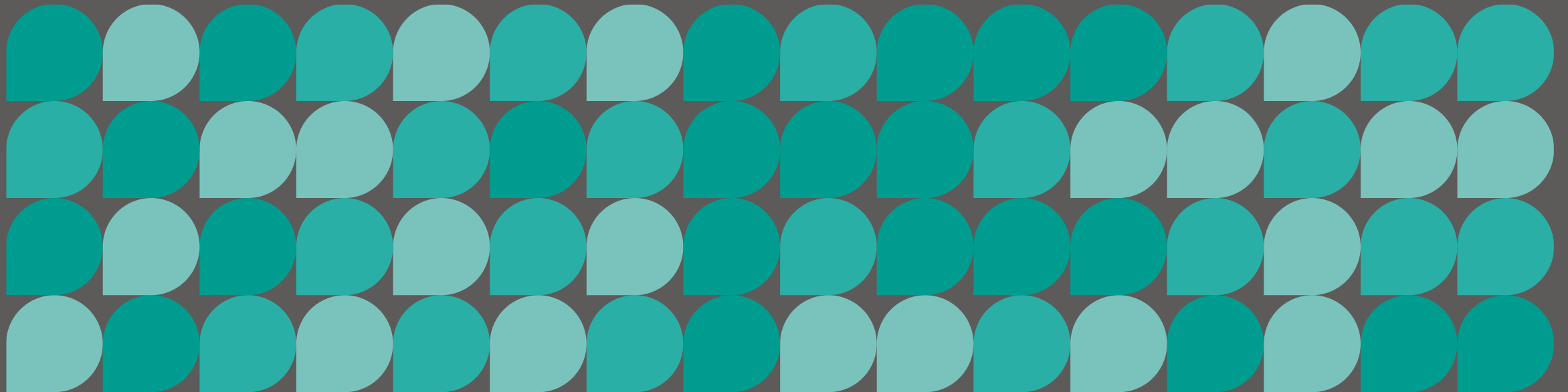


# Gambling Harms Action Plan

2023 – 2026



# Forward

*When Greater Manchester made a commitment to addressing gambling harms, the challenges it would face were clear. Today, gambling is everywhere – accessible and visible to all. And with this is the increased risk of harm.*

*At GaMHive – a lived experience group, set up with the aim to reduce gambling harms in Greater Manchester – we were involved in the preparation of the Strategic Needs Assessment. Not only did this represent alarming figures, but it also showed the real-world impacts of gambling. Importantly, not only to the people harmed directly by gambling, but also their loved ones.*

*With the clear indication of harm being caused in Greater Manchester, action must now be taken. Through this action plan it is hoped that this can be achieved in several ways. This includes effective treatment pathways, training, raising awareness of harms, campaigning for change and embedding a consciousness of gambling harms in all relevant areas of the community.*

*At GaMHive, we implore everyone to be a part of a movement to change the lives of people in Greater Manchester for the better.*

**GaMHive – voices of people with lived experience of gambling addiction and gambling related harms in Greater Manchester**

# Introduction

Under the current system, at least one in 15 residents of Greater Manchester are experiencing harm caused by gambling (1). Despite gambling being increasingly normalised in our society, gambling harms are often hidden or overlooked. Too many people are drawn into addiction, too many communities are harmed by gambling and too few people access appropriate help and support. In Greater Manchester we are committed to doing things differently to address gambling harms.

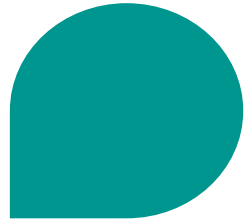
Greater Manchester has been leading the way nationally in the development of a city-region approach to gambling harms. This action plan outlines Greater Manchester's approach and describes interventions that will be implemented to prevent and reduce harm in Greater Manchester between 2023 and 2026. Local and regional leaders, decision makers and front-line teams across health, community, voluntary and public services will work together with clinical experts, the research community, people with lived experience, politicians and regulators to deliver this plan.



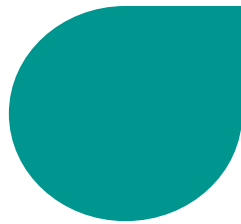
Image: a gambling premise in Stockport © GMCA 2023

Free bets and bet boosts have been shown to increase participation in gambling, with people gambling more than they had planned to.

# Our vision



**Our vision is for Greater Manchester  
to be a place where no-one  
experiences gambling related harms**



This will not be achieved overnight and progress towards this goal will require dedicated thought, time and resources. It is anticipated that as we lift the lid on gambling as an issue affecting our residents, we will uncover more harm in our communities as more people are screened and signposted towards help and support. A comprehensive monitoring and evaluation plan is embedded within this action plan to help understand the impact of interventions towards achieving this goal.

# Context

In 2020 the Greater Manchester Combined Authority (“GMCA”) received funding via a regulatory settlement from the Gambling Commission for a three-year pilot to develop the first ever city-region approach to gambling harms in the country. This initial exploratory phase included pilot projects to test and learn what a local approach could look like (summarised in case studies throughout this document) and established a baseline understanding of our knowledge and action on gambling harms in the [Greater Manchester Gambling Harms Needs Assessment](#).

Greater Manchester is one of the country’s most successful city-regions and is home to 2.8 million people. The ‘trailblazing devolution deal’ announced by Government in 2023 secures significant opportunities for Greater Manchester to deliver on our ‘Good Lives for All’ strategy which prioritises a fairer, greener and more prosperous city-region for all our residents (2).

The Good Lives for All strategy is delivered through collaboration between GMCA, Greater Manchester Integrated Care Partnership (GM ICP), the community and voluntary sector, Greater Manchester Police (GMP), Greater Manchester Fire and Rescue Services (GMFRS), Transport for Greater Manchester (TfGM) and the 10 borough councils (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan) of Greater Manchester.

