

“All you’ve got to do is stop”: A Qualitative Examination of Gambling Stigma and Discrimination from the Perspective of Lived Experience

Elizabeth A. Killick , Clare Wyllie, Alexander Källman et Michelle Potiaumpai 

Volume 5, numéro 1, 2024

Critical Directions in Early-Career Gambling Studies

URI : <https://id.erudit.org/iderudit/1114239ar>

DOI : <https://doi.org/10.29173/cgs170>

[Aller au sommaire du numéro](#)

Éditeur(s)

University of Alberta Library

ISSN

2563-190X (numérique)

[Découvrir la revue](#)

Citer cet article

Killick, E., Wyllie, C., Källman, A. & Potiaumpai, M. (2024). “All you’ve got to do is stop”: A Qualitative Examination of Gambling Stigma and Discrimination from the Perspective of Lived Experience. *Critical Gambling Studies*, 5(1), 49–64. <https://doi.org/10.29173/cgs170>

Résumé de l'article

People with lived experience have drawn attention to gambling stigma as a harm in itself, justifying discrimination and exacerbating other harms. The gambling establishment’s response has reproduced individual responsibility by reducing stigma to a barrier to help-seeking. More recently, adapting to critiques of individual responsibility, the gambling establishment has expanded the issue to one of services and society. This paper identifies the structural dynamics that drive gambling stigma and discrimination from the perspective of lived experience. Semi-structured interviews were conducted with adults in Great Britain who had experienced gambling harm (n = 40). Several key themes were identified: (1) Harmless fun and individual responsibility; (2) Comparison with substance use; (3) The role of money; (4) Lack of parity in government policy; (5) Stereotypes of “typical” gamblers. The findings show the fundamental driver of stigma is the way commercial gambling functions and is enabled to function by the state, thus perpetuating the very conditions producing stigma in the first place. Stigma-reduction strategies that focus on changing individual behaviour or public information campaigns that tell people to get help early are insufficient: they are just another version of “responsible gambling,” where the individual is expected to do everything. Change requires addressing the unique features of gambling harm, stigma and discrimination, and the position the U.K. government allows commercial gambling to occupy.

© Elizabeth A. Killick, Clare Wyllie, Alexander Källman et Michelle Potiaumpai, 2024



Ce document est protégé par la loi sur le droit d’auteur. L’utilisation des services d’Érudit (y compris la reproduction) est assujettie à sa politique d’utilisation que vous pouvez consulter en ligne.

<https://apropos.erudit.org/fr/usagers/politique-dutilisation/>

CRITICAL gambling studies



ISSN: 2563-190X. Available Open Access at <https://criticalgamblingstudies.com>

ORIGINAL RESEARCH ARTICLE

“All you’ve got to do is stop”: A Qualitative Examination of Gambling Stigma and Discrimination from the Perspective of Lived Experience

Elizabeth. A Killick, Clare Wyllie, Alexander Källman, Michelle Potiaumpai

APA Citation: Killick, E. A., Wyllie, C., Källman, A., & Potiaumpai, M. (2024). “All you’ve got to do is stop”: A qualitative examination of gambling stigma and discrimination from the perspective of lived experience. *Critical Gambling Studies*, 5(1), 49–64.

<https://doi.org/10.29173/cgs170>

Article History:

Received September 15, 2023

Accepted August 7, 2024

Published October 5, 2024

© 2024 The authors

This work is licensed under a [Creative Commons Attribution-Non-Commercial-No-Derivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/). Authors retain copyright of their work, with first publication rights granted to *Critical Gambling Studies*.





“All you’ve got to do is stop”: A Qualitative Examination of Gambling Stigma and Discrimination from the Perspective of Lived Experience

Elizabeth. A Killick¹,^a Clare Wyllie,^a Alexander Källman,^a Michelle Potiaumpai^a

^a *Tackling Gambling Stigma, U.K.*

Abstract: People with lived experience have drawn attention to gambling stigma as a harm in itself, justifying discrimination and exacerbating other harms. The *gambling establishment's* response has reproduced *individual responsibility* by reducing stigma to a barrier to help-seeking. More recently, adapting to critiques of individual responsibility, the gambling establishment has expanded the issue to one of *services* and *society*. This paper identifies the structural dynamics that drive gambling stigma and discrimination from the perspective of lived experience. Semi-structured interviews were conducted with adults in Great Britain who had experienced gambling harm (n = 40). Several key themes were identified: (1) Harmless fun and individual responsibility; (2) Comparison with substance use; (3) The role of money; (4) Lack of parity in government policy; (5) Stereotypes of “typical” gamblers. The findings show the fundamental driver of stigma is the way commercial gambling functions and is enabled to function by the state, thus perpetuating the very conditions producing stigma in the first place. Stigma-reduction strategies that focus on changing individual behaviour or public information campaigns that tell people to get help early are insufficient: they are just another version of “responsible gambling,” where the individual is expected to do everything. Change requires addressing the unique features of gambling harm, stigma and discrimination, and the position the U.K. government allows commercial gambling to occupy.

Keywords: Lived experience, gambling stigma, gambling harm, gambling regulation

Article History: Received September 15, 2023; Accepted August 7, 2024; Published October 5, 2024

Available Open Access from <https://doi.org/10.29173/cgs170>

Background

Commercial gambling has grown substantially over the past few decades and is increasingly understood as a public health issue (Abbott, 2020; Wardle et al., 2021). Multi-national gambling organizations, powered by data, digital, and financial technologies, design and promote products that are intensive, accessible, addictive, and immensely profitable (Cassidy, 2020; Hing et al., 2022). The United Kingdom currently has one of the world’s largest regulated online gambling markets. Gamblers lose over £15.1 billion per annum to the gambling industry (Gambling Commission, 2024). This gross gambling yield of the industry is based on consumer losses,

generated disproportionately from the more impoverished in society (Hahmann et al., 2021). Gambling causes significant harm to substantial numbers of people who participate in gambling, their families, friends, broader social networks, and wider society. This includes financial harm, harms to health, relationships, social connectedness and inclusion, and employment (Browne et al., 2016; Canale et al., 2016; Cowlshaw et al., 2019), and lifelong and intergenerational disadvantage (Langham et al., 2015).

¹ Corresponding author. Email: Elizabeth@tacklinggamblingstigma.com



© 2024 The authors

This work is licensed under a [Creative Commons Attribution-Non-Commercial-No-Derivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/). Authors retain copyright of their work, with first publication rights granted to *Critical Gambling Studies*.

Stigma, Responsible Gambling, and Evolving Discourses of Responsibility

There has been increasing research attention to the stigma associated with gambling harm (Gambling Research Exchange (GREO), 2019; Hing et al., 2015; Quigley, 2022). Stigma involves negative evaluations and attitudes about a condition and begins with the labelling of differences, which are then associated with negative stereotypes through cultural beliefs, leading to the separation of individuals into *us* versus *them* categories (Goffman, 1963; Link & Phelan, 2001). This process culminates in status loss and discrimination for the affected individuals, and can result in a range of other outcomes such as social isolation and economic disadvantage (Link & Phelan, 2001).

