

# GambleAware

## **Gambling is a health issue**

### **BACTA Social Responsibility Exchange**

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Gambling is a health issue. Many people gamble and experience no adverse consequences. Many others, however, experience harms from their gambling.

The factors that influence the extent of harm to the player are wider than one product, or a limited set of parameters such as stakes and prizes. These include factors around the player, the environment and the product. We consider that the most effective approach to reducing gambling-related harms is to take a wide range of actions which, in aggregate, will have the desired impact:

- **Education** – ensuring that everyone understands better how gambling works and the associated risks, and building resilience across society, in particular among young people
- **Public awareness** – ensuring the public know where to find help and advice when gambling-related harms arise for themselves or for others they care for
- **Detection** – ensuring that gambling businesses monitor consumers' behaviour, and building systems to detect early signs of problematic gambling
- **Intervention** – ensuring appropriate action taken either by staff or systems or both, when signs of problematic gambling are detected
- **Breaks-in-play, limits and self-exclusion** – providing tools to assist consumers to break-in-play, limit or cease gambling
- **Consumer advice** – making brief interventions and self-help available online to help people to manage their own gambling
- **Treatment** – providing easy access to the right forms of advice and support and, when necessary, treatment at the right time for those experiencing problems
- **Mutual aid and relapse prevention** – providing ongoing support to maintain the levels of control achieved through treatment.

Although it is recognised that gambling generates considerable tax revenue for government, provides employment, creates innovation within business communities, provides benefits to other leisure sectors and gives pleasure and enjoyment to some participants, there are considerable societal costs arising from the harms associated with it. There is a need to better understand both these harms and costs and, where possible, attempt to develop a methodology for quantifying them.

To date, gambling problems tend to be framed within a medical-psychological perspective in terms of identifying particular behaviours and symptoms, rather than considering the harms themselves.

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For example, in Britain, we refer to there being 340,000 adult problem gamblers and a further 1.7 million at risk of becoming so. We know that young men aged 16 to 34 years are most likely to be either problem gamblers, or at-risk.

However, like other similar risk behaviours (alcohol, for example), there is increasing recognition that the harms that arise from gambling may be broader than medical-based criteria for problem gambling. These harms can have serious economic and social consequences not only for individual gamblers but also family, friends, communities and society. Gambling-related harms include impacts on relationships, finances and health – and by health I include physical, mental and social well-being.

These wide-ranging impacts, and the magnitude of these harms, are not captured within recent definitions of problem gambling. In Britain, policy makers, regulators and the broader public health community are increasingly recognising that it is a priority to better understand what we identify as gambling-related harms and how such harms might be measured and mitigated against via effective interventions. The first step towards achieving this was to establish a framework for commissioning meaningful research and this was published by GambleAware in July. The next step is to broaden the capacity for such research.

So we are pleased that the Department of Health and Social Care (DHSC), working with Public Health England (PHE), is considering what scope there is for commissioning further research to better understand the impacts of gambling-related harms on health and well-being. We understand that similar work is emerging in both Wales and Scotland.

Earlier this year, the annual remit letter from DHSC to PHE committed PHE to *“inform and support action on gambling-related harm as part of the follow up to the Department for Digital, Culture, Media & Sport-led review of gaming machines and social responsibility”*. This represents a significant milestone.

More significantly, has been the announcement that gambling and other non-chemical addictions have been officially referred by NHS England to the National Institute for Health and Care Excellence (NICE) for development of treatment guidance. Having treatment guidelines would indeed promote the earlier identification of harm and addiction and so improve access to help. We look forward to contributing to this work, just as we collaborated with the Local Government Association as they produced, in conjunction with PHE, updated guidance to local authorities about harmful gambling.

Currently, the NHS does not fund specialised treatment services for problem gambling. People with gambling problems may present to primary care or other NHS services, such as mental health services. As such, individuals may be treated alongside other conditions that do qualify for NHS treatment but, although recognised by the World Health Organisation under ICD-11 (International Classification of Diseases, 11<sup>th</sup> edition) as a Behavioural Disorder, the NHS does not commission any specialised clinics such

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as the CNWL Problem Gambling Clinic located at Central North West London Foundation Trust; this is funded by GambleAware.

Indeed, GambleAware is the primary commissioner of specialised problem gambling treatment services in Britain. Last year around 8,500 people were treated in those services, around 2% of the estimated population of problem gamblers. This compares to around 13% of alcohol-dependent adults receiving treatment funded by the state. This indicates the likely gap in services that exists; a gap that the state needs to help bridge with both funding and leadership. Although this does not minimise the responsibility of the industry to fund services.

By the way, some have suggested our dominance represents a monopolistic position. It does not. A monopoly, in economic terms, is the exclusive possession or control of the supply of or trade in a commodity or service. In fact, our situation is one of monopsony which refers to a market situation in which there is only one buyer, or in our case one commissioner of specialised treatment services.

