

Campaign to reduce the stigma associated with gambling harm

Summary of background research and data insights

April 2023

1. Introduction

1.1. Purpose of document

GambleAware's stigma reduction campaign, launching in April 2023, aims to reduce the stigma associated with gambling harms, by changing societal perceptions of people experiencing harm and normalising support-seeking behaviours. This synopsis summarises the key insights that informed the development and launch of the campaign, alongside outlining the rationale for why it is important to reduce stigma and providing an overview of GambleAware's activity in this area.

1.2. Wider context of gambling harms

Gambling is highly prevalent in Great Britain (GB) with over two in five (44%) of the general public having gambled in the last four weeks¹. Online gambling in particular continues to become more popular, increasing by 47% over the past 5 years (see Table 1 in appendix), with the rate of growth particularly high among women (60% increase) and 45-54 year olds (71% increase). The latest figures show that industry gross gambling yield (GGY) is at £14.1 billion, or £9.9 billion when excluding lotteries².

The prevalence of problems with gambling differ based on sampling, question type, and methodology³ with a new measure of gambling harm in development by the Gambling Commission⁴. Data from large-scale surveys across GB indicate that between 1%⁵ and 5%⁶ of adults who gamble are experiencing problems from it (PGSI 8+). Current population estimates at the lower end of the scale amount to almost people 300,000, while at the top end of the scale it is up over 1 million⁷. Both estimates are only the tip of the iceberg at estimating the number affected by gambling harms, as they do not include those experiencing some negative consequences from their gambling before a "problem" (PGSI 3-7), those negatively affected by someone else's gambling (affected others), and those under 18 who gamble and/or experience harm from someone else's gambling. In fact, around one in four (23%) adults in GB think someone they know has at some point had a problem with gambling⁸, thus the proximity of gambling harms is never far away.

1.3. Stigma and gambling harms

Stigma is a process that results in people being viewed as being of lesser worth than the rest of the population, which in turn drives discrimination. Stigma is a significant challenge faced by people who experience gambling harms as it is a barrier to self-identifying, a barrier to support seeking, and is a harm in itself. Stigma results in those experiencing harms being labelled negatively (e.g., problem gamblers or

¹ Statistics on participation and problem gambling for the year to Sept 2022
<https://www.gamblingcommission.gov.uk/statistics-and-research/publication/statistics-on-participation-and-problem-gambling-for-the-year-to-sept-2022>

² Industry Statistics – November 2022
<https://www.gamblingcommission.gov.uk/statistics-and-research/publication/industry-statistics-november-2022>

³ Methodological factors affecting estimates of the prevalence of gambling harm in the United Kingdom: A multi-survey study
https://www.begambleaware.org/sites/default/files/2021-07/Methodology_Report_%28FINAL_14.05.21%29_0.pdf

⁴ Developing survey questions capturing gambling-related harms
<https://www.gamblingcommission.gov.uk/about-us/guide/developing-survey-questions-capturing-gambling-related-harms>

⁵ Gambling behaviour in Great Britain in 2016
<https://assets.ctfassets.net/j16ev64qyf6l/60qlzeoSZIJ2QxByMAGJqz/e3af209d552b08c16566a217ed422e68/Gambling-behaviour-in-Great-Britain-2016.pdf>

⁶ Internal analysis. See Annual GB Treatment and Support Survey 2022 for full results (Publish date TBC)

⁷ Based on a population of 51,718,632 of those aged 18+ in Great Britain for Treatment and Support (2.9% prevalence of PGSI 8+), and population of 53,195,320 for health survey (0.5% prevalence of PGSI 8+). Population sizes taken from Mid-2021 ONS estimates:
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

⁸ Internal analysis. See Annual GB Treatment and Support Survey 2022 for full results (Publish date TBC)

gambling addict), leading to mistaken beliefs about the individual (e.g., impulsive, irresponsible, untrustworthy). This paints the individual as a problem, rather than someone with a problem, wrongly putting the blame on the individual experiencing rather than being a shared responsibility to solve⁹. It is not the case that a handful of problematic individuals experience harm through irresponsible actions, anyone can experience harms from gambling (shown by YouGov's Treatment and Support survey which shows gambling harms affect those across all ages, genders, regions, socioeconomic factors, ethnicities, sexualities, religions and so on¹⁰). The stigma around gambling harms is ubiquitous and needs to end.

2. Why stigma is important

2.1. Stigma has negative consequences across the gambling harms journey

There are three main reasons why it is important to reduce the stigma around gambling harms:

2.1.1. Barrier to self-identifying and 'coming out'

Stigma can prevent people who experience gambling harms from identifying and acknowledging that they may have a problem, because they may distance themselves from more 'extreme' stereotypes around gambling harms to avoid stigma¹¹. Secrecy is often the main mechanism used to cope with stigma, meaning family and friends are typically unaware when someone is experiencing gambling harm. This secrecy is grounded in fear of rejection and being stereotyped, judged and discriminated against¹² and serves as a barrier to members of the community sharing their experiences with each other. This means that by the time someone does seek help, the harms they have experienced have become exacerbated unnecessarily.

2.1.2. Barrier to support-seeking

Stigma creates a barrier that can prevent people experiencing gambling harms from engaging with support services and seeking support from community and peers. This can be due to concern they will be stigmatised by service providers or other potential sources of support, such as family and friends, and/or feel that they are not deserving of assistance¹³. Fear of disclosing harms from gambling means self-help is the most common form of help used, followed by support from family and friends. Shame and fear of being exposed as a "problem gambler" is a key deterrent from accessing support¹⁴.

