



# CONTENTS

- 3 Introduction**
- 4 Beacon Counselling Trust's Offer**
  - Treatment and support
  - Early intervention and education
- 7 Risk Factors**
  - The four key categories attributable to gambling risk factors
  - Stigma
  - How do these risk factors apply to Beacon Counselling Trust's professional experience?
- 9 Biological Factors**
  - Genetic influence on gambling-related harms
  - Cognitive Impairment
  - Parkinson's Disease
  - Schizophrenia
  - Bi-polar Disorder
  - The Brain's Reward Pathway
- 11 Early Life Experiences and Gambling**
  - The Opioid and Dopamine system
- 13 Introductory Influences**
- 14 Maintenance and Accelerating Factors**
- 15 Gambling-related Harms**
- 16 Conclusion**
- 17 References**

# INTRODUCTION

**Beacon Counselling Trust aim to support individuals to find happiness, stability and sustained recovery following difficult challenges in life. By receiving the appropriate support, at the right time, individuals can significantly improve their outlook, self-esteem, mental health, and overall wellbeing.**

For structured interventions to be effective, particularly when working with gambling addiction, it is important that we firstly understand an individual's life story, and the journey they have been on that has led them to struggle with their gambling. People don't just fall into an addiction; there are multiple internal and external factors at play that can make an individual vulnerable to developing an addiction to gambling. In this model we have incorporated all of the wider determinants to consider when understanding a person's situation and why their gambling has become harmful.

In order to support someone that is experiencing gambling harms, we ensure that our treatment and therapeutic support teams are fully trained in understanding biological factors, the impact of trauma and ACEs, external and societal influences, as well as risk and maintenance factors within gambling behaviour.

Being able to work with an individual to process and understand their childhood, adverse life experiences, and environmental

and social conditions, puts them at a much higher chance of achieving long-term recovery. By understanding the contributing factors, an individual is better placed to then be able to process their own emotions and experiences and put healthy goals in place for their future, to help mitigate negative thoughts, feelings, or behaviours from continuing.

Allowing a client to feel comfortable enough to work through these topics in therapy takes time, which is why therapeutic rapport is always at the heart of our work. Building trust and having a personable and empathetic approach is vital to be able to work with the deep-rooted causes that often lie at the core of addiction. To truly facilitate recovery with a client, we believe therapists should also work with a trauma-informed approach, and should have extensive knowledge in the multi-layered factors at play that can cause, and maintain, gambling-related harms.



**The team at Beacon Counselling Trust have built this Wider Determinants of Harmful Gambling Model based on knowledge from our team's personal experiences working with individuals that have been at-risk of, or experienced gambling-related harm, and their affected family, friends and partners.**

**Beacon Counselling Trust have worked with individuals that have experienced gambling harms for many years and have supported thousands of individuals that have been impacted by the issues gambling can cause. Alongside personal and anecdotal evidence, the model was built and supported by a wealth of current literature and research into addiction, gambling, and the range of different risk factors.**

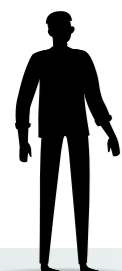
# BEACON COUNSELLING TRUST'S OFFER



# TREATMENT AND SUPPORT

**There is no wrong door for an individual to refer into our service. Whether they refer themselves or it is facilitated via a professional, they will be booked in for a comprehensive assessment which will cover all the themes within this Wider Determinants Model.**

Our assessment team will gain information on the individual's relationships and support networks, previous trauma or distressing life events, their mental and physical health, their gambling behaviours, and the risk and maintenance factors that they recognise played a part in the development of their harmful relationship with gambling.



Following an **assessment**, the individual will be offered brief interventions, providing them with specialised advice and guidance around gambling, or 121 therapy to address their own gambling behaviour, or the impacts of another individual's gambling behaviour.

Sessions will be carried out using a psychosocial and trauma-focused approach. The therapy is **person-centred** and therefore the therapist will facilitate support to help the service-user achieve whatever goals they feel are important to them. Within these sessions, at the appropriate stage of treatment, psychoeducation is also provided, helping the individual to better understand their relationship with gambling and the wider determinants that may have contributed towards that.

## FAMILIES SUPPORT PROGRAMME - 'THE SIX TO TEN PROJECT'



BCT offer a families support programme called 'The Six to Ten Project' which can be offered alongside, before, or after treatment, for anyone that has been affected by another individual's gambling. It offers practical and holistic support to those that are dealing with additional problems that cannot always be dealt with in therapy, such as legal issues, housing, financial difficulties, advocacy work etc.