Gambling stigma and discrimination are themselves significant harms that damage people’s self-worth, health, and life opportunities while exacerbating other harms (Langham et al., 2015). Real and perceived negative judgments from others, along with internalized or self-stigma, produce feelings of guilt, shame, and worthlessness, resulting in deteriorated self-esteem, mental health, and self-efficacy; the concealment of problems; and social withdrawal (Hing et al., 2015; Hing et al., 2016; Quigley, 2022; Rolando et al., 2023). Stigma lessens social value and justifies disadvantage and discrimination against individuals and structurally in policies and societal institutions (Quigley, 2022), including regulation, financial services, health and social care, and the justice system, among others. This results in additional harms such as social rejection, exclusion, barriers to accessing housing and employment, and loss of social status and relationships (Hing et al., 2014; Hing et al., 2016; Hing & Russell, 2017; Miller & Thomas, 2017). The way people harmed by gambling are treated in policy and institutions, in turn, justifies negative public attitudes, so stigma and discrimination are mutually reinforcing.

A significant theme in the literature is that *personal responsibility* narratives generate gambling stigma. Gambling has been framed as an issue of personal responsibility by the gambling industry, government, and media. *Responsible gambling* discourses present gambling as recreation and entertainment, shifting the responsibility for gambling harm to consumers and disregarding the harm caused by gambling products, practices, and environments (Livingstone & Rintoul, 2020; Livingstone et al., 2019; van Schalkwyk et al., 2021). Consequently, those harmed by gambling are constituted as “flawed consumers of a mostly harmless recreational pastime” (Rintoul et al., 2023, p. 2), are stereotyped as “irresponsible” and “greedy” (Hing et al., 2015, p. 17), and are blamed for the harm they experience. These narratives create barriers to understanding the true extent of gambling harm and justify ineffective regulation of harmful commercial activities and normalization. This creates addiction and harm, as well as hindering access to help (Rintoul et al., 2023).

The discourse of personal responsibility is fundamental to gambling harm, stigma, and discrimination. As this analysis of “responsible gambling” has gained prominence, the *gambling establishment’s* response has largely been to co-opt such critiques to protect commercial gambling and linked state interests. By “gambling establishment,” we mean the conglomeration of organizations—commercial, state, and providers of education and treatment—that depend on continuing the gambling industry (Orford, 2019).

In some cases, there is a find-and-replace approach, as if changing the term *problem gambler* to *problematic*, *disordered*, or even *person experiencing gambling disorder* is enough without changing the underlying assumptions of individual responsibility, as evidenced in a recent review of gambling harms training materials for healthcare professionals (Wyllie et al., 2023). Alternately, mental health or public health

approaches are deployed to reconstitute individual responsibility in a more palatable form.

Instead of *problem gambling*, it is asserted that *harmful gambling behaviour* is a “mental health condition” or “clinical addiction.” In this way, those harmed are less responsible and more protection is justified, but the focus remains on a defined group whose vulnerability means they gamble harmfully. This is evident in the U.K. government’s review of the *Gambling Act 2005*. The resultant White Paper begins: “We recognise that people should be free to spend their money as they choose, but when gambling poses the risk of becoming a clinical addiction the government needs to ensure there are proper protections” (Department for Culture, Media & Sport, 2023, p. 3). Throughout and in associated consultations, the government maintains that people with harmful gambling behaviour are susceptible to advertising and high-risk products. Consequently, the measures are additional rules to target “vulnerable” people while not affecting the “majority of gamblers who do not suffer harm” (Department for Culture, Media & Sport, 2024)—leaving dark nudges (ambiguous or misleading design features in gambling machines, website, and mobile applications; Newall, 2019), marketing and advertising, and availability and accessibility almost untouched.

To date, the U.K. government has tended to adopt prevention measures that ostensibly preserve consumer choice, such as public information campaigns, rather than attempt to make changes to the social and economic context, such as taxes and restrictions on availability (adopting individual-level intervention over population-based intervention) (Bhattacharya, 2023). This is true for the regulation of the gambling industry, where harm-reduction efforts are typically aimed at the individual level, relying on industry measures directed at high-risk individuals, such as voluntary limit setting and the use of algorithms to detect harmful levels of play. This stands in contrast to recognizing the wider environmental and

commercial determinants of harm, such as ineffective regulatory systems, permissive advertising policies and the widespread availability of gambling opportunities (Wardle et al., 2019).

The public-health language of “structural factors” and “inequalities” is used by organizations within the long-standing state-sanctioned system of gambling research, education, and treatment provision through voluntary donations from gambling companies (Cassidy et al., 2013). The most striking instance is GambleAware, the primary commissioner and provider in this system. GambleAware’s *Organisational Strategy 2021–26* explains that:

Trustees have sought a closer alignment between the charity’s research and evaluation commissioning activity and investment, and the delivery of the organisation’s charitable objectives. This has resulted in GambleAware moving away from new research, data and evaluation commissioning that informs industry regulation and policy, and towards the creation of data, knowledge and learning to understand the diversity and current inequalities in the experience of gambling harms; and to inform policy which increases equity and supports improved information, advice, support and treatment services to prevent and reduce gambling harms across the whole population. (p. 44)

This passes “responsibility for reducing gambling harms to individuals and healthcare professionals” and removes attention from the fundamental issue, “the way in which gambling is allowed to exist” (McCartney, 2023). It allows GambleAware to assert concern with structural factors, while saying nothing about the gambling industry that funds it or the regulator whose goodwill their position in the system relies on. Here we have a new progressive-sounding narrative to replace “responsible” and “problem”

gambling, which blames society and structural inequalities, comorbidities, and the prejudice of services and charities, but serves the same function—namely, hiding the primary role of gambling companies and regulation in harm.

Current Approaches to Addressing Gambling-Related Stigma

Stigma interventions are an important way such discourses reach the public as they frequently involve public awareness campaigns. However, there are critical gaps in how gambling harm, stigma, and discrimination are conceptualized and acted on. The literature tends to reduce stigma to an individual-level issue of maladaptive, avoidant coping and negative self-image, which the problematic person must overcome so they take up the treatment on offer. Alternately, stigma is the consequence of an uneducated public and the negative responses of family, friends, and professionals. The solutions become behaviour change and public awareness campaigns (Keane, 2019; Thomas et al., 2016), or, according to GambleAware, it is the collective responsibility of all helping agencies. This places the responsibility for stigma on the people harmed by gambling, affected others, and professionals, rather than addressing the position and regulation of the gambling industry.