Data from the 2022 Treatment and Support Survey¹⁵ shows reasons related to stigma (e.g. feeling embarrassed, not wanting people to find out) was the biggest barrier to seeking support (cited by 40% of those not wanting support despite scoring 8+ on the PGSI). This also extends to more light-touch forms of support such as conversations with loved ones. Three quarters (75%) of those with a PGSI score of 8+ have ever felt like they couldn't talk to friends or family about their gambling, with over two in five (44%) feeling like that most of the time / almost always. This also extends to more formalised support, with a median 10 year gap between reporting gambling becoming problematic and accessing the National Gambling Treatment

¹⁰ Annual GB Treatment and Support Survey 2021

<https://www.begambleaware.org/sites/default/files/2022-03/Annual%20GB%20Treatment%20and%20Support%20Survey%20Report%202021%20%28FINAL%29.pdf>

¹¹ Distancing from a stigmatized social identity: State of the art and future research agenda on self-group distancing

<https://onlinelibrary.wiley.com/doi/abs/10.1002/ejsp.2714>

¹² The stigma of problem gambling: Causes, characteristics and consequences

<https://responsiblegambling.vic.gov.au/resources/publications/the-stigma-of-problem-gambling-causes-characteristics-and-consequences-351/>

¹³ Gender differences in felt stigma and barriers to help-seeking for problem gambling

<https://www.sciencedirect.com/science/article/pii/S2352853215000358>

¹⁴ The stigma of problem gambling: Causes, characteristics and consequences

<https://responsiblegambling.vic.gov.au/resources/publications/the-stigma-of-problem-gambling-causes-characteristics-and-consequences-351/>

¹⁵ Internal analysis of the 2022 Treatment and Support Survey: Full report to be published in 2023

Service (NGTS, now the National Gambling Support Network). The mean PGSI score when accessing the NGTS was 19 among those scoring PGSI 8+, demonstrating how severe harms become before accessing support¹⁶.

2.1.3. Harm in itself

Stigma associated with gambling harms has been linked with poorer mental health outcomes. It impacts self-worth and wellbeing, as people can come to believe stigmatising narratives about themselves. This is sometimes referred to as internalised stigma/self-stigma. Self-stigmatising beliefs included feeling disappointed in themselves, ashamed, embarrassed, guilty, stupid, weak, a failure, that they are entirely to blame, and that they are worse than people who can control their gambling. Research also indicates that perceived and experienced stigma increases as gambling intensifies, imposing a double burden on people experiencing gambling harm¹⁷. In extreme cases, the escalation of self-stigma can even drive suicide and self-harm^{18,19}.

2.2. Stigma disproportionately affects disadvantaged communities

Intersectional stigma arises when a person has multiple characteristics each of which may carry its own stigma – this then leads compound stigma and discrimination. These can often be a combination of factors such as health status (e.g., HIV, mental health) socio-demographic characteristics (e.g., gender, ethnicity, sexual orientation) and health behaviours (e.g., gambling, drug use)²⁰.

In the context of gambling harms, those who experience gambling harms may be more likely to belong to historically marginalised groups (see Appendix Table 3). Those with a PGSI score of 8+ are disproportionately likely (compared to the general population) to reside in areas of higher deprivation, belong to ethnic minority backgrounds (most so Indian, Pakistani, Bangladeshi and African) and report a sociodemographic grade of DE (Semi-skilled & unskilled manual occupations, Unemployed and lowest grade occupations)²¹. Certain groups are more likely to experience other health harms due to structural inequalities within society and the wider determinants of health (i.e., social, economic and environmental conditions in which people live that have an impact on health). For example, people in the most deprived neighbourhoods are more than twice as likely to be experiencing gambling problems compared to those in the least deprived areas (based on a PGSI 8+ rate of 5% among in the most deprived decile, compared to 2% in the least deprived decile²²). This sentiment was echoed by Professor Chris Whitty, Chief Medical Officer for England, at the 2022 GambleAware conference²³:

“These societies and their families are getting hit, after hit, after hit, in the same places, the same families, and the same communities... This is a problem highly concentrated in the communities which are least able to actually withstand it. That is the reason this is a very serious public health problem, this is a multiplier effect”.

¹⁶ Annual Statistics from the National Gambling Treatment Service – Great Britain 21

https://www.begambleaware.org/sites/default/files/2022-11/202216_GA_Annual%20stats_report_English_v4.pdf

¹⁷ Overcoming stigma key to overcoming gambling addiction

<https://responsiblegambling.vic.gov.au/about-us/news-and-media/overcoming-stigma-key-to-overcoming-gambling-addiction/>

¹⁸ Association between perceived public stigma and suicidal behaviors among college students of color in the U.S.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719320968>

¹⁹ Stigma Kills

<https://www.sciencedirect.com/science/article/abs/pii/S0924933815314279>

²⁰ Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain

<https://www.begambleaware.org/sites/default/files/2022-07/GambleAware%20Stigma%20Final.pdf>

²¹ Social grade is a classification system based on occupation.

<https://nrs.co.uk/nrs-print/lifestyle-and-classification-data/social-grade/>

²² Internal analysis of the 2022 Treatment and Support Survey using IMD Decile: Full report to be published in May 2023

²³ See minute 32 GambleAware conference 2022 <https://www.youtube.com/watch?v=uc-6laYQ-44>

Recent findings from the Minority Communities & Gambling Harms: Quantitative Report²⁴ show the impact of intersectional stigma, with certain groups encounter stigmatisation both outside and within their community. For example, perceived negative judgment from the wider society of those who take part in gambling (43%) or are affected by gambling (44%) was statistically significantly higher among those from Minority groups than those from White British Majority groups (21% and 30% respectively). Furthermore, findings show that there is a stronger sense of embarrassment and shame associated with gambling amongst Minority groups, particularly among people from Indian and Pakistani or Bangladeshi backgrounds, those from Hindu and Muslim religions and those who identify as affected others. These groups are more likely to perceive negative judgement from wider society towards those who take part in or are affected by gambling.

2.3. Current level of stigmatising views in society

Previous research has provided an overview of the stigmatising process, alongside an overview of the stigmatising narratives around gambling harms²⁵. Data from the 2022 Treatment and Support Survey²⁶ supports this, showing that the most commonly indicated words to describe how society views those who have problems with their gambling are judgemental (60%) and critical (44%). To provide supplementary datapoints around stigma and gambling harms, GambleAware commissioned Ipsos UK to conduct a bespoke online survey among 2,000 adults in GB.

The survey highlighted several misconceptions among general population, demonstrating how embedded stigmatising attitudes are towards those who experience gambling harms, and the need for more activities in this area. For example, the data showed:

- **A lack of understanding that gambling disorder, as with other health harms, is a public health issue:** Under half (46%) feel that gambling disorder is a health issue, which is significantly lower than for adjacent harms such as alcohol dependence (65%) or drug dependence (63%)
- **Common misconception that harms from gambling are mainly the fault of the individual, rather than a shared responsibility:** Over two in five (43%) feel that harms from gambling are the individual's fault, rather than wider factors such as regulation of gambling companies and wider structural inequalities
- **Widespread labelling and negative stereotyping of those experiencing harms:** Two-thirds of people would choose the word 'impulsive' to describe someone experiencing gambling harms (67%), while 55% would choose the word 'irresponsible'.
- **Common feeling that those experiencing harm are judged in society:** Three in five (62%) agree that people negatively judge those experiencing gambling harms

Although there is widespread public support for reducing the stigma around gambling harms, with almost three in five (56%) agreeing that it is important to challenge the stigma around gambling harms, the majority (61%) are put off talking to those experiencing problems with gambling about it due to concerns around stigma and discrimination.

