME communities in the qualitative interviews had sought support or advice (quotes below).

“No [I’ve never sought support]. I don’t really gamble much - why would I need it? I don’t have a problem. It’s not like I’m spending food money or mortgage money on gambling.”

(Person who gambles – 42, female, South East, PGSI - 13)

“No, I haven’t looked for support. It is more emotional, it’s quite embarrassing - there is a stigma with gambling, it is nothing you can be proud of.”

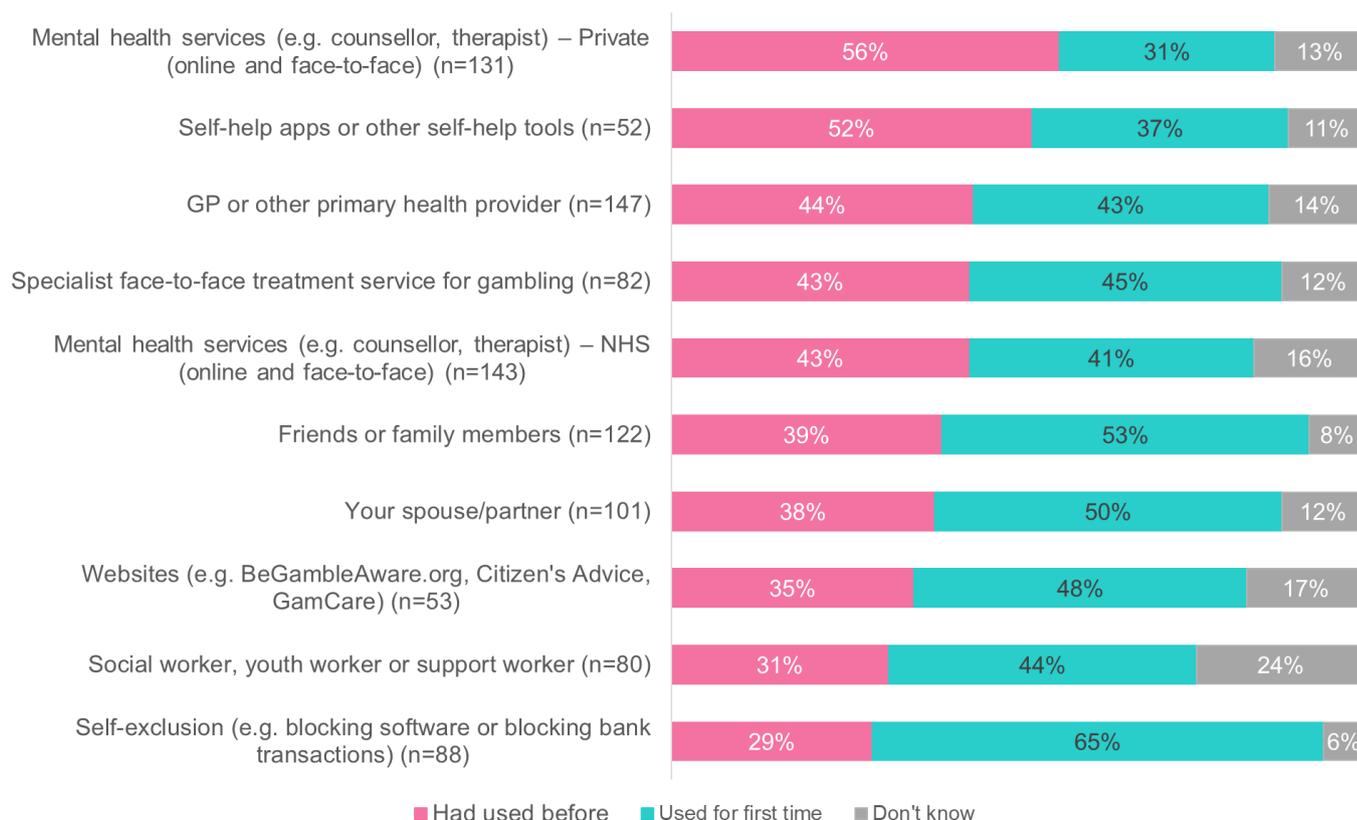
Person who gambles – 43, male, North East, PGSI - 15)

Gamblers: long term support

Gamblers who had used each form of treatment, support or advice before were asked whether they had used each source *before* in an attempt to cut down their gambling, or whether it was the *first time*. Many had used various forms of treatment, advice and support before, suggesting the role of long-term support in gambling treatment (see Figure 8).

Among those using mental health services (either through the NHS or privately), half (52%) reported having used these before for help with cutting down their gambling. This was higher among users of private mental health services (either online or face-to-face); over half (56%) reported having used these before, similar to the proportion who had used self-help apps or other self-help tools (52%). Two in five reported having spoken to a GP or other primary health provider before (44%) or using NHS mental health services (again either online or face-to-face) (43%). Self-exclusion methods were the only form of support where more had used them for the first time than before. Two-thirds (65%) of those who had used them said this was their first time.

Figure 8: Whether gamblers have used treatment/support/advice before



Base: all gamblers who have used each source

The need for long-term support also came through in the qualitative interviews – most gamblers feel that their gambling problem is something that will stick with them for a long time.

“My gambling was at its worst around 25 years ago. I feel quite mad about it now – I could have had more holidays. You become a bit immune to it [gambling] and it doesn't feel like real life. I still gamble but not as much – I have probably lost a couple of thousand in the last couple of years.”

(Person who gambles – 58, male, North West, PGSI - 12)

“Yes, I'm always open to support as there are times when things are getting all over the place and it is a long road and you are constantly struggling.”

(Person who gambles – 54, male, North West, PGSI - 21)

Given that gambling is a long-term and highly personal issue, gamblers often access a wide variety of treatment and support services before finding what works for them (which can be one or a combination of different things). This emphasises the necessity for a holistic approach as opposed to ‘one-size-fits-all’.

“If you gamble more than you can afford to lose, seek support as it does not do any good bottling it up, getting angry and frustrated about it. Everyone is different so different forms of support would suit them...”

(Person who gambles – 57, male South East, PGSI - 10)

Gamblers: reasons for seeking treatment and support in the previous 12 months

Three in ten (31%) gamblers with a PGSI score of 1+ were prompted to seek treatment, support or advice due to mental health problems (including feeling anxious or concerned). Other reported prompts include financial impacts or change in financial situation (28%), a relationship affected by gambling (25%) or severe negative impacts (e.g. risk of losing job, home or criminal proceedings) or negative change in personal life (20%). These findings are all comparable with 2020.

Mental health problems being a key trigger for seeking support also came through in the qualitative interviews. Advice and support are often looked for after a gambler notices their mental health deteriorating – for example, feelings of anxiety, frustration, depression and lack of sleep. Noticing a deteriorating financial situation and worsening relationships were also frequently mentioned as triggers for seeking support.

“[I was motivated to seek support by] the stress, anxiety and frustration caused by gambling, which was also affecting my sleep.”

(Person who gambles – 20, female, London, PGSI - 18)

“[I looked for support] as soon as I realised that my daughter needed a new pair of shoes and I had to say, 'you'll have to wait for a little while because I can't afford them' when I should have been able to afford it, but I couldn't, and it was getting to the stage where I was dreading her asking me for anything.”

(Person who gambles – 50, female, London, PGSI - 24)

“[I was motivated to seek support by] losing my ex-partners and seeing the impact it had on them, my last one especially.”

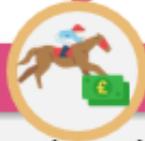
(Person who gambles – 54, male, North West, PGSI - 21)

Those classified as problem gamblers (PGSI score of 8+) were more likely to recognise motivators for seeking help than those classified as moderate-risk gamblers (PGSI score of 3-7), including effects on their relationships/family (30% vs. 13%) and their gambling having severe negative impacts or a negative change in their personal life (24% vs. 11%).

The case study below demonstrates how gambling affects a person’s finances and relationships which led them to seeking support. He regrets how his behaviour impacted his ex-partners, and it motivates him to try to get his gambling under control.

Case study: Person who gambles

General gambling behaviour and associations



He has gambled for many years, starting in his mid-20s as a destructive, social habit that brought him adrenaline, excitement, escapism, and something to do with others. However, he ran into trouble when experiencing financial issues as his motivations for gambling change from having fun, to gambling to win money.

I'm 54 and have gambled since my mid-20s...it was always sports and for many years it was in control. It was when I started betting on the machines that they have...roulette...that it spiralled.