Following treatment, individuals are offered a menu of aftercare support, as we understand the importance of social connection and check-ins regarding self-motivation, general wellbeing, and relapse prevention work in order to support long-term recovery. Our aftercare allows those in recovery to connect with others that share similar experiences. Our aftercare support is facilitated by peer support workers who also have lived-experience of gambling-related harms.



Service-users may be offered additional **couples therapy**, to address the issues gambling has had within their relationship. Beacon Counselling Trust also offer a wealth of programmes aimed at more at-risk or vulnerable groups, including affected others, South Asian communities, those bereaved by suicide, and veterans.

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## TREK THERAPY

Part of our aftercare offer is our free 'Trek Therapy' programme, which involves walking activities for individuals of all fitness capabilities with qualified outdoor and mental health professionals to improve mental and physical wellbeing.



# EARLY INTERVENTION AND EDUCATION

**Beacon Counselling Trust offer a wealth of early intervention, community-based programmes aimed at more at-risk or vulnerable groups, including affected others, South Asian communities, those bereaved by suicide, veterans and individuals that have been involved with the Criminal Justice System.**

## THE WORKPLACE CHARTER

Beacon Counselling Trust, in partnership with Unite the Union, have developed a 'Workplace Charter to Reduce Gambling Harms'. The charter, which sets out seven key principles for employers to improve health and wellbeing in the workspace, aims to provide policies and support to place gambling-related harms alongside mental health and substance misuse as public health issues.



## BET YOU CAN HELP

BCT deliver several education and training programmes led by the 'Bet You Can Help' programme. The 'Bet You Can Help' (BYCH) training programme aims to educate learners, using an accredited, uniform, and consistent set of messaging regarding Gambling Related Harms (GRH) and the associated issues, through an ethos that emphasises a Public Health Approach. This is a first of its kind Level 2 qualification, accredited by the Royal Society for Public Health. This offer consists of two different courses, a one hour 'Bet You Can Help Now!' introductory session and the accredited full day programme.



## VETERANS PROGRAMME - 'BATTLING THE ODDS'

This programme engages with the armed forces community and its leadership to develop their understanding of the links to gambling-related harms, whilst promoting access to specialist treatment and support. A core element of this programme is to develop relationships and provide gambling related harms training to the armed forces community including those currently serving within the army, air and naval forces, unit associations and key services and organisations that engage with the AFC including families, cadets, and veterans.

## SOUTH ASIAN PROGRAMME - 'BREAKING THE SHARAM'



Our 'Breaking the Sharam' programme provides support and specialised interventions to individuals that are of a Muslim or South Asian background. It allows them to have conversations and receive support from a Community Connector from their community, who also has lived experience of gambling, that is culturally and linguistically sensitive and relevant.

## CRIMINAL JUSTICE PROGRAMME - 'ARRESTING HARMFUL GAMBLING'

Our education and early intervention work within the Criminal Justice System involves:

- Supporting professionals working within the criminal justice system to develop their knowledge and understanding of gambling-related harms and its links to criminality
- Promoting and supporting initiatives and professional practices that incorporates early intervention in relation to the Integrated Offender Management framework concerning gambling-related harms
- Increasing the numbers of offenders at-risk of gambling-related harms in accessing the National Gambling Treatment Service

## YOUNG PEOPLE'S GAMBLING HARM PREVENTION PROGRAMME

BCT deliver the Young People's Gambling Harm Prevention Programme in partnership with GamCare. This FREE offer provides workshops for young people aged 10 to 19, training for professionals working with young people, as well as training for parents and carers.





# RISK FACTORS

There are a range of associated risk factors that contribute to someone being susceptible to gambling-related harms. Risk factors can be defined as ‘any behavioural, hereditary, environmental, or other consideration which increases the likelihood of developing a disease or disorder, or becoming involved in dangerous situations...’ (Sam, 2013).

According, to the UK Charity, ‘Action on Addiction’ (2022), 1 in 3 people worldwide are estimated to be addicted to something, which can come in the form of a substance or behaviour. Addiction is defined as the ‘chronic dysfunction of the brain system that involves reward, motivation, and memory. It’s about the way your body craves a substance or behaviour, especially if it causes a compulsive or obsessive pursuit of “reward” and lack of concern over consequences.’ (DSM-IV, 2013). The term ‘behavioural addiction’ refers to a compulsion to engage in a natural reward, which is a behaviour that is inherently rewarding (i.e., desirable or appealing) despite adverse consequences.