²⁴ Minority Communities & Gambling Harms: Quantitative Report

https://www.begambleaware.org/sites/default/files/2023-03/Minority%20Communities%20Final%20Report_0.pdf

²⁵ Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain

<https://www.begambleaware.org/sites/default/files/2022-07/GambleAware%20Stigma%20Final.pdf>

²⁶ Internal analysis of the 2022 Treatment and Support Survey: Full report to be published in 2023

3. Overview of background research that shaped the campaign

Below is an overview of the key research that fed into the development of the stigma reduction campaign. In addition, insights from wider research programmes within GambleAware (e.g., Building Knowledge of Women’s Lived Experience of Gambling and Gambling Harms across GB²⁷, and Minority Communities & Gambling Harms²⁸) have also fed into the campaign strategy and execution.

Research type	Researchers	Date	Title & Purpose of research
Strategic development (qual)	Outsiders research; cultural insights and research agency	Oct-21	Reducing stigma territory research: Build early evidence on early territories around stigma reduction through communications
Secondary analysis (quant)	YouGov; global public opinion and data company (GA analysis)	Jun-22	Internal analysis of the 2020 and 2021 Treatment and Support Survey²⁹: To feed key insights into stigma advertising brief development, including the campaign creative and media strategy
Scoping review	Academics Triantafyllos Pliakas, Dr Anne Stangl, Mariana Siapka ³⁰	Jul-22	Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain³¹: Provide an overview of stigmatising processes involved in gambling harms within Great Britain. Also used as an evidence base to commission large research grant
Cultural understanding (Semiotics)	Sign Salad; cultural insight agency	Sep-22	Stigma around gambling harms, semiotic analysis for GambleAware³²: To understand public discourse around gambling harms, identify stigmatising content and create content to help reduce stigma in wider society
Creative development (qual)	Define; insight & strategy agency	Dec-22 & Feb-23	Stigma campaign creative testing and development research: Ensure communications developed resonated strongly with audiences
Scoping review	Ipsos UK	Apr-23	Applying Public Health Learnings to Safer Gambling Communications³³: Overview of best practice guidance for media campaigns in the area of gambling harms and adjacent sectors

²⁷ Building Knowledge of Women’s Lived Experience of Gambling and Gambling Harms across Great Britain: Phase 2
https://www.begambleaware.org/sites/default/files/2022-09/GA%20Women%20and%20Gambling_Phase%202_summary%20v02.00.pdf

²⁸ Minority Communities & Gambling Harms: Quantitative Report
https://www.begambleaware.org/sites/default/files/2023-03/Minority%20Communities%20Final%20Report_0.pdf

²⁹ Internal analysis not publicly accessible, with latest report the Annual GB Treatment and Support Survey 2021
<https://www.begambleaware.org/sites/default/files/2022-03/Annual%20GB%20Treatment%20and%20Support%20Survey%20Report%202021%20%28FINAL%29.pdf>

³⁰ Triantafyllos Pliakas: Experienced epidemiologist with a background in public & global health policy at London School of hygiene & tropical medicine
 Dr Anne Stangl: Senior Advisor for the Elimination of Stigma and Discrimination at CDC
 Mariana Siapka: Experienced health economist and biostatistician at London School of hygiene & tropical medicine

³¹ Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain
<https://www.begambleaware.org/sites/default/files/2022-07/GambleAware%20Stigma%20Final.pdf>

³² 12 ways to reduce stigma when discussing gambling harms – Language guide

Link TBC – Overview of findings provided below

³³ Applying public health learnings to safer gambling communications

Link TBC – Overview of findings provided below

Polling (quant)	Ipsos UK	Apr-23	GambleAware Stigma Polling³⁴ : Explore public understanding of stigma within gambling harms
Scoping review	National Centre for Social Research (NatCen)	TBC	Stigma Programme Best Practice Scoping Review³⁵ : Look at best practice within stigma reduction programmes as a whole (wider than campaigns)

Alongside the research mentioned above, the campaign strategy and creative idea is centred in co-creation with those with lived experience of gambling harms sharing their real experiences to shape the campaign. In addition, we regularly sought feedback among a wider working group of individuals with lived experience who inputted into the development of the creative, PR, digital and partnerships strands of the campaign. Key partners (e.g., NGTS providers) and stakeholders within the gambling harms community were also engaged at key points during the campaign development process. We'd like to thank everyone involved in shaping this campaign to effectively represent the voice of those experiencing gambling harms.

4. Best practice in stigma reduction

4.1. Learning from best practice

A review of previous stigma reduction programmes (across a variety of sectors and execution types) was conducted by NatCen, resulting in recommendations which have informed the development of this campaign³⁶. An overview of some of the key learnings are shown below:

4.1.1. Test the creative ideas among the audience

It is important to ensure messaging is appropriate and will drive the intended behaviour change³⁷. To do this, a series of qualitative research projects were commissioned to test strategic and creative propositions. The most recent included 39 depth interviews and 11 focus groups:

- The core sample was men and women aged 18-44, with a socioeconomic grade of C1C2DE and PGSI score of 3+, alongside separate groups among affected others (i.e., those experiencing stigma). Amongst this group, messaging aimed to normalise seeking support for gambling harms, and remove the isolation that those experiencing harms can feel.
- As stigma is driven by wider societal perceptions, interviews were also conducted with those who do not gamble and those who gamble but score 0 and 1-2 on the PGSI. Amongst this group, messaging aimed to build empathy and understanding of gambling harms, and encourage conversations about the topic.

The discussion guide probed on perceptions of gambling harms, those who experience them, and the stigma around the topic. More specifically, the research sought to test creative scripts/executions to ensure messaging aligned with communications objectives, alongside any gaps and opportunities for optimisation.