Impacts



Gambling has significantly impacted a number of his romantic relationships. He tends to gamble more when in relationships because of money issues, which leads him to gamble more to try and 'earn' money, resulting in debt and his relationships breaking down. The impact that gambling had on his former relationships – and himself – has resulted in him trying to minimise his gambling in the last 12 months.

We had a child together, were engaged to get married...she ended up leaving me because of my betting, because I lost a lot of money online. She was trying to give me chances, but she had to do what was right for her.

Gambling problem acknowledgement & tools & support



A major driver in prompting him to seek support was the breakdown of his relationship with his former fiancé and witnessing the impact that this had on them. Whilst he is now gambling less, support has loopholes, e.g. in the past when he self-excluded online in the U.K, he would find himself visiting European gambling websites. He also highlighted the limitations of self-exclusion in-person, wherein the gambler can travel to another town to place a bet.

It's virtually impossible to ban yourself from everywhere. I used to find myself getting the bus to another town to gamble and coming home 3-4 hours later.

Barriers and enablers to seeking support



He experienced lots of emotional barriers in seeking support for gambling, such as the sense of shame and the stigma attached to gambling. However, he also found that logistical barriers made seeking support difficult – self-exclusion has loopholes and the accessibility of support is difficult to navigate alongside full-time work when it's a fixed day or time. When seeking help with Gamblers Anonymous, he also found that many of the people who spoke with were from the U.S, which meant that their experiences were different and he was less able to relate.

Gamblers: efficacy of treatment and support

Gamblers with a PGSI score of 1+ who had sought treatment, support or advice were asked about its efficacy in terms of helping them to cut down their gambling. For almost all types of support in this report, around half stated that it had helped to some extent (either a lot or a little), and for many sources it was around two-thirds or higher.

Gamblers with a PGSI score of 1+ tended to find sources of advice and support most helpful. Support from a spouse/partner was deemed to be helpful (either a lot or a little) by four in five (79%), followed by friends or family members (73%), a support group (73%) and self-exclusion (e.g. blocking software or blocking bank transactions) (72%).

Generally, treatment options were considered less helpful than sources of support. However, it is important to remember that treatment services are used predominantly by those with higher PGSI scores (whose problems may typically be more difficult to address), whereas those with lower PGSI scores tend to use sources of support, if anything. Among treatment services, specialist face-to-face treatment services (68%) were considered most helpful when cutting down gambling. A higher proportion found private mental health services more helpful than NHS (57% vs. 46%).

6.2 Affected others' usage of treatment and support in the previous 12 months

Affected others may seek advice or support both for themselves, and on behalf of the person or people they know with a gambling problem. The following sections will focus on affected others who know someone who has had a problem with gambling in the previous 12 months.

Affected others: usage of treatment and support in the previous 12 months

In 2021, 36% of affected others had sought treatment, advice or support in some form, whether that be from a treatment service, such as mental health services or a GP, or types of advice or support, including friends or family members or visiting a website (see Table 21). Usage of advice and support among affected others is broadly comparable with 2020 findings, though is a decrease from 2019 (45% to 36%).

The majority (70%) of affected others have not sought advice or support on behalf of the person with the gambling problem, and they are even less likely to have done so for themselves (78% have not done so).

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

| | Sought advice/ support at all | | | Sought advice/support on behalf of gambler | | | Sought advice/ support for themselves | | |
|---|-------------------------------|---------------|---------------|--|---------------|---------------|---------------------------------------|---------------|---------------|
| | 2019 (429) | 2020 (279) | 2021 (264) | 2019 (429) | 2020 (279) | 2021 (264) | 2019 (429) | 2020 (279) | 2021 (264) |
| Used any advice/support from treatment services | 21% | 17% | 21% | 16% | 12% | 18% | 16% | 13% | 15% |
| Used any advice/support | 36% | 33% | 28% | 30% | 28% | 24% | 16% | 15% | 16% |
| Used any advice/support at all | 45% | 41% | 36% | 36% | 34% | 30% | 28% | 24% | 22% |

Affected others who are also gamblers with a PGSI score of 1+ are more likely to have sought some form of advice and support (including both treatment services and support sources). This rises to close to approximately half (49%), higher than for affected others overall (36%).

When affected others seek advice or support, either for themselves or on behalf of the person or people they know with a gambling problem, this is most likely to be from less formal sources (28%), though a sizable proportion (21%) sought advice or support from a treatment service. This can be as simple as just talking to someone, with 16% saying they sought advice or support from a friend or family member. The next most common sources of advice or support include a spouse or partner (nine percent) or websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare) (eight percent).

Among those seeking advice or support from a treatment service, this is most commonly from mental health services (either NHS or private (14%) or a GP (nine percent)).

Prompts for seeking advice or support

In 2021, mental health problems (including feeling anxious or concerned) remained the most common prompt given by affected others for seeking advice or support (65%), either for themselves or on behalf of the gambler they are affected by. This is followed by concern for safety or wellbeing (64%), for either the person with a gambling problem or for other family members, and needing help or not knowing how to deal with the situation (63%). These were also the most common prompts in previous years. Just over half (53%) said a relationship being affected by gambling led them to seek treatment, advice or support. One in three (33%) said they were prompted by a severe negative impact (e.g. risk of losing job, home or criminal proceedings).

The impact on mental health was also noted as a key trigger for affected others seeking advice or support in the qualitative interviews. Having a close family member or friend that frequently gambles can cause the affected other to be stressed or to constantly worry (e.g. worrying about how much money the gambler is losing or worrying over their safety and wellbeing).

“I went to my GP for help to ask about how I can help my brother. They offered me counselling and then gave me leaflets about what support is available. I sought help from my GP because I didn't know much about support for gambling and I was really anxious – the doctor also gave me anti-depressants.”
(Affected Other – 56, female, West Midlands)

“My nephew (gambler) is very stressful to be around. It affected my relationship with my sister – she is no longer speaking to me after I asked my nephew to leave. I felt depressed and had to go to a mental health group at the hospital.”
(Affected Other – 67, male, North West)

“Sometimes he can't look me in the eye and I know he's been gambling. It destroyed who we were together for a while. We're in a much better place than we were. It feels like a betrayal but I know he can't help it. At times I didn't know if I was going to come home and he'd be dead – it was that bad.”
(Affected Other – 38, female, South East)

7 Demand for treatment and support

7.1 Gamblers' demand for treatment and support in the previous 12 months

Gamblers: current demand for treatment and support

Table 22 summarises current reported demand for treatment services and support and advice as stated by gamblers with a PGSI score of 1+. Current reported demand has remained broadly unchanged since 2020. Overall, in 2021, 16% of these gamblers said they wanted some form of treatment, advice or support. Among gamblers with a PGSI score of 1+, 14% reported wanting some form of treatment (such as mental health services, their GP, or specialist face-to-face treatment) in 2021. One in ten (11%) said that they wanted some form of support or advice (such as from family and friends, support groups, websites or books) in 2021, a slight decrease from previous years (13%). These figures include gamblers who have already accessed treatment, support or advice, meaning that there is some overlap between usage and reported demand e.g. some gamblers will have accessed services before, and want to continue doing so.

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

| | Net: All 1+ | | | Net: All 3+ | | | Score 1-2 | | | Score 3-7 | | | Score 8+ | | |
|---|-------------|------|------|-------------|------|------|-----------|------|------|-----------|------|------|----------|------|------|
| | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 |
| | 1605 | 2294 | 2338 | 729 | 1072 | 1066 | 876 | 1222 | 1272 | 398 | 602 | 535 | 331 | 470 | 531 |
| Want any treatment | 13% | 14% | 14% | 26% | 28% | 28% | 2% | 2% | 2% | 8% | 9% | 6% | 48% | 53% | 51% |
| Want any support/advice | 13% | 13% | 11% | 25% | 25% | 22% | 3% | 3% | 2% | 12% | 11% | 8% | 41% | 43% | 37% |
| Want any treatment/ support/advice | 18% | 17% | 16% | 34% | 34% | 33% | 4% | 3% | 2% | 15% | 15% | 11% | 57% | 59% | 57% |
| Do not want any | 82% | 83% | 84% | 66% | 66% | 67% | 96% | 97% | 98% | 85% | 85% | 89% | 43% | 41% | 43% |

Among problem gamblers (PGSI score of 8+), 57% said they wanted some form of treatment, advice or support in order to help cut down their gambling. Among this group, the majority (89%) had received some previously, with a much smaller proportion (11%) saying

that they had not had any form of treatment, advice or support previously, but reported a demand for it.

