



GAMBLING HARM REDUCTION STRATEGY

FOR WOLVERHAMPTON 2026 – 2030

Taking a public health approach to prevent and reduce gambling related harm

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FOREWORD

Gambling-related harm is an increasingly recognised public health issue that affects individuals, families, and communities across Wolverhampton. While gambling is often perceived as a harmless leisure activity, its hidden harms can lead to serious consequences—impacting mental health, financial stability, relationships, and overall wellbeing. These harms are not evenly distributed; they disproportionately affect our most vulnerable residents, deepening existing inequalities.

Local evidence paints a stark picture. In Wolverhampton, 5.3% of the population are at elevated risk of gambling-related harm, and 1.2% meet the criteria for problem gambling—more than double the national average. Despite this, treatment uptake remains extremely low: between 2019 and 2022, only 70 residents accessed treatment via the regional treatment provider Aquarius, compared to an estimated 8,570 people who could benefit from support. These figures highlight the urgent need for a coordinated, place-based response.

As leaders responsible for health and wellbeing in our city, we are committed to tackling this issue head-on. This Gambling Harm Reduction Strategy for Wolverhampton 2026–2030 sets out a clear, evidence-based approach to prevent and reduce gambling-related harm. It adopts a public health approach focused on prevention, early intervention, and support, alongside robust regulation and governance.

OUR PRIORITIES INCLUDE:

- Understanding the scale of harm through improved data and screening
- Raising awareness and education for residents, professionals, and young people
- Enhancing treatment and support pathways to ensure timely and effective help
- Strengthening regulation and governance to reduce exposure and protect vulnerable communities

Our approach is evidence-based and community-focused. We will use data and lived experience to guide our actions, ensuring that our interventions are targeted and impactful.

This strategy represents a collaborative effort across multiple agencies and partners, united by a shared ambition: to make Wolverhampton a local leader in reducing gambling-related harm. Together, we will work to create a safer, healthier city where every resident has the opportunity to thrive free from the harms of gambling.

Councillor Obaida Ahmed
Cabinet Member for Health,
Wellbeing and Community

John Denley
Director of Public Health

INTRODUCTION

Gambling-related harm is an increasingly recognised public health issue. While gambling has become normalised in society, its associated harms are often hidden and overlooked. Nationally, concern has grown in recent years, with an estimated 3.8% of the population identified as being at elevated risk, and 0.5% meeting the criteria for problem gambling¹.

Gambling-related harm is complex and multifaceted, requiring a comprehensive public health response to mitigate its impact on individuals, families, communities, and society². The long-term consequences can deepen existing inequalities and are often linked to comorbidities such as mental health issues, substance misuse and financial hardship.

In Wolverhampton, local evidence clearly demonstrates the adverse effects of gambling on health and wellbeing. A tailored, place-based approach is needed to address these harms. Based on prevalence estimates, current treatment and support pathways appear significantly underutilised.



