

# GambleAware

## 8<sup>th</sup> Annual Conference

Thursday 28 January 2021

09.30 – 12.30

Virtual zoom

### Welcome Address

Good morning, and welcome to GambleAware's 8<sup>th</sup> Annual Conference.

Ordinarily, we would be enjoying the hospitality of the King's Fund in Central London, but inevitably the ongoing pandemic requires us to deliver our conference remotely.

This year's event will be shorter than usual and with less opportunity to socialise, of course, but I hope it will be no less convivial. Indeed, operating an event such as this online does mean that it is more accessible to more people, and I am delighted to say that we have over 350 delegates attending today. Thank you for taking the time to join us.

I am delighted to welcome back Liz Barclay who will once again help us to ensure the conference runs smoothly and, with the support of GambleAware colleagues, will chair the various conference sessions.

I am especially delighted to welcome Alex Norris who is the Labour MP for Nottingham North and the Shadow Minister for Public Health. We look forward to hearing from Alex shortly.

The overall theme of today's conference is the treatment of gambling harms, and the purpose of the programme is to explore the development of care pathways, innovations in treatment, and assuring delivery involving a wide range of experts, whom I would like to also thank for their participation.

Gambling disorder is classified by the World Health Organization as an addictive behaviour whereby the pattern of gambling behaviour results in significant distress or in significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. The pattern of gambling behaviour may be continuous or episodic and recurrent.<sup>1</sup>

The World Health Organisation separately classifies 'hazardous gambling' as a pattern of gambling that appreciably increases the risk of harmful physical or mental health consequences to the individual or to others around this individual.<sup>2</sup>

The increased risk may be from the frequency of gambling, from the amount of time spent gambling, from the neglect of other activities and priorities, from risky behaviours associated with gambling, from the adverse consequences of gambling, or from the combination of these. The pattern of gambling often persists despite awareness of increased risk of harm to the individual or to others.

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<sup>1</sup> <https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2f%2fentity%2f1041487064>

<sup>2</sup> <https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2f%2fentity%2f233747706>

Gambling harms exist in the context of often complex lives and will inevitably reflect social and health inequalities. The negative impacts of gambling are commonly associated with comorbidities of both mental and physical health conditions, and often impact more socially and economically disadvantaged groups. There are inequalities both in relation to the propensity to experience harms, and in the accessibility of support and treatment.

Despite the prevalence of harms associated with gambling in Great Britain, one in two people with a gambling disorder have not accessed any treatment or support. This was highlighted in the first ever GB Treatment Needs and Gap Analysis research, commissioned by GambleAware, which also identified the barriers to accessing treatment and support, including a lack of awareness of available services, social stigma, and a reluctance to admit gambling problems to one's community and service and healthcare providers.

This seminal report, published last May, highlighted a clear need to strengthen and improve the existing treatment and support on offer, to develop routes into treatment and to reduce barriers to accessing help. How this is best achieved 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 experience is essential in designing and promoting access to services, as well as helping to prevent relapse. And this report makes clear how important it is 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.

Effective prevention of gambling harms requires a coherent and co-ordinated 'whole system approach' involving partnership with the NHS, public health agencies, local authorities, and voluntary sector organisations.

This will help to ensure appropriate prevention messages, referral routes and care pathways are in place for individuals in need of support, including treatment, and enable individuals to receive the right intervention at the right time.

The National Gambling Treatment Service (NGTS) is the name that we have given to the suite of services and work undertaken by ourselves and a network of organisations, statutory and voluntary, to tackle gambling harms. The work covers research, education, prevention, and treatment- in other words we endeavour to provide a whole system, public health response to gambling harms.

Today, we are concentrating on one element of that response- namely treatment, which is jointly commissioned by NHS England and GambleAware and includes the National

Problem Gambling Clinic and the Northern Gambling Service as well as other providers such as GamCare and the Gordon Moody Association.

GambleAware has commissioned ViewIt UK to operate the data system for the National Gambling Treatment Service with procedures like those used by the National Drug Treatment Monitoring System on behalf of Public Health England. Indeed, the data reporting system has been purposefully designed to be made available to the NHS, Public Health, local authorities and other statutory and voluntary sector agencies to meet the needs of local communities.

In the 12 months to March 2020: the National Gambling Helpline handled 39,000 contacts helping 25,000 people; and, 9,008 individuals were treated by the National Gambling Treatment Service with 90% showing improvement on the PGSI scale and 60% no longer regarded as 'problem gamblers' at the end of their treatment. 50% were seen within 3 days and 75% within 8 days.

Alongside this, GambleAware is working with the Care Quality Commission to develop plans for the inspection of all gambling treatment services.

GambleAware strives at all times to ensure that our work takes account of the wider strategic framework of other organisations in both the statutory and voluntary sectors.

In this way, we can complement or strengthen the work of other services by commissioning additional activity or enhancing current activity for which it, or they, may

be responsible. Our research function can also help to support, evaluate, and inform the work of these other agencies.

The value of this collaborative approach is acknowledged in the [NHS Mental Health Implementation Plan, 2019-24](#) in which GambleAware, alongside GamCare, is recognised as an NHS England partner in relation to the commitment to opening 15 specialist gambling clinics.

Despite the challenges of the pandemic, GambleAware has been very busy in the last twelve months. We have:

- Launched an [awareness-raising campaign](#) for the **National Gambling Treatment Service (NGTS)** across England, Scotland, and Wales.
- Followed up the publication of the first ever **Treatment Needs & Gap Analysis in Great Britain**, with secondary analysis to investigate the needs of specific groups including women and those from BAME communities.
- Funded the development of a Competency Framework by the new [NHS Primary Care Gambling Service](#) that is being piloted in London in association with the **Royal College of General Practitioners** to set out the skills and experience needed for GPs to support patients experiencing gambling harms.

- Partnered with the **Central North West London NHS Foundation Trust** to fund a [new pilot service](#) across the Surrey prisons estate to help people with gambling harms.
- Commissioned the **PSHE Association** to produce a [handbook and other resources for teachers](#) to support children and young people to understand, and avoid, risks associated with gambling.
- Informed a [policy response](#) from the **Advertising Standards Authority (ASA)** to tighten restrictions around betting and gambling advertising through the publication of research into the impacts that exposure to gambling advertising can have on a child.
- Commissioned the **Personal Finance Research Centre** at the University of Bristol to produce the first ever practical guide [to help financial services firms](#) better support people affected by gambling.
- Funded **Citizens Advice Scotland** to establish a new [Gambling Support Service](#).
- Commissioned an independent delivery partner to establish the first **GB Network of People with Lived Experience of Gambling Harms** alongside a special interest group for those who have been in treatment due to harms associated with gambling.

- Launched the second phase of the largest [GB safer gambling campaign](#): **Bet Regret**.

In June we established a series of **monthly webinars** on a range of topical issues from women and gambling to ethnicity and the awareness of treatment services.

Looking ahead, we will be launching the refreshed **BeGambleAware.org** website in February, and in April we will publish a new **Commissioning Strategy**, setting out how we intend to use the £100m pledged by the gambling industry in developing treatment services and supporting NHSE plans for new specialist gambling clinics.

It has been a year of significant milestones and achievements for GambleAware and we are very much looking forward to progressing much of what has been established in 2020, including our working relationship with the Department of Health & Social Care and the NHS.

Once again, thank you all for attending today. I hope that you find the sessions stimulating and we look forward to welcoming you back next year, in person.