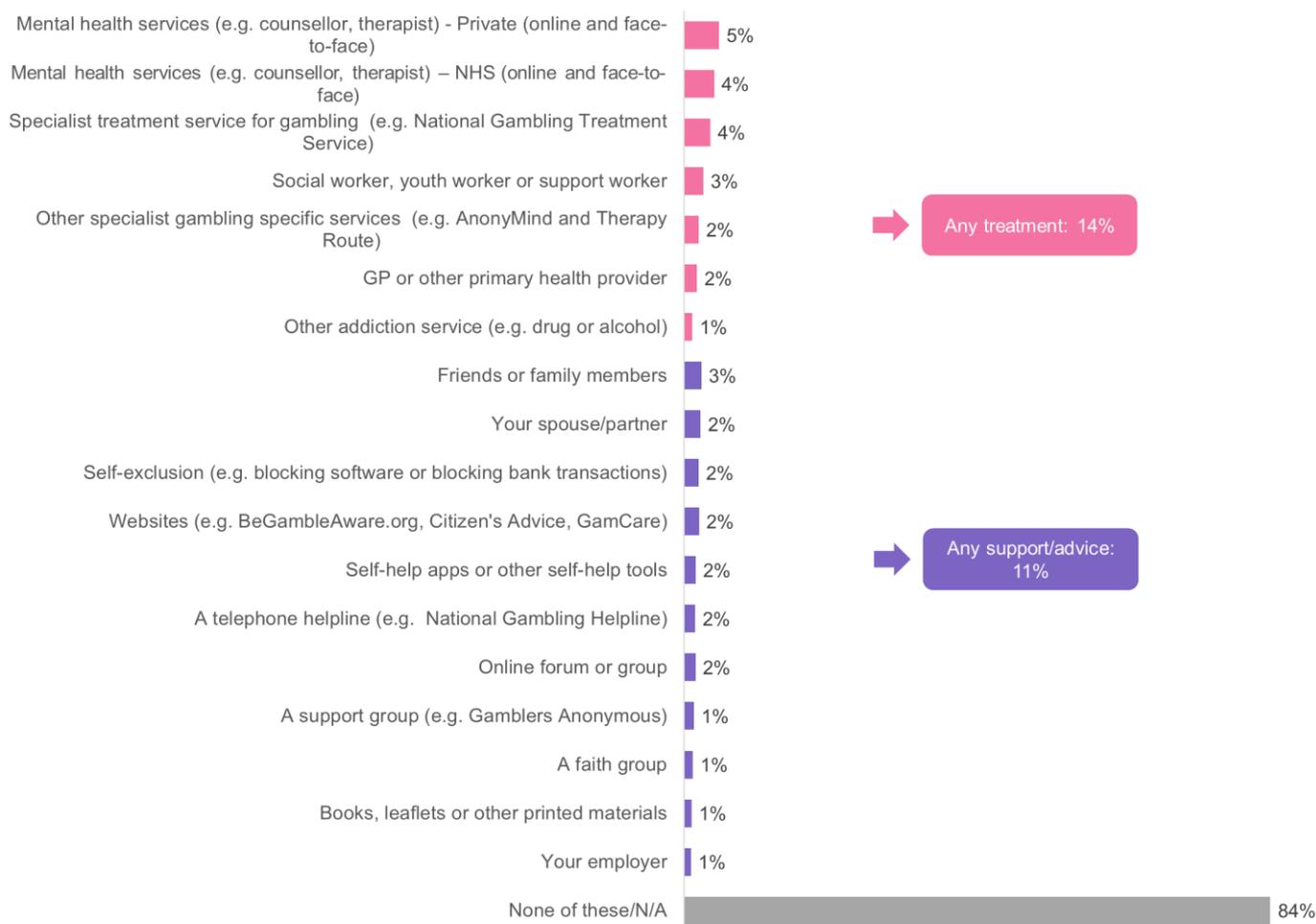
Gamblers with a PGSI score 1+ who also qualify as affected others are more likely to want some form of treatment, advice and support. Approximately three in ten (29%) report this compared to 16% of gamblers overall.

In line with the pattern seen for usage of treatment and support, those classified with higher scores on the PGSI were much more likely to want help. Among low-risk gamblers (PGSI score of 1-2), only two percent wanted any form of treatment, support or advice, but the proportion rises to 11% for those with a moderate-risk score (PGSI score of 3-7), and 57% of problem gamblers (PGSI score of 8+). This is to be expected for gamblers with a PGSI score of 1-2 given that many will experience no negative consequences from their gambling. As shown in Table 22, low-risk (PGSI score of 1-2) and problem gamblers (PGSI score of 8+) reported demand for treatment, advice and support at an overall level has remained broadly unchanged since 2020. Although among those with a moderate-risk score (PGSI score of 3-7) there has been a decrease in the proportion demanding treatment, advice and support (15% to 11%).

Most commonly, among treatment services, people who gamble felt they would like treatment from mental health services (8%), whether that be privately (5%) or NHS (4%) (see Figure 9).¹⁵ This includes both online and face-to-face services. Gamblers also report a demand for specialist treatment services for gambling (e.g. National Gambling Treatment Service) (4%) or a social/support worker (3%). Among sources of advice and support, speaking to friends or family members (3%) or a spouse/partner (2%) are most desirable.

¹⁵ Previously the question asked about mental health services as one answer option. In 2021, the question split out NHS and private services.

Figure 9: Demand for treatment/support/advice in previous 12 months



Base: all gamblers with a PGSI score of 1+ in 2021 (n=2,338)

Mirroring usage patterns, those experiencing higher levels of distress (a K-10 score of 20+), who had higher PGSI scores on average, were more likely to want some form of treatment or support than those with lower scores (0-19) (24% vs. 5%) (see Table 23). This was particularly evident among problem gamblers (PGSI score of 8+) experiencing higher levels of distress (60% vs. 32%). Notably, over half (54%) of problem gamblers (PGSI score of 8+) experiencing higher levels of distress had a demand for treatment services (e.g. speaking to a GP, accessing mental health services). Three in ten (32%) reported a demand for mental health services (either NHS or private), which mirrors their higher usage of these services.

Table 23. Current demand for treatment, advice and support – all gamblers with a PGSI score of 1+ by K-10 score

| | Score of 1-2 | | Score of 3-7 | | Score of 8+ | | Net: All 1+ | |
|------------------------------------|-------------------------|------------------------|-------------------------|------------------------|------------------------|------------------------|-------------------------|--------------------------|
| | Score of under 20 (645) | Score of over 20 (627) | Score of under 20 (213) | Score of over 20 (322) | Score of under 20 (53) | Score of over 20 (478) | Score of under 20 (911) | Score of over 20 (1,427) |
| Want any treatment/ support/advice | 2% | 3% | 7% | 14% | 32% | 60% | 5% | 24% |

Those drinking at higher risk levels (an AUDIT-C score of 8-12), who also have higher PGSI scores on average, were more likely to say they want some form of treatment or support than those with lower scores (0-4) (21% vs. 10%) (see Table 24). This pattern was particularly pronounced among problem gamblers (PGSI score of 8+). Two-thirds (66%) of problem gamblers (PGSI score of 8+) drinking at higher risk levels reported wanting some form of treatment and support in an attempt to cut down their gambling, compared to 41% of those with lower scores (0-4). There is most demand for mental health services, rising to a third (34%) of problem gamblers (PGSI score of 8+) drinking at higher risk levels. There is also demand among this group for support from a social worker, youth worker or support worker (14% vs. 7%).

Table 24. Current demand for treatment, advice and support – all gamblers with a PGSI score of 1+ by AUDIT-C score

| | Want any treatment, advice and support |
|-----------------------|--|
| Score 1-2 | |
| Under 5 | 2% |
| Increasing risk (5-7) | 4% |
| Higher risk (8-12) | 1% |
| Score 3-7 | |
| Under 5 | 12% |
| Increasing risk (5-7) | 13% |
| Higher risk (8-12) | 4% |
| Score 8+ | |
| Under 5 | 41% |
| Increasing risk (5-7) | 67% |
| Higher risk (8-12) | 66% |
| Net: All 1+ | |
| Under 5 | 10% |
| Increasing risk (5-7) | 25% |
| Higher risk (8-12) | 21% |

Gamblers with a PGSI score of 1+ with co-existing conditions were more likely to report a demand for some form of treatment, support or advice than those without (20% vs. 12%) – likely a result of them having higher PGSI scores on average (see Table 25). Specifically, they have higher demand for mental health services (either NHS or private). One in ten (11%) gamblers with a co-existing condition report this, higher than those without (5%). This increases among problem gamblers (PGSI score of 8+) who have co-existing conditions (38%).