NATIONALLY

3.8%

of the population
identified as being
at **elevated risk**

0.5%

of the population
meet the criteria for
problem gambling



WOLVERHAMPTON

5.3%

of the population
identified as being
at **elevated risk**

1.2%

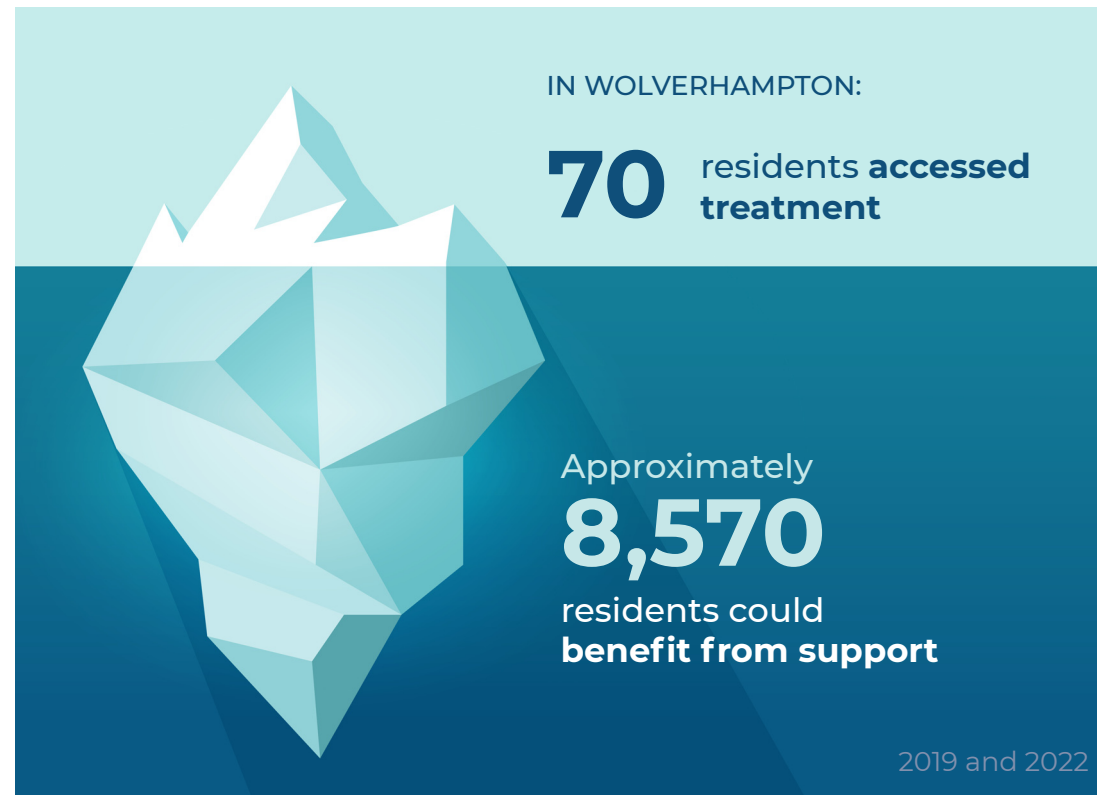
of the population
meet the criteria for
problem gambling

¹ [Gambling-related harms evidence review: summary - GOV.UK](#)

² [Tackling gambling harm requires a public health approach | The BMJ](#)

In Wolverhampton only 70 individuals accessed treatment through the regional provider³, despite estimates suggesting that approximately 8,570 residents could benefit from support⁴ (2019 and 2022).

To address this, a strategic partnership of key stakeholders has been established to co-produce and deliver the strategy. This partnership will work collaboratively with wider stakeholders to implement, monitor, and evaluate the strategy's priorities. It is committed to supporting individuals affected by gambling harms—whether through their own gambling or an affected other.



³ GRH - RNA Infographic.pdf

⁴ Gambling treatment need and support in England: main findings and methodology - GOV.UK

The strategy aims to coordinate and drive efforts to prevent and reduce gambling-related harm through the following objectives:

Act as a strategic conduit for securing endorsement, input, and collaborative engagement from the Health and Wellbeing Together Board and other relevant partnership boards, ensuring alignment with shared priorities and facilitating integrated decision-making.

Provide a framework to understand the scale of harm, identify challenges, and determine the necessary interventions and support.

Promote awareness of prevention, education, and treatment services, while embedding the voices of those with lived experience and aligning with national guidance and best practice.

Establish a formal multi-agency approach to prevention and harm reduction across the city.

Set out clear objectives and measurable outcomes to reduce the impact of gambling harm on Wolverhampton residents.



Tackling gambling harms is a key priority for Public Health and the City of Wolverhampton Council.

The strategy will be jointly owned by Health and Wellbeing Together Board and the Gambling Harm Reduction Strategic Partnership and will be implemented over a four-year period.

People with lived and living experience will be central to the strategy's implementation, informing and influencing each priority area to ensure their voices are heard throughout. The strategy's progress will be monitored, reviewed, and evaluated over its lifespan, with adjustments made as needed based on outcomes. Updates will be reported to the Health and Wellbeing Board, and the Wolverhampton Gambling Harms Reduction Strategic Partnership Group.



BACKGROUND

Gambling is a legal activity in the UK, accessible through various methods to anyone aged 18 and over⁵.

There are two primary forms of gambling:



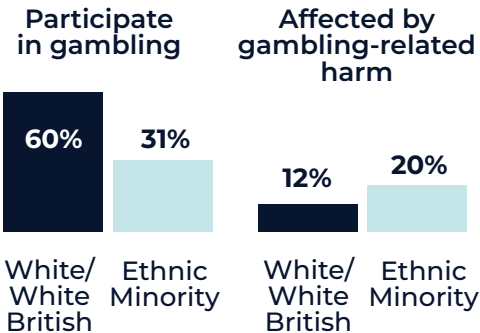
Remote gambling conducted virtually, such as online betting or gaming apps.