The key insights that helped shape the campaign are below:

³⁴ GambleAware Stigma Polling

Link TBC – Overview of findings provided below

³⁵ Stigma Programme Best Practice Scoping Review

Link TBC – Overview of findings provided below

³⁶ See Stigma Programme Best Practice: A Scoping Review (Publish date TBC)

³⁷ Applying public health learnings to safer gambling communications (Publish date TBC)

Gambling harms are commonly misunderstood: There is an assumption that gambling is not harmful unless someone is addicted. Although there is an underlying recognition that harms can occur prior to addiction, they aren't generally spoken about.

Focusing on addiction can lead to stigma: This stigma makes it challenging to identify earlier harms without labelling oneself as an "addict" and the negative connotations surrounding it (see Appendix Table 4)

Encouraging conversations is seen as important and useful in reducing stigma: Respondents felt it was important to talk more openly about gambling as this helps:

- Reduce secrecy / dishonesty around gambling
- Increase recognition of existence of harms
- Places attention on need for empathy / openness to help those experiencing gambling harms
- Encourage people to support / reach out to friends and family

Specific language helped build empathy

- Focusing on the past tense was preferred as it promotes hope by showing someone was able to get over their challenges.
- Focusing on other characteristics (e.g., Good partner, good dad) shows harms can happen to anyone and do not define someone.
- Showing harms happening gradually helped show the wider experience of harms (i.e., not just addiction) and how harms can creep up on you so it's important to monitor your relationship with gambling

Imagery can overcome barriers around stigma

- Metaphors for gambling harms were helpful for creating relatability and simplifying harm, they:
 - Help some identify a problematic experience / harm
 - Provide a point of relatability for those who experience similar and help them articulate this
 - Help create empathy and understanding amongst those not experiencing harm (as they are seen as difficult experiences to deal with)
- The use of an animation helps 'simplify' harm to make it more accessible / relevant to a larger audience, whilst transitioning to a real person with lived experience helps:
 - Increase the sense of empathy and relatability, and show that recovery is possible

It can be powerful to include those affected by someone else's gambling as:

- This helps those who gamble reflect on effect on loved ones / build relevance on any feelings of distanced, distracted and unable to communicate with loved ones.
- It builds relevance among those negatively affected by someone else's gambling

During the strategic and creative development testing feedback was encouraging throughout and helped optimise and refine the campaign. Positively, this was found across the wide range of audiences that were engaged with, and not just the core audience of those scoring 3+ on the PGSI (e.g., affected others, those scoring 0 or 1-2 on the PGSI, and those who do not).

Overall, the creative approach was found to help create relatability and shift perceptions around:

- Normalisation of support seeking for gambling harms
- Importance of talking about gambling harms
- Understanding of personal risk when gambling
- That anyone can experience harms

Below are some of the feedback quotes from the creative testing process:

“There’s so many people out there with addiction and stuff that we don’t know, it makes me feel like maybe I should make more of an effort to talk to people about stuff.” – Male, PGSI 4

“If I keep going the way of betting higher then I could possibly get like that. If I’m already struggling a little bit at end of month, then what could I do in the future if I carry on like this?” – Male, PGSI 5

“I think it’s a good way to illustrate how it feels to be around someone who has a problem with gambling. I know I can be like that myself, trying to avoid it.” – Male, PGSI 10

“You see lots of adverts for gambling. And there’s a tokenistic message at the end of it that says, you know, bet safely. It’s very unusual to see an advert like this. And for somebody who is married to a recovering gambler, I think this is really powerful... they talk about it in a way that people don’t usually talk about it... this might make people reflect on their own habits.” – Female, PGSI 1

“It makes you think it’s important to be open with your family about your gambling and also it’s good to check on people cause people might be struggling and you don’t know.” – Male, PGSI 10

“I feel like I can relate to that. From my point of view, with the 2 Tonys, I could see a different side to [x]. He was always on his phone – he kept it from me. I could see there was a problem. He was very quiet, stressed, he lost weight. In the end it all came out about his gambling.” – Female, Affected Other

4.1.2. Amplify the voice of lived experience

As the stigma around gambling harms can serve as a barrier to community building, this prevents voices within communities becoming meaningfully amplified, and drives a sense of isolation. To counteract stigma, it is crucial to amplify the voice of those who have lived experience of gambling harms. Evidence from other anti-stigma campaigns support this, with evaluations of campaigns around mental health, drug use and HIV finding that featuring those who are impacted by the stigma is more effective than purely education-based campaigns³⁸. This is also the sole aim of community-led organisations such as Gambling Lived Experience Network³⁹, and organisations like Tackling Gambling Stigma⁴⁰ who have created a safe space to hear the stories of others who are living through the same, or similar, difficulties. In a similar way, the lack of judgement in peer aid programmes (such as those carried out by BetKnowMore⁴¹) has been identified as a crucial factor for success, founded upon the knowledge that everyone in the group had done similar things and made similar mistakes:

“It gives you a different feeling inside knowing that I truly believe that they’re not judging me for the things that we’ve been through” – Quote from peer support user⁴²

Due to the importance of amplifying the voice of lived experience, a bespoke group of those with lived experience of gambling harms was set up to engage on the stigma campaign from set-up to execution. This began with a sharing session with the communications agencies that GambleAware work with to go over the stigma around gambling harms, and speeches from those with lived experience, so agencies working on the

³⁸ Stigma Programme Best Practice: A Scoping Review (Publish date TBC)

³⁹ The Gambling Lived Experience Network is “An independent voice raising awareness and support to people with gambling related harms” <https://glenetwork.org/>

⁴⁰ Sharing real life experiences of gambling harm to tackle stigma and discrimination: <https://tacklinggamblingstigma.com/>

⁴¹ <https://www.betknowmoreuk.org/>

⁴² Peer Support Groups for Gambling Harms

https://assets.website-files.com/6083d49a695f4ad43b5148c9/63e51562ae0da5e7acac9ff7_Peer%20Support%20Group%20Report%20Betknowmore%20UK.pdf

campaign understand the impact of stigma around gambling harms. Alongside these engagement activities, the campaign was co-created with those with lived experience of gambling harms who shared their real stories across the campaign assets.

4.1.2. Use empathetic and non-judgemental language

It is important to avoid language which places shame or blame on people who gamble as this can contribute to stigmatisation. Changing the language that people use can reduce stigma by reducing the negative connotations of those experiencing harm and enforce more positive stereotypes⁴³. GambleAware commissioned Sign Salad, an independent cultural insights agency, to conduct semiotic analysis of language used in society that increases, and decreases, stigma around gambling harms. Results showed that stigmatising language was frequently used. A language guide and accompanying animation on how everyone can help to reduce stigma with non-judgemental language has been produced (available here).