Table 25. Current demand for treatment, advice and support – all gamblers with a PGSI score of 1+ by co-existing conditions

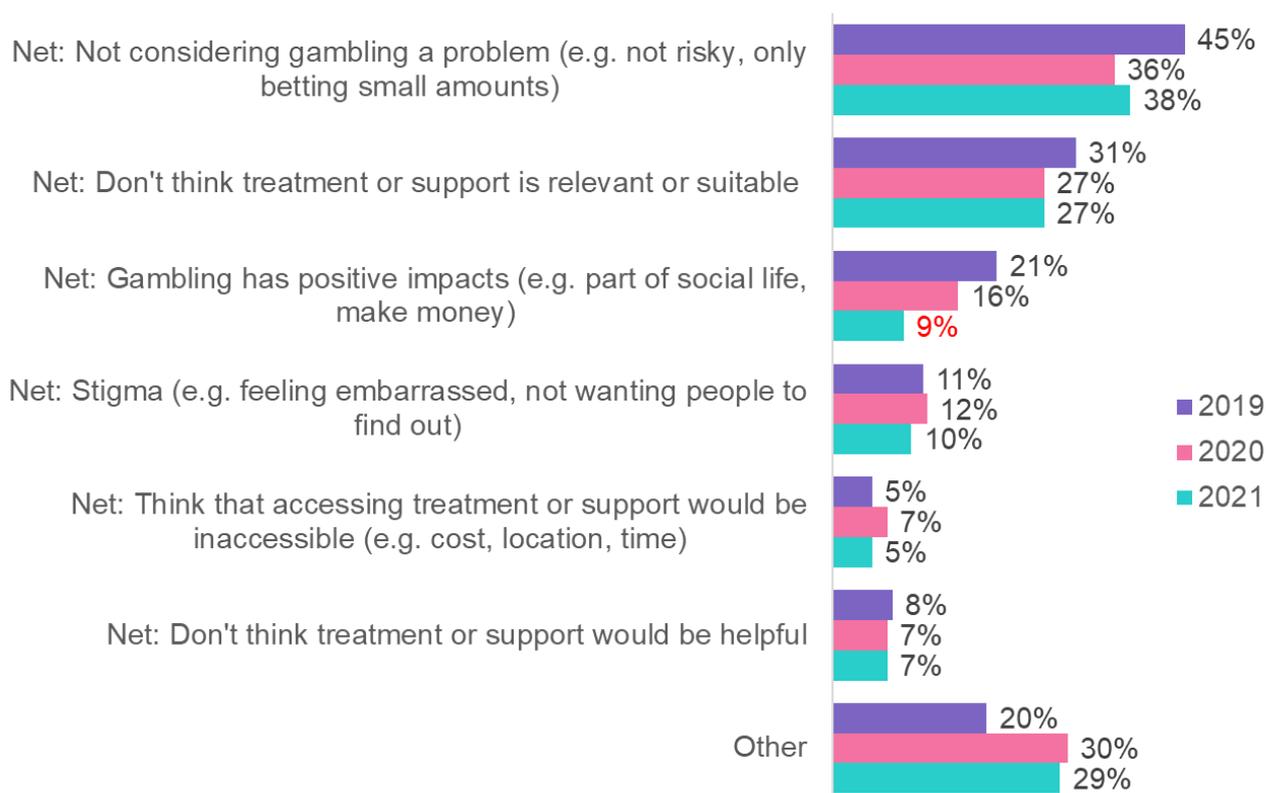
| | Score 1-2 | | Score 3-7 | | Score 8+ | | Net: All 1+ | |
|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|--|
| | With co-existing conditions (566) | Without co-existing conditions (679) | With co-existing conditions (224) | Without co-existing conditions (297) | With co-existing conditions (261) | Without co-existing conditions (231) | With co-existing conditions (1,051) | Without co-existing conditions (1,207) |
| Want any treatment/support/advice | 2% | 3% | 13% | 9% | 69% | 44% | 20% | 12% |

Gamblers with a PGSI score of 1+ on lower incomes are more likely to want some form of treatment, advice or support than those on higher incomes, which ties in with them having higher PGSI scores on average (22% of those with a gross household income of <£20,000 per year vs. 11% of £60,000+). Among problem gamblers (PGSI score of 8+) on lower incomes, eight percent report a demand for other addiction services (e.g. drug or alcohol), highlighting once again the link between gambling and other addictions.

Gamblers: barriers to seeking treatment and support

Among gamblers with a PGSI score of 1+ stating that they did not want any form of treatment, advice or support, the barriers were explored. Most commonly, these gamblers did not consider their gambling a problem; for example, not perceiving it to be ‘risky’ or only betting small amounts (38%) (see Figure 10). Among problem gamblers (PGSI score of 8+), this was a barrier for a smaller proportion (14%). This is followed by a perception that treatment, advice or support is not relevant or suitable (27%) or stigma (e.g. feeling embarrassed, not wanting people to find out) (10%). These findings are comparable with 2020. The proportion saying gambling has positive impacts (e.g. part of social life, making money) has decreased (16% in 2020 to 9% in 2021).

Figure 10: Barriers to seeking treatment/support/advice



Base: all gamblers with a PGSI score of 1+ who would not want treatment/advice/support in 2019, Phase 2 (n=640), and 2020 (n=395), 2021 (n=533)

The barriers differ depending on PGSI score, with low-risk (50%) and moderate-risk (36%) gamblers more likely than problem gamblers (PGSI score of 8+) (14%) not to consider their gambling a problem (see Table 26). This is to be expected for gamblers with a PGSI score of 1-2 given that many will experience no negative consequences from their gambling. Gamblers falling into the low-risk (PGSI score of 1-2) category participate in less risky gambling activities (such as the National Lottery), in comparison to problem gamblers (PGSI score of 8+), providing a possible explanation for why they do not perceive their gambling to be an issue. On the other hand, stigma is a more prominent barrier for problem gamblers (PGSI score of 8+). Approximately a quarter (24%) said that this is a reason for not wanting treatment, advice or support in order to cut down their gambling, higher than the proportion of low-risk (two percent) gamblers reporting this.

Table 26. Barriers to seeking treatment/support/advice – by PGSI score

| | PGSI 1-2 (249) | PGSI 3-7 (170) | PGSI 8+ (114) | Net: All 1+ (533) | Net: All 3+ (284) |
|---|-------------------|-------------------|------------------|----------------------|----------------------|
| Net: Not considering gambling a problem (e.g. not risky, only betting small amounts) | 50% | 36% | 14% | 38% | 28% |
| Net: Don't think treatment or support would be helpful | 3% | 6% | 19% | 7% | 11% |
| Net: Think that accessing treatment or support would be inaccessible (e.g. cost, location, time) | 3% | 3% | 11% | 5% | 6% |
| Net: Stigma (e.g. feeling embarrassed, not wanting people to find out) | 2% | 11% | 24% | 10% | 16% |
| Net: Gambling has positive impacts (e.g. | 9% | 10% | 9% | 9% | 10% |

| | | | | | |
|--|-----|-----|-----|-----|-----|
| part of social life, make money) | | | | | |
| Net: Don't think treatment or support is relevant or suitable | 33% | 24% | 21% | 27% | 23% |

The qualitative interviews also show that not considering gambling to be a problem is a key barrier in seeking support, alongside stigma associated with it. Many reported that they would simply be embarrassed to ask for help or to be seen accessing support. Some also mentioned other barriers in seeking support such as not feeling ready to stop their gambling behaviour as they enjoy it, limited access to preferred (mainly face-to-face and telephone) services, as well as the perception of gambling being less serious than alcohol or drug abuse.

“If I had a serious problem and I can't keep a roof over my head, then I know I have a problem.”

(Person who gambles – 56, female, Yorkshire and the Humber, PGSI - 16)

“[A barrier to seeking support is] the stigma - people saying that you have a problem and that you cannot control it. If someone told me that I had a problem, it would just make you feel guilty of something.”

(Person who gambles – 49, male, North West, PGSI - 4)

“You are embarrassed and scared to ask for help, a real sense of shame how people can view you, feeling judged; drinks and drugs are more common and potentially there is more sympathy towards them in comparison to gambling.”

(Person who gambles – 54, male, North West, PGSI - 21)

“It's often to do with acceptance – it takes a while to accept that you have a problem and that you are spending too much money. Also, an embarrassment factor – it's hard to admit you have a problem and be able to talk about it with people.”

(Person who gambles – 46, male, North West, PGSI - 21)

“[I] would not consider it because I enjoy it.”