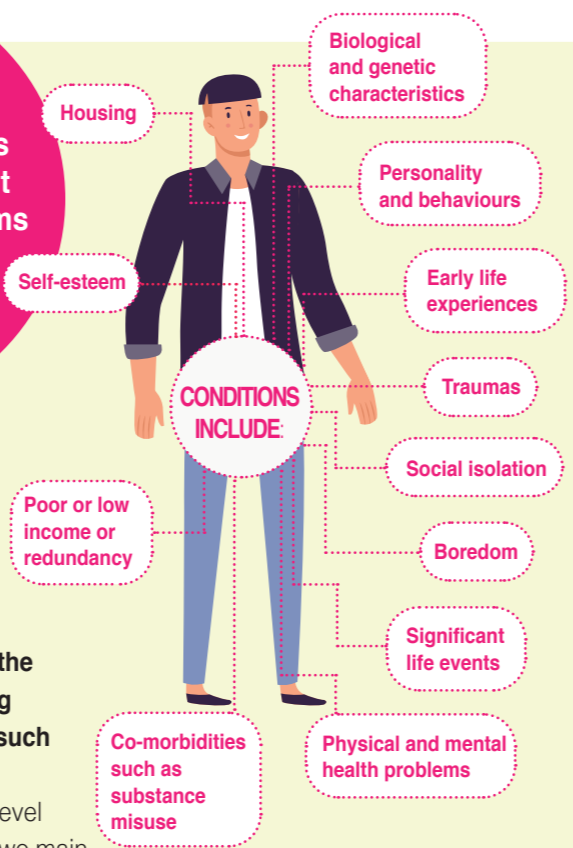
The impulsivity and compulsion elements of harmful gambling is comparable with other addictions, such as substance misuse and eating disorders. Gambling is listed within the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as a behavioral addiction, and is therefore classified as a mental health disorder.

Public Health England (2021) conducted a comprehensive systematic literature review of risk factors concerning harmful gambling. This review considered the wider determinants of gambling-related harms as framed within a socio-ecological perspective and referenced a wide range of potential risk factors. This perspective is emphasised by the theory that a person’s health and related behaviours are affected and changed by their immediate relationships, environment, and by broader social, political, and economic conditions.

The findings from this umbrella review identified 45 potential risk factors in total that are relevant to gambling-related harms and categorised these key features under four main headings.

## 1 INDIVIDUAL CONDITIONS

The conditions increase the likelihood of experiencing gambling-related harms such as an early or significant gambling win. Individual level conditions are relevant in two main forms and are identified as ‘distal’ and ‘proximal.’ Distal risk factors are pre-existing influences that contribute to formative development before gambling occurs, for example, an individual’s gender or ethnicity. Distal risk factors can be positively addressed in time and issues modified through appropriate interventions such as talking therapies, motivational interviewing, and cognitive behavioural therapy (CBT). Proximal risk factors are associated with a person’s situation such as their employment, residence, or health. Both distal and proximal conditions can contribute to the level of gambling harm experienced by an individual.



## 2 FAMILY OR SOCIAL CONDITIONS

Family and social factors refer to an individual’s close social network, including family, friends, peers, workmates etc. The conditions of these social networks can have positive or negative influences, such as pregnancy, bereavement, divorce, relationship breakdowns, as well as intergenerational/interpersonal relationships relating to parental and peer gambling.



## 3 COMMUNITY CONDITIONS

Community conditions exist in settings where social relationships occur, such as schools, workplaces, and neighbourhoods. Certain settings may promote or provoke gambling harms, and some may therefore be referred to as ‘gamble-agenic environments’ e.g., workplaces, leisure settings, clubs, and homogeneous group structures i.e., the armed forces community.

# THE FOUR KEY CATEGORIES ATTRIBUTABLE TO GAMBLING RISK FACTORS

## 4 SOCIETAL CONDITIONS

Societal conditions include ease of access to gambling venues. These societal conditions can be factors such as social, economic, and cultural norms, as well as health, educational, and social policies that contribute to economic and social inequalities between populations. Another example of societal conditions is gambling industry practices that incentivise gambling. This can be done through marketing and advertising techniques such as free bets and VIP incentives.



The key findings from the meta-analyses discovered that 33 of the 45 risk factors for gambling harms exist within the ‘individual conditions’ level, suggesting that individual risk factors may have the most significant relevance when understanding what contributed towards putting some at-risk of gambling harms.

