



GAMBLING-RELATED HARMS





Welcome

What is Public Health Network Cymru?

Public Health Network Cymru was established in 2015 for professionals working on improving the health and wellbeing of the population of Wales and combined four previous topic specific networks which were hosted by Public Health Wales.

The Network covers a broad spectrum of topics including prevention in healthcare, health-related behaviours, mental wellbeing and has a focus on the wider determinants of health – housing, education, employment, income and resources and the environment.

Getting to know our members

We are getting to know our members and would like to help our members to get to know each other.

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Research

Gambling, Poverty and Health in Wales: Making the Economic Case for Prevention and Harm Reduction

Rajendra Kadel, [Health Economist at the Well-being Economics and Value \(WEAVE\) Team, Public Health Wales](#)

Why gambling matters for Wales

Gambling is a common activity in Wales. In 2022–23, 63% of adults reported taking part in some form of gambling, although much of these involved lotteries and scratchcards (1). Most people gamble without experiencing serious problems, but for some, gambling can lead to financial difficulties, debt, poor mental health, relationship problems and wider social harms (2). These harms are not experienced equally across the population. People living with financial hardship and other disadvantages may be more vulnerable and may experience more serious consequences (3). Gambling is therefore an important public health and health-inequality issue because it is closely connected with poverty, mental health, financial wellbeing,

employment, housing and other wider determinants of health. For households with limited income, money lost through gambling can mean less money for food, energy, rent and other essentials, making the consequences much greater than for financially secure households (4).

Gambling, poverty and health inequalities

The relationship between poverty and gambling is complex. Poverty does not automatically lead to harmful gambling, and gambling-related harm can affect people from all socioeconomic groups. However, financial insecurity, debt, stress, poor mental health and social isolation can increase vulnerability. For some people, gambling may appear to offer a way to improve their financial situation or escape difficult circumstances, but

continued losses can increase financial and emotional stress (5). This can create a cycle in which financial insecurity contributes to gambling, gambling contributes to financial losses, and those losses increase debt and stress, further worsening financial insecurity. Evidence from a systematic review found that gambling-related harms are socially patterned, with greater levels of harm among people experiencing greater socioeconomic disadvantage (3). In Wales, 20% of gamblers experiencing material deprivation reported risky gambling behaviour, compared with 8% of gamblers who were not experiencing material deprivation (1). This matters because people with fewer financial resources have less ability to absorb losses, meaning gambling can deepen existing inequalities in financial security and

health.

Wider health and social harms

The effects of gambling-related harm extend beyond financial loss. Gambling can contribute to debt, difficulty paying household bills, food and energy insecurity, rent arrears and housing instability, while financial stress can contribute to anxiety, depression, psychological distress and reduced quality of life (6). The effects can also extend to partners and children through financial pressure, family conflict, relationship difficulties and reduced household resources. At the most serious level, gambling-related harm has been associated with suicidal thoughts and suicide (6). These impacts demonstrate why gambling should be considered alongside wider public health priorities such as mental health, suicide prevention, substance use, poverty and financial wellbeing. People experiencing gambling-related harm may have several connected needs, meaning effective support often requires health, social care, financial and housing services to work together.

The wider economic cost

The economic impact of gambling-related harm is wider than the cost of specialist gambling treatment. Costs can fall on the NHS and other public services, but also on individuals, families and employers through debt, financial hardship, mental-health problems,

housing difficulties, welfare use, sickness absence, reduced productivity and loss of employment. Previous research estimated the annual excess cost associated with gambling to Wales at approximately £40 - 70 million (7), although this estimate now needs updating. In England, it is estimated that the annual cost of gambling-related harms to government and society at approximately £1.05 - £1.77 billion (6). These figures should not be directly applied to Wales because populations, gambling patterns and service use differ, but they demonstrate the potential scale of the wider economic burden. A Welsh cost-of-illness study should therefore examine not only the total cost of gambling-related harm but also who bears those costs, including differences across socioeconomic groups and communities.