One of the key ways to reduce stigma is to reduce reductive language and prioritise person-first descriptive language. Reductive language (e.g., gambling addict, problem gambler) reduce someone's identity to their behaviour, labelling the individual as the problem and as such the person to blame general. In contrast, person-first language (e.g., someone experiencing gambling harms, someone with a gambling disorder) shows an individual is more than just someone experiencing problems with their gambling. Importantly this language shows that a person with gambling disorder 'has' a problem, rather than 'is' the problem. This language avoids negative associations and attributing blame to the individual⁴⁴. The key narratives that run through the campaign aim to reduce the blame on the individual, by positioning gambling harms as a public health issue that required collective responsibility. Key messages that emphasise this include "gambling harms can affect anyone" to show that it is not problem individuals that are predisposed to harms, as anyone can experience harm from gambling.

4.1.3. Encourage conversations about gambling harm

Insights from across our research have shown that increasing productive conversations around gambling harms can help reduce stigma. For example, the 2022 Treatment and support survey has shown that one of the top motivations for accessing support among people with a PGSI score of 8+ was that a partner or family member had spoken to them about it (27%). Furthermore, Phase 2 of our GambleAware's women's research programme has also showed the importance of conversations⁴⁵:

- Women who have a non-judgemental outlet to open up with about their gambling, and any harms thereof, are more self-aware of their behaviours.
- The shame of gambling and not wanting to burden loved ones can prevent women from talking to friends or family, and appeared to partly underpin women's denial that their own gambling was harmful, as feelings of shame around gambling further motivated them to deny / downplay problems

Conversations are often the first step for those experiencing gambling harms, and the outcome can be crucial in a broader recovery. A negative first experience can lead to further shame and internalised-stigma around gambling, leading to gambling in secret where harm is likely to increase. It is also worth noting that people are much more likely to report a conversation going better (37%) than they expected than worse (12%)⁴⁶. To minimise negative conversations around this topic, advice on conversations and conversation-starters have

⁴³ Stigma Programme Best Practice: A Scoping Review (Publish date TBC)

⁴⁴ Building Knowledge of Stigma Related to Gambling and Gambling Harms in Great Britain
<https://www.begambleaware.org/sites/default/files/2022-07/GambleAware%20Stigma%20Final.pdf>

⁴⁵ Building Knowledge of Women's Lived Experience of Gambling and Gambling Harms across Great Britain: Phase 2
https://www.begambleaware.org/sites/default/files/2022-09/GA%20Women%20and%20Gambling_Phase%202_summary%20v02.00.pdf

⁴⁶ Women's prevention campaign evaluation
<https://www.begambleaware.org/sites/default/files/2023-03/Women%27s%20prevention%20campaign%20evaluation.pdf>

been added to the GambleAware website. The key campaign tagline “let’s open up about gambling” is aimed to increase conversations on the topic, with many of the campaign assets aimed at discussing gambling harms more openly to reduce the stigma of support seeking.

4.1.4. Use trusted messengers

It can be useful to use ‘opinion leaders’ to deliver messages, these are people who exert significant influence within their network and can affect the opinions of others⁴⁷. The main ads used the experiences of real people in order to share the voice of the community, however content featuring celebrities was used across other campaign elements to attract more attention to the messages and deliver them through trusted voices. For example, the PR creative element used Tyler West whilst our media partnerships involved a creative with Paul Merson and Jack McDermott (Pie Face) discussing gambling harms.

Similarly, it is important to use partnerships with other organisations and brands to reach relevant audiences, as organisations or brands who already have a large following of relevant audiences can increase the reach and impact of anti-stigma campaigns. As part of our in-kind partnerships strategy, numerous organisations have, and will be, being reached out to such as Citizen’s Advice, MoneyHelper, Unilever and Football Supporters Association. Our media partnerships is being run in collaboration with LadBible.

4.1.5. Set up a robust evaluation

As with any public health intervention it is crucial to measure the impact, and ensure there is a process in place for continual improvement and development. Part of this is building in the evaluation from the beginning of the campaign to ensure relevant impact data can be obtained⁴⁸. As with all of our campaigns, independent research agency Ipsos UK will be conducting a holistic evaluation of the activity. The evaluation has been set up on the premise that it would run over at least 5 years, and thus needs to be as future-proofed as possible by including broad enough outcomes, demographics and sample. The campaign baseline survey was created in collaboration with different agencies, and cog-tested to ensure language is appropriate for the audience we wish to engage with. A baseline has been conducted before any activity was activate ensures that change can be measured over time.

Anti-stigma campaigns have previously used established outcome measures for the relevant stigma they are aiming to reduce. For this campaign, the Gambling Experienced Stigma Scale (GESS) and Gambling Perceived Stigma Scale (GPSS) were found to be the most useful measures to collect long-term as there lacks an greed-upon scale of stigma within the area of gambling harms⁴⁹. It is also important to set clear objectives for the campaign prior to design and launch – this includes clearly defining the aims as well as the target audience(s) of the campaign. To ensure this was met GambleAware, in collaboration with the agencies we work with, have produced a logic model for the stigma reduction campaign (see Appendix Image 3) and theory of change which will continue to evolve as the campaign and wider programme develops. Key Performance Indicators (KPIs) were produced that mapped onto the campaign logic model, to ensure that the campaign outcomes are laddering up to the wider outcomes we want to achieve. The evaluation approach follows the gold-standard in the industry by utilising the Government Communication Service evaluation framework 2.0⁵⁰.

