Gambling related harm:
Lived experience engagement 2023

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Advice when reading this document

This report includes information about people's experiences of mental health problems and of self harm and suicidality.

If, when reading this report, you become concerned about your own or someone else's mental health or suicidal or self-harm thoughts or behaviour, please speak to a trained health care professional by either:

- Making an appointment with your GP
- Telephoning the Samaritans on 116 123
- Telephoning the Nottingham and Nottinghamshire Mental Health Crisis Line on 0808 196 3779
- Messaging the Text Shout text messaging support service on 85258. Text the word Shout to start a conversation.

Executive summary

Introduction

Gambling related harm describes the broad range of ways gambling can adversely affect people. A recent health needs assessment produced estimates on the number of people affected by gambling in Nottingham, and used GamCare helpline data to estimate financial concerns as the most commonly reported challenge for people from Nottingham. Support services for gambling are underutilised and the reasons for this are not well known in Nottingham. We aimed to understand the need of people affected by gambling related harm in Nottingham and explore opportunities to prevent gambling related harm from a lived experience perspective.

Method

People aged 18 and over who live, work or study in Nottingham, and who are affected by their own or another person's gambling, were invited to participate in a semi-structured interview with a member of the public health team. Interviews were recorded and transcriptions were analysed thematically. A total of 10 people expressed an interest in participating, of which 6 went on to complete an individual interview.

Findings

A total of 14 themes are reported, arising from three strands of enquiry:

- Personal experiences – 6 themes
- Support use and perceived support needs – 5 themes
- Opportunities for prevention in own experiences – 3 themes

1) Personal experiences

Gambling adversely affected people's mental health and emotional wellbeing in Nottingham as well as finances, relationships, and physical health, and has driven crime. Gambling problems were framed as an addiction, with accompanying feelings of shame, guilt, hopelessness and isolation. Participants commonly spoke of exposure to gambling products in early life, with some beginning to gamble regularly at University.

2) Support use and perceived support needs

Leading challenges to accessing support are awareness and visibility of support services, the varying needs of people affected by gambling, and the stigma surrounding gambling harm which prevents disclosure and help seeking. Peer-led support and de-stigmatisation, and having support that was flexible and convenient, acted as facilitators to accessing support.

3) Opportunities for prevention in own experiences

Participants felt that gambling industries need to do more to prevent and respond to gambling related harm including reviewing their sponsorship policy and putting in place greater checks and protective interventions. There were calls to raise awareness of gambling related harm and support to the public, professionals, and children and young people.

Gambling has harmed people in Nottingham in a range of ways. We have obtained insight into personal experiences of gambling harm, the support they have used and need, and we will be using their stories as an opportunity to consider prevention activities. We have used this to produce recommendations including working with other services to detect harm, increase the visibility of support, destigmatise gambling through an educational approach, and reduce exposure to gambling advertising and sponsorship. We also recommend a future engagement activity targeting groups not successfully reached to understand the differential impact of gambling across Nottingham populations.

Background

Gambling related harm (GRH) is a prevalent though hidden public health problem. Our current understanding of need is based on secondary quantitative data in an epidemiological approach. We will soon develop a strategy to prevent GRH and consider intervention options. Understanding the needs of people with GRH lived experience would inform opportunities for preventive action.

Aims

- To understand the need of people affected by GRH in Nottingham City
- To explore opportunities to prevent GRH from the lived experience perspective

Method

Recruitment

People were eligible to participate if meeting all criteria:

- Lives, works, or studies in Nottingham City
- Aged 18 and over
- Affected by their own or another person's gambling

We aimed to recruit 6-12 people affected by their own gambling, and 6-12 affected others, with representation from different sexes, ethnicities, and ages. Recruitment would stop when data saturation achieved or sustained period without responses.

An invitation flyer was circulated to Nottingham-based services or groups, beginning with those with established trusted links to the target population[1] later expanding to others[2]. The flyer specified a £20 Love2Shop shopping voucher would be offered upon interview completion.

People interested in participating were asked to email a monitored inbox, and an individual conversation was scheduled to discuss questions included, potential sensitivity, and limits of confidentiality. A privacy notice and list of support organisations were shared with participants in advance of this. If taking part, verbal recorded consent was obtained as agreed with Nottingham City Council IT services and Information Compliance following a Data Protection Impact Assessment. If a person initially expressed interest in participating but did not respond to a scheduling invitation, one reminder was issued and if no response, they were lost to follow up.