Greater Manchester is now positioned as a national leader in the development of regional approaches to gambling harms with additional funding secured to sustain this work. This action plan will build on this momentum and allow us to continue be the trailblazer for approaches to gambling harms, whilst delivering positive change for our residents.

# Preventing and reducing gambling harms

The background features several overlapping, rounded shapes in shades of teal and light blue. A large, dark teal shape is on the left, partially overlapping a larger, light blue shape in the center. To the right, there is a smaller, medium teal circle overlapping the light blue shape. The bottom right corner is a solid dark teal shape. The overall aesthetic is modern and clean.

# Our approach

Gambling harms are complex, meaning that a comprehensive, evidence-based framework of local and national policies are needed to address the social, economic and commercial drivers of harm (3). These policies must be independent from influence by commercial entities such as gambling operators.

There is extensive evidence that large commercial entities actively shape how health issues are framed (4,5). The prevalent narrative around gambling is heavily influenced by a powerful industry lobby which focuses on ‘individual responsibility’ and messages promoting gambling as a safe and enjoyable activity (6). This approach deflects attention away from the deliberately addictive and harmful products and practices used by gambling operators to maximise profits, which are solely generated from customer losses. In the past, this has led to a narrow focus on unproven harm reduction interventions which stigmatise people who have experienced harms caused by gambling (7–9).

## What is a ‘place based whole system population health’ approach?

**Place-based:** organisations are encouraged to work together in a defined community or location, using local knowledge and insight to make best use of available resources to meet the unique needs of people who live there.

**Whole system:** issues affecting people and organisations, and the way they are experienced, are complex and interconnected. Whole system approaches seek to understand these interdependencies and work across all elements that influence an outcome, rather than focusing on single factors in isolation.

**Population health:** an approach to improve physical and mental health outcomes, promote wellbeing and reduce inequalities across an entire population, with a specific focus on the wider determinants of health (things like housing, employment and education).

# Our approach

Greater Manchester is committed to challenge the framing of gambling harms and will take a whole system population health approach to improve the health of all our residents, while reducing health inequalities. This approach will include action to reduce the occurrence of ill health, action to deliver appropriate health and care and action on the wider determinants of health (10).

The following principles underpin our approach to gambling addiction and gambling related harms:





# 1. Our work will be grounded in the best available evidence

All strategies and actions to prevent harms should be grounded in evidence of their efficacy, however tackling gambling harms is an under-research topic area (11,22), especially when compared to more traditional areas of population health such as sexual health and alcohol-related harm. To address this, Greater Manchester will take an innovative social research and data-led approach to understand needs within our communities, which will support the design, development and delivery of place-based interventions. Rather than allowing a lack of evidence to be an excuse for inaction, this is as an opportunity to contribute to the knowledge base, with a focus on showcasing outcomes and understanding gained through delivery using local, regional and national networks such as 'Good Lives Greater Manchester'.

Insight and evidence come in many forms and will rarely present with clear information about the impact of an intervention. Involving people with lived experience is a core to our approach in Greater Manchester (2) with a

commitment to provide a voice and space for lived experience to contribute and shape strategic priorities and place-based interventions on the ground. This has been proven to add value to delivery in the past and we will proactively seek input from people representative of the neighbourhoods served to better inform actions across Greater Manchester.

**GaMHive** has been formed by a group of people who've either directly suffered from a gambling disorder or who've been harmed by someone else's gambling. As a group, we use our experiences to break the stigma around gambling, while also demanding policy change that would see Greater Manchester become a national example with regards to preventing and reducing gambling harm. Click to watch the introductory film and visit the [GaMHive website](#) for more information.



# 1. Our work will be grounded in the best available evidence



## Case Study: Developing the GM gambling harms needs assessment

Although recognised as an issue, there was a lack of evidence and information about the extent and impact of gambling related harms in Greater

Manchester. A scoping study and literature review sought to identify the best available and independently produced evidence to inform Greater Manchester's first ever strategic needs assessment of gambling harms, which was published in May 2022.

Although this report provides a clearer picture of gambling related harm in our communities, significant gaps in our knowledge remain, such as understanding the true social and economic costs and how inequalities and gambling harms intersect. The full report is available online: [Understanding gambling related harms - Greater Manchester Combined Authority \(greatermanchester-ca.gov.uk\)](https://www.greatermanchester-ca.gov.uk/understanding-gambling-related-harms)

## Greater Manchester city-region actions

Review, refresh and update of GM gambling harms needs assessment in 2025/26 to reflect latest evidence and insight from local, regional and national research and data.

(GMCA)

Evaluation of programme delivery and impact to identify lessons learnt

(GMCA)

Advocate for independently funded and delivered research to address identified gaps in knowledge

(GMCA)

## Local authority and neighbourhood actions

In-depth community insight and reporting to provide new understanding of the relationship and impact of gambling at a neighbourhood level

(priority for: Oldham, Rochdale)

Collation of evidence and reporting to support regional evaluation activity

(all 10 boroughs)

# 2. Gambling can be a health harming activity for anyone

The Greater Manchester gambling needs assessment conservatively estimated that over 18,000 adults are living with a gambling addiction and 1 in 15 residents are experiencing gambling harms once the impact on affected others is considered (1). This places much of the burden of harms on families, friends and communities (11).

***“The scale and severity of the issues mean that gambling is a health issue that needs to be taken seriously”***

Sir Chris Whitty, Chief Medical Officer for England (12).

These harms can impact on health, both mental and physical, and the wider factors that are essential to good health and wellbeing, including social relationships, finances, housing and energy security, employment, and education.