Non-remote gambling conducted in physical premises, such as betting shops, casinos, or adult gaming centres (AGC).

While legal, gambling can be a source of significant harm, and the distribution of this harm is not equal across society. This inequity has prompted growing calls for action to protect public health and improve the wellbeing of individuals and communities.

It is estimated that nearly **50% of the population** participates in some form of gambling, with the highest participation rates among those **aged 25–34**⁶.



Participation is more common among individuals from White and White British backgrounds (60%) compared to those from ethnic minority backgrounds (31%)⁷. However, when examining those affected by gambling-related harm, the trend reverses—20% of individuals from ethnic minority backgrounds report being affected, compared to 12% of those from White and White British backgrounds⁸. This highlights a disproportionate impact on minority communities.

⁵ Gambling-related harms evidence review: summary - GOV.UK
⁶ Gambling-related harms evidence review: summary - GOV.UK
⁷ Overall gambling participation
⁸ Gambling-related harms: evidence review - GOV.UK



WHAT IS GAMBLING RELATED HARM?

Gambling-related harms refer to the negative impacts of gambling on the health and wellbeing of individuals, families, communities, and society. These harms affect personal resources, relationships, and physical and mental health⁹.

There is clear evidence of the broader community impacts of gambling. In 2019–20, the economic burden of gambling-related harm was estimated at £1.27 billion¹⁰. Harms are disproportionately experienced in areas of high deprivation and are associated with increased levels of alcohol consumption, mental health issues, and suicidal ideation¹¹. Gambling can lead to long-term consequences that deepen social inequalities, affecting both the individual and society at large.

The National Institute for Health and Care Excellence (NICE) has highlighted that services for people experiencing gambling-related harm are significantly underdeveloped in the UK compared to services for other addictions. Currently, there is no coordinated system for early identification, nor an agreed model of care¹².

NICE has recently released guidelines for the identification, diagnosis, and management of gambling-related harms. These cover several key components¹³:

- **Information and support**
- **Models of care and service delivery**
- **Improving access to treatment**
- **Treatment of gambling-related harms**
- **Relapse prevention and ongoing support**
- **Interventions and support for families and affected others**

⁹ Problem gambling vs gambling-related harms - Gambling Commission

¹⁰ Landmark report reveals harms associated with gambling estimated to cost society at least £1.27 billion a year - GOV.UK

¹¹ Landmark report reveals harms associated with gambling estimated to cost society at least £1.27 billion a year - GOV.UK

¹² NICE guidelines for identification, diagnosis and management of gambling related problems 1 ([nice.org.uk](https://www.nice.org.uk))

¹³ Overview | Gambling-related harms: identification, assessment and management | Guidance | NICE

GAMBLING RELATED HARM IN WOLVERHAMPTON

Treatment Need

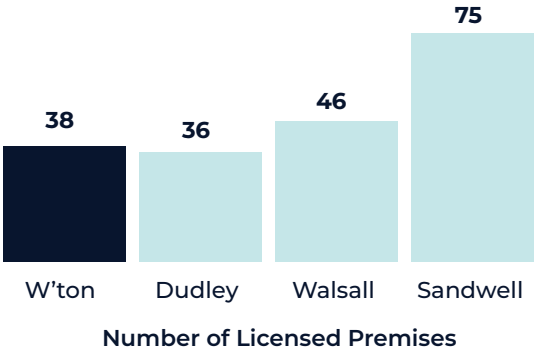
Evidence published by the Office for Health Improvement and Disparities (OHID) in December 2023 estimates that approximately **8,570 people** in Wolverhampton require some form of treatment or support for gambling-related harms¹⁴. The level of support needed ranges from brief advice and early intervention to more intensive options such as Cognitive Behavioural Therapy (CBT) and residential rehabilitation.

In addition, the data highlights that around **5,420 children** are living in households with adults who require treatment, raising serious concerns about the intergenerational impact of gambling harms. These figures sit within a broader national context, where an estimated 1.5 million people across England are in need of treatment or support for gambling-related issues¹⁵.

Licensed Premises

Under the *Gambling Act 2005*, the City of Wolverhampton Council serves as the designated licensing authority, responsible for regulating gambling premises locally.