Participants were asked if they were interested in remaining involved in public health's work on gambling. If agreeing written consent for continued participation was requested and obtained.

Data collection

Qualitative data and optional demographic data were collected using semi-structured interviews of up to 60 minutes, to offer breadth and depth of understanding.

Interviews were structured into three strands of enquiry:
1) Personal experiences of gambling harm;
2) Support use and perceived support needs; and
3) Opportunities for prevention in own experiences

[1] Gamblers Anonymous Nottingham, Double Impact, Al-Hurrayah, GamCare East Midlands, EPIC Restart Foundation

[2] Nottingham and Nottinghamshire ICB Mental Health and Suicide Prevention Group, Nottingham CVS Professional Development Unit, Nottingham City Gambling Harm Strategic Group

Individual interviews occurred with a member of the public health team online using MS Teams, over the phone, or in-person by participant preference, between March to May 2023.

Data handling

Interviews were recorded using MS Teams record and transcribe for online interviews, or Microsoft Voice Recorder for telephone and in-person interviews. Recordings were stored in a secure folder accessible only to those directly involved with interviews or analysis. Microsoft Voice Recorder audio files were input into Microsoft 365 Word Transcribe function to produce a transcript.

Transcripts were assessed against the recording for accuracy and updated if not verbatim or errors otherwise appeared. Personally identifiable information was redacted from transcripts if present. Recordings were securely disposed of once data synthesis was completed.

Data analysis

Data was interpreted using thematic analysis. Checked transcripts were reviewed for familiarity in order to anticipate items for later coding. Once familiarised, items of potential interest were indexed by colour highlighting without additional coding at this point. Indexed items were identified due to their association with one of the three strands of enquiry.

Indexed items were transferred and coded onto a MS Excel document and number of citations captured. The meaning of each item was considered and a suggested theme was produced for each item using an inductive approach[3]. Similar emerging themes were combined where considered appropriate as initial themes emerged. Additional information was added to indexed items where the meaning was highly contextualised. Findings were reviewed against the transcript for completeness and additions made where necessary in alignment with identified themes. Quotes were captured to support qualitative data reporting.

The analysis team met to discuss the data synthesis and analysis, and reflect on the interviews, initial emerging themes, and items captured. The team discussed the extent to which our assumptions on the meaning of indexed items may have influenced themes, with an intention that themes would arise from the data (and in so doing, the words of people with lived experience). Once data collection and initial analysis was complete, the team met to reflect on the interviews overall, discuss and reach consensus on the key themes, and combine themes where felt appropriate.

Findings

Participant characteristics

Table 1: Participant characteristics

Characteristic	n	%
Completed interview	6	60
Lost to follow-up[4]	4	40
Affected by own gambling	3	50
Female	5	83
White British ethnicity	5[5]	100
Age (years)	37.5 (average)	13.3 (SD)

[3] An approach allowing the data collected to determine the themes

[4] One participant withdrew. The remainder did not respond to interview scheduling after declaring interest.

[5] One participant did not disclose their ethnicity. Percentage calculated for five participants.

A total of 10 people expressed an interest in participating, of which 6 went on to complete an individual interview. One person withdrew from continued participation, whilst three others did not respond to a scheduling invitation to discuss the engagement activity in further detail.

The sample disproportionately represented females, people under 35 years of age, and White British people. There was an equal distribution of participants affected by their own or another's gambling.

A total of 17 themes were constructed, presented according to best alignment to the three strands of enquiry. Four themes were later combined into a common theme, under personal experiences, for ease of reporting.

- Personal experiences – 6 themes
- Support use and perceived support needs – 5 themes
- Opportunities for prevention in own experiences – 3 themes

Themes are presented in each strand in order of most to least total citations, as an indicator of strength of feeling and impact. Thematic reporting and descriptions were reviewed by all analysts and agreement reached on accuracy and completeness.

Personal experiences of gambling harm

The negative effects of gambling

There was strong and consistent reporting of gambling harm for all participants, and all reported harm occurring in more than one way. In order of most to least cited, mental health and emotional wellbeing was most reported (99 citations), followed by finances (48), relationships (41), physical health (8), and crime (2). All participants reported long term and for some, ongoing impacts.