There is a lack of research, particularly in the United Kingdom, that provides in-depth qualitative insight from the perspective of lived experience into the structural factors that drive gambling-related stigma. Specifically, the role of policy, regulation, and the gambling industry. As a result, structural stigma has been argued to be a critical area for future gambling research (Quigley, 2022). This understanding can then inform policy reform that addresses stigma reduction at the population level. Accordingly, this research sought to address this gap. Our research was guided by one specific research question: What are the structural drivers influencing gambling-related stigma and

discrimination from the perspective of people with lived experience?

Methods

Procedure

Individuals who had experienced gambling harm were recruited from Great Britain using purposive and snowball techniques, including promoting the study on social media sites and contacting people in gambling-related services, initiatives, and networks.

Participant interviews lasted for an average of 70 minutes (with interview times ranging from 40–150 minutes) and were conducted online on Zoom or Skype between January 2021 and May 2023. To be eligible to take part, participants had to be older than 18 years of age and live in Great Britain. Additionally, they had to have experienced gambling harm related to their own gambling, a criterion outlined in the recruitment material and participant information sheet. Information about the harm that they had experienced was discussed during the interview, rather than formally measured using a screening instrument.

Participants were given written and oral information about the study's purpose, the voluntariness of participation, and the right not to answer specific questions and to withdraw their consent at any time without consequence. Participants were also provided the contact details of support services if they felt they needed to talk confidentially to someone about anything that arose from the interview. Written or video-recorded consent was received from participants before each interview.

In-depth semi-structured interviews were conducted using an interview guide, inviting participants to share their experiences as they wished, with some follow-up questions and prompts. Examples of follow-up questions included: "*How did the gambling develop over time?*"; "*Could you tell me about when gambling started causing difficulties for you?*"; "*Can you tell*

me about the things that made the gambling difficulties worse?"; "Things that helped?" Additional prompts included exploring individual aspects within the wider context, such as asking about participant perceptions of community, culture, gambling industry practices, regulation, financial institutions, and support services.

Theoretical Approach

We used a critical studies approach to inquiry that acknowledges the role of power, social position, inequality, and injustice in health-related phenomena (Charmaz, 2017; Jacobson & Mustafa, 2019). Within this approach, we seek to critique powerful institutions and the injustices that occur, and to identify areas to advocate for change (Denzin, 2017).

There are many different types of stigma. We focused on interactions with institutions, policies, and regulations related to gambling and gambling-industry practices. In order to address gambling stigma and discrimination, it was necessary to shift from problematic and irresponsible individuals towards problematic, harmful industries (Brown & Russell, 2020; Thomas et al., 2016) and state policy.

In this, we recognise that lived experience is itself constituted within discourse. However, people's negotiation of and interaction with various discourses and practices concerning their own experiences provide important insight into how power plays out and is challenged (Gaventa & Cornwall, 2001).

Data Analysis

The data were analyzed using Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2019). This approach was chosen as it provided flexibility, acknowledging the researchers' own perspectives and biases when interpreting the data. An inductive approach was taken to capture the full range of perspectives in relation to gambling harm and stigma, and to encompass all aspects of the data relevant to the research question.

Interviews were transcribed using the [NVivo Transcription](#) online service and reviewed for accuracy by EK. The transcriptions were uploaded to QSR NVivo 13 (Lumivero, 2020), which was used to analyze the material. Initial codes were developed by two of the study investigators (EK and CW), who assigned labels to sections of text.

From these initial codes, EK and CW developed candidate themes, which were named and further refined. Inter-coding reliability was not assessed in this study because an RTA approach was used (Braun & Clarke, 2021). EK and CW held regular meetings to review and discuss the developing themes and to reach a consensus for the final themes.

This analysis was conducted using a ground-up approach, allowing the data to lead to the formulation of themes, rather than predefining themes or using a specific theoretical approach. However, EK and CW paid particular attention to identifying themes that addressed the research questions and examined interactions between people with lived experience and institutions, policies, and regulations related to gambling and gambling-industry practices.

Relevant data extracts are presented to convey theme interpretations and to ensure participants' voices were represented, thus enhancing the integrity of the data (Williams & Morrow, 2009).

Sample Description

Forty participants shared experiences of their gambling. Four were female (10%), the remainder were male (90%). Some provided their age, while others did not. As a result, participants were assigned to one of three broad age categories (18–34 years, 35–60 years, and 60+ years), and we used our best judgment to assign individuals to one of these groups. The most common age category for participants was 35–60 years ($n = 26$; 65%), followed by 18–24 years ($n = 8$; 20%), then 60+ years ($n = 6$; 15%). Participants were recruited from numerous regions across Great Britain, including London, North East England, North West England, West Midlands, South East

England, Yorkshire and the Humber, Scotland, and Wales. All participants were of white ethnicity, apart from one who was South Asian. Participants came from the full range of socio-economic groups, from low income (including those on benefits) to high income, and they worked in a variety of fields including construction, finance, delivery, and law. The full range of gambling participation was covered, including lotteries, betting, casino games, slots, bingo, spread betting, and investment platforms; “land-based” and online.

Results

Five key themes were identified: (i) harmless fun and individual responsibility; (ii) comparison with substance use; (iii) the role of money; (iv) lack of parity in government and policy; and (v) stereotypes of “typical” gamblers.

Harmless Fun and Individual Responsibility

The first theme concerned the functioning of the gambling industry, with participants’ insights emerging from their direct experience of interacting with both online gambling companies and high-street bookmakers. Participants described how the gambling industry promotes the view that gambling is harmless fun, a matter of individual choice, responsibility, and self-control. They pointed to how, at the same time, the industry uses many practices to push people to gamble more, such as advertising, promotions, and the design of venues, websites, and products.

Almost all participants discussed how gambling companies can advertise so freely, the positive ways gambling is portrayed in advertising, and how gambling is made a “natural” part of many leisure and social spaces. They explained that this made them and those around them think gambling is just part of life, something everyone does, and harmless fun: “They’ve got the football on a live screen; it could be in a local pub or restaurant. These gambling companies advertise: ‘Why don’t you put on a bet? Your friend might do it’” (Participant 26, male).

Some participants commented that there is little to no warning that gambling is harmful or addictive, so the experience of addiction took them by surprise. They described how they felt they were the odd one out, that something was wrong with them, while “everyone else was okay” with gambling: “You think, ‘Why has it chosen me?’ You feel isolated. I’m on my own. I’ve got a problem here, and nobody else seems to have it; only me” (Participant 24, male).