Wolverhampton currently has **38 licensed gambling premises**, which is comparable to neighbouring Black Country areas such as **Dudley (36)** and **Walsall (46)**, though significantly lower than **Sandwell (75)**.



Nationally, the gambling landscape has shifted following the COVID-19 pandemic, with reports indicating that 665 gambling premises—representing 6.5% of all premises in England—have closed¹⁷.

¹⁴ Gambling treatment need and support in England: main findings and methodology - GOV.UK

¹⁵ Gambling treatment need and support in England: main findings and methodology - GOV.UK

¹⁶ GRH - RNA Infographic.pdf

¹⁷ Gambling-related harms: evidence review - GOV.UK

Figure 1: Location of gambling premises across Wolverhampton



Licensed gambling premises across Wolverhampton are categorised using a colour-coded system based on the type of outlet located within each ward. Analysis shows a disproportionate concentration of these premises in areas experiencing higher levels of deprivation, as illustrated by the darker shades of purple in Figure 1. In contrast, there is minimal presence of gambling outlets in less deprived areas, particularly in the western parts of the city.

Notably, **St Peter's ward**, which includes the city centre, accounts for a significant number of gambling premises—**11 in total**—highlighting a clustering effect in more deprived urban areas. This pattern reinforces concerns that gambling businesses tend to establish themselves in communities where individuals are more vulnerable to gambling-related harms, particularly within disadvantaged populations.

YOUNG PEOPLE AND GAMBLING-RELATED HARMS

The Health-Related Behaviour Survey (2024) was completed by **12,611 students** across primary and secondary schools in Wolverhampton¹⁸. The findings reveal concerning trends in gambling-related behaviours among children and young people:

52%

of **KS2 pupils** reported making in-game purchases (e.g. coins, loot boxes, skins).

54%

of **KS3–KS4 pupils** also made in-game purchases, with boys reporting higher rates than girls.

27%

of **KS3–KS4 pupils** admitted to lying about the money they spent on gambling

20%

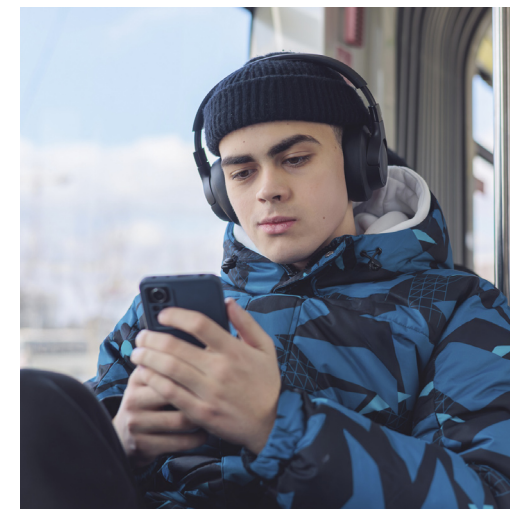
of **KS3–KS4 pupils** said they spent more than they could afford

23%

of **16+ students** reported lying about their gambling spend

12%

of **16+ students** acknowledged spending beyond their means



These findings highlight the growing exposure of young people to gambling-like behaviours, particularly through digital platforms. The data underscores the urgent need for a place-based strategic approach that is flexible and responsive to the specific needs of the local population in tackling gambling-related harms among children and young people.

¹⁸ [wolverhampton-smoking-andf-substances-2024.pdf](#)