⁴⁷ Stigma Programme Best Practice: A Scoping Review (Publish date TBC)

⁴⁸ Stigma Programme Best Practice: A Scoping Review (Publish date TBC)

⁴⁹ Validation of the Gambling Perceived Stigma Scale (GPSS) and the Gambling Experienced Stigma Scale (GESS)
<https://cdspress.ca/wp-content/uploads/2022/08/Phillip-Donaldson-Erika-Langham-Talitha-Best-Matthew-Browne.pdf>

⁵⁰ Evaluation Framework 2.0

<https://gcs.civilservice.gov.uk/wp-content/uploads/2020/03/Evaluation-Framework-2.0.pdf>

5. Conclusions

5.1. Overview of our commitment to reducing stigma

The process of reducing stigma will take years, if not decades, and requires a joint effort between the public, media, government, gambling companies, and organisations that offer advice and support to those affected. To work towards reducing stigma GambleAware has developed a cross-organisational programme that, alongside the behaviour change campaign outlined above, includes:

- **Research:** Alongside the research presented in this document, a new grant agreement has been awarded to Nat Cen and The University of Wolverhampton to build the evidence around the stigmatisation and discrimination of people who experience gambling harms in Great Britain. This will include a combination of primary research (qualitative interviews with stakeholders and those experiencing harm, quantitative online survey with those experiencing harm) and secondary research (literature review, discourse analysis, forum analysis)
- **Education:** We are working with organisations such as the Royal College of GP's (RCGP), Primary Care Gambling Service, and Royal College of Psychiatrists on the development of educational curriculum around gambling harms. Stigma reduction is core throughout the curriculum and aims to help raise awareness of gambling harms and enable healthcare professionals to have conversations with service-users in a person-centred way that reduces stigma.
- **Language guide:** We have worked alongside Sign Salad (an independent award-winning cultural insight agency specialising in semiotics and language analysis) to create a language guide to help spread awareness of stigmatising discourse across society and what language can help reduce stigma. This also includes an associated animation to show the topic of stigma in a more accessible way.
- **Digital products:** Our website is being refreshed to shine a light on stigma, how it can make people feel, and will include a new tool to help people find the right support for them. We are also in the process of reviewing all content on our website in light of our language guide, to ensure we adhere to best practice in terms of language and terminology.

5.2. Next steps

The data above demonstrates the rationale behind GambleAware embarking on a new campaign platform that aims to reduce the stigma around gambling harms. It is important to set a realistic time horizon for change and to recognise the limitations of what communications can do to change behaviour in isolation⁵¹. The process of reducing stigma will take years, if not decades, and requires a joint effort between the public, media, government, gambling companies, and organisations that offer advice and support to those affected. This campaign is just one part of a cross-organisational focus on stigma that includes a large research grant to build the evidence in this area, GP awareness training, digital tools, and learning materials. Further information of which can be found on our website.

As with all of our campaigns, we have commissioned an independent evaluator to complete a holistic evaluation into the campaign performance. A synopsis of the results will be shared after results have been compiled later in 2023.

⁵¹ Applying public health learnings to safer gambling communications (Publish date TBC)

6. Appendix

Table 1 (Gambling Commission): Proportion of respondents participating in at least one form of online gambling in the past four weeks by gender and age⁵²

Year	All	Males	Females	16-24 year olds	25-34 year olds	35-44 year olds	45-54 year olds	55-64 year olds	65+ year olds
Year to Sept 2018	18.4%	21.6%	15.3%	12.6%	23.8%	22.5%	20.5%	21.3%	11.3%
Year to Sept 2022	27.0%	29.5%	24.5%	18.9%	28.3%	32.2%	35.0%	31.2%	17.3%
Change	+47%	+37%	+60%	+50%	+19%	+43%	+71%	+47%	+53%

Table 2 (YouGov Treatment and Support Survey): Proportion of respondents with each PGSI score reporting each of the following outcomes⁵³

	All	PGSI 0	PGSI 1-2	PGSI 3-7	PGSI 8+	Affected others
Feel embarrassed or ashamed about gambling most of the time / always	-	0%	2%	7%	48%	-
Feel gambling causes them any mental health problems, including stress or anxiety most of the time / always	-	0%	0%	2%	45%	-
Low level of mental health wellbeing (WEMWBS score of 14-42) ⁵⁴	43%	37%	47%	58%	69%	51%
Felt suicidal in last 12 months	20%	17%	25%	36%	40%	32%

Table 3 (YouGov Treatment and Support Survey): Proportion of respondents with each PGSI score reporting each of the following demographic variables (only those groups skewing towards PGSI 8+ shown)⁵⁵

Demographic	Selection	All	PGSI 0	PGSI 1-2	PGSI 3-7	PGSI 8+
Gender	<i>Unweighted Base Size:</i>	55222	25073	3883	1693	1539
	Female	49%	49%	61%	66%	67%
	Male	51%	51%	39%	34%	33%
Age	<i>Unweighted Base Size:</i>	55222	25073	3883	1693	1539
	18-24	11%	5%	12%	14%	27%
	25-34	17%	14%	22%	25%	33%
	35-44	16%	16%	20%	25%	23%
	45-54	18%	20%	19%	18%	10%
	55-64	15%	18%	14%	11%	4%
	65-74	13%	15%	8%	4%	2%
	75+	10%	11%	5%	3%	1%
	<i>Unweighted Base Size:</i>	36917	16540	2494	1137	1001

⁵² Statistics on participation and problem gambling for the year to Sept 2022

<https://www.gamblingcommission.gov.uk/statistics-and-research/publication/statistics-on-participation-and-problem-gambling-for-the-year-to-sept-2022>

⁵³ Internal analysis. See Annual GB Treatment and Support Survey 2022 for full results (Publish date TBC)

⁵⁴ Warwick-Edinburgh Mental Wellbeing scale (WEMWBS) is a way of measuring mental wellbeing. Low mental wellbeing (14-42). Medium mental wellbeing (43-60). High mental wellbeing (61-70)

⁵⁵ Internal analysis of merged sample of Annual GB Treatment and Support Survey from 2020, 2021 and 2022 (Data not available publicly)

