

PRESS RELEASE

Nearly half (46%) of all people with gambling disorder have not accessed treatment or support according to in-depth research into the demand for treatment of gambling harms

- The first ever Treatment Needs and Gap Analysis report has found that one in two problem gamblers (PGSI score of 8+) in Great Britain have not accessed any treatment or support, while 17% of those gamblers experiencing any level of harm (PGSI score of 1+), report having used some type of treatment or support in the past 12 months.
- The report highlights a number of barriers to accessing treatment and support, such as a lack of awareness of available services, social stigma (27% of problem gamblers were likely to experience stigma or shame), or reluctance to admit gambling problems, with nearly one in five (17%) problem gamblers saying that their gambling was not harmful.
- The report also found that women, BAME communities and individuals from lower socioeconomic backgrounds, may not be having their treatment and support needs adequately met, and recommends the provision of more flexible options.
- The research includes a population level survey by YouGov, independently assessed by Professor Patrick Sturgis, which shows that 54-61% of the population had gambled in the last 12 months, with 2.7% of the population scoring a PGSI 8+. In his assessment, Sturgis concluded the true level of gambling harm prevalence lies closer to the Combined Health Survey result of 0.7% of the population, rather than the 2.7% of the YouGov population survey.

London, 19 May 2020: GambleAware has today published the findings of research commissioned to examine gambling treatment and support services in Great Britain. The ground-breaking research, which is the first of its kind, was carried out by a group of researchers, including the National Centre for Social Research who produced the synthesis report.

The research, which found that nearly half of problem gamblers had not accessed treatment or support, demonstrated that a lack of awareness of services and the stigma associated with gambling problems, are both significant barriers to accessing treatment and support. There was often a hesitation to accept harmful gambling behaviour with almost a fifth of problem gamblers (17%) not thinking that their gambling was harmful, or that it only involved small amounts of money. Perceived stigma or shame was also a

significant barrier to accessing treatment and support, with more than a quarter (27%) of problem gamblers giving this as a reason.

Researchers also identified several other barriers which could affect whether a gambler chooses to seek treatment and support or not. These included factors such as personal reasons (ill health), a lack of awareness of problem gambling, the mode of therapy, and also practical reasons such as time constraints or cost.

When examining these potential barriers to treatment and support, researchers found that some groups and communities may not be having their needs adequately met and for whom treatment and support should be tailored. For example:

- Women gamblers were found to be three times more likely than men to refer to practical barriers such as cost, time or location as a reason for not accessing treatment or support.
- Although younger adults and people from BAME communities are less likely to be participating in any gambling activities, those that do are more likely to be classified as problem gamblers. Those groups are more likely to have used treatment or support in the last 12 months but were also more likely to report that they would like to receive more treatment or support in the next 12 months.
- The research also showed that differences in reported barriers highlights a concern that the needs of people from a lower socioeconomic background are not adequately met. Almost a fifth (17%) of gamblers from lower socioeconomic backgrounds were likely to report that nothing would motivate them to seek support.

Researchers also concluded that people's gambling behaviour, where problematic, impacted on their family and social environment with as much as 7% of the population identifying as an 'affected other'. It was found that as many as one in five (20%) of affected others also reported experiencing gambling harms themselves. Many felt there was a lack of treatment and support for affected family members specifically, and not enough signposting to available services.

The research also included a YouGov population survey to determine prevalence, which identified that 2.7% of individuals were deemed 'problem gamblers'.

Researchers identified a number of recommendations to overcome these gaps in treatment and support, including:

- Continuing to develop education programmes and campaigns to increase awareness and reduce stigma around gambling addiction.
- Tailoring services for groups less likely to access treatment and support, for example women, younger individuals, people from BAME communities, those from lower socioeconomic backgrounds and affected others.

Commenting on the research, **GambleAware Chief Executive, Marc Etches** said:

“This research has shown that there is a clear need to further strengthen and improve the existing treatment and support on offer, to develop routes into treatment and to reduce barriers to accessing help. Services have to be flexible to meet the needs of individuals and easy to access. This research shows how the need for support and the way it is accessed may vary according to gender and demographic factors such as ethnic group, location or whether a person has additional health needs.

Meeting the needs highlighted in this report will require partnerships between the statutory and voluntary sectors, both those services specific to gambling treatment and other health and support provisions. Working with those with lived experiences is essential in designing and promoting access to services, as well as helping to prevent relapse. It is important to engage community institutions including faith groups, to help make more people aware of the options available to them and ensure no one feels excluded from services.”