## STIGMA

When looking at all of the four conditions, we cannot ignore the role they can often play in the stigmatisation of gambling addiction. Those who struggle with gambling addiction often experience a large amount of shame and guilt due to their behaviour, and this can often be exacerbated by individuals around them, as well as the culture and society they live in.

Many individuals experience a lack of understanding from people in their personal life about what a gambling addiction is. Some people may view gambling as a result of a lack of willpower, or ‘bad character, and it can be particularly disheartening for those struggling with their gambling to be told to ‘just stop’ by those around them. These beliefs contribute to the feelings of shame and guilt, and therefore stigmatise the individual.

Furthermore, the normalisation of stigmatising language, such as ‘problem gambler’ used on an individual and cultural level, can also add to feelings of shame, and further prevent individuals from speaking openly about their gambling and asking for support.

## HOW DO THESE RISK FACTORS APPLY TO BEACON COUNSELLING TRUST’S PROFESSIONAL EXPERIENCE?



Beacon Counselling Trust practitioners often encounter the above risk factors when engaging with service-users.

A common thread often recognised by educators, early intervention and therapeutic practitioners is that those experiencing, or at risk of, gambling harms describe a wide range of

characteristics that are rooted in personal experiences. These personal experienced often involve past traumas, adverse childhood experiences (ACE’s), relationship issues, financial difficulties, co-morbidities, negative self-identity, boredom, attachment issues and a lack of positive social networks.

In practice it is often these complex situations that service-users need to work through to cognitively address the correlations these issues are having regarding their level of harm and risk on their associated with their gambling.

# BIOLOGICAL FACTORS

**Biological factors that influence the risk of gambling-related harms are closely intertwined with environmental and relational factors, as both these aspects have a direct and significant impact on the biological development of the brain, and biological functionality.**

Attachment research is significant in understanding the long-term biological impact of negative or traumatic early relationships, and the link to increased risk of addictive behaviour. When the child / adult bond is disturbed by relational trauma, it can interfere with development of the brains stress-regulation system.

Without the ability to regulate oneself internally; as adults, people are more likely to turn to external methods of regulation, such as gambling, alcohol, or drugs (Maté, 2008).

Childhood adversity has been shown to have a biological and neurological impact. Imaging studies on individuals with severe childhood trauma show changes in some areas of the brain – including the pre-frontal cortex (cognitive control functions) and hippocampus (learning and memory).

Dysfunction in these areas can occur as a result of traumatic experiences during childhood. Such developmental deficits are associated with increased risk factors for addiction in adulthood. Studies indicate that traumatic symptoms can be epigenetically transferred (Yehuda and Lehrner, 2018).

## GENETIC INFLUENCE ON GAMBLING-RELATED HARMS

Research suggests a genetic predisposition for development of pathological gambling. Specific genes have been linked to gambling disorder, suggesting that people may be more genetically inclined to become addicted. These genetic variants can be passed down, suggesting that gambling addiction can

be inherited. Evidence from studies comparing habits of twins suggest that gambling disorder can be hereditary; identical twins who were gamblers exhibited higher rates of gambling addiction than non-identical twins (Gateway Foundation, 2022).

## COGNITIVE IMPAIRMENT

Individuals with neurocognitive disorders and acquired brain injuries are also particularly vulnerable to the risk of developing gambling-related harms. It is suggested that

individuals most at risk are more prone to making impulsive decisions, thought to be due to an interaction of cognitive and neurological factors (Blaszczynski et al., 2014).

## PARKINSON'S DISEASE

Impulse control behaviours, including the onset of gambling disorder, have been identified as an issue for some patients. This is directly associated with the use of dopamine agonist medication in Parkinson's treatment. It is suggested that such medications

interact with an individual's underlying susceptibility and personality traits. Studies indicate cognitive impairments, in particular frontal lobe dysfunctions, are predictive of gambling disorder with Parkinson's disease (Heiden, Heinz and Romanczuk-Seiferth, 2017).

## BI-POLAR DISORDER

Research shows a connection between Bi-Polar Disorder and gambling addiction; associated with the impulsive, risk-taking nature of the manic phase and extreme lows of the depressive phase (McIntyre et al., 2007; Varo et al., 2019). It is thought

individuals with Bi-Polar Disorder may engage in gambling to manage shifts in mood, between mania (excitement and risk taking), and hypomania (managing low-mood through activation of the brains reward system).