## Greater Manchester city-region actions

Development of a young people’s education package (for 11-13, 14-16 and 18+yrs) in partnership with schools, colleges, universities and education providers  
(GMCA)

Design and promotion of public awareness campaigns, developing the pilot ‘Odds Are: They Win’ campaign for new target audiences  
(GMCA)

## Local authority and neighbourhood actions

Contributing to the development of education packages and promoting to schools, colleges and universities  
(priority for: Manchester, Rochdale, Salford, Stockport, Tameside, Trafford, Wigan)

Promotion and amplification of campaign materials within communication activities, for example, digital inclusion programmes and financial aid and support campaigns  
(all 10 boroughs)

# 2. Gambling can be a health harming activity for anyone

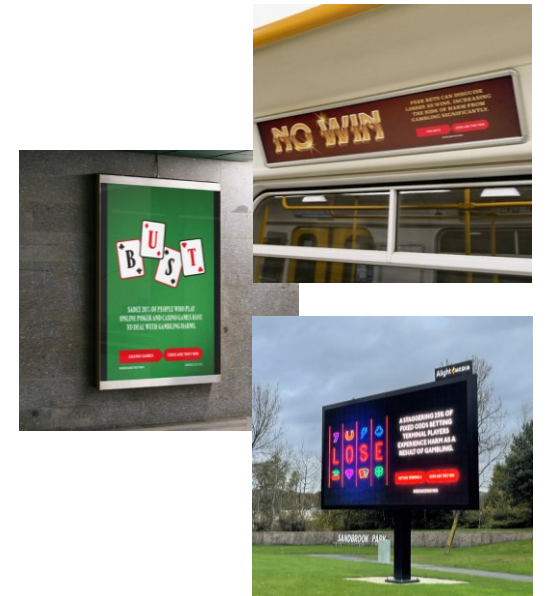
## CASE STUDY Odds Are: They Win

This campaign was developed to raise awareness of how gambling products and practices can cause harm, moving away from narratives of personal responsibility, reflecting recent research evidence that has highlighted that industry-funded messaging (“when the fun stops, stop” and “take time to think”) is insufficient at preventing harm, and can contribute to stigma (13).

Our target audience was men aged 18-40 and the campaign was deployed ahead of, during and after the 2022 Football World Cup using a range of digital and out of home channels. With a relatively modest budget, the digital advertising led to over 2.5million digital impressions, reaching 1.4million people with 250,000 video views, generating 16,000 visits to the campaign information page. The number of people accessing our information on support and treatment for gambling harms surged with views for the first six weeks of 2023 almost the same as the whole of 2022.

The Odds Are: They Win campaign was shared across the country with significant positive feedback from public health and clinical experts recognising the value of an independent campaign to raise awareness of how gambling products and practices can cause harm.

For more information about the campaign, to download campaign assets and a full summary report of learning and insights from campaign delivery visit [Odds Are: They Win - Greater Manchester Combined Authority \(greatermanchester-ca.gov.uk\)](https://greatermanchester-ca.gov.uk/odds-are-they-win)



# 3. Harms are not equally distributed and can exacerbate existing inequalities

Gambling is an inherently risky activity, however not all products and practices carry the same risks of harm and addiction (13). Some products are specifically designed to keep customers playing for longer and spending more money (14), whereas activities such as raffles and lotteries contribute to the normalisation of gambling behaviour in everyday life. Gambling platforms and venues are designed to encourage repetitive play across a variety of immersive products such as instant win games, online slots, in-play sports betting and fixed odds betting terminals. Higher risk products contain harmful features which distort the normal functioning of the brain and build addictive pathways, cancelling out other 'needs' such as hunger and social interaction (15). It will be necessary to target approaches to address the specific risks of harm associated with different products, practices and platforms.

Due to the nature and design of gambling products, anyone is susceptible to gambling addiction and gambling harms, however research suggests that the impact of gambling is not equally distributed across society. Over half a million

Greater Manchester residents live in the most deprived communities in the country. There are many circumstances which may make people less able to overcome harms associated with gambling, such as poverty, age, social exclusion or adverse childhood experiences (16). Additionally, some groups are particularly targeted by the gambling industry, for example the clustering of gambling premises within areas of high socio-economic deprivation (17) and efforts deployed to recruit new customers from university students who are managing financial independence for the first time.

The concentration of gambling addiction and gambling harms in some communities (either by place or identity) will require additional and targeted responses to address the inequality gradient.

# 3. Harms are not equally distributed and can exacerbate existing inequalities

## Case Study: Communities Addressing Gambling Harms

As part of a pilot grant funding scheme, 13 voluntary and public sector organisations received funding to develop approaches to gambling harms which met the need of their communities. Projects included support for armed forces veterans in Wigan, work with Bengali and Bangladeshi communities in Oldham, piloting an education package to young people in Trafford, development of the Against the Odds charter for sports clubs to prevent gambling harms and a mental wellbeing course delivered by Rochdale Football Club.

A 'community of practice' was established to capture learning and address challenges as a collective, whilst gaining input from experts by lived experience of gambling harms. The grant funding has catalysed activity on gambling, raising awareness of harms within local communities. More details, including an external evaluation of the funding programme, are available online [Supporting community interventions - Greater Manchester Combined Authority \(greatermanchester-ca.gov.uk\)](#)

## Greater Manchester city-region actions

Building partnerships to embed action on gambling within GM priorities, e.g. digital inclusion, suicide prevention, mental health, social reform and early help.  
(GMCA)

Small-scale grants to support community and voluntary sector initiatives to develop engagement and awareness raising activities, for people experiencing discrimination and economic hardship  
(GMCA)

## Local authority and neighbourhood actions

Embed gambling within holistic approaches to harmful addictions  
(priority for: Bolton, Bury, Oldham, Stockport, Tameside, Trafford, Wigan)

Develop and support partnerships for sports clubs to implement the Against the Odds Charter  
(priority for: Bolton, Manchester, Trafford, Wigan)

Targeted community engagement for awareness raising messages and activities, for example, film screenings and discussion forums  
(all 10 boroughs)

# 4. Interventions addressing social, economic and commercial causes will prevent harm

Health and wellbeing outcomes are shaped by the places and circumstances in which people live, noting that gambling traverses both online and physical spaces. The Greater Manchester Gambling Harms Needs Assessment identified multiple social, commercial, economic and environmental drivers of gambling addiction and gambling harms, such as marketing, product design and life circumstances (1). Effective population health approaches to gambling addiction and gambling related harms intervene as far ‘upstream’ as possible to address external drivers of harm rather than focusing on ‘individual’ factors.