(Person who gambles – 49, male, North West, PGSI - 4)

The case study below demonstrates how not considering gambling to be a problem prevented someone from seeking support. As his gambling does not cause him financial hardship, he does not consider it to be a serious issue, and it would need to worsen in order for him to feel that he has a problem.

Case study: Person who gambles

General gambling behaviour and associations



He has gambled for many years and much of his life (e.g. work and socialising) is confined to the home due to a disability which makes him extremely clinically vulnerable. He gambles during any spare time and as his workload has declined, his gambling has increased, and he finds it helps with stress.

You're up at the start of the day and you know that for the next half an hour, or 2-3 hours, you've got something to take your mind off things – all of your attention and concentration is on the game itself.

Impacts



Whilst careful to minimise the financial impacts of his gambling through keeping savings in a separate account, he feels that his gambling has had an adverse impact on his relationship with his wife, and his mental health. He has noticed that he snaps at his wife when she questions him about games, and overall becomes irritable and guilt-ridden when losing a game and thinking about the money lost, and time lost that could have been spent with loved ones.

[I don't like] The way it can make me at times...you can be snappy or morose afterwards, or a bit depressed – that makes me feel bad, because I caused that myself.

Gambling problem acknowledgement & tools & support



He is aware that his gambling has increased, particularly as his wife will tell him that he's spending too much time gambling. He often looks at the GamCare website at forums where other people share their experiences, as he finds it helpful to see how other people are dealing with it, and it's cathartic reading about people with worse experiences. However, he sees support as a last resort – when he's spiralled and the gambling has gotten particularly bad.

It's often difficult to discuss things, and when I read about people in a much worse situation with debt I think there's much more deserving people who need the help more, that you might be taking the opportunity from.

Barriers and enablers to seeking support

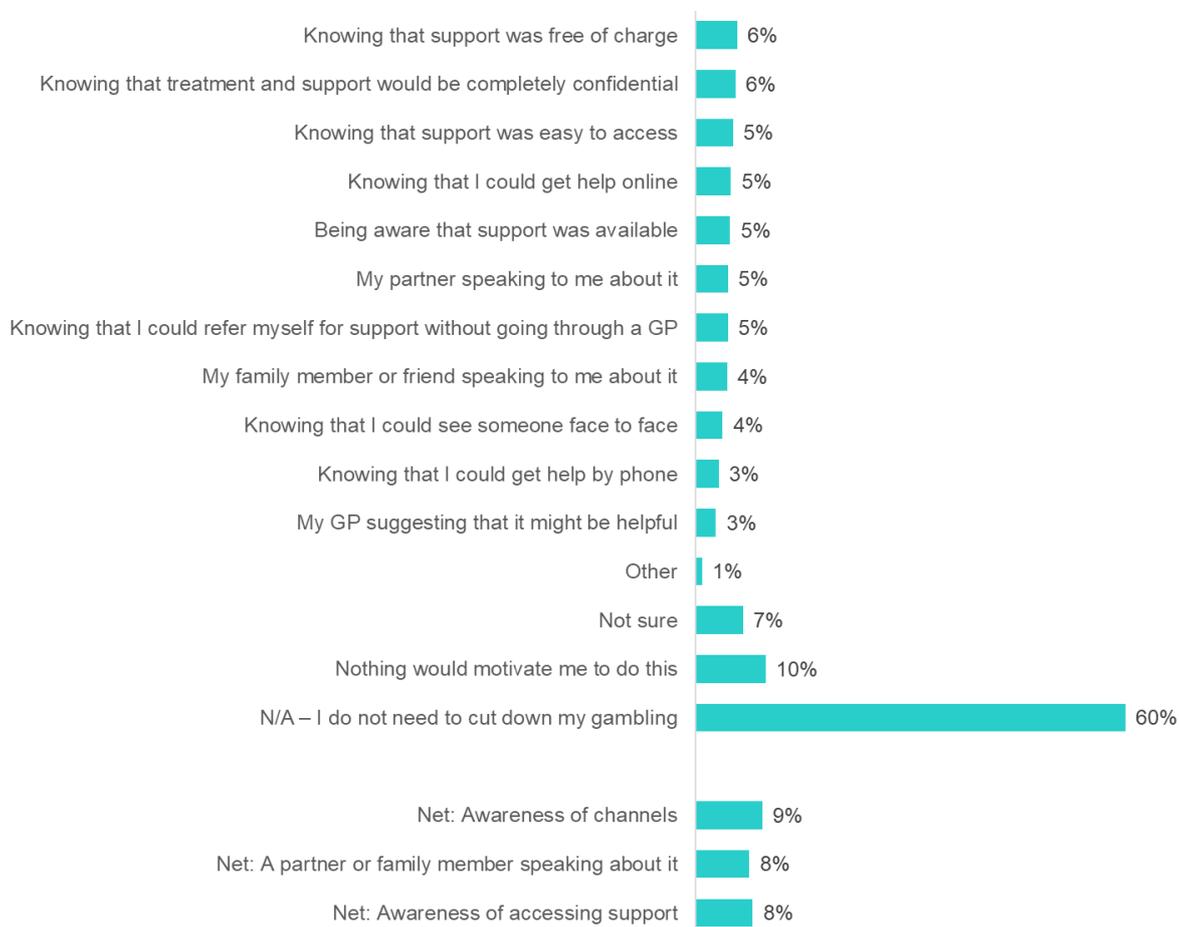


Motivations to seek help include accepting the gambling problem and spending too much time and money on gambling. However, whilst his gambling has increased in the last 12 months, he has spent a regimented amount that is not having adverse financial impacts, so it would have to worsen in order for him to seek support. Equally, if his compulsions to gamble were to worsen to the point where he would be gambling every day with little to no release, he would feel that he had a problem that would require support.

Gamblers: motivators to seeking treatment and support

Overall, one in five (23%) gamblers with a PGSI score of 1+ recognised one or more factors that might motivate them to seek treatment, support or advice; comparable with 2020 (22%) (see Figure 11). This includes those who had already accessed some form of treatment, support or advice in the previous 12 months, as well as those who had not. Most commonly, gamblers thought they would be motivated by knowing support was available via a particular channel (telephone, online or face-to-face) (9%), knowing that support was easy to access, including the ability to self-refer, or a partner or family member speaking to them about it (both 8%).

Figure 11: Motivators to seeking treatment/support/advice



Base: all gamblers with a PGSI score of 1+ in 2021 (n=2,338)

As seen in the previous studies, problem gamblers (PGSI score of 8+) recognised several factors which might motivate them to seek treatment, advice or support. Most commonly, they said that they might be motivated by knowing support was available via a particular channel (27%) (see Table 27). This reinforces the importance of providing clear information to increase awareness of the available channels (e.g. signposting to websites, increasing awareness of remote support) for problem gamblers (PGSI score of 8+). One in five (21%) said that awareness of how easily they can access support could motivate them - for example, knowing that they could self-refer without going through a GP or knowing that support was free of charge. One in six (15%) problem gamblers (PGSI score of 8+) specifically said that knowing that treatment and support would be completely confidential would motivate them to get help. Since a lack of awareness of accessibility was a key barrier for problem gamblers (PGSI score of 8+), it is important to address this and continue to relay information about treatment and support to those who gamble, with a focus on messaging around confidentiality, cost and the ability to self-refer.

Table 27. Motivators to seeking treatment/support/advice – by PGSI score

| | PGSI 1-2 (1,272) | PGSI 3-7 (535) | PGSI 8+ (531) | Net: All 1+ (2,338) | Net: All 3+ (1,066) |
|--|---------------------|-------------------|------------------|------------------------|------------------------|
| Net: Awareness of channels | 3% | 8% | 27% | 9% | 17% |
| Net: A partner or family member speaking about it | 3% | 7% | 19% | 8% | 13% |
| Net: Awareness of accessing support | 3% | 9% | 21% | 8% | 15% |

In the qualitative interviews most said that the main thing which would motivate them to seek support would be if they recognised that they had a problem. Participants often define gambling disorder as having significant financial and emotional consequences on them and/or their loved ones.

“If family members don't know you have a problem... if it's keeping you awake at night and stressing you out, not being able to pay bills. When it impacts your mental health that's when something needs to change.”

(Person who gambles – 33, female, Scotland, PGSI - 12)

“Maybe spending way too much time and losing money... If that went on and on - e.g. every day for a week - that would be the point where I would know to stop and maybe look for support.”

(Person who gambles – 46, male, North West, PGSI - 21)

When exploring other reasons that might motivate respondents to seek support, some said that they would welcome free, independent, confidential and easy to access support. Probed further, respondents reported that face-to-face support is the most effective, however, remote support is more convenient and confidential.