Socioeconomic grade	AB	23%	22%	21%	19%	22%	
	C1	31%	31%	29%	30%	27%	
	C2	21%	23%	22%	23%	20%	
	DE	26%	25%	28%	28%	31%	
	<i>Unweighted Base Size:</i>	<i>55221</i>	<i>25072</i>	<i>3883</i>	<i>1693</i>	<i>1539</i>	
Region	North East	4%	5%	4%	3%	4%	
	North West	11%	12%	11%	12%	12%	
	Yorkshire and the Humber	8%	9%	9%	9%	8%	
	East Midlands	8%	8%	7%	8%	7%	
	West Midlands	9%	9%	9%	9%	11%	
	East of England	10%	10%	9%	10%	8%	
	London	13%	11%	15%	15%	23%	
	South East	14%	14%	14%	13%	9%	
	South West	9%	9%	8%	8%	5%	
	NET: ENGLAND	86%	86%	87%	88%	88%	
	Wales	5%	5%	5%	4%	4%	
	Scotland	9%	9%	9%	8%	7%	
	<i>Unweighted Base Size:</i>	<i>55221</i>	<i>25347</i>	<i>3836</i>	<i>1661</i>	<i>1474</i>	
	IMD decile	1 (most deprived)	7%	7%	9%	12%	14%
		2	10%	9%	11%	13%	15%
3		10%	10%	11%	13%	12%	
4		10%	10%	10%	10%	11%	
5		10%	10%	10%	9%	8%	
6		10%	10%	10%	12%	9%	
7		10%	10%	10%	8%	8%	
8		10%	11%	10%	8%	8%	
9		11%	11%	10%	9%	6%	
10 (least deprived)		11%	11%	10%	8%	7%	
<i>Unweighted Base Size:</i>		<i>55222</i>	<i>25073</i>	<i>3883</i>	<i>1693</i>	<i>1539</i>	
Ethnicity	English / Welsh / Scottish / Northern Irish / British	84%	89%	81%	75%	62%	
	Irish	1%	1%	1%	1%	1%	
	Gypsy or Irish Traveller	0%	0%	0%	0%	1%	
	Any other White background	4%	3%	4%	5%	5%	
	White and Black Caribbean	1%	1%	1%	1%	2%	
	White and Black African	0%	0%	1%	1%	3%	
	White and Asian	0%	0%	1%	1%	1%	
	Any other Mixed / Multiple ethnic background	1%	1%	1%	1%	1%	
	Indian	2%	2%	3%	5%	6%	

	Pakistani	1%	1%	1%	3%	6%
	Bangladeshi	1%	0%	0%	1%	2%
	Chinese	1%	1%	1%	2%	1%
	Any other Asian background	1%	1%	1%	2%	2%
	African	1%	1%	2%	3%	4%
	Caribbean	1%	1%	1%	1%	1%
	Any other Black / African / Caribbean background	0%	0%	1%	1%	1%
	Arab	0%	0%	0%	0%	1%
	Any other ethnic group	0%	0%	0%	0%	1%
	Unweighted Base Size:	18012	8416	1350	538	527
Household size	1	20%	21%	20%	18%	12%
	2	40%	44%	35%	28%	22%
	3	17%	16%	20%	21%	21%
	4	14%	13%	16%	18%	20%
	5+	6%	5%	7%	11%	18%
	Unweighted Base Size:	29693	13889	1710	731	630
Citizenship	I am a British citizen only	93%	95%	92%	88%	71%
	I am a British citizen and also have citizenship of another country	4%	3%	5%	5%	20%
	I am a citizen of another country	3%	2%	3%	6%	8%
	Unweighted Base Size:	54876	24955	3855	1677	1525
Sexuality	Heterosexual	84%	88%	84%	82%	73%
	Gay or lesbian	5%	5%	5%	5%	6%
	Bisexual	5%	4%	5%	5%	9%
	Other	2%	1%	1%	2%	4%
	Unweighted Base Size:	17973	8388	1347	536	529
Religion	No, I do not regard myself as belonging to any particular religion.	55%	56%	57%	55%	40%
	Yes - Church of England/Anglican/Episcopal	20%	24%	18%	14%	15%
	Yes - Roman Catholic	7%	7%	9%	9%	10%
	Yes - Presbyterian/Church of Scotland	2%	2%	2%	1%	2%
	Yes - Methodist	2%	2%	1%	1%	2%
	Yes - Baptist	1%	1%	1%	0%	2%
	Yes – Orthodox Christian	1%	1%	2%	2%	2%
	Yes - Pentecostal (e.g. Assemblies of God, Elim Pentecostal Church, New Testament Church of God, Redeemed Christian Church of God)	1%	1%	1%	2%	2%
	Yes - Evangelical – independent/non-denominational (e.g. FIEC, Pioneer, Vineyard, Newfrontiers)	1%	0%	0%	1%	0%
	Yes - Free Presbyterian	0%	0%	0%	0%	1%
	Yes - Judaism	1%	1%	1%	0%	1%
	Yes - Hinduism	1%	1%	2%	1%	2%
	Yes - Islam	3%	1%	2%	5%	10%
	Yes - Sikhism	0%	0%	1%	2%	1%
	Yes - Buddhism	1%	1%	1%	0%	1%
Yes - Other	3%	2%	2%	4%	2%	

Image 1 (Define): Key findings on preventing stigma within campaign development focus groups

Overarching messaging principles for preventing inadvertent reinforcement of stigma when messaging about harm from gambling 1

Elements that potentially reinforce stigma	Things that work to mitigate reinforcement of stigma by countering (balancing out or tipping emphasis to positive attributes)	Examples
<p>A gambler is acknowledging a harm to themselves (especially more serious harm), as this implicitly conveys damage (= negative labelling) and/or can reinforce perceptions of stereotypes / negative attributes</p> <p><i>e.g. All executions</i></p>	<ul style="list-style-type: none"> Explicit recognition that gambler didn't see it coming / lacked awareness <ul style="list-style-type: none"> Helps locate blame in external factor Suggests harm is progressive/insidious and could 'happen to anyone' Helps counter expectation that things are always easy to control Counters stigma -based belief that gamblers are irresponsible and 'should have stopped' 	'I never thought I would be someone who would struggle with gambling...I started for fun but then gradually...'
	<ul style="list-style-type: none"> Using language and visual elements that gamblers recognise in terms of how they think and talk about their own gambling to reduce 'othering' <ul style="list-style-type: none"> Helps to counter dichotomous thinking of addict / non-addict by creating parallels with themselves 	'I've always done the odd bit of gambling' I started for fun' Normal family scene
	<ul style="list-style-type: none"> Use of past tense <ul style="list-style-type: none"> Counters idea that gamblers have no control by suggesting they changed the situation With detail of action, communicates (demonstrates) agency, capacity and potential for change 	Gambling was crushing my confidence Gambling was pulling me under <i>until I spoke to someone</i>
	<ul style="list-style-type: none"> Clarity that gambler chooses / drives action and change, either initiating it or accepting/owning it if helped by someone else <ul style="list-style-type: none"> Clarifies that gamblers have/can acquire or regain agency 	'Until...I decided I had to tell somebody' + Hand crumbling
	<ul style="list-style-type: none"> Resolution (change/action) that is credible (but not scary/difficult) without undermining the effort required <ul style="list-style-type: none"> Demonstrates gambler agency and potential for change and suggestion of effort (or avoiding suggesting that change is 'easy') implies gambler capable of application and skill / attribute -building 	N/A