## SCHIZOPHRENIA

Data suggests that individuals with schizophrenia are at least three times more likely to experience gambling harms, or gambling disorder, than the general population. Individuals with either schizophrenia and/ or gambling disorder, show disturbances in motivational

and reward-directed behaviours, thought to be related to abnormal dopamine function. Serotonin dysfunction has also been implicated in schizophrenia and gambling disorder (Cunningham-Williams et al., 1998; Desai and Potenza, 2009).

## THE BRAIN'S REWARD PATHWAY

**Our brains are attracted to behaviours that rewards us, resulting in a feeling of pleasure, when the 'reward pathway' releases dopamine into the emotional region of the brain.**

Addictive substances and behaviours, such as gambling, stimulate the brains reward circuit, flooding it with dopamine. The brain becomes overwhelmed eliminating dopamine receptors, producing less.

This reduction impacts the reward centre and so more gambling is needed to get the desired dopamine 'high', as tolerance increases. The anticipation of winning or a 'near miss' is as activating to a gambler as a win, reinforcing an individual's motivation to continue gambling despite their losses.

Over time, the brain may become 'wired' to gamble. The area of the brain that manages 'impulse control' weakens, making it difficult to resist urges, or control gambling behaviour despite the negative consequences, or a desire to stop.





# EARLY LIFE EXPERIENCES AND GAMBLING

**An individual’s experiences within childhood will shape their personalities, outlooks, thoughts, feelings and behaviours within their adolescent and adult life. It is therefore an important factor to consider when we try to understand addiction and risk-taking behaviours in later life.**

Adverse Childhood Experiences (ACEs) refer to distressing/traumatic experiences within an individual’s childhood that can impact their growth and development. An individual that experiences ACEs is significantly more likely to struggle with negative emotional, physical, and behavioural problems later in life, with one of these problems being gambling addiction (Mohammad et al., 2013). The more ACEs an individual experiences, the more likely they are to struggle with mental health issues and engage in risk-taking behaviours, such as gambling. ACEs have been found to be the number one risk factor for addiction in adolescence and adulthood (Kara et al., 2011).

There are many reasons why negative early life experiences can contribute towards the development of gambling addiction later in life. Some individuals who have experienced ACEs develop unhealthy coping mechanisms, as those who have experienced trauma find it difficult to regulate their emotions (Aideuis, 2007) and therefore turn to different forms of escapism or disassociation, which gambling can provide (MacLaren, Ellery and Knoll, 2015).

The link between trauma and gambling is further supported by Nixon et al., (2013) who found that several participants gambled

as it gave them the illusion of control, which temporarily took them away from their fragile sense of self. Their fragile self-identity was caused by trauma, which can lead to an individual feeling they cannot control their emotions or behaviours. Gambling provided these individuals with a false sense of control. Because these individuals have been unable to regulate their emotions internally, they turn to external factors to help them do this instead.

If self-regulation and self-soothing is not modelled by caregivers to a child, or if emotional neglect occurred during childhood, as they get older the individual lacks trust in their own ability to handle difficult situations and may also lack trust in those around them. Therefore, to self-soothe or disconnect from stressful events or difficult emotions, they are more likely to use forms of escapism such as gambling. Interpersonal childhood trauma (e.g., abuse, neglect, witnessing intimate partner violence) will often result in difficulties forming healthy relationships, and this lack of social connection and isolation has also been linked to an increased likelihood of addiction (Singh, Davis, and Wang, 2022). The individual can become bonded to their addiction as they struggle to form or maintain meaningful social bonds.

**To relate this to what happens to a child’s brain physiologically when they have experienced ACEs, exposure to trauma reduces the number of opioid and dopamine receptors which puts individuals at a higher risk of developing addiction later in life. Happy, safe and attuned relationships with caregivers in childhood release dopamine and natural opioids (Schore, 2001; Machin and Dunbar 2011).**

This promotes the attachment and development of the infant’s opioid and dopamine systems. These are the systems involved in mediating love, connection, pain relief, pleasure, incentive, and motivation. Individual’s that have not had the ability to fully receive dopamine or opioids as a result of interpersonal trauma, are more likely to seek dopamine and opioid release from bingeing in addictive/risk-taking behaviours in later life. Childhood trauma reduces opioid release and dopamine receptors, leading to insecure attachment styles in adults and a higher risk of developing addictions later in life (Nummenmaa et al., 2015).