Mental health and emotional wellbeing

All participants reported impacts on mental health and emotional wellbeing. Changes to personal confidence and wellbeing, and feeling tearful and low, were the most often mentioned impacts. People also reported feeling afraid, stressed, out of control, feeling anxious and depressed, being moody, and feelings of uncertainty, hopelessness, isolation, instability, and worry. There were also disclosures of past self harm and suicidal thoughts for one respondent, and another respondent reported starting anti-depressant medication due to mental health impacts.

There were mental health impacts specific to affected others. This included feelings of paranoia and suspicion (of deception and continued gambling) and the burden of taking on additional responsibilities (of policing others' gambling and finances). There were also frequent references to guilt and shame, and feeling pressure to appear 'strong'.

"I was just trying to keep that normality and… be strong for everybody."

For some, mental ill health was a precursor to gambling, where they would gamble if feeling low, to chase the high of a win.

Financial

All participants reported financial impacts. This included losing money and savings (including a house deposit), inability to pay bills, rent or mortgage payments, accrual of debt, and sourcing additional funding through payday loans, credit cards, borrowing money from family and friends, and in some cases stealing money (from family and work). There were incidents of people losing a job, moving out of their home, and experiencing life-long barriers to asset accrual due to their credit history.

Several participants raised the potential dangers for students, as a time in life where they may be handling large sums of money (through student loans) for the first time. University and college was often a time where participants reported the gambling addiction developed.

Affected others were also directly affected financially, in some cases taking out loans to support their gambling friend or relative, or to recover their own lost earnings and savings.

Relationships

All reported harm to relationships, though this was cited more commonly by affected others (15 citations per respondent) than those affected by their own gambling (2.2 citations per respondent), and was cited by female participants only.

For those gambling, the effect of their gambling changed their behaviour such that it strained spouse or partner relationship, and affected their social circle more broadly. One person reported purposefully avoiding developing new relationships as it would, "get in the way" of gambling. Concealment of gambling harm was also reported, intending to protect themself and loved ones, but later learning this did more harm than good.

Affected others reported a wide range of relationship impacts, including feelings of anger and resentment, a loss of trust, feeling deceived and lied to, and for some, a feeling of responsibility for their actions. Relationships with the gambling person were described as "difficult" and for one respondent resulted in a physical fight. There were however no reports of partner separation, and disclosure of gambling and seeking support aided relationship recovery.

Physical health

Two respondents described effects on physical health. One respondent reported their gambling addiction drove them to gamble overnight, leaving them sleep deprived, and they stopped exercising and started eating more sugary foods. A second respondent also described sleep disturbances including nightmares, and starting anti-depressants which resulted in unpleasant side effects. This respondent was also a new mother, and the stress resulted in difficulty breastfeeding with a low milk supply, with subsequent excessive weight loss for the infant.

Crime

Overlapping with impacts on finances and relationships, there were incidents of crime and sometimes violence. One affected other reported getting into a physical fight with the person gambling, and sustaining an injury. Incidents of crime were financially motivated and included stealing from wallets, using others credit cards without consent, and using business credit cards.

"He was taking money from his employer, starting off with small amounts and [it] got larger and larger… it totalled about £340,000… and was invested straight into gambling."

Gambling as an addiction

All participants including affected others viewed gambling harm as an addiction, and referred to behaviours and feelings associated with other forms of addiction, such as feeling they were not in control and couldn't stop, and that it had taken over their life. These feelings were often triggered by major sporting events or gambling advertising on TV and social media. In several cases, gambling addiction had led people to commit crime to fund continued gambling.

"[My] addiction was too powerful. [I] felt like a zombie marching into the bookies."

Some people rationalised gambling as a way of dealing with arguments, emotions, and boredom, and some felt it prompted by certain environments such as pubs. One participant said gambling had given them positive feelings about themselves, which they chased in continued gambling.

Around half of participants gambled to make money, often motivated by financial problems or chasing losses. Some perceived they were more likely than others to win because they felt they could manipulate the system or were somehow different to other people.

Gambling exposure in early life

All but one respondent referred to gambling exposure in childhood, with three emerging subthemes. Firstly, recollections of witnessing family members who gambled as a child, and gambling as a family activity. Secondly, early age experiences of gambling, such as in seaside arcades or playing cards and machines with friends. The most stated influence on a journey to gambling harm was associated with University, as the first time with access to large sums of money. Peer influence from other students and close contact in student accommodation drove perceptions of gambling at University as a social norm.