A ‘health in all policies’ approach (18) will embed gambling harms across a whole system response to the drivers of harm (19,20), utilising the authority held at local and city-region level to address availability, accessibility, advertising, awareness and environment of gambling products, for example by maximising planning, licensing and enforcement powers to prevent harms.

The ability to deliver some interventions at a city-region level is restricted by a liberalised national policy framework, for example, which does not have harm prevention as a primary licensing objective. In April 2023, the Government published a [White Paper “High Stakes: Gambling Reform for the Digital Age”](#) outlining a number of proposed changes to regulation of gambling products and practices (21). Although many of the proposed changes were identified as effective in an evidence review of possible interventions (22) the majority of proposals are subject to ongoing consultation and discussion prior to implementation. Ensuring effective and timely regulatory change at a national level will be a core component of Greater Manchester’s ability to deliver a successful place-based approach, and partners will continue to advocate for the necessary changes to be implemented.

# 4. Interventions addressing social, economic and commercial causes will prevent harm

## CASE STUDY Advocacy and strategic engagement

During the initial testing of a city-region approach to gambling harms, an exploratory 'Inquiry Day' was held in partnership with the Centre for Governance and Scrutiny. This brought together elected members from the ten boroughs of Greater Manchester to build understanding and awareness of gambling harms. Following this session, elected leaders have reviewed and aligned licensing policy statements across Greater Manchester to outline a more robust approach to using licensing conditions to protect children and vulnerable people.

Focused sessions have been held on gambling harms in Health Scrutiny meetings and Health and Wellbeing Boards in Manchester and Stockport, with more scheduled in other boroughs. The Centre for Governance and Scrutiny has published a resource based on inquiry sessions to support Councillors to scrutinise and develop gambling harms policies and activities: [10 questions to ask if you are scrutinising gambling harm](#). Political leaders in Greater Manchester have contributed their voices to the wider debate around gambling regulation in consultations on the Gambling White Paper, bringing greater diversity of thought to understanding of gambling at a local and regional level in national discussions.

Gambling has been identified as a key issue in cross-portfolio strategies within the city-region, such as the [Greater Manchester Police and Crime Plan](#), the [Helping Hand campaign](#) related to the cost of living crisis, the [Greater Manchester Poverty Action Network](#), the Greater Manchester Suicide Prevention Partnership and the [Gender Based Violence Strategy](#).



# 4. Interventions addressing social, economic and commercial causes will prevent harm

## Greater Manchester city-region level actions

Advocating for change to national regulation and laws based on regional learning and experiences (GMCA)

Co-ordination of licensing policy statements and development of a best practice toolkit to support local licensing and planning committees (GMCA)

Restrict the availability and accessibility of gambling advertising across the region (GMCA, GM NHS and TfGM)

## Local authority and neighbourhood level actions

Engaging and mobilising elected members and local residents to support regional advocacy efforts (all 10 boroughs)

Restrict availability and accessibility of gambling advertising in high-density areas using Cumulative Impact Assessment policies (priority for: Bury, Manchester, Salford, Wigan)

Utilising planning and licensing powers to reduce availability and density of gambling products (priority for: Manchester, Tameside, Wigan)



Image: broken window at a Bolton gambling premise © GMCA 2023

The most frequently reported incidents and crimes at licensed gambling premises are threats of violence and damage to property.

# 5. Improving identification, support and treatment will reduce impact of harms

Gambling harms and gambling addiction are the unfortunate but inevitable consequences of the current regulatory framework. Only a small proportion of residents who experience harms access specialist treatment and support services; of the few who do, many do so by self-referral after a long period of experiencing harms as a result of gambling (1). Shame and stigma are often cited as reasons why people who are experiencing harms do not seek advice and support (9). Challenging narratives and understanding of ‘personal responsibility’ is a core component of improving access to support (23).

There is a significant unmet need for treatment and support within the Greater Manchester population. Residents who are experiencing gambling harms may already be in contact with health and social services, such as debt advice, family hubs and mental health services, although a lack of screening and awareness means that needs related to gambling are not identified. There is an opportunity to improve screening, support and signposting in existing services in Greater Manchester.

The current treatment pathway is fragmented and commissioned outside of local health governance structures. Bringing specialist treatment services such as the NHS Northern Gambling Service within the remit of the Greater Manchester integrated health and care system (“GM NHS”) presents an opportunity to improve the design, delivery, integration and monitoring of treatment pathways. Local social and substitute activities are key to maintaining recovery from gambling addiction, with a need to build capacity within existing peer support networks and wider living well services in communities and neighbourhoods across Greater Manchester.

These changes will ensure that anyone is able to access the right treatment and support, at the right time, and in the right place.