**“The opposite of addiction is not sobriety; the opposite of addiction is connection”**

– Johann Hari (2018).



It is also important to note the influence of a caregiver’s behaviour on a child. As children grow and learn from their environment, they are extremely susceptible to the behaviours of those around them. Therefore, growing up in an environment in which gambling is seen as a common activity by adults in their lives, the individual is more likely to be drawn to gambling environments themselves as they get older. Watching adults around them celebrate gambling wins, or talk regularly about gambling, normalises the behaviour and makes the child much more susceptible to wanting to gamble when they are older. This therefore increases the risk of them experiencing gambling harms in later life, particularly when other risk factors are at play.

The research and evidence cited here only provides further support for what the clinical and treatment team within Beacon Counselling Trust have consistently recognised within their work supporting those with gambling-related harms over many years. So often our teams speak to individuals that have experienced difficult childhoods, struggle with social isolation, have difficulties forming close relationships etc., and so often within treatment, our team will come to understand how these early life experiences had a snowball effect on the individual’s later life, leading to the development of gambling addiction in their adolescent or adult years.



# INTRODUCTORY INFLUENCES

How an individual is introduced to gambling can often impact a person's relationship with gambling moving forward. In British culture these introductions can often occur in childhood, and gambling behaviour is encouraged due to the normalisation within this culture.

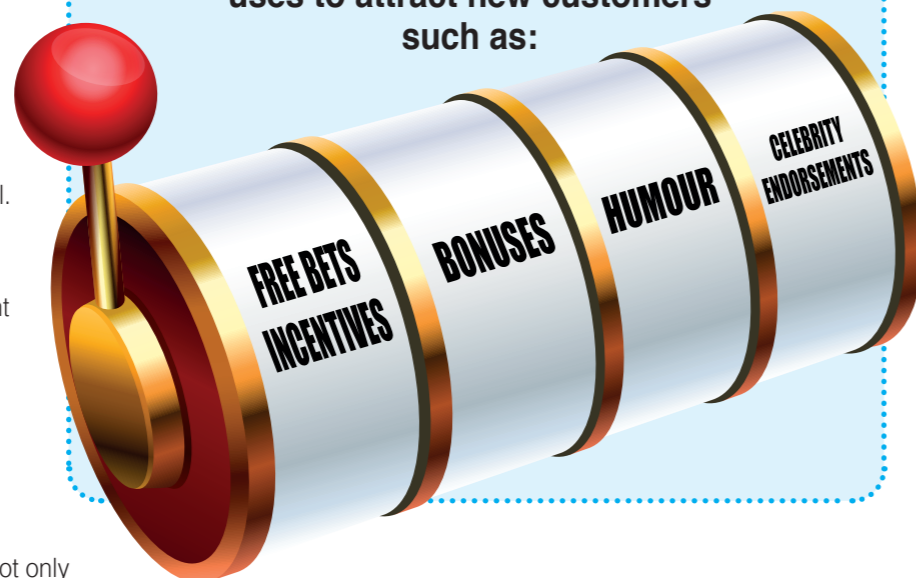
Gambling is often promoted and experienced as a legitimate social leisure activity for adults, shared with friends and family. Gambling products and marketing incorporate and encourage interaction with others, including through social media, ostensibly promoting social connection as part of the gambling experience (Gainsbury, Delfabbro, King, & Hing, 2016; O'Loughlin & Blaszczyński, 2018).

This is particularly true with the relationship between gambling and sport, especially football. Young people who follow sport from an early age are more likely to be aware of gambling operators and products due to the sheer amount of gambling references at live and televised sporting events. A study of the BBC's Match of the Day programme found that viewers were exposed to over 250 instances of gambling marketing per episode (Purves et al., 2020).

Learnt behaviour also plays an important role, not only with regards to the influence of a family member with their own gambling struggles, but also how any form of gambling in the family environment can lead to an increased risk in the development of gambling harms (Shead, Derevensky and Gupta, 2010).



The role of advertising for all ages is particularly influential due to the previously mentioned volume of gambling references, alongside the techniques the industry uses to attract new customers such as:



## What is a Gamble-agenic environment?

A gamble-agenic environment is the settings an individual, family or community live, work or socialise which can make gambling more permissive or even encouraged. This can be anything from gambling activities within the family home, gambling culture within the workplace, or within homogeneous groups i.e., peer groups, military, sports culture etc.

receive millions of views and many of the community create gaming content featuring gambling mechanics (Close and Lloyd, 2021).