Sporting culture

The influence of sports and sporting culture was reported by half of participants, all female, and most of whom were affected by their own gambling. Interviewees reported that football and sporting culture more broadly normalise regular gambling for spectators and players. Major sports events such as the football world cup and the grand national were also reported as seasonal predictive triggers of betting urges for ex-gamblers.

There were however feelings of recent improvements in this space, particularly with respect to role models. Peter Shilton was mentioned specifically, as an example of how sporting professionals have helped destigmatise gambling harm by sharing their lived experience.

Methods of gambling

Two participants, both former gamblers, raised methods of gambling during the discussion. Means of gambling varied and included online gambling including the National Lottery and sports betting sites, as well as in-person gambling with fruit machines and bookmakers. The use of online gambling was discussed as being easily concealed and being able to ‘play the system’ where time-limited blocks were overcome by systematically switching site to site to facilitate continued gambling.

Pandemic associations

Half of people interviewed made specific mention to the Covid-19 pandemic in their personal story. Some reported a start or increase in gambling habits associated with boredom during lockdown. Additionally, isolation during the pandemic resulted in challenges with finding and receiving support from family and services. The mental health strain associated with the pandemic also exacerbated the gambling associated mental health impacts, with feelings of worry and isolation.

Support use and perceived support needs

Barriers to accessing support

All participants experienced barriers to accessing support, be that from formal routes with support services, or informally with peers. Many made efforts to keep gambling or gambling harm concealed from family, friends and children, finding it difficult to admit needing help and unsure how to ask. This would lead to their living double lives, and the continuation of harm, in secret.

Many participants reported difficulty identifying an appropriate way of getting support. For some, this was due to a lack of awareness of organisations like GamCare, and assuming there was no

support out there. For others, they discovered support but after clicking through link after link, and some did not use the support offer due to feelings of hopelessness, fear of judgement (including feeling they were not "affected enough" to require support), feeling guilty for requiring support, or feelings of introversion preventing engagement. Some participants said the support offer simply didn't feel right for them with specific mention made to counselling and medical approaches, and the significant variation in support needs (in reference to aforementioned disclosed harms). Some participants considered their family as their main support network, but some did not approach them for similar reasons to not engaging with support services.

"I didn't know where to turn."

Some participants who accessed support for online gambling found loopholes overcome through creative tactics. When banned from a particular website (by the site or a blocking app), they would use an alternative site until the ban expired, or would use a different device or account. They were easily able to dismiss warning signs and messages, and find a way to continue gambling.

Women experienced additional constraints and barriers to support. Affected others are more likely to be women[6], and support services are predominantly geared towards people who gamble. One respondent said that their gambling addiction grew out of male dominated sports environments, which left them feeling isolated. Another respondent said they were a new mother with a baby at the time when their partner was gambling, which created a barrier to reaching support.

Stigma

It is widely known that gambling related harm is stigmatised, and this was disclosed by all respondents. Stigma was a strong barrier to accessing support, and was later referenced in opportunities for prevention of gambling related harm.

"It's a lonely, secret world."

Felt stigma was driven by feelings of self-blame, shame, guilt, and fear of judgement and belittlement. Feelings of guilt arose in relation to needing support or feeling they should have supported others more (and its connection to apportioning blame), and worrying about letting others down. Many discussed stereotypical prejudgements of people experiencing gambling harm and this making them feel out of place and preventing reaching out to loved ones. Some felt they would not be taken seriously if making a disclosure, and found sources of information online to be unhelpful and somewhat tokenistic.

Self-help and peer support

All people who gambled, and one affected other discussed their views and experiences of self-help and peer support. Participants spoke of the power of a supportive family and friends, and of the difficulty of going it alone. People who attempted to self-help, used websites such as Money Saving Expert, the Ask Lion directory, and software blockers. Hitting "rock bottom" and self harming were among the prompts triggering disclosure to friends and family, and the subsequent support received, and one participant had a strong belief in a point of readiness to disclose and gain support.

"Talking helped improve my relationships with my mum, my dad, and my wife."

[6] GamCare Women's Programme, accessible at https://www.gamcare.org.uk/outreach-and-training/womens-programme/

Peer-led support such as Gamblers Anonymous was mentioned specifically, and some respondents said they attend regularly, and now are gambling abstinent. People said they feel better having talked about their problems with likeminded people who wouldn't judge them, and trusting their advice due to their lived experience.