Many participants spoke about how responsible gambling messages, slogans, and tools telling them to “control themselves” were not just ineffective, they were insulting and hurtful and contributed to the public perception that gambling “addiction” is a “lifestyle choice.” A few participants were told by friends or family members that “all you need to do is stop”:

I know I felt like I deserved it... And this comes back down to that industry narrative of putting all the onus upon the person who is addicted. You play responsibly, you set these limits, you self-exclude. (Participant 6, male)

Many participants spoke of how gambling companies did not intervene when people showed clear signs of harm, and instead encouraged them to gamble more:

I did not get one call from that company... Instead, they gave me more free bets, to keep me going. It was like a drug. They were like the pushers of an addict, keeping you going, keeping you spending. (Participant 37, male)

Some participants were explicit about stigma benefiting the gambling industry:

A lot of the stigma around gambling is generated by the bookmakers because whenever you hear people confronting them about responsible gambling and things like that, they always put it down to, “Oh, it’s almost like the dirty few, the small percentage of stupid people that go

too far. The majority of our players are good, but you've got these bad people that go too far and make us look bad." (Participant 4, male)

Comparison with Substance Use

Participants made comparisons with other addictions to explain gambling harm stigma, both that it is not recognised as an addiction and that it has features that make it different from substance use:

I said, "I've just come out of rehab and I don't want to go back to [city], and I suffer from a gambling addiction." She responded, "Like, you gamble loads?" I think it's just looked at so differently... I feel like sometimes people just don't understand. You say you've got a drink problem or a drug problem, it's like, "Ohhh." You say gambling problem, "What, he gambles too much?" But it's like, it's not really seen, I don't think. (Participant 8, male)

Participants often referred to gambling as affecting brain circuitry, their "brain was hijacked" or "rewired" like it can be from substance use, and they wanted gambling to be understood as an addiction like any other that "took over." One participant described how "you feel like a passenger in your own body." Another described how gambling made them feel "separated from myself."

Some explain that when they had seen documentaries about how gambling affects the brain, they felt a huge sense of relief as they could finally understand why they had gambled as they had:

In the third episode, the one about gambling, he talks to a psychologist who explains the physical reasons why your brain becomes addicted to gambling ... It was like she'd opened up my head. It upset me more than anything else has done for

the last four or five years, but it made me realize the truth in a way that I hadn't done before. (Participant 36, male)

However, a common theme among participants was the distinction between gambling and substance use, and how this contributed to the stigma surrounding gambling-related harm. Unlike substances, gambling did not involve consuming something tangible or producing easily identifiable physical changes, making it hard to understand as an addiction:

When people say addiction, you automatically go to drugs or alcohol; gambling's not spoke about in the same way. The question I got was, "Why couldn't you just stop?" Now, you wouldn't ask that to a drug addict, you wouldn't ask that to an alcoholic. (Participant 32, male)

There were no bodily limits to gambling, as with the amount of alcohol, cigarettes, or drugs that could be consumed in a time. Gambling was limited only by money, time, and opportunity:

There's only so much drugs you can put into your system before your body goes "that's enough," and it shuts down. There's only so much alcohol you can drink. Gambling you can lose absolutely everything in the space of a night, in the space of an hour (Participant 9, male)

Participants explained this meant both that they themselves did not realize they were "intoxicated" and becoming "addicted," and that they felt no one else could see their gambling difficulties. Gambling was described as the "invisible" addiction, and participants felt this added to the stigma:

It's really easy to hide it because if you gamble during the night, no one's going to know. I think it gets to the point where it's gone too far before you realize that it's gone too far because it doesn't affect your body as such. It doesn't show to other

people. You're still the same person, but you've got so much going on in your head when you're thinking about gambling and knowing that you should stop.
(Participant 31, female)

Some participants were explicit about the importance of understanding how gambling products, commercial practices, and regulations should be considered when addressing stigma:

We need to understand a lot more about the products and how they're designed and how they're addictive. That insight that will add into the fact that we're now looking at it's not just more personal responsibility; it's not just you to blame. That would start tackling stigma ... The responsibility comes from everybody, comes from government, comes from the regulator. (Participant 16, male)

The Role of Money

Participants felt that gambling is about money, which added a unique dimension to stigma. To those around them, gambling looked like it was about winning money, hence greed or laziness. At the same time, it involved financial damage to the person who gambled and to those around them, hence irresponsibility, in an area where people are particularly supposed to exercise rational decision-making:

There's an attitude of, "Oh, it's hidden, we'll sweep it under the carpet, these people are just irresponsible people that can't control themselves. Surely you wouldn't be that stupid just to lose all your money on gambling?" (Participant 10, male)

Participants described how they and the people around them could not understand how they could behave recklessly with money. They said it needed to be understood that gambling was designed so that people became addicted to the activity of gambling and the experience they get

from it, so gambling became an alternate world separate from the everyday value of money:

I know a lot of people don't understand. Basically, they think it's just because of the money. It's literally not the money. It started off being the money, wanting a big win. A bit of fun wanting a big win, but then when you get addicted to it, it's not even about the money. Money's irrelevant; it's just a tool you need to gamble. When I got to the point where, yes, it's not about the money... They said, "Oh, you can just stop gambling," but it's literally not like that. (Participant 27, male)

Participants explained that, eventually, money was merely the means to continue to gamble; they would gamble to "extinction," with any bonuses or winnings going back into gambling, which benefited the gambling companies:

I had no relationship with money towards the end. So for me, money didn't mean anything. Even when I was winning in casinos and things, it would go straight back on. I wouldn't be able to leave, or I wouldn't be able to log off online until that money had gone. (Participant 11, male)

But the loss of money has very real consequences. Participants described shame and self-hatred at "not paying their way," "ruining their lives," taking resources from people close to them, or committing crimes. Some participants felt especially stigmatized because they had not lived up to social expectations of being prudent with money:

I felt absolute shame. I mean, what I could have done with £30,000. I could have took the kids on holiday. I could have bought stuff, you know. It was the thought of all that money that I had just wasted on me.
(Participant 3, male)

Participants often give up control of their finances to stop gambling. Many described relief

and accepted the need to do this, but it also involved humiliation:

I'm not really responsible for my money anymore because I can't be responsible for it. And that's a hard, hard thing to come to terms with yourself is that actually, for me personally, I'm not a responsible person, especially with money. (Participant 10, male)

Lack of Parity in Government Policy

Repeatedly, participants questioned why gambling was not treated comparably to alcohol and smoking in government policy. Most commented how there were much fewer restrictions on gambling, as well as lower levels of education, treatment, and provision of resources in the areas of criminal justice, social care, or benefits. The fact that the government seemed not to acknowledge gambling as a harmful activity and treated gambling differently from other harmful activities made participants feel they did not matter and were to blame.

Participants were perplexed as to why the government subjected gambling to fewer restrictions in advertising and sponsorship, availability, product controls, and product warnings:

You'd never see the person who's in [the pub] every day, drinking six, seven pints in the evening; you'd never see that pub landlord putting offers on just for that one person... It's never the case, but with gambling, it seems to be the normal thing to do. (Participant 33, male)

Participants were deeply anxious about disclosing gambling to services because they believed they would not be understood or would face negative consequences, and often they felt this is what happened when they did:

I went to the hospital emergency department... I say to my doctor, "I am facing this type of problem." So, they

totally ignore me: "Why you are here? It is for [an] emergency? You cannot come here." I cannot sleep. I cannot eat. A lot of things in my head. They don't give me any treatment; they just print one paper. There are some addresses there like, Gamblers Anonymous meeting, GamCare number... it's not enough... They hate me, or they hate this type of people." (Participant 5, male)

Participants wanted to know why sources of help were not given a high profile, so that knowing what to do would be common knowledge if you needed help; instead, gambling advertising was everywhere. They reflected that it was normal to be asked about alcohol, smoking, or mental health in many settings, but not gambling. Some stated there was public information and education about the harms associated with alcohol and drugs but not gambling: *"You do see stigma attached to it ... it never used to be a question that was on your health check. How many fags do you smoke, you drink how many? Nothing about gambling"* (Participant 8, male).