Informal remote support such as chat rooms can act as the initial step towards seeking further support – people can confide in others and gain more confidence to speak about their problem. The anonymity of some remote support services can allow people to open up more and speak about their problem in more detail than they would face-to-face. It can also help gamblers to hide their problem from close ones if they wish.

Remote support is convenient, and gamblers can work it around their schedule, therefore making uptake more likely for those who are busy. Much remote support is easy to access (though less so for those who are not tech-savvy). Sites such as GamCare are accessible and provide practical support such as banning/excluding people from accessing betting sites).

At the same time, some respondents felt that face-to-face support is most effective as people are able to build trust and have an honest and open relationship with the support service. Face-to-face meetings such as Gamblers Anonymous are a great way for gamblers to meet other gamblers, create meaningful relationships and feel a sense of togetherness in their battle against gambling. A few also think that professional help is more easily accessed in person – e.g. speaking to a GP who can refer people for counselling or rehab services.

However, for some embarrassment/stigma can act as a barrier for face-to-face support and some feel more confident speaking about their problem in a more private environment. Face-to-face is also seen as less convenient and flexible as some people may need to travel far to attend in-person meetings and make effort to fit them around their schedule.

“I look at the GamCare website - they have a forum with different people's experiences. I also put my experience on there. It's helpful to see how other people are dealing with it.”

(Person who gambles – 46, male, North West, PGSI - 21)

“Embarrassment might be a barrier. I would like to be able to do everything online, so I don't actually have to see people.”

(Person who gambles – 33, female, Scotland, PGSI - 12)

The case study below shows how someone would prefer to access face-to-face support as it would enable her to build a rapport with the adviser or counsellor and to attend sessions in an appropriate environment. It also demonstrates how stigma prevents her from seeking a referral from her GP.

Case study: Person who gambles

General gambling behaviour and associations



She started gambling in 2020 during Covid-19 when her boyfriend that was addicted to gambling introduced her to online slot machine games. Whilst gambling was initially fun for her, it quickly became a necessary form of escapism due to other pressures and stresses in her life.

In February, I was going through a rough place in my life, and so I turned to gambling – not to make money – but to distract my mind from things...it got quite bad, and I decided to self-exclude for 6 months.

Impacts



She experienced considerable financial impacts from gambling, and would spend most of her income on gambling, at up to £400 a day. She also turns to gambling whenever she is feeling low, which exacerbates the feeling once the initial 'rush' has passed and cannot control impulses when she is triggered by gambling adverts or emails.

It got to the point where I was getting upset and depressed about my situation in life and I didn't really care about how much money I was losing because it was giving me so much escapism... one day I put £400 on gambling, and it was all the money that I had in my bank account.

Gambling problem acknowledgement & tools & support



She realised that she had a problem with her gambling and using gambling as a way of coping with difficulties in her life shortly after reaching the peak of spending £400 in a day, where she found herself unable to buy things as a consequence and realised it had gotten out of control. This led to her self-excluding for 6 months, and she has now reduced her gambling to two times a week.

Barriers and enablers to seeking support



A big barrier for her seeking support beyond self-exclusion is the help available. Whilst online self-exclusion has been beneficial, she would prefer further support to be face-to-face, so that she can read body language and establish a safer and more comfortable environment. Additionally, she is reluctant to seek help via a GP as she is a healthcare professional, and she feels that this would be embarrassing.

I can't really get help through my GP because I work at my GP and it's not something I would want to talk about with somebody I work with... so it's a bit hard.

7.2 Affected others' demand for treatment and support in the previous 12 months

Affected others: current demand for treatment and support

In November 2021, two in five (43%) affected others expressed a need for treatment, advice or support in relation to gambling, whether that be for themselves or on behalf of their partner, family member, friend or colleague about their gambling (see Table 28). This is a return to 2019 levels. Compared to 2020, affected others were more likely to report a demand for support from a treatment service (24% to 32%) and types of support and advice (22% to 32%). Affected others remain more likely to want some form of advice or support on behalf of the gambler, rather than for themselves (43% vs. 24%).

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

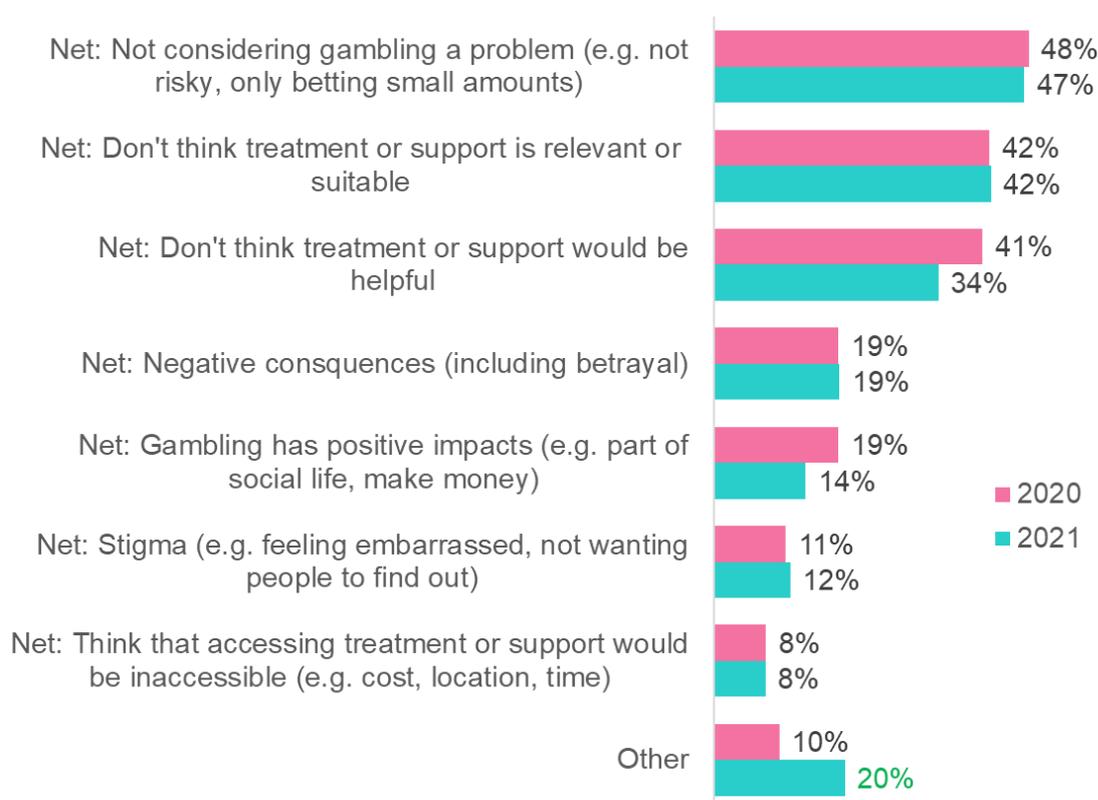
| | Want any advice/ support at all | | | Want any advice/support on behalf of gambler | | | Want any advice/ support for themselves | | |
|---|---------------------------------|--------------|--------------|--|--------------|--------------|---|--------------|--------------|
| | 2019 (n=429) | 2020 (n=279) | 2021 (n=264) | 2019 (n=429) | 2020 (n=279) | 2021 (n=264) | 2019 (n=429) | 2020 (n=279) | 2021 (n=264) |
| Want any advice/support from treatment services | 29% | 24% | 32% | 26% | 22% | 32% | 16% | 13% | 17% |
| Want any advice/support | 34% | 22% | 32% | 28% | 19% | 32% | 21% | 11% | 18% |
| Want any advice/support at all | 46% | 35% | 43% | 43% | 32% | 43% | 31% | 20% | 24% |
| Do not want any | 54% | 65% | 57% | 57% | 68% | 57% | 69% | 80% | 76% |

Among treatment services, there is evident reported demand for mental health services (24%), comprised of both NHS (20%) and private (11%) which includes both online and face-to-face services. Fourteen percent report a demand for a support group (e.g. Gamblers Anonymous) and the same proportion mention specialist face-to-face treatment services for gambling.

Affected others: barriers to seeking treatment and support

In 2021, the barriers to wanting treatment, advice or support among affected others, either for themselves or on behalf of their partner, family member, friend or colleague who gambled, remained consistent with 2020 (see Figure 12). The most common barrier is the gambler not considering their gambling a problem (47%). Two in five (42%) affected others say that they do not think advice or support is relevant or suitable, and there is still a common perception that advice/support would not be helpful or effective (partly due to unsatisfactory prior experiences) (34%).