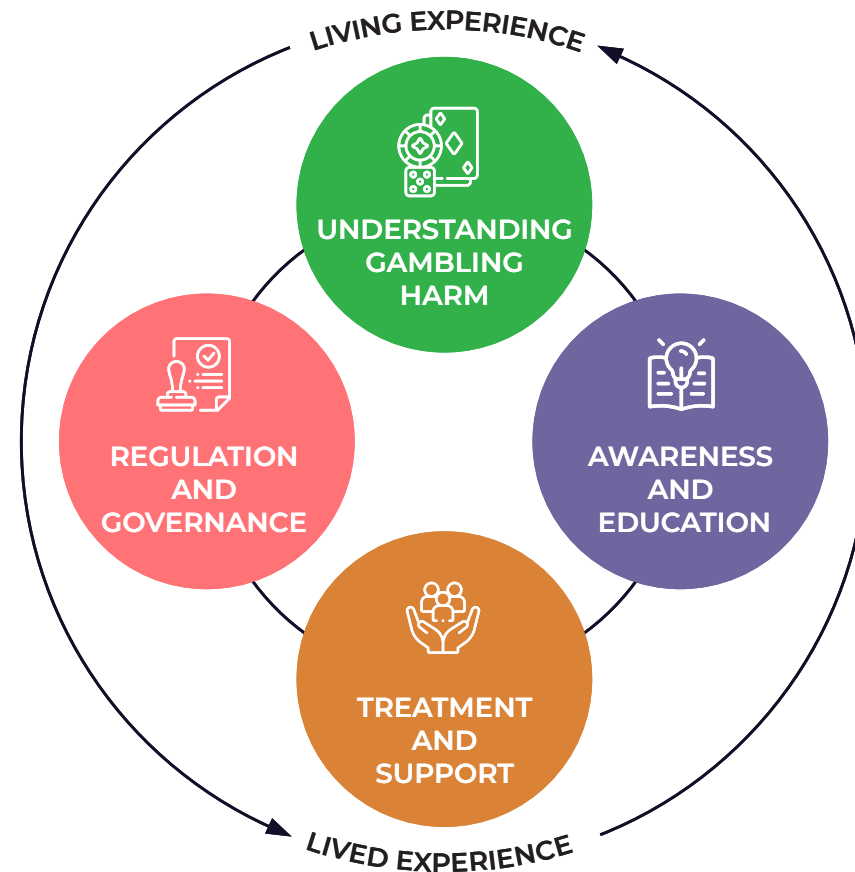
APPROACH

This strategy is primarily informed by a range of national, regional, and local data sources, including the *Public Health England Gambling Harms Evidence Review*¹⁹, *Wolverhampton's Local Gambling Harm Needs Assessment*²⁰, and the latest *NICE guidance* on addressing gambling-related harms²¹.

By applying national estimates and best practice recommendations at a local level, the strategy identifies a series of themed priorities—such as education, partnerships, governance, and support. It also emphasises the importance of robust data collection, insight generation, policy development, and legislative alignment.

The strategy adopts a public health approach structured around four core priorities. These priorities are underpinned by a “golden thread” of lived and living experience, ensuring that experts by experience play a central role in shaping and influencing the strategy’s implementation.

Figure 2: Gambling Harm Reduction Strategy priorities for Wolverhampton



¹⁹ Gambling-related harms: evidence review - GOV.UK

²⁰ GRH - RNA Infographic.pdf

²¹ Overview | Gambling-related harms: identification, assessment and management | Guidance | NICE

CORE STRATEGIC PRIORITIES



UNDERSTANDING THE SCALE OF HARM

To gain a clearer picture of gambling-related harm in Wolverhampton, the strategy seeks to expand the use of validated screening tools across frontline services. This will enable more comprehensive data collection, offering deeper insight into the scale of harm and helping to identify and support priority groups at risk.



AWARENESS AND EDUCATION

Raising awareness of gambling harms is essential. This will be achieved through targeted educational interventions for professionals working with vulnerable groups, tailored programmes for children and young people, and public health campaigns designed to highlight the risks and consequences of gambling.



TREATMENT AND SUPPORT

For individuals requiring more intensive support, the strategy will focus on improving access to treatment services. This includes strengthening referral pathways and addressing barriers such as stigma and service accessibility.



REGULATION AND GOVERNANCE

Enhancing local regulatory controls will allow greater influence over how gambling is promoted within council-owned spaces. This will be supported by the strategic use of planning policies, Statement of Licensing Policy, and other relevant legislation to regulate gambling activities more effectively.

LIVED AND LIVING EXPERIENCE

Lived experience—whether direct or indirect—offers invaluable insight into how public health interventions can be improved. Involving individuals with lived experience enhances awareness of the gambling industry, provides critical reflection, and helps challenge the existing policy environment²².

The role of lived experience in recovery is particularly significant, as it fosters empathy, understanding, and connection among individuals facing similar challenges. It also strengthens the relevance and impact of support services by ensuring they are informed by real-world perspectives.

The National Strategy to Reduce Gambling Harms clearly emphasises the importance of placing people with lived experience at the heart of all interventions. Their voices are essential in shaping effective, compassionate, and responsive approaches to tackling gambling-related harm²³.