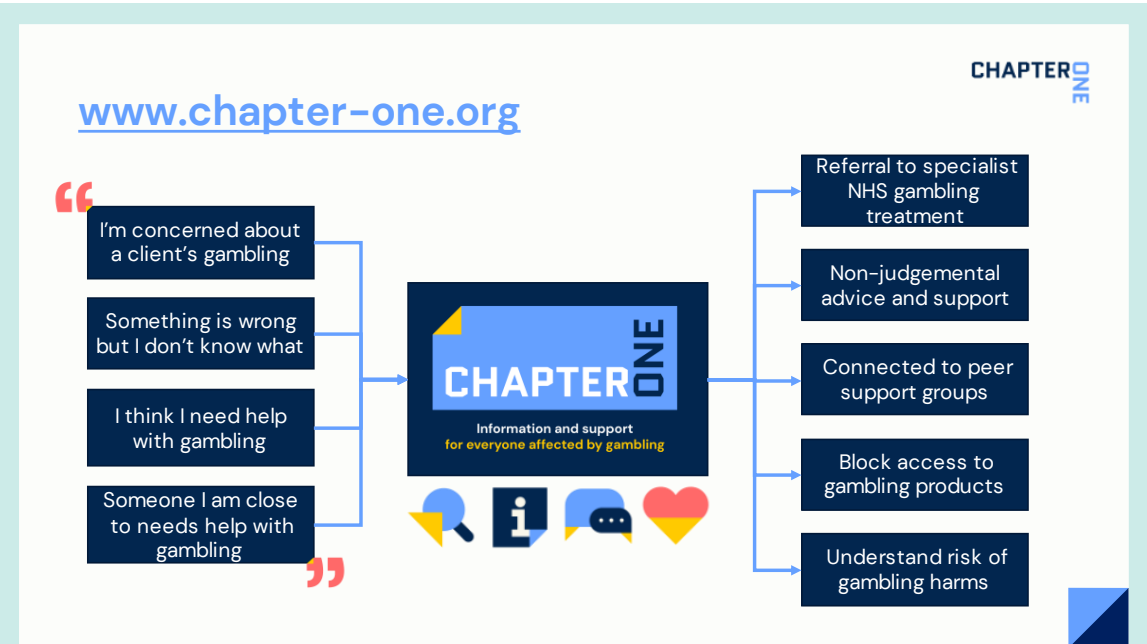
# 5. Improving identification, support and treatment will reduce impact of harms

## Chapter One: Information and support for everyone affected by gambling

Chapter One has been created in partnership by GMCA, GM NHS and Gambling with Lives and is being piloted in Greater Manchester. Information and resources have been co-created with clinical experts and people with lived experience of gambling harms. Chapter One provides information and support for everyone affected by gambling harms, through:

- Facilitating better access to evidence-based treatment, with specialist NHS gambling services at the heart of a holistic care and support pathway
- Providing information and education for the public, free from gambling industry influence
- Information, training and tools for healthcare professionals and all front-line teams in contact with those affected by gambling

For more information about Chapter One, or to book on to a training course, visit [www.chapter-one.org](http://www.chapter-one.org).



# 5. Improving identification, support and treatment will reduce impact of harms

## Case Study: Delivering person-centred support

Stephen\* was contacted by the local homelessness service (“A Bed Every Night (ABEN)”) as he was sleeping in his car following a separation from his ex-partner. Stephen had a poor credit rating with previous debts and had a gambling addiction that resulted in bankruptcy. He was motivated to find a permanent home to spend time with his children but was in a poor state of mental and financial health.

The ABEN team referred Gareth to the NHS Northern Gambling Service where he is getting evidence-based treatment to address his gambling addiction and to Foundation92 where he regularly plays for a military veteran 5-a-side football team. Stephen is now housed in a rented flat which he has decorated, and his son can stay overnight. The ABEN team even secured tickets for Stephen and his son to watch a Salford Red Devils match together. In Stephen’s words: *“you have changed my life for the better and continue to help by taking the pressure off me when I need support”*.

\*name changed to protect anonymity

## Greater Manchester city-region level actions

Take a leadership role in the commissioning of North West regional specialist gambling services, working with third sector and peer support services to deliver an integrated care pathway  
(GM NHS and GMCA)

Developing, promoting and evaluating Chapter One information, resources and referral pathway  
(GMCA)

## Local authority and neighbourhood level actions

Embed specialist gambling treatment and support pathways within existing health and care structures, focusing on health and wellbeing team and community connectors to facilitate referrals and support care navigation  
(all 10 boroughs)

# 6. Action must be independent from direct or indirect influence of the gambling industry

The risks and scale of harm caused by gambling products and practices are repeatedly played down by the gambling industry at the expense of the public's health (5). Currently gambling research, education and treatment are mainly funded by voluntary contributions from the industry or fines issued by the regulator. This is deeply problematic and can hinder development of evidence-based policies and interventions to prevent and reduce harm (3,24).

GMCA, GM NHS and the 10 borough councils of Greater Manchester are strongly opposed to receiving funding directly from industry sources and will seek to challenge industry sponsored narratives where they present, for example in the provision and commissioning of training resources or the outputs of research reports. Limited funding is available to support actions free from industry influence (perceived or actual), with the exception of a few National Institute of Health Research (NIHR) research grants and the funding of the regional NHS specialist gambling treatment centres (25). Organisations

who receive and distribute industry funding will continue to operate in Greater Manchester and it is accepted that many seek to effect positive change. Any partnership activity with such organisations will be subject to requirements for full transparency and an assessment of conflict of interest using robust due diligence processes.

Proposed reforms in the Government [White Paper "High Stakes: Gambling Reform for the Digital Age"](#) will introduce a statutory levy to fund these activities. It is hoped that this will bring transparency to the way funding is allocated, however it is important that local systems and structures have a key role in commissioning services used by local residents. Partners in Greater Manchester will work towards developing sustainable models of funding to support activities to prevent and reduce gambling related harms as part of social reform, mental wellbeing and health transformation plans.