Stereotypes of "Typical" Gamblers

Participants referred to negative views about gamblers as stupid, weak, greedy, lazy, untrustworthy, irresponsible, and ruining lives. Some of this was the persistence of earlier discourses of gambling as "morally degenerate" and looked down on through association with working-class or risk-taking masculinity: *"From my perspective, the stigma that sticks with gambling sits around dysfunction and being unreliable, and it impacts everything you could do, and people just don't trust you"* (Participant 35, male).

Some participants described how there is an image of a "typical" gambler. The person is white, male, and working class in a bookies (betting shop). Or they might think of a man gambling large amounts of money and wanting to live

extravagantly. They did not want to be associated with this “*type of person*” in their minds or by others. Some participants spoke about how family or community members warned them about gambling or hated and despised it:

I can't see a day where I can sit down with my dad and talk to him about what I've done. I can't because he's of a generation as well where gamblers are thought of even worse. The sort of stereotypical gambler from his generation is the guy that spends all day in a smoky bookie, just getting his salary in an envelope, taking it straight down there and losing it all.

(Participant 4, male)

Participants wanted it to be known that someone suffering gambling harm looks just like everyone else and could be any person, including someone you know: “*Most people would look at me and go, 'You, of all people but no, not you,' and half an hour later they were going, 'I still can't believe that you did that'”* (Participant 30, female).

Some participants pointed out that when gambling difficulties are made visible—for example, in the news, documentaries, or dramas—they depict the extreme end of harm, often with large amounts of money involved. The news tends to be driven by court proceedings and reported on gambling-related crime in terms of “*fuelling a lavish lifestyle,*” losses to a business, or families left penniless:

They're not going to look into the history of how I got to that point of the gambling addiction. They're not going to look in the malpractice that happened through the gambling companies, through the lack of the safer gambling of internal processes. They're not going to look at other aspects involved in the case, mitigating factors such as what could the company have done better... It will just be “Man defrauds £150,000 for gambling addiction.”

(Participant 11, male)

The idea of a “*typical*” gambler being white and male results in additional stigma for other groups. Women described how their gambling was seen as contrary to the social norms for women, that they should be “*sensible and caring*” and, by experiencing gambling difficulties, they have “*broken the rules*” and “*they shouldn't behave like that.*” One participant also described how information, services, and interventions were not tailored for them:

I get frustrated, but I know that the majority of people that come for support are males, but they will, like, say 75% of the people that come forward are males and then nothing is said about the 25% that are women. You're just making women feel like they have no place, and I just always feel like we're pushed off the table. There's targeted marketing of gambling products to women, so why is there not targeted [support] marketing for women? (Participant 30, female)

Some participants experienced additional stigma because their culture or religion prohibits gambling. This could also intersect with views of gambling as for the poor and uneducated.

I'm from Muslim town, and my family members [my mother, my father, my brother, and I] we are educated. So, for me, gambling is impossible, impossible for me, because we hate this type of thing. Gambling, drunken. (Participant 5, male)

A few men from social groups who were “*expected to gamble*” explained that they experienced stigma and shame as gambling addiction was at odds with masculine ideals because it involved “*losing control*” and being “*weak*”:

It does sometimes feel a little bit like your middle-aged guy is the one that has the least ability to sort of go, “Yeah, I feel shame, I feel stigma.” Because it might not be anything to do with my gender, my

beliefs, my culture, my background. I'm just your average bloke without anything that I can attribute that shame and stigma to other than the fact that I'm a gambling addict, and I am a recovering gambling addict. That is enough for me.
(Participant 9, male)

The themes highlighted in this study are interrelated and collectively reinforce the stigma surrounding gambling. For example, the industry narratives of individual control and responsibility feed into the stereotypes of “typical” gamblers, exacerbating both self and public stigma by portraying individuals as lazy or irresponsible. The disparity in government policy, where participants questioned why gambling is not regulated as stringently as other harmful activities, coupled with pervasive advertising portraying gambling as harmless, reinforces the perception that only a small minority experience harm and that they are to blame for their predicament. This means that the different drivers of stigma reinforce each other, exacerbating gambling harms.

Discussion

The aim of this study was to qualitatively examine the structural dynamics driving gambling stigma and discrimination from the perspective of lived experience. Based on the thematic analysis, five themes were identified from the data.

Harmless fun and individual responsibility describes how, from all sides, participants felt they were made to bear the blame for the harm gambling caused them and those around them. Unsurprisingly, the role of narratives of individual responsibility featured heavily in the data. This supports the existing evidence of the gambling industry's impact and government discourses on individual responsibility (Marko et al., 2022; Miller et al., 2016; Rintoul et al., 2023). However, importantly, this is not only a *narrative*, as it is often described, but it is realized in the practices

of commercial gambling and its regulation (Alexius, 2017), which participants pointed to because of their direct experience with the actions of gambling companies.

Additionally, people with lived experience (PLE) felt a driver of stigma was that gambling did not involve taking in a substance with evident physical effects (*comparison with substance use* theme) and, consequently, was not understood as addictive. PLE made use of the discourses of addiction but in a way that challenged its use by the gambling establishment as a new iteration of “problem gambler” to place attention on harmful commercial practices. Participants' relationship with the term *addiction* varied. However, many described themselves as having experienced gambling addiction or used phrases such as “*separated from myself*,” “*a passenger in my own body*,” “*my brain was hijacked*,” or “*rewired*.” They wanted recognition that commercial gambling products and practices, designed to be addictive, had caused them to behave in these ways. There are important social science accounts of the mechanisms by which gambling is habit forming and how this has been “turbo-charged” by data and digital technologies (e.g., Schüll, 2012; Yücel et al., 2018), which suggests that building on these and making them visible and comprehensive to the public and policymakers may be an important strategy.