One respondent could not find peer support available for women and went on to create their own group on social media, which continues to run today. Peer-led support was particularly favoured by respondents as a safe, supportive, and empowering space, but a feeling that such services are more likely suited toward men.

Facilitators to accessing support

Whilst conversations around support use and needs mostly generated insight into the challenges of finding suitable support, there were remarks on the facilitators of reaching support that may be transferrable to other people.

Whilst stigma can drive concealment of gambling harm, participants remarked an importance of trusting their instincts and knowing they need help. The use of online directories and reliable sources of information was helpful in identifying support that felt relevant to them, and having services which offer discretion, flexibility and convenience was of importance, as was having confidence that they would not be judged. There were thoughts around increasing the visibility of support services and encouraging discussions on gambling risk and harm.

Having options for support, including peer-led was favoured among participants, and support tailored to certain groups (e.g., women) or challenges (e.g., mental health) was welcomed. Reflecting on their own experience, one affected other said it would have been helpful to have been able to talk to other affected people at an early stage, to get advice on bringing up a conversation around gambling harm.

Opportunities for prevention in own experiences

Industry responsibility

All participants felt the gambling industry and other industries need to take a more proactive role in the prevention of gambling related harm by restricting access and putting things in place to stop harm at an early stage. Advertising was also felt to be a driving factor for gambling harm, and many commented on the frequency of television adverts for gambling products. This was raised also in the context of sports teams and their sponsorship, and an opinion that they should take a more responsible stance.

"You cannot escape it."

There was scepticism over government actions in the (at the time pending release) White Paper on the Gambling Act review, and support expressed for checks on mental and financial wellbeing. There were thoughts on exploitative practices and addictive properties of gambling, including feeling digital gambling was more likely to, "get people hooked," and that "bookies are built on the backs of broken people."

There were however positive comments on existing prevention and response measures. This included praise for GamBan and GamStop gambling blocking software, self-exclusion (which one person felt prevented a relapse of gambling). The general sense however was that more could be done to protect people than is currently in place, including reducing advertising, greater use of software blockers, and the ability to self-block gambling spend from bank accounts.

Increase awareness

Most people raised the need for increased awareness of gambling risk, availability, and of support services, as well as framing gambling problems as an addiction. Participants felt that information and advertising on gambling unfairly focused on entertainment and winning, but missed the dark side of gambling where people can come to harm.

"People only say what they've won."

Some people felt gambling support adverts were helpful, whilst others felt this should go further in a local or national campaign and increased media coverage. Those who raised a need for increased awareness consistently called for young people in schools and further and higher education settings to be educated on gambling risk and harm (such as University Freshers Week), and one person suggested a new role for gambling prevention champions where people could tell their story to support and educate others.

Other prevention ideas

There were a range of other suggested opportunities for prevention, having given thought to what may have prevented participants' own harm, in addition to those already discussed. Many participants were in favour of restricting gambling, particularly online gambling. One person suggested that limits could be placed on how much and how often people can gamble, beyond what currently exists in legislation, and loopholes in gambling banning software need to be closed.

Many participants raised that their own or another's gambling problems started at a young age, and that exposure to gambling as a child may have contributed towards this in some sense. Participants wanted more information on gambling addiction to be delivered in schools, and for prevention to take place at the earliest stage possible rather than having a sole focus on support once harm occurs. Protecting children could also include encouraging parents and other adults to minimise child exposure to gambling products.

"Don't gamble with a child in the room."

Some respondents felt that self-exclusion and peer-led support services should be more widely promoted, and that all forms of support need to be much more visible so people know where they can turn. There were calls to train professionals on gambling harm to a create a gambling harm aware society, and social media was suggested as one means of reaching the general population to share information on gambling harm.

Finally, participants discussed missed opportunities to detect or reach support in their own stories. All shared featured moments where signs of gambling harm were emerging. This included loss of money and savings, being banned from gambling machines, chasing losses, concealing gambling, and having thoughts consumed by gambling. Affected others noticed that the person gambling was behaving differently and had the sense that something was being hidden. Common to all, there appeared to be opportunities where signs of gambling harm were emerging, but without this being disclosed or confronted until a later stage, whilst harm was continuing and growing.

Conclusion

What was known

Gambling related harm impacts and risk factors have been studied in a recent evidence review by Public Health England. The impacts on mental and physical health, relationships, finances and crime were already known, as too were potential impacts on employment and education, and an

association with health behaviours such as smoking, alcohol and substance use, which did not feature for anybody interviewed.