# 6. Action must be independent from direct or indirect influence of the gambling industry

## Greater Manchester city-region level actions

Develop and distribute sustainable sources of funding to facilitate delivery of priority actions  
(GMCA)

Challenge industry sponsored research, education and treatment during transition to a statutory levy  
(GMCA)

Facilitate the GaMHive network of people with lived experience of gambling addiction and gambling harms in Greater Manchester  
(GMCA)

## Local authority and neighbourhood level actions

Identify risk of commercial influence and conflict of interests impacting the quality of interventions delivered through robust due diligence processes  
(all 10 boroughs)

Commitment to include the voices of lived experience in the development and delivery of harm prevention and reduction interventions  
(all 10 boroughs)



Image: gambling premises in the shadow of Manchester City's football stadium © GMCA 2023

There is a strong link between betting and sport, with gambling companies using sport to market new gambling brands and products.

# 7. We all need to work together to be part of the solution

Given the multifaceted nature of the causes and consequences of gambling addiction and gambling harms, an integrated and place-based approach is needed to bring together the statutory and non-statutory sector with communities to identify and address local needs (26). Facilitating a community of practice for individuals and organisations addressing gambling harms will bridge connections between services, neighbourhoods and sectors, enabling everyone to play their part in efforts to prevent and reduce gambling harms.

Gambling addiction and gambling harms are a relative newcomer to population health and social reform agendas. Rather than inventing a silo of activity, work in Greater Manchester will focus on utilising assets and resources that are already in existence and ensure that gambling addiction and gambling harms are recognised and prioritised as a key health commitment in all local and regional strategies, crossing portfolio and sectoral boundaries, to embed activity on this issue as ‘everybody’s business’.

## Greater Manchester city-region level actions

Facilitation of a community of practice and resources hub to disseminate best practice resources to support local interventions  
(GMCA)

Provision of draft policies and resources to support employers and employees, for example through the Good Employment Charter, and GM anchor institutions  
(GMCA, GM NHS, GMFRS, GMP)

## Local authority and neighbourhood level actions

Promotion and embedding information resources across all settings and sectors  
(all 10 boroughs)

Implementation of workplace policies to support public sector employees who may be experiencing gambling harms  
(priority for: Oldham, Stockport, Tameside and Wigan)

Commitment to engage with GM programme activities and structures  
(all 10 boroughs)

# Summary of actions





# Summary of actions

## 1. Practice will be grounded in the best available evidence

### GM and city-region

Review, refresh and update of GM gambling harms needs assessment in 2025/26 to reflect latest evidence and insight from local, regional and national research and data.

(GMCA)

Evaluation of programme delivery and impact to identify lessons learnt

(GMCA)

Advocate for independently funded and delivered research to address identified gaps in knowledge

(GMCA)

### Local and neighbourhood

In-depth community insight and reporting to provide new understanding of the relationship and impact of gambling at a neighbourhood level

(priority for: Oldham, Rochdale)

Collation of evidence and reporting to support regional evaluation activity

(all 10 boroughs)

## 2. Gambling can be a health harming activity for anyone

### GM and city-region

Development of a young people's education package (for 11-13, 14-16 and 18+yrs) in partnership with schools, colleges, universities and education providers

(GMCA)

Design and promotion of public awareness campaigns, developing the pilot 'Odds Are: They Win'

campaign for new target audiences

(GMCA)

### Local and neighbourhood

Contributing to the development of education packages and promoting to schools, colleges and universities

(priority for: Manchester, Rochdale, Salford, Stockport, Tameside, Trafford, Wigan)

Promotion and amplification of campaign materials within communication activities, for example, digital inclusion programmes and financial aid and support campaigns

(all 10 boroughs)

# Summary of actions

## 3. Harms are not equally distributed and can exacerbate existing inequalities

### GM and city-region

Building partnerships to embed action across workstreams, e.g. digital inclusion, suicide prevention, mental health, social reform and early help.

(GMCA lead)

Small-scale grants to support community and voluntary sector initiatives to develop engagement and awareness raising activities, for people experiencing discrimination and economic hardship

(GMCA lead)

### Local and neighbourhood

Embed gambling within holistic approaches to harmful addictions  
(priority for: Bolton, Bury, Oldham, Stockport, Tameside, Trafford, Wigan)

Develop and support partnerships for sports clubs to implement the Against the Odds Charter  
(priority for: Bolton, Manchester, Trafford, Wigan)

Targeted community engagement for awareness raising messages and activities, for example, film screenings and discussion forums  
(all 10 boroughs)

## 4. Interventions addressing social, economic and commercial causes will prevent harm

### GM and city-region

Advocating for change to national regulation and laws based on regional learning and experiences  
(GMCA lead)

Co-ordination of licensing policy statements and development of a best practice toolkit to support local licensing and planning committees  
(GMCA lead)

Restrict the availability and accessibility of gambling advertising across the region  
(GMCA, GM NHS and TfGM)

### Local and neighbourhood

Engaging and mobilising elected members and local residents to support regional advocacy efforts  
(all 10 boroughs)

Restrict availability and accessibility of gambling advertising in high-density areas using Cumulative Impact Assessment policies  
(priority for: Bury, Manchester, Salford, Wigan)

Utilising planning and licensing powers to reduce availability and density of gambling products  
(priority for: Manchester, Tameside, Wigan)

# Summary of actions

5. Improving identification, support and treatment will reduce impact of harms

## GM and city-region

Take a leadership role in the commissioning of North West regional specialist gambling services, working with third sector and peer support services to deliver an integrated care pathway  
(GM NHS and GMCA)

Developing, promoting and evaluating Chapter One information, resources and referral pathway  
(GMCA)

## Local and neighbourhood

Embed specialist gambling treatment and support pathways within existing health and care structures, focusing on health and wellbeing team and community connectors to facilitate referrals and support care navigation  
(all 10 boroughs)

For everyone affected by gambling

**CHAPTER ONE**

6. Action must be independent from direct and indirect influence of the gambling industry

## GM and city-region

Develop and distribute sustainable sources of funding to facilitate delivery of priority actions  
(GMCA)