The **Gamble-agenic environments** which have been created by the industry, government and individuals, have normalised the activity and facilitated gambling becoming ingrained in our culture.

Furthermore, the insertion of gambling into the social conscious has shown itself in a wide variety of social activities based around gambling events. This can be anything from a day out at the races, to a night at the bingo, or casino, as part of a social activity with friends, family or colleagues.

Consideration must also be given to the role of gateway activities, such as gaming, many of which contain mechanics associated with gambling such as loot boxes and are promoted by social media influencers on platforms such as YouTube, which are a huge part of today's youth culture. Popular YouTuber's videos can

# MAINTENANCE AND ACCELERATING FACTORS

There are several reasons as to why an individual may continue to gamble once the introductory period is over. Focus can be shifted to the way in which gambling activities and products are designed to keep customers engaged.

Whilst the traditional ideas of gambling such as sports betting and lotteries are still popular, technological advancements have given rise to gambling that uses computer generated graphics and animations, mixed with sounds, which makes the activity even more appealing to customers. We must also consider the speed and frequency in which consumers can now gamble. Bets that can be placed on digital machines, such as fixed odds betting terminals or online casino games/slots have a massive impact on the brain of the gambler, given the increased speed of play, and attractive visual elements. Such forms of gambling have been found to increase the risk of addiction (NetCen, 2018).



## SPEED OF PLAY

Gambling activities can differ greatly in terms of the speed in which they take place. Historically, games like the National Lottery occurred once or twice a week (in more recent years several further draws have been introduced) and when played in isolation, we identify these activities as having a slower speed of play.

Certain online activities such as casino games, bingo and slots, alongside gaming machines such as Fixed Odds Betting Terminals, or adult arcade games, offer players the opportunity to gamble frequently in a short space of time. Evidence suggests that frequent gambling interactions over a short period of time can impact the gambler in a number of different ways. Not only can the fast speed of play lead to more losses due to the large amounts of bets being placed, but it can also result in more difficulty stopping for those with a gambling addiction, compared to those without a gambling addiction (Harris and Griffiths, 2018). This evidence suggests that there may be certain types of gambling that are more dangerous than other traditional gambling activities, due to their high speeds of play.

It is also important to consider the motivations for continued gambling. This can often be the hope of a big win, with this financial reward being seen as a way of escaping an individual's current situation. Some will see gambling as a social reward, a way of 'fitting in' with their peers but also as a hobby, a challenge or a source of enjoyment. (Binde, 2013; Gambling Commission, 2022).



The way in which the gambling industry is regulated may also impact a person's likelihood to continue. Any regulations imposed on operators, such as the legislation for fixed odds betting terminals introduced in 2019, may alter gambling behaviours or lead participants to other forms of unregulated gambling.

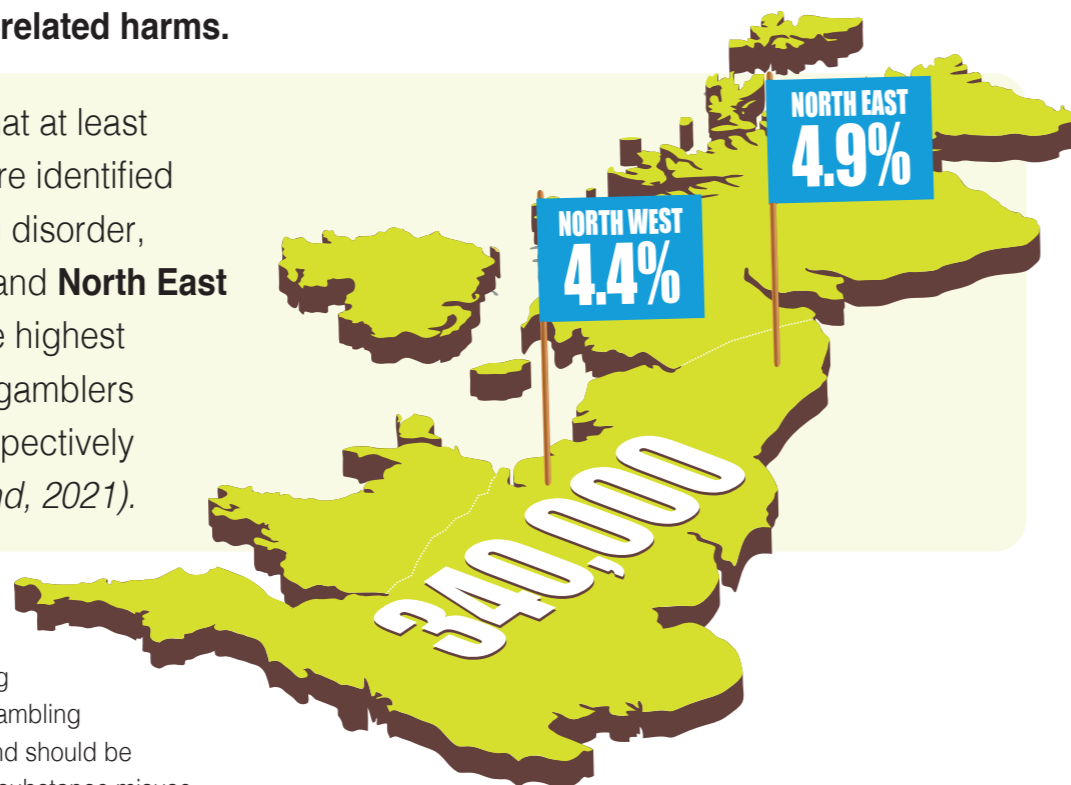
A key significant criticism of the gambling industry's products are their accelerating risk factors such as free bets, enhanced odds, incentive schemes, VIP exclusivity and expiry driven sign up offers.