Similarly, when participants spoke of the *stereotypes of the “typical” gambler*, they emphasized that “*people like them*” and anyone could become addicted to gambling because it is addictive, and anyone can experience a state of “*vulnerability*.” The construction of addiction as “*everywhere*” has been critiqued as an expression of the cultural anxieties of consumer capitalism (Reith, 2014). The findings of this paper form a challenge to how vulnerability and high-risk groups are being used by the gambling establishment to justify individual-focused interventions and to protect commercial activity. At the same time, there was the tendency for participants to assert their respectability relative

to these classed, gendered, and race-based stereotypes to protect their self-worth and social standing (Marko et al., 2022; Miller & Thomas, 2017). In this context, inequalities are co-opted by the gambling establishment, and people harmed wish to distance themselves from other possible dimensions of stigma related to social position. This makes it a challenge to convey that poorly regulated gambling has the potential to harm anyone who participates, while showing how inequities contribute to and are exacerbated by gambling harm. In addition, women participants noted that the available support services and interventions were tailored to men, rather than to them, further driving the stigma and the feeling that they were not deserving of help.

A further driver of stigma is the *role of money*. Societal tropes about responsibility and control are particularly strong concerning expectations about how people should manage their money (Marko et al., 2022). Gambling itself violates these, but the primary harm is financial, which further contributes to stigmatization (Marko et al., 2023). Experiencing financial difficulties, in general, creates powerful feelings of shame, guilt, and personal responsibility (Sweet et al., 2018) and is stigmatized as it signals a deep personal failing in societies (Reith, 2018).

The theme *lack of parity in government policy* further outlined how participants identified that the government did not provide protections to stop gambling harm from happening in the first place, and there were significant gaps in how gambling was addressed via policy and services compared to other harmful activities. These identified structural factors (e.g., how gambling was addressed via policy and services compared to other harmful activities) are fundamental drivers of stigma, just as stigma—constructing a type of consumer to blame for gambling harm—is fundamental to the continuation of commercial gambling in its current form. This challenges organizations that take the position of destigmatizing gambling harm through behavioural change campaigns without

addressing regulation and policy. It is also contrary to what has brought about change in areas such as mental health, HIV/AIDS, and disabilities (Thomas et al., 2016).

Basic processes drive all stigma and discrimination: othering to socially devalue; serving specific relationships of power. However, it has been argued that addiction should be conceived as “theoretically and practically multiple” (Fraser et al., 2014, p. 15), and the same should apply to stigma. The accounts of PLE show specific dynamics that drive gambling harm stigma. This includes, fundamentally, the position commercial gambling is afforded in society.

Limitations

This study was limited to those fluent in English and from Great Britain, and used a self-selecting sample. The research benefited from the perspectives of adults across all ages, education, occupations, and socioeconomic positions, with varied gambling experience. There is a need for a better understanding of how different social contexts might influence the development and consequences of stigma and discrimination, and how the unique dynamics of gambling stigma interact with gender, class, race, sexuality, or disability, among others (Jackson-Best & Edwards, 2018). However, those from culturally and ethnically diverse backgrounds and women made up only a small part of the sample—in itself potentially reflecting that gambling continues to be additionally stigmatized for these groups. Future research should incorporate engaging with “gatekeepers” (individuals or groups who influence research population access) to widen the inclusion of underrepresented groups in gambling harm research (Crowhurst & Kennedy-macfoy, 2013). Further, culturally sensitive recruitment strategies and materials should be developed and used to facilitate greater participation and increase trust with participants and communities (Waheed et al., 2015).

Conclusion

Gambling has been conceptualized as an issue of individual responsibility, and those with gambling addictions are often blamed for the harm they and the people around them experience. Our paper challenged these discourses by examining the causes and consequences of stigma and discrimination, grounded in the experiences and views of PLE. This highlights the role that commercial practices, the lack of protective regulation, and discrimination in wider public policy and institutional practice play in contributing to stigma and harm. This paper has shown that change requires addressing the unique features of gambling harm stigma and discrimination, which differ from other stigmatized experiences, while drawing on what has successfully brought about meaningful change in other areas—long-term, multi-sectoral, and multi-level action derived from lived experience.

How we can (or cannot) understand gambling and gambling harm, and consequently how we act, lies with “whoever frames the debate” (Reith & Wardle, 2022, p. 71). How influential groups represent gambling impacts how gambling harm is understood, experienced, and addressed, and contributes to stigma and discrimination. It is not enough to tell people to get early help or to provide more information or product controls. Otherwise, it will be like another version of “responsible gambling,” where the individual is expected to do everything. The individual should not be left alone to suffer this burden and shoulder all the responsibility. The findings of this study suggest that a multi-dimensional approach is needed to address the conditions that create stigma and discrimination. To address the wider commercial drivers of stigma, regulation of commercial practices must be extended beyond harm reduction or industry measures that are aimed at the individual level and directed at “high-risk” customers. This includes a new regulatory approach to gambling advertising that

is insulated from commercial interests. This approach should draw upon lived experiences to inform key changes to the position the U.K. government allows commercial gambling to occupy.

References

- Abbott, M. W. (2020). Gambling and gambling-related harm: Recent World Health Organization initiatives. *Public Health*, 184, 56–59. <https://doi.org/10.1016/j.puhe.2020.04.001>
- Alexius, S. (2017). Assigning responsibility for gambling-related harm: Scrutinizing processes of direct and indirect consumer responsabilization of gamblers in Sweden. *Addiction Research & Theory*, 25(6), 462–475. <https://doi.org/10.1080/16066359.2017.1321739>
- Bhattacharya, A. (2023, July). *Carrots and sticks: Can governments do without public health regulation?* (Briefing Paper). Social Market Foundation. <https://www.smf.co.uk/wp-content/uploads/2023/07/Carrots-and-sticks-July-2023.pdf>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 18(3), 328–352. <https://doi.org/10.1080/14780887.2020.1769238>
- Brown, K. L., & Russell, A. M. T. (2020). Exploration of intervention strategies to reduce public stigma associated with gambling disorder. *Journal of Gambling Studies*, 36(2), 713–733. <https://doi.org/10.1007/s10899-019-09888-3>
- Browne, M., Langham, E., Rawat, V., Greer, N., Li, E., Rose, J., Rockloff, M., Donaldson, P., Thorne, H., Goodwin, B., Bryden, G., & Best, T. (2016, April). *Assessing gambling-related harm in Victoria: A public health perspective*. Victorian Responsible Gambling Foundation. <https://doi.org/10.11575/PRISM/9419>
- Canale, N., Vieno, A., & Griffiths, M. D. (2016). The extent and distribution of gambling-related harms and the prevention paradox in a British population survey. *Journal of Behavioral Addictions*, 5(2), 204–212. <https://doi.org/10.1556/2006.5.2016.023>
- Cassidy, R. (2020). *Vicious games: Capitalism and gambling*. Pluto Press.