Dr Sokratis Dinos, Research Director at the National Centre for Social Research, also commented:

“A recurrent theme across this programme of studies was related to a lack of awareness of, or hesitation to accept, that gambling behaviour may be harmful. Gambling harms can have a negative impact on the perception of oneself often owing to the associated ‘stigma’. Continuing to develop education programmes and public messaging about the way gambling disorder is perceived, and the development of peer-based, as well as tailored treatment and support services for groups less likely to access those provisions, would help to address this and, in turn, contribute towards reducing barriers to seeking treatment and support.”

Professor Patrick Sturgis commented:

“In order to identify gaps in gambling treatment and support services in Great Britain, researchers need to understand the size and characteristics of the group who experience gambling harms. The 2016 Combined Health Surveys used probability sampling and respondent self-completion during face-to-face interviewing, whereas the YouGov survey used a non-probability sample and online self-completion. These differences in sampling and mode of interview are likely to be driving the difference in the estimates of gambling harm between the two surveys. It is impossible to say with certainty which of the two surveys comes closest to the true level of gambling harm in the general population. However, after studying and comparing the two survey designs at length, it seems likely that the true rate of gambling harm lies somewhere between the two, though it is probably closer to the Combined Health Surveys estimate of 0.7% than to the YouGov estimate of 2.7%.”

The final strand of this research is an interactive map of gambling prevalence PGSI 1-7 and PGSI 8+ at local authority level across Britain, to identify areas which have higher and lower than average levels of gambling harm. This will be published later in 2020.

-ENDS-

Contact:

Sarah Evans

+447523 609413

gambleaware@atlas-partners.co.uk

NOTES

About the research

- In 2018, GambleAware commissioned a programme of studies to review the current need, demand and use of gambling treatment and support in England, Scotland and Wales, to identify where there are geographic and demographic gaps in provision; and, to detail the demand for treatment and support by gamblers and affected others in Britain.
- The Problem Gambling Severity Index (PGSI) was used to determine whether someone was a 'low risk' gambler (PGSI score of 1-2), a 'moderate risk' gambler (PGSI score of 3-7) or a 'high risk' gambler (PGSI score of 8+).
- In order to understand the treatment and support needs of people experiencing gambling harms, GambleAware commissioned its research partner, YouGov, to understand the shape and size of the prevalence of gambling harm across Great Britain. The online population survey of 12,161 British adults was carried out between 24 September and 13 October 2019. Results suggested 13.2% of the adult population have a level of problem gambling (PGSI 1+).
 - Professor Patrick Sturgis has published a paper comparing this prevalence estimate with previous Combined Health Surveys and found that due to differing research techniques, it is most likely the true level of problem gambling in Great Britain lies closer to the [Combined Health Surveys](#)
 - The Combined Health Survey estimate was conducted and analysed by the National Centre for Social Research using combined data from the Health Survey for England 2016, the Scottish Health Survey 2016 and the Wales Omnibus in 2016.
- GambleAware is commissioning an adapted version of the survey to take place this month to gauge the impact of COVID-19 on responses to the questions. This will be reported separately.

About GambleAware:

- GambleAware is an independent charity (Charity No. England & Wales 1093910, Scotland SC049433) that champions a public health approach to preventing gambling harms – see <http://about.gambleaware.org/>.
- GambleAware is a commissioner of integrated prevention, education and treatment services on a national scale, with over £40 million of grant funding under active management. In partnership with gambling treatment providers, GambleAware has spent several years methodically building structures for commissioning a coherent system of brief intervention and treatment services, with clearly defined care pathways and established referral routes to and from the NHS – a National Gambling Treatment Service.
- The National Gambling Treatment Service brings together a National Gambling Helpline and a network of locally-based providers across Great Britain that works with partner agencies and people with lived experience to design and deliver a system, which meets the needs of individuals. This system delivers a range of treatment services, including brief intervention, counselling (delivered either face-to-face or online), residential programmes and psychiatrist-led care.
- In the 12 months to 31 March 2019, provisional figures show that the National Gambling Treatment Service treated 10,000 people and this is projected to rise to 24,000 people a year by 2021. Helpline activity is currently running at about 30,000 calls and on-line chats per annum. GambleAware also runs the website BeGambleAware.org which helps 4.2 million visitors a year, and signposts to a wide range of support services.
- GambleAware produces public health campaigns including **Bet Regret**. A Safer Gambling Board, including representatives from Public Health England, the Department for Digital, Culture, Media and Sport, and GambleAware, is responsible for the design and delivery of a campaign based on best practice in public health education. The Bet Regret campaign is being funded through specific, additional donations to the charity, in line with a commitment given to the government by the broadcasting, advertising and gambling industries. See <https://about.gambleaware.org/prevention/safer-gambling-campaign/>.