Why prevention makes economic sense

There is a strong economic case for preventing gambling-related harm before problems become severe. Prevention can protect household income, reduce debt and financial hardship, support better health and reduce pressure on public services. For households already experiencing poverty, preventing gambling losses can help protect money needed for food, energy and housing and reduce the risk of problems such as rent arrears or housing instability (8). Prevention can also support mental health and wellbeing by reducing financial and

emotional stress, while helping people remain in employment and maintain productivity (9). The economic case is therefore broader than potential NHS savings: early investment may prevent larger costs later and generate benefits for households, public services, employers and communities, particularly where people are already experiencing socioeconomic disadvantage.

The role of harm reduction

Prevention will not reach everyone, and some people will continue to gamble even when gambling is causing difficulties or may not yet be ready to stop. Harm reduction is therefore an essential part of a comprehensive public health response. It aims to reduce the negative effects of gambling and help people move towards safer behaviour and, where appropriate, treatment and recovery (10). Practical measures can include setting spending and time limits, self-exclusion, blocking gambling websites and applications, blocking gambling payments through banks, limiting access to money and reducing exposure to gambling marketing. NICE recommends considering practical measures such as these for people experiencing gambling-related harm (11). Harm reduction should also address wider consequences, including debt, housing problems and mental-health difficulties, through strong links between gambling services and health, social care, financial and housing services. It is not a substitute

for treatment but can reduce immediate harm and provide an opportunity to move towards further support and recovery.

The economic benefits of harm reduction

Harm reduction can reduce costs by preventing gambling-related problems from becoming more serious.

Helping someone limit gambling expenditure, restrict access to money or use self-exclusion may prevent further financial losses and reduce the risk of serious debt.

Early action can also prevent wider consequences, such as mental-health problems, housing difficulties or loss of employment, which can create costs for several public services as well as individuals and families (12). The benefits may not appear as immediate savings in one service but may be spread across health, welfare, housing, employment and the wider economy (13).

For example, preventing loss of employment can protect household income, reduce welfare dependence and support productivity.

Economic assessment should therefore consider social value and health inequalities alongside direct financial savings by asking not only how much an intervention saves, but who benefits, who bears the costs and whether it reduces inequalities.

A whole-system approach for Wales

Wales is developing a joined-up approach to gambling-related harm, bringing together prevention, harm reduction, early support,

treatment and recovery. Existing services, such as Adferiad's gambling (14), mental health and debt support, are being strengthened through Public Health Wales prevention work, gambling blocking tools, community outreach and social action, and the new All-Wales Gambling Treatment Service, 24/7 helpline and online Space from Gambling Harms support (15-18). Bringing these services together through clear referral pathways and shared working across health, public services and community organisations can create a more coordinated whole-system response, ensuring that people receive the right support at the right time. The gambling levy provides an opportunity to link these services with health, financial, housing, mental health and community services, helping people earlier and reducing the wider costs of gambling, including debt, poor health, unemployment and pressure on public services.

Welsh policy opportunity

Wales has already taken important steps towards addressing gambling-related harm as a public health issue. The Welsh Government's Task and Finish Group on Gambling Related Harm recommended a population-level approach covering prevention, early intervention, treatment and action on the wider determinants contributing to harm (19). The statutory gambling levy, introduced in April 2025, provides an

important opportunity to strengthen this approach by funding research, prevention and treatment, with Wales expected to receive around £5 million each year (20). Public Health Wales has a national role in coordinating prevention activity, while NHS organisations are developing specialist gambling support and treatment services (21). The next phase should build on this infrastructure and ensure that levy-funded activity is based on evidence about what works, where need is greatest and which interventions provide the greatest health, economic and social value.