KEY ACTIONS:

- Support the development of a peer-led network of individuals with lived and living experience of gambling-related harm
- Demonstrate a commitment to embedding the voices of those with lived experience in the design, development, and delivery of harm reduction and prevention initiatives



²² [Harnessing lived experience in a community-based intervention to address gambling-related harms | European Journal of Public Health | Oxford Academic](#)

²³ [National Strategy to Reduce Gambling Harms Archive](#)

UNDERSTAND THE SCALE OF HARM

Determining the true scale of gambling-related harm remains challenging both nationally and locally, as gambling is rarely recorded as a contributing factor when individuals seek support from frontline services²⁴.

However, Wolverhampton's Gambling Harms Needs Assessment drew upon national literature and data sources to identify communities at greater risk and to explore the broader health and wellbeing impacts of gambling. By applying estimated treatment need—outlined earlier in the strategy—and incorporating insights from young people via the Health Related Behaviour Survey (HRBS), a baseline understanding of gambling prevalence has been established.

While this insight provides a valuable starting point, there are notable gaps in both the quality and availability of local data. This lack of comprehensive evidence significantly limits our ability to fully understand the extent and impact of gambling-related harm in Wolverhampton.



KEY ACTIONS:

- Review and update the gambling harms needs assessment to incorporate the latest evidence and insights from local, regional, and national research and data sources
- Enhance data collection and reporting mechanisms to improve the quality, consistency, and usefulness of gambling-related information

²⁴ [please supply footnote]

AWARENESS & EDUCATION

There are well-established links between problem gambling and a range of serious issues, including mental health challenges, substance misuse, suicidality, financial hardship, and reduced social support²⁵. Despite these harms, the gambling industry often presents gambling as a harmless leisure activity—framing participation as a matter of personal choice and responsibility²⁶. This narrative can contribute to stigma and blame directed at individuals experiencing gambling-related harm.

Research indicates that both gamblers and affected others often perceive the harm as a result of personal failings, such as a lack of self-control or responsibility. These perceptions can intensify the harm experienced and further isolate those affected.

Currently, most training and educational initiatives are funded by the gambling industry. Local funding for gambling-related interventions is limited and often dependent on robust data to demonstrate need. Moreover, nationally recognised prevention and education campaigns are frequently influenced and financed by the industry itself, presenting a clear conflict of interest.

KEY ACTIONS:

- Strengthen multi-agency partnerships to enhance the collective response to gambling-related harms
- Promote and embed information resources consistently across all relevant sectors and settings to ensure widespread awareness and accessibility
- Design and deliver tailored educational programmes for young people to raise awareness and build resilience around gambling-related harms
- Development and implementation of awareness initiatives and focused community engagement activities
- Utilise small scale grants to support community and voluntary sector initiatives for people experiencing financial hardship

²⁵ [Problem Gambling in the UK: Implications for Health, Psychosocial Adjustment and Health Care Utilization - PubMed \(nih.gov\)](#)

²⁶ [The impact of responsible gambling framing on people with lived experience of gambling harm - PMC](#)

TREATMENT & SUPPORT

Currently, most treatment and support for gambling-related harm is delivered online or via telephone, although face-to-face options are available through some providers. NHS services primarily report the use of evidence-based interventions such as Cognitive Behavioural Therapy (CBT) and pharmacological treatments. Third-sector organisations also offer structured psychosocial interventions, which vary in technique and approach.

The NHS is the primary treatment provider, operating independently of industry influence. NHS Gambling Clinics are located in Derby and Stoke, serving the wider Midlands region with both in-person and virtual appointments. NHS data shows a 42% increase in referrals for gambling addiction between April and September 2022, with 599 patients referred compared to 421 during the same period in 2021²⁷.

In addition to NHS services, Aquarius operates regionally, offering Extended Brief Interventions (EBI) and structured treatment. Data indicates that remote gambling is the most common reason for accessing support, with the majority of service users being male²⁸.

Self-exclusion tools, such as downloadable software blockers, are available for individuals who recognise their gambling as harmful and wish to stop. These tools allow users to voluntarily restrict access to gambling platforms, with businesses required to take reasonable steps to prevent gambling during the exclusion period³⁰.

Despite the availability of services, evidence suggests a significant unmet treatment need³¹. Many individuals do not access support due to various barriers, including stigma, lack of awareness, and emotional challenges such as shame, guilt, low self-esteem, and hopelessness³².