# GAMBLING-RELATED HARMS

When we take into consideration all of the above factors, an individual is significantly more likely to be directly impacted by gambling-related harms.

Evidence suggests that at least **340,000** individuals are identified as having a gambling disorder, with the **North West** and **North East** of England having the highest prevalence of at-risk gamblers at **4.4%** and **4.9%** respectively (*Public Health England, 2021*).



When we combine the number of affected others, with those at-risk of or experiencing gambling harms, it is understandable that gambling is a serious public health issue, and should be taken as seriously as alcohol and substance misuse.



The impacts of gambling-related harms can vary from person to person and can be found in isolation or alongside other issues. Whilst many people associate gambling harms with financial distress, such as loss of earnings, debt etc., there are several other harms which must also be considered. As already discussed, evidence suggests that those who present with a gambling addiction are also more likely to have additional mental health conditions (*Public Health England, 2021*). Further to this, individuals affected by gambling-related harms are up to 15 times more at-risk of suicide than the general population (*Karlsson and Hakansson, 2018*).

The breakdown of relationships, and even domestic violence, are further prominent harms as a direct result of an individual's

gambling addiction. Criminality is another significant harm caused by gambling (*Ramanauskas, 2020*).

This is something we witness with service-users who access BCT at a point when they have been gambling for a long time, but have experienced missed opportunities from other professionals to offer support earlier on in their journey. This can be due to the professional's lack of awareness and understanding of gambling addiction and the support available, which could have prevented the individual from engaging in criminality. Impacts on employment and education is another prevalent harm of gambling which again can impact the family unit as a whole, and have a lasting impact on their physical and mental health.

# CONCLUSION

The aim of this Wider Determinants Model is to highlight the whole picture when understanding and supporting those experiencing gambling-related harms. The evidence-based factors contributing towards gambling harms highlighted in this model make it clear that this is a public health issue, and there are many different touch points through an individual's journey in which they can be supported to mitigate the risk of their gambling becoming harmful.

There is also a lot of work to be done to dismantle long held stereotypes such as 'people bring the problem on themselves', 'they could stop whenever they wanted to' or 'it is just greed that drives people to gamble'. In reality, the reasons why people develop an unhealthy relationship with gambling is complex and multifaceted. Based on the different factors highlighted in this model, there will be groups of individuals that are more vulnerable to developing harmful relationships with gambling. Therefore, by understanding the risk factors, we are able to target these vulnerable groups to educate and support them appropriately. At BCT we believe it is the responsibility of all individuals working within a public health, or supporting role, to understand the wider determinants of gambling-related harms, in order to breakdown the stigma and stereotypes, and to better support those that need it.

Our aim is to empower those struggling with these issues to regain control over their thoughts, emotions and behaviours by receiving the most appropriate support. Whilst individuals may not have control over their gambling, or the events that led to their gambling addiction, they do have control over how they react to the problem and the tools they put in place for themselves to recover. However, it is the responsibility of professionals working in helping roles to make people aware of the issue and the support available when it is needed.

With the right support at the right time, we believe recovery is achievable for anyone experiencing the harmful impacts that gambling can cause.



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