Our objectives are to:

- commission safe, effective treatment that meets the needs of individuals, wherever they live in Great Britain
- work across organisational boundaries so that:
  - the different providers that we commission form a coherent joined-up treatment system
  - the treatment system for harmful gambling works in conjunction with the NHS to ensure joined-up treatment for people with co-morbidities.

Currently we fund:

- GamCare – which provides counselling services in London, operates the National Gambling Helpline and has a network of partner agencies across England, Scotland and Wales
- Gordon Moody Association – which operates as a therapeutic community which provides residential treatment and step-down support for those people who need to move away from home if they are to be successful in addressing their gambling problems – perhaps because they're being pursued by creditors, or they need to build up their social capital or life skills
- The CNWL Problem Gambling Clinic at the CNWL NHS Foundation Trust, which provides individual and group work CBT-based treatment to clients with complex needs from across Britain.

Two weeks ago we announced we will commission a new service based in Leeds, due to go live in April 2019 at a cost of £1.2 million a year. The partnership between Leeds and York Partnership NHS Foundation Trust and the GamCare network will provide treatment for people from across the north of England. This will be the second NHS-hosted clinic funded by GambleAware. The new service will provide prompt treatment for local residents with gambling problems including those whose case is severe or

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complex. Close integration of teams from the NHS and third sector organisations will provide a joined-up service, and City Council staff will be helping to signpost people to the help that they need. GamCare is developing a Problem Gambling Support team in Leeds which will work across the area to identify, screen, and support anyone affected by problem gambling. Training, support and integrated treatment pathways will be delivered, with the intention that people with gambling problems will get help earlier and in greater numbers. This includes groups currently under-represented in treatment, such as BME communities, women and those in the criminal justice system. We are working to identify similar hubs in Scotland, Wales and elsewhere in England.

Wherever people come into contact with this emerging free-at-the-point-of-delivery system, we want to ensure that they get routed to the provider who can best meet their needs, and to the best team for them within a given provider: which is why we're developing common tools for screening, for assessment, and for outcome monitoring.

In this way, data systems which were originally developed for performance management are now being extended to drive improvements in clinical practice.

Aftercare and relapse prevention are also important, and we want those people who will benefit to get signposted to mutual aid and other peer support.

We also recognise that an individual's harmful gambling can cause problems for their families and friends. That is why the services that we commission make provision for helping affected others.

As we know and must be vocal about, gambling addiction can lead people to taking their own lives. The providers within this treatment system are working to ensure that people who may be experiencing thoughts of suicide are identified and get the mental health support that will reduce the risk of suicide.

We are acutely aware of the need to build the evidence base. That is why we have a substantial research programme to build up the research capacity in Britain to study gambling addiction and to commission research to address the most significant gaps in the evidence.

Specifically, we have commissioned research to identify:

- the size and characteristics of the population that needs help
- the treatment that is most clinically-effective and cost-effective.

I have focused on our role as a commissioner of treatment because, in the absence of state funding, this is where we spend the largest proportion of the funds we raise. However, trustees are clear-sighted on the importance of education and prevention, particularly in relation to children and young people. This priority is underlined by the fact that it has been reported that 450,000 children gamble with their own money in the past week, and 55,000 of these children are identified as problem gamblers.

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Children and young people are growing up in a vastly different world than most of us here did. Their world is dominated by technology and being almost constantly connected to the world via the internet. Astonishingly, one in eight 11 – 16 year olds are following gambling companies on social media.

Public concern about the increasing proliferation of gambling-related advertising and sponsorship around sports that attract family audiences is widespread. Specifically, that it is normalising an adult activity for children. Given the announcement by Formula 1 recently, the public concern is likely to intensify. GambleAware has commissioned research into the impacts of gambling-related marketing on children and young people, which will report in 2019.

In the meantime, GambleAware is launching a social media awareness initiative next week to stimulate a public debate among football fans about this issue. The film-led initiative is intended to appeal to anyone who loves football. We hope it will encourage them to reflect on why they love the game, and whether the current relationship between football and betting is undermining what it means to be an authentic fan. We will not be advocating any specific solutions, but we do want to everyone with an interest to take part in the conversation by working with us to help improve awareness of gambling as a health issue, and to reduce the harms that arise.

Please note that this is not the public health campaign announced by ministers as part of the recent gambling policy review. This awareness initiative is separate, but complementary to, the *Safer Gambling Campaign* which GambleAware was invited to deliver, and will be launched late in December.

A little over a decade ago none of the current gambling-related advertising and sponsorship was permitted. There will be many working in, if not leading, marketing departments of gambling businesses today who will not be familiar with a regulatory and political environment that once held that gambling should be tolerated rather than encouraged. And by 'encouraged', it was meant that the general public should not be faced by unlimited opportunities to gamble and by uncontrolled inducements to do so.

There are those that say the current ubiquity of gambling-related advertising and promotion is effectively grooming children, and represents abuse. Whatever your viewpoint, shining a bright light on this health issue must be the right thing to do.

Thank you.