27 NHS Clinics [NHS England — Midlands » NHS opens new gambling addiction clinic in the Midlands amid record referrals](#)

28 [Adult Gambling Support Service | Have a Gambling Problem?](#)

29 [Gordon Moody - Tackling Gambling-Related Harm](#)

30 [Self-exclusion](#)



Services often rely on individuals to self-identify and seek help, which can be particularly difficult for affected others, as most treatment pathways are designed for those who gamble rather than those impacted by someone else's gambling³³.

KEY ACTIONS:

- Work in partnership to embed gambling-related support and treatment pathways within established health and social care structures
- Support the development of local health and wellbeing connections to improve access to services and streamline care navigation

³¹ Gambling treatment need and support in England: main findings and methodology - GOV.UK

³² Gambling Disorder and Stigma: Opportunities for Treatment and Prevention - PMC

³³ Addressing Gambling Harm to affected others: A scoping review (part II: Coping, assessment and treatment) - ScienceDirect

REGULATION & GOVERNANCE

Wolverhampton currently has a comparable number of gambling premises to its Black Country neighbours. However, these premises are disproportionately concentrated in wards experiencing high levels of deprivation, with minimal presence in the less deprived western areas of the city. This uneven distribution highlights a concerning observation—intimating that the gambling industry may be targeting vulnerable communities most at risk of gambling-related harm.

Under current legislation, the City of Wolverhampton Council acts as the designated Licensing Authority under the Gambling Act 2005. As such, it is responsible for assessing and determining applications for gambling premises, as well as ensuring compliance with the Act.

While these objectives aim to ensure responsible operation of gambling premises, the local authority—particularly Public Health—does not currently have sufficient powers or policy levers to prevent or restrict gambling premises in areas of concern. This limits the ability to proactively reduce the risk of gambling-related harms in the most affected communities.

The legislation sets out three key licensing objectives that guide both the Licensing Authority and gambling operators:

- 1. Preventing gambling from being a source of crime or disorder, or being associated with or used to support crime.**
- 2. Ensuring that gambling is conducted in a fair and open way.**
- 3. Protecting children and other vulnerable persons from being harmed or exploited by gambling.**

KEY ACTIONS:

- Inspire and empower elected members and local communities to actively support advocacy initiatives aimed at influencing national regulatory change, informed by local insights and evidence
- Limit the visibility and reach of local gambling advertisements to reduce exposure and accessibility
- Ensure the transition to a statutory levy reduces reliance on and influence of industry-funded research, education, and treatment programmes

MEASURES

Gambling-related harm is a nationally recognised public health concern and a key health and wellbeing priority for Wolverhampton. The development of localised gambling harm reduction strategies is still relatively new across local authorities. As such, a flexible and responsive approach to the strategy's implementation over its four-year period is essential. This will allow the strategy to evolve in line with emerging evidence, learning, and developments—particularly in response to changes following the recent consultation on the statutory levy and other national updates.



MONITORING AND GOVERNANCE

Progress will be monitored and reviewed through the following mechanisms:

- **Delivery Plan:** A detailed action plan outlining key milestones, designated leads, and associated outputs. This will be updated annually to reflect progress and ensure shared understanding of tasks and their status.
- **Strategic Partnership Group:** The group will continue to meet regularly to review progress, discuss challenges, and ensure alignment with the strategy's objectives.

MEASURING SUCCESS AND EFFECTIVENESS

A range of indicators will be used to assess the strategy's impact across its core priority areas:



UNDERSTANDING GAMBLING HARM

- Number of organisations adopting PGSI (Problem Gambling Severity Index) screening tools
- Number of referrals into treatment services following PGSI screening
- Bi-annual city-wide surveys (adults and young people) to assess prevalence and awareness of available support services



AWARENESS AND EDUCATION

- Coverage of gambling harm education among professionals, delivery settings, and young people
- Track the number of localised awareness campaigns delivered and measure their impact through changes in treatment service uptake



TREATMENT AND SUPPORT

- Number of individuals referred to NHS Gambling Clinics as the primary treatment pathway
- Number of Wolverhampton residents accessing treatment through NHS and non NHS gambling services
- Uptake of gambling-related treatment among Wolverhampton residents via alternative service providers