- Cassidy, R., Loussouarn, C., & Pisac, A. (2013). *Fair game: Producing gambling research* (Report). European Research Council and Goldsmiths University of London. <https://research.gold.ac.uk/id/eprint/11731/1/Fair-Game-Web-Final.pdf>
- Charmaz, K. (2017). The power of constructivist grounded theory for critical inquiry. *Qualitative Inquiry*, 23(1), 34–45. <https://doi.org/10.1177/1077800416657105>
- Cowlshaw, S., Merkouris, S. S., Dowling, N. A., Rodda, S., Suomi, A., & Thomas, S. L. (2019). Locating gambling problems across a continuum of severity: Rasch analysis of the Quinte Longitudinal Study (QLS). *Addictive Behaviors*, 92, 32–37. <https://doi.org/10.1016/j.addbeh.2018.12.016>
- Crowhurst, I., & Kennedy-macfoy, M. (2013). Troubling gatekeepers: Methodological considerations for social research. *International Journal of Social Research Methodology*, 16(6), 457–462. <https://doi.org/10.1080/13645579.2013.823281>
- Denzin, N. K. (2017). Critical qualitative inquiry. *Qualitative Inquiry*, 23(1), 8–16. <https://doi.org/10.1177/1077800416681864>
- Department for Culture, Media & Sport. (2023, April 27). *High stakes: Gambling reform for the digital age*. <https://www.gov.uk/government/publications/high-stakes-gambling-reform-for-the-digital-age>
- Department for Culture, Media & Sport. (2024, February 23). *Government response to consultation on proposals for the introduction of a maximum stake limit for online slots games in Great Britain*. <https://www.gov.uk/government/consultations/a-maximum-stake-limit-for-online-slots-games-in-great-britain/outcome/government-response-to-consultation-on-proposals-for-the-introduction-of-a-maximum-stake-limit-for-online-slots-games-in-great-britain>
- Fraser, S., Moore, D., & Keane, H. (2014). *Habits: Remaking addiction*. Palgrave Macmillan.
- GambleAware. (2021, April). *GambleAware organisational strategy 2021–26*. https://www.begambleaware.org/sites/default/files/2021-04/GambleAware_Organisational_Strategy_2021-26.pdf
- Gambling Commission. (2024, February). *Industry statistics – February 2024 – Correction*. <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/industry-statistics-february-2024-correction>
- Gambling Research Exchange (GREO). (2019, December). *Stigma and gambling*. GREO Evidence Exchange. <https://doi.org/10.33684/2019.003>
- Gaventa, J., & Cornwall, A. (2001). Power and knowledge. In P. Reason & H. Bradbury (Eds.), *Handbook of action research: Participative inquiry and practice* (pp. 70–80). Sage Publications.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice-Hall.
- Hahmann, T., Hamilton-Wright, S., Ziegler, C., & Matheson, F. I. (2021). Problem gambling within the context of poverty: A scoping review. *International Gambling Studies*, 21(2), 183–219. <https://doi.org/10.1080/14459795.2020.1819365>
- Hing, N., Holdsworth, L., Tiyce, M., & Breen, H. (2014). Stigma and problem gambling: Current knowledge and future research directions. *International Gambling Studies*, 14(1), 64–81. <https://doi.org/10.1080/14459795.2013.841722>
- Hing, N., Nuske, E., Gainsbury, S. M., & Russell, A. M. T. (2016). Perceived stigma and self-stigma of problem gambling: Perspectives of people with gambling problems. *International Gambling Studies*, 16(1), 31–48. <https://doi.org/10.1080/14459795.2015.1092566>
- Hing, N., & Russell, A. M. T. (2017). How anticipated and experienced stigma can contribute to self-stigma: The case of problem gambling. *Frontiers in Psychology*, 8, 235. <https://doi.org/10.3389/fpsyg.2017.00235>
- Hing, N., Russell, A., Nuske, E., & Gainsbury, S. (2015, September). *The stigma of problem gambling: Causes, characteristics and consequences* (Research Report). Victorian Responsible Gambling Foundation. <https://apo.org.au/sites/default/files/resource-files/2015-12/apo-nid60656.pdf>
- Hing, N., Smith, M., Rockloff, M., Thorne, H., Russell, A. M. T., Dowling, N. A., & Breen, H. (2022). How structural changes in online gambling are shaping the contemporary experiences and behaviours of online gamblers: An interview study. *BMC Public Health*, 22, 1620. <https://doi.org/10.1186/s12889-022-14019-6>
- Jackson-Best, F., & Edwards, N. (2018). Stigma and intersectionality: A systematic review of systematic reviews across HIV/AIDS, mental illness, and physical disability. *BMC Public Health*, 18, 919. <https://doi.org/10.1186/s12889-018-5861-3>
- Jacobson, D., & Mustafa, N. (2019). Social identity map: A reflexivity tool for practicing explicit positionality in critical qualitative research. *International Journal of Qualitative Methods*, 18. <https://doi.org/10.1177/1609406919870075>
- Keane, H. (2019, August 25). Rethinking stigma and gambling. *Critical Gambling Studies Blog*. <https://doi.org/10.29173/cgs13>
- Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J., & Rockloff, M. (2015). Understanding gambling related harm: A proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*, 16, 80. <https://doi.org/10.1186/s12889-016-2747-0>
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27, 363–385. <https://doi.org/10.1146/annurev.soc.27.1.363>