Figure 12: Barriers to seeking treatment/support/advice among affected others



Base: All affected others who would not want treatment/advice/support in 2020 (n=229) and in 2021 (n=201)

This also came through in the qualitative interviews - affected others can find it hard to convince gamblers to reflect on their behaviour and to seek support.

“[Person who gambles] he's just so shamed that he has this flaw in himself. He is also stubborn and thinks he can deal with this himself. But then I think about how much he has lost and how much he keeps secret from me. I have nothing to compare it to, gambling is so private that you don't really know who has a problem, it is a big taboo. I was even a bit nervous doing this as we don't want anyone to find out, but anything I can do to help is great.”

(Affected Other – 38, female, South East)

Affected others also struggle to seek support for themselves, mainly due to stigma and embarrassment associated with gambling; they fear that they themselves would be judged. A few also mentioned difficulties in accessing face-to-face support, long waiting times (due to the pandemic and when referred by a GP), as well as not knowing what support is available for them. Therefore, they would welcome better signposting of information for how affected others can get support as most have low awareness of what is available to them. They would also like better signposting of information that they could recommend to the gambler and how they could support those with gambling issues.

Some affected others would welcome face-to-face support from a professional who could tell them how to spot gambling problems and support them. Having greater access to advice and support such as counselling would help them deal with the problems that they are facing as a result of the gambler. At the same time, they are also open to accessing remote support (e.g. speaking to someone on the phone), especially during difficult times when they may struggle and feel a need to speak to someone e.g. in the middle of the night.

“Not sure what support is out there, what help is available.”

(Affected Other – 36, male, London)

“In the past it was F2F, for some people it works but for others not because of shame and stigma. Also, not knowing what support is out there. When we looked at it, there is a different support available regionally so sometimes you have to travel an hour to access that support, it is hard when you have to travel so far, you have to take time off from work.”

(Affected Other – 28, female, East Midlands)

“I don't mind speaking to people face to face - speaking to someone who knows what to do would be helpful. Or maybe an online chat for support, especially during the worst times - support and ideas on what to do and how to handle the problem. It goes through phases – it can be quiet and then become really acute, so we need different support in different stages.”

(Affected Other – 38, female, South East)

8 Conclusions

In 2020, we reported a reduction in gambling participation from 2019-2020, reflecting the impact of the Coronavirus (COVID-19) pandemic and resulting restrictions on many gambling activities. That pattern has now mostly reversed, with the 2021 results showing a return towards levels seen in 2019. While various activities show an increase since 2020, the biggest single contributor to the overall increase in participation is the National Lottery. Given 2021 featured various high-profile sporting events, including the (rescheduled) 2020 Olympics and the (rescheduled) UEFA Euro 2020, there was also an increase in participation in sports betting, both online and in-person. In keeping with a longer-term upward trend observed elsewhere, there has been a continued increase in participation in online casino games.

There is a known link between gambling and other behaviours causing harm, highlighted in many academic studies.¹⁶ Gamblers with a PGSI score of 1+ surveyed were more likely to drink at higher risk levels and smoke tobacco than British adults overall, with problem gamblers (PGSI score of 8+) much more likely to report drinking and smoking tobacco. They were also more likely to be experiencing higher levels of distress (based on K-10) scores and have co-existing conditions, such as a mental health condition or COPD. This suggests the need for a holistic approach to support for gambling.

Harmful gambling can have a range of impacts on other people connected with the gambler, meaning that one gambler may result in multiple 'affected others'. Overall, six percent of the adult population self-report being an 'affected other' (those who have been negatively affected by another's gambling); comparable with 2020. This equates to an estimate of approximately 3,343,000 GB adults. On average, gamblers with a score of 1+ had just under two (1.8) other people living in their household, including both adults and children. This equates to an estimated 11,758,000 people in Great Britain who may be affected by this gambling. It is important to note that this analysis can only capture those within the household (while other contacts outside the household may also be affected), and additionally, we cannot assume that everyone within the household will necessarily be

¹⁶ Walther et al. (2012) and Lorains et al. (2011)

affected by the gambler. As a result of both of these limitations, only a rough estimate of those who may be affected is possible.

Among gamblers with a PGSI score of 1+, usage of treatment, advice and support in the previous 12 months has remained largely unchanged since 2020 (20% vs. 19%). This is the case for gamblers in each PGSI category. Many gamblers reported having used various forms of treatment, advice and support before, suggesting the role of long-term support in gambling treatment. Given that gambling is a long-term and highly personal issue, gamblers often access a wide variety of treatment and support services before finding what works for them (which can be one or a combination of different things). This emphasises the necessity for a holistic approach as opposed to 'one-size-fits-all'.

Respondents felt that face-to-face support is most effective as people are able to build trust and have an honest and open relationship with the support service, whereas remote support is felt to be more convenient and confidential.

Three in ten gamblers with a PGSI score of 1+ were prompted to seek treatment, support or advice due to mental health problems (including feeling anxious or concerned). Advice and support were often looked for after a gambler noticed their mental health deteriorating – for example, feelings of anxiety, frustration, depression and lack of sleep. Mental health problems (including feeling anxious or concerned) also remained the most common prompt given by affected others for seeking advice or support, either for themselves or on behalf of the gambler they are affected by.

There remains a multitude of barriers to receiving treatment, advice and support with harmful gambling. Many of those stating they did not want any form of treatment, advice or support felt that their gambling was not harmful or that they only gambled small amounts of money. The qualitative interviews confirmed that stigma is a prominent barrier for gamblers to seek support and treatment, with several fearing they would be ridiculed for their gambling. Denial also continues to play a role in preventing gamblers from accessing support. This shows the potential value in producing communications that inform people about gambling-related harms and how treatment could be relevant to them, as well as increasing awareness of treatment services and their suitability for different types of people. In addition to this, re-assurance of confidentiality remains paramount.

9 Technical appendix

9.1 Weighting

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

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

Following data collection, the data were weighted to match the profile of all GB adults (aged 18+) by the demographics listed above.¹⁷ The sample is representative at the overall level, and at the national level: England, Wales and Scotland.

¹⁷ The data for age, gender and UK region was sourced from the 2020 ONS mid-year population estimates. Social grade data is from the National Readership Survey 2016 and ethnicity from the Census 2011.

Table 29. 2021 Treatment and Support study – sample breakdown

| Category | Unweighted n | Weighted n |
|--|--------------|------------|
| Men | 8,389 | 8,821 |
| Women | 9,649 | 9,217 |
| 18-34 | 5,220 | 5,070 |
| 35-54 | 6,460 | 6,050 |
| 55+ | 6,358 | 6,917 |
| ABC1 | 9,836 | 9,647 |
| C2DE | 8,202 | 8,391 |
| North East | 725 | 748 |
| North West | 2,113 | 2,026 |
| Yorkshire and the Humber | 1,578 | 1,527 |
| East Midlands | 1,361 | 1,356 |
| West Midlands | 1,629 | 1,636 |
| East of England | 1,734 | 1,730 |
| London | 2,226 | 2,431 |
| South East | 2,595 | 2,540 |
| South West | 1,611 | 1,590 |
| Wales | 914 | 884 |
| Scotland | 1,551 | 1,569 |
| White | 15,679 | 16,030 |
| Black African (including mixed heritage) | 372 | 287 |
| Black Caribbean (including mixed heritage) | 363 | 250 |
| Other Black | 65 | 56 |
| Indian | 415 | 422 |
| Pakistani | 353 | 274 |
| Other Asian | 458 | 453 |
| Mixed white and Asian | 83 | 68 |
| Other mixed/Other | 250 | 199 |