"It's very difficult for people to understand."

The stigma experienced by people affected by gambling was also well known and a recognised barrier to accessing support, and that measuring prevalence of gambling harm is challenging.

What this adds

We have collected qualitative data from adults affected by gambling in Nottingham City and have reported this into themes corresponding with one of three strands of enquiry.

1) Personal experiences

Gambling has adversely affected people in Nottingham in a range of ways, most commonly upon mental health and emotional wellbeing. There has been harm to personal finances and relationships, and physical health. Gambling has also driven people to commit crime to fund continued gambling.

The people we spoke with had a clear and consistent description of gambling problems as an addiction. This point is especially pertinent given the stigma surrounding gambling harm and the individual responsibility narrative used by the gambling industry. The voice of people with lived experience has shown that gambling products can be addictive and drive people to do things which go against their preferences and choice. People who were affected by their own gambling expressed that gambling addiction took control of their actions, and the subsequent fallout created feelings of shame, guilt, hopelessness and isolation, as well as an urge to gamble to recover their losses. Witnessing or participating in gambling during childhood and adolescence was commonly reported, as was gambling as a social norm at University.

2) Support use and perceived support needs

Support for gambling harm is available and expanding for people in Nottingham but data suggests it is underutilised. This has been corroborated in this engagement activity and the facilitators and barriers of reaching support explored. The leading challenges to accessing support are awareness (and visibility) of support services, the varying needs of people affected by gambling against the one-size-fits-all model of some forms of support, and the stigma surrounding gambling harm which prevents disclosure and help seeking.

Peer-led support and destigmatisation were the most preferred facilitators of support for gambling harm, and having support which was flexible and convenient. Not all support services are acceptable or seem relevant to all individuals, and so there need to be options to suit the needs of different people, and services specific to certain groups or challenges.

3) Opportunities for prevention in own experiences

People affected by gambling feel that industries and organisations need to do more to prevent and respond to gambling related harm including reviewing their sponsorship policy and putting in place greater checks and protective interventions.

There were calls to educate children and young people in a similar way to what already occurs for tobacco, alcohol and drugs, and to consider the risks particular to the University and college cohorts who may be handling a large sum of money for the first time. Wider public and professional awareness was widely supported to destigmatise gambling, empower people to disclose and discuss gambling harm, and to increase the visibility of support services.

Strengths and limitations

This engagement activity has used a structured method to collect data from a defined target population, and has used a widely used method of qualitative data synthesis and analysis to draw the key themes and important findings. Reporting of findings has been organised in each strand of enquiry, from most to least cited, to reflect strength of feeling and communicate important issues. Participant quotes have been captured and used to underpin key findings in different themes, and to show the voice of people with lived experience.

Notable differences in views between population subgroups has been identified using descriptive statistics. This study had equal representation from people affected by their own gambling and others gambling, and had data collected from both sexes, and from a range of ages. The findings of this study are highly relevant to planning public health activity on gambling related harm.

The main limitation of this study has been the low numbers recruited for participation. The loss to follow-up rate was high and there was a lower than expected number of people expressing interest to participate despite using links with trusted groups. This likely reflects the stigma reported by those we have engaged with, and may in part be due to our role as a local authority. The sample underrepresents non-White British people, people over 35 years old, and men. There may have been additional impacts not disclosed due to the limits of confidentiality for reasons of safety.

Recommendations

Gambling has resulted in harm for people in Nottingham in a range of ways, and we have obtained insight into people's personal experiences of gambling harm, the support they have used and need, and using their story as an opportunity to consider prevention activities.

1. **Work with other services** who support people's mental health, finances, relationships (or social circumstances) and physical health, and the justice system. These services are likely to be encounter people at risk or showing signs of gambling harm, and there may be opportunities to work more closely to prevent gambling harm from occurring, and detect harm when it occurs, with links to relevant support.

2. Explore ways of **improving the visibility of suppor**t available to people in Nottingham and include peer-led support among those promoted.

3. Prepare and **deliver destigmatising information on gambling related harm**, risk, impacts and support to the public, professionals, and children and young people.

4. Work with others to **reduce exposure to gambling advertising and sponsorship** and explore opportunities to improve the protections available for people.

5. **Engage with groups not reached during this activity**, to understand the differential impact of gambling across Nottingham populations and where needs differ.

"It is possible to have life after addiction."