- Livingstone, C., & Rintoul, A. (2020). Moving on from responsible gambling: A new discourse is needed to prevent and minimise harm from gambling. *Public Health*, 184, 107–112. <https://doi.org/10.1016/j.puhe.2020.03.018>
- Livingstone, C., Rintoul, A., de Lacy-Vawdon, C., Borland, R., Dietze, P., Jenkinson, R., Livingston, M., Room, R., Smith, B., Stooze, M., Winter, R., & Hill, P. (2019, June). *Identifying effective policy interventions to prevent gambling-related harm* (Research Report). Victorian Responsible Gambling Foundation. https://researchmgt.monash.edu/ws/portalfiles/portal/314486477/278151473_oa.pdf
- Lumivero. (2020). *NVivo* (Version 13, Windows Release 1). www.lumivero.com
- Marko, S., Thomas, S. L., Pitt, H., & Daube, M. (2023). The lived experience of financial harm from gambling in Australia. *Health Promotion International*, 38(3), daad062. <https://doi.org/10.1093/heapro/daad062>
- Marko, S., Thomas, S. L., Robinson, K., & Daube, M. (2022). Gamblers' perceptions of responsibility for gambling harm: A critical qualitative inquiry. *BMC Public Health*, 22, 725. <https://doi.org/10.1186/s12889-022-13109-9>
- McCartney, M. (2023). Gambleaware: What does "independence" from industry really mean? *BMJ*, 381, 1265. <https://doi.org/10.1136/bmj.p1265>
- Miller, H. E., & Thomas, S. (2017). The "Walk of Shame": A qualitative study of the influences of negative stereotyping of problem gambling on gambling attitudes and behaviours. *International Journal of Mental Health and Addiction*, 15(6), 1284–1300. <https://doi.org/10.1007/s11469-017-9749-8>
- Miller, H. E., Thomas, S. L., Smith, K. M., & Robinson, P. (2016). Surveillance, responsibility and control: An analysis of government and industry discourses about "problem" and "responsible" gambling. *Addiction Research & Theory*, 24(2), 163–176. <https://doi.org/10.3109/16066359.2015.1094060>
- Newall, P. W. S. (2019). Dark nudges in gambling. *Addiction Research & Theory*, 27(2), 65–67. <https://doi.org/10.1080/16066359.2018.1474206>
- Orford, J. (2019). *The gambling establishment: Challenging the power of the modern gambling industry and its allies*. Routledge. <https://doi.org/10.4324/9780367085711>
- Quigley, L. (2022). Gambling disorder and stigma: Opportunities for treatment and prevention. *Current Addiction Reports*, 9(4), 410–419. <https://doi.org/10.1007/s40429-022-00437-4>
- Reith, G. (2014). Gambling and the contradictions of consumption: A genealogy of the "pathological" subject. In R. Granfield & C. Reinerman (Eds.), *Expanding addiction: Critical essays* (pp. 249–262). Routledge.
- Reith, G. (2018). *Addictive consumption: Capitalism, modernity and excess*. Routledge.
- Reith, G., & Wardle, H. (2022). The framing of gambling and the commercial determinants of harm: Challenges for regulation in the UK. In J. Nikkinen, V. Marionneau, & M. Egerer (Eds.), *The global gambling industry: Structures, tactics, and networks of impact* (pp. 71–86). Springer Gabler.
- Rintoul, A., Marionneau, V., Livingstone, C., Nikkinen, J., & Kipsaina, C. (2023). Gambling, stigma, suicidality, and the internalization of the 'responsible gambling' mantra. *Frontiers in Psychiatry*, 14, 1214531. <https://doi.org/10.3389/fpsy.2023.1214531>
- Rolando, S., Ferrari, C., & Beccaria, F. (2023). "To me, it was just a vice": Stigma and other barriers to gambling treatment in Piedmont, Italy. *Journal of Gambling Studies*, 39(4), 1909–1925. <https://doi.org/10.1007/s10899-023-10214-1>
- Schüll, N. D. (2012). *Addiction by design: Machine gambling in Las Vegas*. Princeton University Press. <https://doi.org/10.1515/9781400834655>
- Sweet, E., DuBois, L. Z., & Stanley, F. (2018). Embodied neoliberalism: Epidemiology and the lived experience of consumer debt. *International Journal of Health Services*, 48(3), 495–511. <https://doi.org/10.1177/0020731418776580>
- Thomas, S., Bestman, A., Pitt, H., David, J., & Thomas, S. (2016, May). *Lessons for the development of initiatives to tackle the stigma associated with problem gambling*. Victorian Responsible Gambling Foundation. <https://hdl.handle.net/10536/DRO/DU:30083800>
- van Schalkwyk, M. C. I., Petticrew, M., Cassidy, R., Adams, P., McKee, M., Reynolds, J., & Orford, J. (2021). A public health approach to gambling regulation: Countering powerful influences. *The Lancet Public Health*, 6(8), e614–e619. [https://doi.org/10.1016/S2468-2667\(21\)00098-0](https://doi.org/10.1016/S2468-2667(21)00098-0)
- Waheed, W., Hughes-Morley, A., Woodham, A., Allen, G., & Bower, P. (2015). Overcoming barriers to recruiting ethnic minorities to mental health research: A typology of recruitment strategies. *BMC Psychiatry*, 15, 101. <https://doi.org/10.1186/s12888-015-0484-z>
- Wardle, H., Degenhardt, L., Ceschia, A., & Saxena, S. (2021). The *Lancet Public Health* Commission on gambling. *The Lancet Public Health*, 6(1), e2–e3. [https://doi.org/10.1016/S2468-2667\(20\)30289-9](https://doi.org/10.1016/S2468-2667(20)30289-9)
- Wardle, H., Reith, G., Langham, E., & Rogers, R. D. (2019). Gambling and public health: We need policy action to prevent harm. *BMJ*, 365, 11807. <https://doi.org/10.1136/bmj.11807>
- Williams, E. N., & Morrow, S. L. (2009). Achieving trustworthiness in qualitative research: A pan-paradigmatic perspective. *Psychotherapy Research*, 19(4–5), 576–582. <https://doi.org/10.1080/10503300802702113>

Wyllie, C., Killick, E., & Kallman, A. (2023, February 22). *A review of gambling harm training materials for healthcare professionals*. Tackling Gambling Stigma. <https://tacklinggamblingstigma.com/wp-content/uploads/2023/04/A-Review-of-Gambling-Healthcare-Training-Tackling-Gambling-Stigma.pdf>

Yücel, M., Carter, A., Harrigan, K., van Holst, R. J., & Livingstone, C. (2018). Hooked on gambling: A problem of human or machine design? *The Lancet Psychiatry*, 5(1), 20–21. [https://doi.org/10.1016/S2215-0366\(17\)30467-4](https://doi.org/10.1016/S2215-0366(17)30467-4)

Funding and Conflict of Interest Statement

Elizabeth Killick and Michelle Potiaumpai declare they have no conflicts of interest. Alexander Källman and Clare Wyllie have previously worked for GambleAware (until 2019 and 2020, respectively). They have also provided evidence and expertise for the Clean Up Gambling Campaign for regulatory reform and the Coalition Against Gambling Advertising.

This work, conducted by Elizabeth Killick, Alexander Källman, Clare Wyllie, and Michelle Potiaumpai, was supported by grant funding from Derek Webb, who founded and funded the Campaign for Fairer Gambling and who funds Clean Up Gambling and other initiatives to address gambling harm.

In the last three years, Elizabeth Killick, Alexander Källman, Clare Wyllie, and Michelle Potiaumpai have received additional research funding from Derek Webb, the University of Glasgow, Fast Forward (Scotland's national youth work organization specializing in risk-taking behaviours, prevention, and early intervention), and Gambling with Lives. Clare Wyllie and Alexander Källman have received funding from the Coalition Against Gambling Advertising and Clean Up Gambling. This paper has not been affected by the above support. The study design, data collection, and analysis all occurred before receiving the financial support listed above.

Author Details

Elizabeth Killick is a Senior Qualitative Researcher at Tackling Gambling Stigma, United Kingdom. She received her Doctorate in Psychology from Nottingham Trent University.

Clare Wyllie is the Director of Research at Tackling Gambling Stigma and Vita, United Kingdom. She is also a PhD candidate at the University of Edinburgh.

Alexander Källman is the Managing Director at Tackling Gambling Stigma and Vita, United Kingdom. He has an MA from King's College London, focusing on the intersection of politics and law.

Michelle Potiaumpai is a researcher at Tackling Gambling Stigma. She received her MA in Medical Anthropology from SOAS University of London and a BA in Anthropology at the University of Miami.

ORCID

Elizabeth Alice Killick  [0000-0002-0576-8081](https://orcid.org/0000-0002-0576-8081)

Michelle Potiaumpai  [0009-0004-0848-2486](https://orcid.org/0009-0004-0848-2486)