Image 2 (Define): Key findings on preventing stigma within campaign development focus groups

Overarching messaging principles for preventing inadvertent reinforcement of stigma when messaging about harm from gambling 2

Elements that potentially reinforce stigma	Things that work to mitigate reinforcement of stigma by countering (balancing out or tipping emphasis to positive attributes)	Examples
<p>Communicating a negative impact of gambler's behaviour on others</p>	<ul style="list-style-type: none"> External validation of gambler's character (generally / aside from gambling) to counter stigma around gamblers as being irresponsible, selfish etc. <ul style="list-style-type: none"> Facilitates empathy and aids identification 	'Good partner...good dad' His group of friends
<p>Experiences of loss of control or negative emotions that gamblers relate to specific gambling moments (vs gambling per se) which present gamblers as lacking agency and at risk of damage / weak</p> <p><i>e.g. in a blur, tied in knots</i></p>	<ul style="list-style-type: none"> Implications of external forces influencing behaviour helps reduce blame on individual (as individual blame tends to lead to thinking about stereotype attributes, e.g weakness, irresponsibility) Indicating frequency/intensity may help position more clearly as a warning sign of a (health) harm: <ul style="list-style-type: none"> That is difficult to control And suggests progression Again, potentially helpful to use past tense <ul style="list-style-type: none"> Suggests that gamblers can gain control and move away from negative experience (agency, capacity and potential for change) 	Overall metaphor e.g. gambling often makes / keeps making things feel like a blur etc. Gambling made everything feel like a blur Gambling was tying me in knots
<p>Examples of status loss and discrimination</p> <p><i>None tested</i></p>	<ul style="list-style-type: none"> Likely to be better to avoid as difficult to counter 	N/A

Image 3 (Internal): Campaign logic model (please note that this is a constantly evolving model and is given as an example)

Inputs	Outputs	Outtakes	Short-term outcomes	Longer-term outcomes
<p>Integrated comms campaign</p> <ul style="list-style-type: none"> Creative (e.g., main adverts) Media (e.g., TV/VOD, radio, OOH) Media partnerships (e.g., LadBible) PR (e.g., roundtables, content) Partnerships (e.g., toolkit, roundtables, and partners) Digital estate (e.g., updated pages and online tool) Organic social (e.g., owned content) <p>Time and expertise</p> <ul style="list-style-type: none"> Time and expertise from GambleAware, agency partners (e.g., creative, media, PR, PA, partnership and wider stakeholders (those with lived experience of harms, treatment providers, adjacent experts) <p>Research evidence</p> <ul style="list-style-type: none"> Several stages of strategic and creative development research Stigma scoping review Stigma semiotics, language guide, and associated animations Stigma best practice programme / campaigns scoping document Insights from building knowledge of stigma related to gambling and gambling harms in Great Britain Background to stigma campaign document 	<p>Media</p> <ul style="list-style-type: none"> Impressions, reach, frequency, TVRs <p>Partnerships</p> <ul style="list-style-type: none"> Partners engaged, reach, engagement <p>PR</p> <ul style="list-style-type: none"> Coverage secured, reach, engagement <p>Organic social</p> <ul style="list-style-type: none"> Followers, interactions, impressions <p>Google analytics</p> <ul style="list-style-type: none"> Website visits, tool visits, tool demographics, traffic source <p>Search</p> <ul style="list-style-type: none"> PPC clicks, CPC Organic search <p>CharityIndex</p> <ul style="list-style-type: none"> Brand awareness & perceptions <p>Media monitoring</p> <ul style="list-style-type: none"> Terms related to stigma & gambling harms 	<p>Campaign</p> <ul style="list-style-type: none"> Unprompted recognition Prompted recognition (main creative, partnership materials, PR materials) <p>Creative execution</p> <ul style="list-style-type: none"> Saliency, Relevance, Share-worthiness, Memorability Credibility, Informative, Usefulness Message takeout (e.g., let's open up about gambling, if gambling makes you feel like this) Stigmatisation (e.g., ads helped me understand / empathise with those experiencing gambling harm) <p>Engagement</p> <ul style="list-style-type: none"> CTRs, GRP <p>Value for money</p> <ul style="list-style-type: none"> CPC Recognition point per spend (issues with value added + donated inventory + inflation) 	<p>Increased awareness of:</p> <ul style="list-style-type: none"> What harms from gambling look like /how gambling can make people feel That harms can affect anyone Where to go for advice and support for gambling Stigma around gambling harms <p>Increased understanding of:</p> <ul style="list-style-type: none"> Gambling harms are not the individual's fault Damage that stigma has Reduction in societal stigma Reduction in self-stigma Identifying harm among self/others <p>Increased motivation to:</p> <ul style="list-style-type: none"> Talk openly to someone about gambling harms Take action to reduce stigma Seek advice, tools and support <p>Increased action taking to:</p> <ul style="list-style-type: none"> Have conversations about gambling harms Increase advice, support or treatment (e.g., visit BGA website, use BGA advice/tools, helpline visits, NGTS visits, GamBan use, GamStop use, operator SG tools) Reduce stigma 	<p><i>Primary outcome:</i></p> <p>Reduction of stigma to:</p> <ul style="list-style-type: none"> Improve societal perceptions and understanding of gambling harms, and those who experience harms Equip and empower those at risk of and/or experiencing harm (from their gambling or another) to increase action taking Normalise conversations around gambling harms and support-seeking <p>Create a society where everyone is safe from gambling harms by preventing harm and reducing levels of PGSI 8+ in GB</p>

Image 4 (Define): Key differences in binary interpretation of gambling harms

Non-addict (Me)	Addict (Them)
In control	Compulsive, out of control
Social	Private / secret
For pleasure /fun	Habit / routine
Only occasionally chases losses	(Regularly) chasing losses
Is (mostly) honest about gambling	(Regularly) dishonest about gambling
Doesn't / rarely bets outside means	(Regularly) bets outside means
No negative consequences for others	Negative consequences for loved ones
Able to take a break when I want	Not able to take a break
Mainly only think about gambling when I'm doing it	Thinks about gambling almost all of the time
Stick to my limits most of the time	Unable to stick to limits