Policy priorities for Wales

An important next step for Wales would be to develop an up-to-date estimate of the cost of gambling-related harm covering health and social care, mental health, debt, housing, welfare, employment and productivity, as well as impacts on families and wellbeing. This analysis could examine differences between socioeconomic groups and communities to improve understanding of how costs and inequalities are distributed. Building on this evidence, there is an opportunity to develop a common gambling harm and social-value framework to assess prevention, harm reduction and treatment by asking three simple questions: *What does the intervention cost? What harm does it prevent or reduce? What economic and social value does it create?* Levy funding could support population

prevention, practical harm reduction, early intervention and specialist treatment, with consideration given to directing additional resources towards communities experiencing greater disadvantage. There is also an opportunity to make gambling harm part of routine public health practice, enabling primary care, mental health, social care, housing and debt services to recognise harm and provide appropriate advice or referral. Finally, measuring outcomes alongside activity would help demonstrate the impact of investment, including changes in financial harm, debt, mental health, wellbeing, employment, service use and health inequalities.

Conclusion

Gambling-related harm is not simply an issue of individual behaviour. In Wales, it relates to poverty, financial insecurity, mental health and health inequalities.

People experiencing material deprivation are more likely to report risky gambling, while the consequences can affect household finances, relationships, health, employment and public services. Reducing gambling-related harm can protect health while preventing further financial and social disadvantage, particularly among people experiencing greater socioeconomic disadvantage. Prevention can reduce the risk of harm, harm reduction can limit the damage when gambling is already causing problems, early intervention can stop problems escalating, and

treatment and recovery can support people experiencing more serious harm. The statutory gambling levy and Wales's developing prevention and treatment infrastructure provide a timely opportunity to strengthen this approach. A Welsh cost-of-illness estimate, combined with a gambling harm and social-value framework, would help policymakers understand how much gambling-related harm costs Wales, where those costs fall and where prevention and harm reduction can deliver the greatest return. Investment in gambling prevention and harm reduction should therefore be seen not simply as spending on a health problem, but as an investment in healthier households, reduced poverty, narrower health inequalities, stronger communities, a more productive population and greater social value.

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Gamban

Blocking Online Gambling

Practice

Gamban

Matt Zarb-Cousin, [Director, Gamban](#)

Gamban is software installed on personal devices to block access to gambling websites and apps. It is deliberately designed to be difficult to remove for the duration of the protection period, creating a practical barrier between an urge to gamble and the ability to act on that urge. Gamban blocks more than 700,000 gambling websites and apps globally, with its blocklist updated around 60 times a day to respond to the constantly changing online gambling environment. More than 100,000 people globally are currently active users of the app.

Removing cost as a barrier is particularly important because many people first seek out Gamban during a moment of crisis, often when a person has lost all the money, they have access to. That moment can also be a critical window for positive action. When somebody has decided they want to stop gambling, effective tools need

to be immediately available and straightforward to access. Making Gamban free in Wales helps ensure that ability to pay does not stand between someone and an important layer of protection. Just as importantly, the sign-up journey should feel like a natural next step alongside self-exclusion or engagement with treatment. Signposting other Welsh gambling support services within the Gamban app strengthens this approach, helping people move from an intuitive protective measure towards a wider network of support. The duration of protection also matters. More than 70% of Gamban users opt for the longest available protection period of five years when the software is free of charge. Gambling harm can be cyclical, and some people may experience several periods of crisis before they are able to sustain their decision to stop. Putting barriers in place for longer periods can help

protect people not only during the immediate crisis, but when urges to gamble return months or years later. This also means there is the opportunity of reaching people further upstream. Increasing awareness and the availability of tools such as Gamban means people can know where to turn before loss chasing intensifies and harms deepen. The earlier effective friction can be introduced into the cycle, the greater the opportunity to interrupt it. Gamban is most effective as part of a layered approach rather than as a standalone solution. Someone seeking to stop gambling can combine self-exclusion through GAMSTOP, gambling-blocking software such as Gamban, and gambling transaction blocks provided by their bank, alongside appropriate treatment and ongoing support. Together, these measures create multiple points of

friction between the urge to gamble, the decision to gamble and the action itself. If one layer is challenged, others remain in place. That can give people a greater opportunity to maintain abstinence, creating the stability and breathing room needed to engage with treatment and build a more sustainable recovery. Making Gamban freely available in Wales therefore represents more than access to a piece of technology. It strengthens an interconnected system of practical barriers and human support, giving people more protection at the moments when it can matter most.



