

Practitioners' perspectives on addressing gambling harms within substance use services in North East England

What this research is about

In recent years, gambling-related harms have emerged as a public health priority. This also leads to an increased emphasis on screening for problem gambling. Early detection of problem gambling may help to reduce associated harms. But clinical settings need to choose an appropriate screening tool based on their context and available resources.

A substantial body of research has found that gambling and substance use disorders often co-occur. Given this, researchers have recommended routine screening and clearer referral pathways for gambling disorder (GD) in substance use treatment services. That said, several barriers stand in the way. People experiencing GD may face more stigma compared to people experiencing a substance use disorder. Moreover, service providers may not feel adequately equipped to address gambling-related harms. One study with social workers noted barriers such as not knowing how to support people experiencing problem gambling, a lack of referral pathways, and a need for more training.

In this study, the researchers explored what may help or hinder professionals working in substance use treatment services in the North East of England to address gambling harms among their clients. This region has higher rates of poverty, alcohol and drug use, and gambling than the national averages.

What the researchers did

The researchers conducted semi-structured interviews. Participants all had a connection with a

What you need to know

Gambling and substance use disorders often co-occur. Professionals who work in drug and alcohol treatment services have a unique opportunity to identify clients who are also dealing with gambling harms. However, little is known about the barriers they face for identifying and referring these clients to gambling-focused treatment. This study explored barriers for addressing gambling harms among professionals working in drug and alcohol treatment services in the North East of England. A total of 34 participants were interviewed. The researchers identified five themes: lack of training or awareness increases the hidden harm, stigma is a barrier, gambling is not a priority for management, treating gambling harms is not part of the mandate, and not asking about gambling means that no one receives help.

professional at a substance use service in the North East of England. They were recruited by email advertising across multiple regional and local authority networks. Staff of two organizations helped to connect potential participants.

The interviews took place in early 2025, with a total of 34 participants. During the interview, participants were asked about their background, knowledge of gambling harms, training and education, their clientele, screening and interventions, and future needs. The researchers analyzed the interview data using thematic analysis.

What the researchers found

A total of 34 professionals were interviewed, with 17 men and 17 women. Participants worked in 15 organizations as managers, recovery workers, and community and outreach workers. The types of organizations included charities, local authority public health teams, drug and alcohol treatment services, and National Health Service.

Five themes emerged from the data analysis:

- (1) *Lack of training or awareness increases the hidden harm.* Many participants said they had no formal training in gambling harms and lacked knowledge of how to refer clients for gambling-related support. Despite this, they were able to identify various harms caused by gambling. Some participants mentioned that their co-workers did not see gambling as posing the same level of risk as substance addictions.
- (2) *Stigma is a barrier.* Many participants described numerous forms of stigma associated with gambling harms, including internalized stigma that clients held regarding their own gambling. Clients might also project stigma onto other clients. Stigma was identified a major barrier that prevented clients from disclosing gambling harms.
- (3) *Gambling is not a priority for management.* Many participants suggested that they had little guidance from management on how to manage gambling harms among clients. They highlighted that a lack of funding limited the ability of their organization, as well as the wider sector, to treat clients experiencing gambling harms.
- (4) *Treating gambling harms is not part of the mandate.* Despite wanting to provide support for gambling harms, many participants said their organization's priority was in supporting drug and alcohol issues. Some participants mentioned working with external partners and signposting to other services for gambling-related support.
- (5) *Not asking the question helps no one.* Participants reported a lack of brief screening questionnaire or tool to identify gambling harms among clients. They felt that having a screening tool would help them better support clients facing

gambling harms and improve data collection to gain insights into these clients.

How you can use this research

This study could be of interest to policy makers in England, as well as management and staff in drug and alcohol treatment services.

About the researchers

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Greo Evidence Insights is an independent, non-profit organization specializing in research, knowledge mobilization, and evaluation in the health and well-being sectors. Greo transforms research and insights into actionable strategies to prevent and reduce harm related to gambling, gaming, technology use, and substance use. To learn more about funding for Research Snapshots visit [our website](#).