10 Appendix tables

Table 30. Gambling participation by age and study year

| | 18-34 | | | 35-54 | | | 55+ | | |
|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 |
| | (3,462) | (5,634) | (5,220) | (4,078) | (6,579) | (6,460) | (4,621) | (6,666) | (9,358) |
| National Lottery inc Thunderball, EuroMillions | 30.3% | 27.0% | 30.3% | 51.3% | 49.0% | 50.7% | 48.0% | 45.1% | 48.6% |
| Tickets for other/charity lotteries | 7.0% | 7.1% | 7.4% | 13.0% | 13.7% | 12.9% | 19.3% | 18.8% | 19.8% |
| Scratch cards | 20.6% | 18.7% | 18.5% | 23.9% | 21.1% | 19.4% | 13.2% | 12.0% | 11.7% |
| Gaming machines in a bookmakers | 2.1% | 2.0% | 2.1% | 1.5% | 0.8% | 1.1% | 0.5% | 0.2% | 0.3% |
| Fruit or slot machines | 3.8% | 2.9% | 3.3% | 4.9% | 2.6% | 2.7% | 2.2% | 1.1% | 1.2% |
| Bingo (including online) | 5.6% | 4.4% | 4.8% | 5.7% | 4.5% | 4.3% | 3.6% | 2.1% | 2.4% |
| Gambling in a casino (any type) | 3.5% | 2.3% | 2.6% | 2.1% | 1.0% | 1.2% | 0.7% | 0.3% | 0.3% |
| Online casino games (slot machine style, roulette, poker, instant wins) | 4.4% | 5.4% | 6.6% | 3.8% | 5.0% | 5.1% | 1.3% | 1.0% | 1.5% |
| Sports betting (combined) | 19.8% | 15.7% | 16.1% | 18.7% | 15.0% | 15.8% | 11.9% | 6.9% | 9.5% |
| Loot boxes | n/a | n/a | 1.6% | n/a | n/a | 0.6% | n/a | n/a | 0.0% |
| Other type of gambling | 2.6% | 2.7% | 1.9% | 1.8% | 1.8% | 1.6% | 1.1% | 1.0% | 0.9% |
| None of the above/Don't know | 47.4% | 53.5% | 49.7% | 32.4% | 36.9% | 35.6% | 38.4% | 42.9% | 38.8% |

Table 31. PGSI category by detailed social grade and study year

| | AB | | | C1 | | | C2 | | | DE | | |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 | 2019 | 2020 | 2021 |
| | (2824) | (4552) | (4342) | (3711) | (5700) | (5494) | (2449) | (3808) | (3611) | (3177) | (4819) | (4591) |
| Non-gambler | 41.9% | 46.9% | 42.2% | 38.9% | 44.5% | 41.8% | 35.9% | 39.3% | 37.7% | 38.7% | 44.1% | 40.9% |
| Non-problem gambler (0) | 46.3% | 42.6% | 46.1% | 48.6% | 44.7% | 45.9% | 49.9% | 47.7% | 49.7% | 46.9% | 42.6% | 44.9% |
| Low-risk gambler (1-2) | 6.3% | 5.9% | 6.2% | 7.3% | 6.1% | 6.7% | 7.5% | 6.6% | 7.3% | 7.5% | 7.0% | 7.8% |
| Moderate-risk gambler (3-7) | 2.6% | 2.4% | 2.7% | 2.9% | 2.9% | 3.0% | 3.7% | 3.8% | 2.9% | 4.0% | 3.4% | 3.1% |
| Problem gambler (8+) | 2.9% | 2.3% | 2.8% | 2.3% | 1.8% | 2.6% | 3.0% | 2.5% | 2.5% | 2.9% | 2.9% | 3.3% |
| All 1+ gamblers | 11.8% | 10.5% | 11.7% | 12.5% | 10.8% | 12.3% | 14.2% | 12.9% | 12.7% | 14.4% | 13.3% | 14.2% |

Table 32. Population estimates

| | % in survey | Confidence interval | Min. % | Max. % | Rounded estimate | Rounded minimum | Rounded maximum |
|------------------------------|-------------|---------------------|--------|--------|------------------|-----------------|-----------------|
| All | | | | | | | |
| PGSI 0 | 46.5% | 0.73% | 45.77% | 47.23% | 23918000 | 23542000 | 24293000 |
| PGSI 1-2 | 7.0% | 0.37% | 6.63% | 7.37% | 3600000 | 3410000 | 3791000 |
| PGSI 3-7 | 2.9% | 0.24% | 2.66% | 3.14% | 1492000 | 1368000 | 1615000 |
| PGSI 1-7 | 9.9% | 0.44% | 9.46% | 10.34% | 5092000 | 4866000 | 5318000 |
| PGSI 1+ | 12.7% | 0.49% | 12.21% | 13.19% | 6532000 | 6280000 | 6784000 |
| PGSI 3+ | 5.7% | 0.34% | 5.36% | 6.04% | 2932000 | 2757000 | 3107000 |
| PGSI 8+ | 2.8% | 0.24% | 2.56% | 3.04% | 1440000 | 1317000 | 1564000 |
| Affected others | 6.5% | 0.36% | 6.14% | 6.86% | 3343000 | 3158000 | 3528000 |
| Non-gambling affected others | 5.1% | 0.32% | 4.78% | 5.42% | 2623000 | 2459000 | 2788000 |
| Total experiencing harm 1+ | 17.8% | 0.56% | 17.24% | 18.36% | 9156000 | 8868000 | 9444000 |
| Total experiencing harm 3+ | 10.8% | 0.45% | 10.35% | 11.25% | 5555000 | 5324000 | 5787000 |
| Gambled in last 12 months | 59.2% | 0.72% | 58.48% | 59.92% | 30450000 | 30080000 | 30820000 |
| Gambled in last 4 months | 46.1% | 0.73% | 45.37% | 46.83% | 23712000 | 23336000 | 24087000 |
| PGSI 1+ or affected other | 17.8% | 0.56% | 17.24% | 18.36% | 9156000 | 8868000 | 9444000 |
| PGSI 3+ or affected other | 11.4% | 0.46% | 10.94% | 11.86% | 5864000 | 5627000 | 6100000 |
| PGSI 8+ or affected other | 8.8% | 0.41% | 8.39% | 9.21% | 4526000 | 4315000 | 4737000 |
| | | | | | | | |
| Men | | | | | | | |
| PGSI 0 | 46.5% | 1.07% | 45.43% | 47.57% | 11699000 | 11430000 | 11968000 |
| PGSI 1-2 | 8.7% | 0.60% | 8.10% | 9.30% | 2189000 | 2038000 | 2340000 |
| PGSI 3-7 | 3.8% | 0.41% | 3.39% | 4.21% | 956000 | 853000 | 1059000 |
| PGSI 1-7 | 12.5% | 0.71% | 11.79% | 13.21% | 3145000 | 2966000 | 3323000 |
| PGSI 1+ | 16.2% | 0.79% | 15.41% | 16.99% | 4076000 | 3877000 | 4274000 |
| PGSI 3+ | 7.5% | 0.56% | 6.94% | 8.06% | 1887000 | 1746000 | 2028000 |
| PGSI 8+ | 3.7% | 0.40% | 3.30% | 4.10% | 931000 | 830000 | 1032000 |

| | | | | | | | |
|------------------------------|-------|-------|--------|--------|----------|----------|----------|
| Affected others | 5.4% | 0.48% | 4.92% | 5.88% | 1359000 | 1238000 | 1479000 |
| Non-gambling affected others | 3.9% | 0.41% | 3.49% | 4.31% | 981000 | 878000 | 1084000 |
| Total experiencing harm 1+ | 20.2% | 0.86% | 19.34% | 21.06% | 5082000 | 4866000 | 5298000 |
| Total experiencing harm 3+ | 11.4% | 0.68% | 10.72% | 12.08% | 2868000 | 2697000 | 3039000 |
| | | | | | | | |
| Women | | | | | | | |
| PGSI 0 | 46.5% | 1.00% | 45.50% | 47.50% | 12219000 | 11956000 | 12482000 |
| PGSI 1-2 | 5.3% | 0.45% | 4.85% | 5.75% | 1393000 | 1274000 | 1511000 |
| PGSI 3-7 | 2.1% | 0.29% | 1.81% | 2.39% | 552000 | 476000 | 628000 |
| PGSI 1-7 | 7.4% | 0.52% | 6.88% | 7.92% | 1944000 | 1808000 | 2081000 |
| PGSI 1+ | 9.4% | 0.58% | 8.82% | 9.98% | 2470000 | 2318000 | 2622000 |
| PGSI 3+ | 4.0% | 0.39% | 3.61% | 4.39% | 1051000 | 949000 | 1154000 |
| PGSI 8+ | 2.0% | 0.28% | 1.72% | 2.28% | 526000 | 452000 | 599000 |
| Affected others | 7.4% | 0.52% | 6.88% | 7.92% | 1944000 | 1808000 | 2081000 |
| Non-gambling affected others | 6.1% | 0.48% | 5.62% | 6.58% | 1603000 | 1477000 | 1729000 |
| Total experiencing harm 1+ | 15.5% | 0.72% | 14.78% | 16.22% | 4073000 | 3884000 | 4262000 |
| Total experiencing harm 3+ | 10.2% | 0.60% | 9.60% | 10.80% | 2680000 | 2523000 | 2838000 |