Cymru Iach ar Waith
Healthy Working Wales

Practice

New Healthy Working Wales resource: Gambling-related harm in the workplace

Healthy Working Wales, [Public Health Wales](#)
Gambling Harms Prevention Programme, [Public Health Wales](#)

Healthy Working Wales has launched a new online resource to help employers and managers understand, prevent and respond to gambling-related harm in the workplace. The new topic page provides practical guidance, information and support to help organisations create healthier, more supportive working environments.

Gambling-related harm can affect people in different ways and may impact financial wellbeing, mental health, workplace performance and relationships. While gambling-related harm is often hidden, workplaces can play an important role in prevention, early intervention and supporting employees to access help.

The new resource explores common workplace risk factors, including financial pressures, workplace

stress, the accessibility of online gambling and the normalisation of gambling through advertising and social activities. It also explains why gambling-related harm should be approached as a health and wellbeing issue rather than a matter of personal responsibility or moral failing.

Designed for employers and managers, the resource includes practical advice on:

- Reducing stigma and increasing awareness
- Recognising signs that an employee may need support
- Having sensitive and confidential wellbeing conversations
- Developing clear workplace policies and support pathways
- Supporting employees affected by their own gambling or someone else's gambling
- Responding appropriately where there are immediate wellbeing or safeguarding

concerns

The webpage also shares information about specialist support available across Wales that organisations can signpost employees to when support is needed.

As gambling-related harm can affect employee wellbeing, attendance, productivity and workplace relationships, taking a preventative approach can benefit both individuals and organisations. By increasing awareness and creating supportive workplace environments, employers can help reduce stigma and encourage people to seek help earlier.

Find out more and access the new resource on the Healthy Working Wales website: <https://healthyworking.wales/topic/gambling-related-harm-in-the-workplace/>



Practice

Wales Council for Voluntary Action (WCVA) Advisory Panel

Wales Council for Voluntary Action (WCVA)

We are looking for people who can demonstrate independence from gambling industry funding or influence, and from, or who have experience of working with, communities considered to be at high risk of gambling-related harm. This includes people experiencing financial hardship, social

isolation or poor mental health, people with experience of the criminal justice system, people with experience or lived experience of addiction, and people from migrant and ethnic minority communities.

As a panel member, you will:

- Review assessment recommendations
- Make decisions with clear reasoning
- maintain confidentiality
- bring your insight and expertise to discussions

Panel commitment:

- Meet once a year online
- Predicted commitment 2 days per year
- Panel members may serve for a maximum of nine years, typically structured as three terms of three years.

About the grant scheme:
Funded by Public Health Wales (PHW) and administered by WCVA, [the Gambling Harms – Voluntary Sector Grant](#) will strengthen Wales' capacity to prevent gambling-related harms through evidence-informed and community-led action. The fund recognises the vital role that voluntary organisations, community groups and social enterprises play in reaching communities, addressing inequalities and helping people thrive.

About the advisory panel:

The purpose of the Advisory Panel is to provide specialist insight, scrutiny, and informed decision making on funding recommendations presented by the WCVA Grants Team or another delegated assessment body. Panel members bring thematic or technical expertise to ensure that grant awards support high quality, impactful, and equitable projects that align with the aims of the grant scheme.

Please email us to let us know if you are interested in the opportunity (including any relevant experience) or any questions to phwgrants@wcva.cymru

Grapevine





Taking action on gender inequalities in Wales will have positive impacts on poverty and health equity

Cerys Preece, [Principal Public Health Practitioner, Health Inequalities, Policy and International Health, WHO Collaborating Centre on Investment in Health and Wellbeing, Public Health Wales](#)

Child poverty and health inequalities have been entrenched within Wales for generations, with most recent figures showing that 1 in 3 children under the age of four live in poverty, and healthy life expectancy rates are in decline for both men and women.