REGULATION AND GOVERNANCE

- Reduction in the number of licensed gambling premises in densely populated areas, particularly within cumulative impact zones and near vulnerable communities or areas of deprivation, measured against a defined baseline

OUTCOMES

A set of strategic outcomes has been established to monitor progress against identified measures. These outcomes will be owned and routinely reviewed by the Gambling Harm Reduction Partnership to ensure accountability and drive impact

STRATEGIC AMBITIONS



1. An increase in the number of individuals seeking support for gambling-related harms, with demonstrable improvements in recovery and wellbeing outcomes



2. Residents have increased awareness and understanding of the risks and harms associated with gambling products and activities



3. Communities are empowered through professionals equipped to identify and support individuals experiencing gambling-related harm



4. Stigma surrounding gambling addiction and harm is reduced, enabling more open conversations and access to support



5. Senior leaders and elected members are actively engaged in local decision-making processes to prevent and reduce gambling-related harm



6. Position Wolverhampton as a recognised local leader in the prevention and reduction of gambling-related harms

SUMMARY

The City of Wolverhampton is committed to understanding the true extent of gambling-related harms. This has led to the establishment of a multi-agency strategic partnership group and the completion of a rapid health needs assessment. Wolverhampton now has a local strategy shaped by many organisations that support people affected by gambling harms. Our strategic partners have pledged their support for the delivery of this strategy, working collaboratively to assist individuals impacted by gambling harms.

The gambling industry increasingly relies on sophisticated advertising and promotional strategies to engage its customer base. These campaigns are often highly targeted, positively framed, and in some cases may contribute to riskier gambling behaviours³⁴. Our goal is to reduce exposure to gambling products for all residents in Wolverhampton. As an initial step, we plan to explore the restriction of the promotion and advertising of gambling within council-owned spaces. We will also advocate for similar restrictions to be adopted by partner organisations within their own premises and local communities.

Additionally, we intend to strengthen and influence the regulatory environment—particularly in relation to planning and licensing—to support this goal.

We endorse this primary prevention approach because we recognise that treatment alone cannot resolve gambling-related harms. It is essential to prevent avoidable harm from occurring in the first place, thereby reducing the need for treatment and support services.

The PHE Gambling Evidence Review³⁵ found that overall participation in gambling activities was consistent across all Index of Multiple Deprivation (IMD) quintiles in England. However, evidence shows a clear inequality, with gambling harms disproportionately affecting people in more deprived communities, where those on low incomes experience significantly higher rates of problem gambling compared to less deprived areas.

Given these disproportionate impacts, our strategy places particular emphasis on supporting communities most at risk. This includes children and young people, individuals in low-paid or unstable employment, those who are unemployed, and people with limited or no formal education.

³⁴ [Emergent gambling advertising; a rapid review of marketing content, delivery and structural features | BMC Public Health | Full Text](#)

³⁵ Public Health England (2021). Gambling-related harms evidence review. Accessed at [Gambling-related harms: evidence review - GOV.UK \(www.gov.uk\)](#)

³⁶ <https://www.bristol.ac.uk/media-library/sites/gambling-harms/documents/What-social-and-spatial-inequalities-exacerbate-gambling-harms.pdf>

³⁷ <https://link.springer.com/article/10.1186/s12889-021-10337-3>

As a partnership, a central aim of our strategy is to embed screening within frontline services to support earlier identification of gambling-related harms. This will help increase awareness of available treatment options and improve access to effective support—particularly through preferred providers such as NHS gambling clinics. By adopting a ‘Make Every Contact Count’ (MECC) approach, we aim to ensure that individuals affected by gambling harms are recognised and offered timely help. We also advocate for equal attention to gambling addiction, recognising it alongside other addictions such as tobacco, alcohol, and drugs.

People with lived and living experience of gambling-related harms will play a central role in the implementation of this strategy. Their insights will inform and influence each priority area, ensuring that the voices of experts by experience are embedded throughout the duration of the strategy.

The strategy’s objectives will be continuously monitored, reviewed, and evaluated over its four-year implementation period. This process will help identify successes, challenges, and areas for improvement, allowing for evidence-based adjustments to enhance impact. Progress will be reported to key governance bodies, including the Health and Wellbeing Board, and the Wolverhampton Gambling Harms Reduction Strategic Partnership Group, in collaboration with both existing and new partners.