Challenge industry sponsored research, education and treatment during transition to a statutory levy  
(GMCA)

Facilitate the GaMHive network of people with lived experience of gambling addiction and gambling harms in Greater Manchester  
(GMCA)

## Local and neighbourhood

Identify risk of commercial influence and conflict of interests impacting the quality of interventions delivered through robust due diligence processes  
(all 10 boroughs)

Commitment to include the voices of lived experience in the development and delivery of harm prevention and reduction interventions  
(all 10 boroughs)

# Summary of actions

## 7. We all need to work together to be part of the solution

### GM and city-region

Facilitation of a community of practice and resources hub to disseminate best practice resources to support local interventions (GMCA)

Provision of draft policies and resources to support employers and employees, for example through the Good Employment Charter, and GM anchor institutions (GMCA, GM NHS, GMFRS, GMP)

### Local and neighbourhood

Promotion and embedding information resources across all settings and sectors (all 10 boroughs)

Implementation of workplace policies to support public sector employees who may be experiencing gambling harms (priority for: Oldham, Stockport, Tameside and Wigan)

Commitment to engage with GM programme activities and structures (all 10 boroughs)



Image: Salford Mayor and Greater Manchester Deputy Mayor, Paul Dennett speaking at Greater Manchester's "doing gambling harms differently" event on 25 April 2023 © J Evans

What will be different as a result of this action plan?

# Outcomes



# Measures

Priority	Impact	Process	Quality
Gambling can be a health harming activity for anyone	% of population in target age groups reached by education programme	Development of accredited age appropriate education package Number of schools / colleges / universities signed up to participate	Evaluation of education delivery by recipients and lead organisations
	Number of residents accessing Chapter One website and resources	Reach and engagement with campaigns and awareness messages	Qualitative insight on how people talk about gambling having seen campaign Reach of campaign within target audiences
Harms are not equally distributed and can exacerbate existing inequalities	VCSE and public sector equipped to support people experiencing multiple disadvantages	Number and breadth of community groups accessing grant funding to deliver projects and interventions. Number of sports clubs supporting Against the Odds Charter	Feedback from community engagement sessions
	Increase in number of projects with interventions to prevent gambling harms embedded	Gambling harms included in local and GM strategies and plans	Targeted impact on more deprived communities and neighbourhoods
Interventions addressing social, economic and commercial causes will prevent harm	Changes to national regulation and legislation and local decision making processes	Number of formal Council governance meetings (e.g. Health Scrutiny, Health and Wellbeing Boards, Integrated Care Partnership, etc.) including discussion item on gambling harms	Research evidence to demonstrate effectiveness of intervention at a population level
	Reduced concentration of and exposure to harmful gambling products and practices in Greater Manchester	Increased skills, awareness and knowledge within licensing and planning teams. Inclusion of gambling premises in policies as part of "Healthy Streets" approach	

# Measures

Priority	Impact	Process	Quality
Improving identification, support and treatment will reduce impact of harms in our communities	Increase in number of people accessing treatment and support offers (proportion of population) directly affected or affected others. Improved outcomes from treatment and support at six months (CORE10 and PGSI)	Visits and downloads of information from the Chapter One digital hub Treatment and support pathways and offers embedded within every borough and neighbourhood	Equitable representation of people accessing treatment (by locality and demographics)
Action must be independent from direct and indirect influence of the gambling industry	Sustainable and independent source of funding secured to support all delivery in Greater Manchester	Membership of GaMHive is sustained with broad network of engaged representatives from across Greater Manchester	Lived experience representatives feel their voice is heard in decision-making processes
Practice will be grounded in the best available evidence	New research and evaluation outputs will inform development of place-based approaches in GM and nationwide	Number of events, seminars, newsletters, case studies and number of people reached by these. Number and spread of national presentation requests and representation on expert panels	Best available evidence is source and utilised with Greater Manchester recognised as a credible and forward thinking city-region
We all need to work together to be part of the solution	Healthcare and non-healthcare front-line professionals skilled to identify, support and reassure people experiencing gambling harms	Number of services screening for gambling harms with understanding of gambling addiction Increased % of people accessing treatment and support via a 'facilitated' referral rather than self-referral	Targeted reach of training to meet local priorities Rating of training provision Qualitative assessment of adherence to referral pathway, support offered and use of de-stigmatising language



# Developing our approach and action plan



# Acknowledgements

This document could not have been written without the valued inputs and contributions from the following individuals and groups:

- GM Directors of Public Health and Population Health Leadership Group
- GM Gambling Harms Board (including individual contributions from the 10 borough representatives from Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan)
- May van Schalkwyk, NIHR Doctoral Fellow (commercial determinants of health)
- Dr Jenny Blythe, GP and NIHR Doctoral Fellow (local authority approaches to gambling harms)
- Adrian Bates, Head of Equalities Strategy, GMCA
- Cath Cooney, Member of the Advisory Board on Safer Gambling
- Paul Johnstone, former National Director for Place and Regions at PHE
- Marguerite Regan, Senior Programme Lead Alcohol and Gambling, OHID
- Dr Matt Gaskell, Clinical Director NHS Northern Gambling Service
- GaMHive, voices of lived experience in Greater Manchester
- Dave Kelly, Lauren Hunter, Ellie Caddick and Jo Evans, Gambling Harms and Public Service Reform team, GMCA

For further information related to the development of the GM place-based population health action plan to address gambling harms please contact [harm.reduction@greatermanchester-ca.gov.uk](mailto:harm.reduction@greatermanchester-ca.gov.uk).