Now a new report, commissioned by Public Health Wales from Liverpool John Moore's University, shows the influence that gender has in terms of how resources, risks and opportunities are distributed over the life course, have impact as a structural driver of poverty and health inequalities.

The report, [Why Gender Matters: Child Poverty and Health Inequalities](#), examines the impact of how gender inequality contributes to child poverty and poorer health throughout life. It shows that gender equalities

across power, income and opportunities have a direct impact on children's living standards, as women often absorb financial strain within households.

The report demonstrates how gender inequalities exacerbate across the life course, starting with the impact of becoming a parent. The economic consequences for women of having children change across the life course, such as childcare costs, limited state support in the early years, and unequal take up of parental leave, known as the 'motherhood penalty'. By contrast, men's economic outcomes tend to be insulated from fatherhood. Also in the working world, women are overrepresented in part time, low paid and insecure roles. In later life, there are gender gaps in savings, wealth and pensions are compounded, impacting the long-term financial security of women.

In addition, women take on a disproportionate share of unpaid caring work, whether this is for the early years or in caring for older parents. The risk of poverty is also increased where gender intersects with other inequalities, such as the size of families, disability, ethnicity and households that are already struggling with the cost of living. While work has traditionally been seen as protecting families against poverty, the proportion of working households who are in poverty has been steadily increasing over more than a decade.

The report highlights areas where action taken to reduce gender inequalities would help reduce wider health inequalities across society. Investment in the care economy throughout the life course, including in childcare and early years provision, is central to reducing gender inequalities. However gaps

in affordable, flexible and accessible childcare continue to limit women's ability to enter and progress in the labour market. International evidence demonstrates that ongoing investment in high quality childcare is needed alongside fair, secure work and adequate parental leave.

wellbeing for families across the country.”

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Jo Peden, Consultant in Public Health for Public Health Wales, said: “We know that financial wellbeing drives better health and a prosperous economy, and that secure and fairly rewarded work that pays a living wage is good for our health.

“This report clearly demonstrates the need for joined up, system-wide action on gender inequalities to reduce health inequalities in communities across Wales, by providing good quality affordable childcare, social care and family support.

“Women's economic security means secure and fairly-paid employment in roles across the workforce, not just in sectors associated with low pay and insecure work.

“While policy decisions can influence caring norms, it is vital that this is reflected and aligned within workplace practices and wider cultural expectations as this will ensure ongoing impact.

“By using a gender lens to look at health inequalities in Wales, this report demonstrates that taking action to reduce gender inequalities will have a tangible benefit in improving



Practice

What approaches can facilitate active ageing and social connections?

Zsafia Szekeres, Research Associate, Centre for Health, Activity and Wellbeing Research, Cardiff Metropolitan University

At the [Centre for Health, Activity and Wellbeing Research](#), one of the focuses is to support active ageing and strengthen social connectedness within our communities. Over the past five years, we have contributed in the development and evaluated two programmes designed to help older adults become more physically active, socially engaged, and connected to their local communities.

Physical inactivity is a major contributor to disability, loss of independence, and reduced quality of life in later years. Many older adults face barriers to participation, including low confidence, limited motivation, lack of awareness of local opportunities, or simply not having someone to take part with. Research shows that even small increases in

daily movement and regular trips outside the home can improve health and wellbeing, making community-based interventions an important tool for healthy ageing.

The Active, Connected, Engaged (ACE), known as ACTIF in Wales, was a large multisite randomised controlled trial that evaluated a peer volunteer-led programme for older adults at risk of mobility disability. The intervention aimed to encourage participants to become more physically and socially active through engagement in community-based activities, helping to prevent or slow age-related functional decline.

Delivered between 2022 and 2025, the programme supported participation in physical, social, and meaningful activities through trained peer volunteers.

The study examined whether ACE/ACTIF could prevent declines in lower-limb physical function and whether a volunteer-led active ageing programme could be delivered effectively and provide value for money.

Participants were recruited through 58 GP practices across Greater Manchester, Stoke-on-Trent, Cardiff and the Vale, and Bristol, alongside community organisations and outreach activities. In total, 528 adults aged 65 years and over took part, supported by 227 peer volunteers aged 50 years and over. The study demonstrated the potential of volunteer-led approaches to promote both physical activity and social engagement among older adults.

Our second project, Active Lives, Agile Minds, focused on promoting physical

activity and cognitive wellbeing among older adults from ethnically diverse communities through the Movement Inspired by Martial Arts (MIMA) programme.

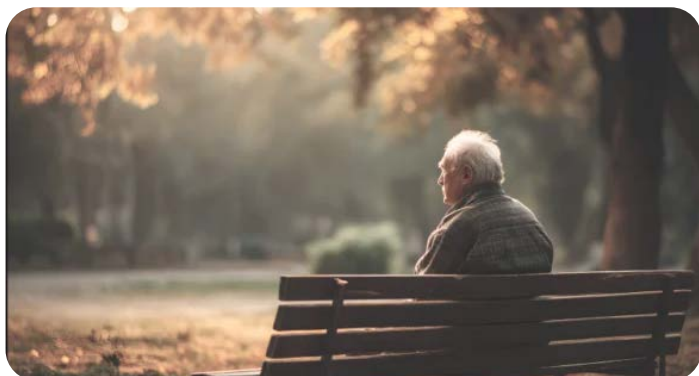
Together, the ACE/ACTIF and MIMA programmes highlight the value of community-centred approaches in supporting active, healthy, and connected ageing.

Using a co-production approach, older adults, healthcare professionals, and community organisations worked together to design the programme. Workshops, system-mapping exercises, and taster sessions helped shape a culturally relevant and accessible intervention. The pilot programme was delivered in partnership with Women Connect First and evaluated using questionnaires, focus groups, instructor reflections, and physical function assessments. Seventeen women participated, with an average age of 67 years. Participants reported positive experiences, highlighting improved social interaction, flexibility, and balance. Although changes in physical performance measures were not statistically significant, 78% improved their walking performance and 56% improved chair-rise performance over the three-month programme.

The project demonstrated that co-production and strong community partnerships can enhance recruitment, engagement, and programme acceptability. Future work will focus on scaling up MIMA, evaluating its effectiveness and adapting it for people living with dementia and their carers.

Videos





Adversity and Health in Later Life: Insights from Research in Wales

This webinar highlighted the impacts of later life adversity on older people's health and well-being, presenting key findings from recent studies undertaken by Public Health Wales.

Watch



Building Health into Decision Making: Health Impact Assessment (HIA) and the HIA Regulations for Wales

This informative and practical webinar introduces the Health Impact Assessment (Wales) Regulations 2025, ahead of their implementation in April 2027.

Watch



Developing and Implementing a National Gambling Harms Prevention Programme for Wales

This webinar examined why a population-level public health approach is essential, how evidence and lived experience will continue to inform programme development, and the importance of partnership working in creating sustainable change.

Watch

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Next Issue: Special Perspectives Edition – Health Inequalities in Wales



To mark the start of our webinar mini-series on Health Inequalities we are trying something a little different for our October e-bulletin that will showcase the diverse perspectives and experiences of our network members. We invite colleagues from across all sectors to submit a short reflection (300-500 words) in response to the question:

“What will make the biggest difference to reducing health inequalities in Wales over the next five years?”

We are interested in hearing your thoughts through the lens of your role, experience and expertise. Your contribution will help stimulate discussion, encourage peer learning, and strengthen collaboration across the network.

To help get you started, you might like to think about some of the questions below:

- What is the single biggest opportunity for reducing health inequalities in Wales?
- What do we need to do differently?
- What should we stop doing?
- What capability, partnership or approach is most needed?
- What gives you hope for the future?

We look forward to hearing your reflections and sharing them with the wider network in our October edition.

Our [article submission form](#) will provide you with further information on word count, layout of your article and guidance for images.

Please send to publichealth.network@wales.nhs.uk by 15 October 2026.

Contribute