# References

1. Greater Manchester Combined Authority. Gambling Harms in Greater Manchester – Strategic Needs Assessment [Internet]. Greater Manchester: GMCA; 2022 May. Available from: <https://www.greatermanchester-ca.gov.uk/media/6253/gambling-harms-in-gm-needs-assessment-may-2022.pdf>
2. Greater Manchester Combined Authority. Greater Manchester Strategy 2021-2031: Good Lives for All [Internet]. Greater Manchester, UK; 2021. Available from: <https://aboutgreatermanchester.com/the-greater-manchester-strategy-2021-2031/>
3. Protecting the public from being harmed or exploited by gambling and the gambling industry [Internet]. ADPH. 2022 [cited 2022 Jul 14]. Available from: <https://www.adph.org.uk/2022/06/protecting-the-public-from-being-harmed-or-exploited-by-gambling-and-the-gambling-industry/>
4. Maani N, Schalkwyk MC van, Petticrew M, Buse K. The pollution of health discourse and the need for effective counter-framing. *BMJ*. 2022 May 4;377:o1128.
5. Lacy-Nichols J, Nandi S, Mialon M, McCambridge J, Lee K, Jones A, et al. Conceptualising commercial entities in public health: beyond unhealthy commodities and transnational corporations. *The Lancet*. 2023 Apr 8;401(10383):1214–28.
6. van Schalkwyk MCI, Petticrew M, Cassidy R, Adams P, McKee M, Reynolds J, et al. A public health approach to gambling regulation: countering powerful influences. *Lancet Public Health*. 2021 Aug;6(8):e614–9.
7. Blank L, Baxter S, Woods HB, Goyder E. Interventions to reduce the public health burden of gambling-related harms: a mapping review. *The Lancet Public Health*. 2021 Jan 1;6(1):e50–63.
8. McMahon N, Thomson K, Kaner E, Bambra C. Effects of prevention and harm reduction interventions on gambling behaviours and gambling related harm: An umbrella review. *Addictive Behaviors*. 2019 Mar 1;90:380–8.
9. Limb M. Gambling: call to end industry funded education materials that “stigmatise” people with addictions. *BMJ*. 2023 Apr 6;381:p766.
10. Buck D, Baylis A, Dougall D, Robertson R. A vision for population health: Towards a healthier future [Internet]. London, UK: The King’s Fund; 2018 Nov [cited 2023 Mar 13]. Available from: <https://www.kingsfund.org.uk/sites/default/files/2018-11/A%20vision%20for%20population%20health%20online%20version.pdf>
11. Wardle H, Reith G, Langham E, Rogers RD. Gambling and public health: we need policy action to prevent harm. *BMJ*. 2019 May 8;365:l1807.
12. Chris Whitty. Taking action to tackle gambling harms as a public health issue. Speech presented at; 2022 Dec 7; GambleAware 10th Annual Conference.
13. Allami Y, Hodgins DC, Young M, Brunelle N, Currie S, Dufour M, et al. A meta-analysis of problem gambling risk factors in the general adult population. *Addiction*. 2021 Nov;116(11):2968–77.
14. Schüll ND. *Addiction by Design: Machine Gambling in Las Vegas* [Internet]. *Addiction by Design*. Princeton: Princeton University Press; 2012 [cited 2023 Mar 13]. Available from: <https://www.degruyter.com/document/doi/10.1515/9781400834655/html>

# References

15. Breen R, Zimmerman M. Rapid Onset of Pathological Gambling in Machine Gamblers. *Journal of gambling studies / co-sponsored by the National Council on Problem Gambling and Institute for the Study of Gambling and Commercial Gaming*. 2002 Feb 1;18:31–43.
16. Public Health England. Gambling-related harms: evidence review [Internet]. GOV.UK. 2021 [cited 2022 Jan 6]. Available from: <https://www.gov.uk/government/publications/gambling-related-harms-evidence-review>
17. Evans J, Cross K. The geography of gambling premises in Britain [Internet]. Standard Life Foundation: University of Bristol; 2021 Aug [cited 2022 Mar 9]. Available from: <http://www.bristol.ac.uk/media-library/sites/geography/pfrc/Geography%20of%20gambling%20premises.pdf>
18. Health in all policies: a manual for local government | Local Government Association [Internet]. 2016 [cited 2023 Apr 19]. Available from: <https://www.local.gov.uk/publications/health-all-policies-manual-local-government>
19. Tackling gambling related harm – a whole council approach | Local Government Association [Internet]. [cited 2021 Jun 23]. Available from: <https://www.local.gov.uk/publications/tackling-gambling-related-harm-whole-council-approach>
20. Donkin A, Goldblatt P, Allen J, Nathanson V, Marmot M. Global action on the social determinants of health. *BMJ Global Health*. 2018 Jan 1;3(Suppl 1):e000603.
21. High stakes: gambling reform for the digital age [Internet]. GOV.UK. [cited 2023 May 15]. Available from: <https://www.gov.uk/government/publications/high-stakes-gambling-reform-for-the-digital-age>
22. Regan M, Smolar M, Burton R, Clarke Z, Sharpe C, Henn C, et al. Policies and interventions to reduce harmful gambling: an international Delphi consensus and implementation rating study. *The Lancet Public Health*. 2022 Aug 1;7(8):e705–17.
23. Marko S, Thomas S, Pitt H, Daube M. The impact of responsible gambling framing on people with lived experience of gambling harm. *Frontiers in Sociology*. 2023 Mar 1;8:1074773.
24. van Schalkwyk MCI, Hawkins B, Petticrew M. The politics and fantasy of the gambling education discourse: An analysis of gambling industry-funded youth education programmes in the United Kingdom. *SSM - Population Health*. 2022 Jun 1;18:101122.
25. NHS England. NHS Long Term Plan [Internet]. NHS Long Term Plan. 2019 [cited 2021 Jun 3]. Available from: <https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/>
26. Johnstone P, Regan M. Gambling harm is everybody’s business: A public health approach and call to action. *Public Health*. 2020 Jul;184:63–6.