

# Background to National Gambling Treatment Service Campaign



Background research and data report

## Introduction

The National Gambling Treatment Service (NGTS) is a collaboration of several organisations including GamCare, Gordon Moody and the Primary Care Gambling Service, working together and in collaboration with the NHS, to provide confidential treatment and support for anyone experiencing gambling harms or problem gambling.

GambleAware has launched its latest National Gambling Treatment Service campaign to raise awareness and encourage people to access the free, confidential treatment and support that is available. Research shows that amongst people who experience gambling harms, three in five (57%) want some kind of treatment or support. Evidence also shows that amongst those experiencing gambling harms, more than one in four (27%) would be motivated to get help if they knew support was available and where to find it. This latest campaign and supporting materials have all been informed by robust research and evidence, including:

- **Annual Great Britain Treatment and Support Survey 2021.**<sup>1</sup> carried out by YouGov on behalf of GambleAware. This is an online survey that explores the scale of gambling harms in Great Britain as well the usage of and demand for treatment and support services among gamblers and those affected by another's gambling. The 2021 survey was conducted in November 2021 with a nationally representative sample size of over 18,000 British adults (aged 18+).
- **National Gambling Treatment Service Annual Statistics 2020/21.**<sup>2</sup> This report summarises information on the treatment outcomes for people receiving treatment and support across all of the NGTS agencies and providers, including:
  - o GamCare and its partner network
  - o Gordon Moody
  - o The National Problem Gambling Clinic (run by Central North West London NHS Foundation Trust)
  - o The NHS Northern Gambling Service (run by Leeds and York Partnership NHS Foundation Trust).

This research synopsis summarises some of the key findings and insights which informed this latest National Gambling Treatment Service campaign and its supporting materials.

## Significant numbers of people are at risk of or experiencing gambling harms

Independent research carried out by YouGov as part of the Annual GB Treatment and Support Survey 2021 for GambleAware estimates that among the population aged 18+ in Great Britain (GB):

- 5.7% are at risk of gambling harms. By this we mean individuals with a score of 3+ on the Problem Gambling Severity Index.<sup>3</sup> If this rate was applied to the whole adult population of Great Britain (using ONS population estimates), it would imply a total of 2.9 million adults.

<sup>1</sup> <https://www.begambleaware.org/sites/default/files/2022-03/Annual%20GB%20Treatment%20and%20Support%20Survey%20Report%202021%20%28FINAL%29.pdf>

<sup>2</sup> [https://www.begambleaware.org/sites/default/files/2021-11/FINAL\\_GA\\_Annual%20stats\\_report\\_2020-21\\_English.pdf](https://www.begambleaware.org/sites/default/files/2021-11/FINAL_GA_Annual%20stats_report_2020-21_English.pdf)

<sup>3</sup> The Problem Gambling Severity Index (PGSI) is the most widely used measure of problem gambling in the population and is used across health surveys in Great Britain. It is based on 9 questions or items, the response to each of which is scored from 0 to 3, so that the maximum possible score is 27. PGSI 1+ refers to "gamblers who experience at least a low level of problems with few or no identified negative consequences", PGSI 3+ refers to "gamblers who experience at least a moderate level of problems leading to some negative consequences", whilst PGSI 8+ refers to "gambling with negative consequences and a possible loss of control." See <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens> for more information.

- 2.8% are experiencing gambling harms. By this we mean individuals with a score of 8+ on the Problem Gambling Severity Index.<sup>4</sup> If this rate was applied to the whole adult population of Great Britain, it would imply a total of 1.44 million adults.

For more details on these calculations, see the Appendix.

Rates of prevalence of gambling-related harms vary based on the survey methodology, with online surveys generally leading to higher estimates compared to face-to-face surveys (as with the Health Survey for England) or telephone surveys (as with the Gambling Commission survey). GambleAware acknowledges the differences between these figures, and funded an independent and comprehensive review of different survey methodologies by Professor Patrick Sturgis.<sup>5</sup> This review concluded that while all forms of survey methodology can involve biases, overall, prevalence estimates based on online surveys may yield higher estimates than other survey methods (which could also be underestimates). However, there is no 'true' gold standard estimate of the number of people experiencing gambling harms.

While the figures in this document may be seen as upper bound compared to other estimates, it is also the case that these figures are the result of a rigorous and careful process that has been designed to be as representative and possible. YouGov's survey had a sample size of over 18,000 individuals, and YouGov weighted the data to be representative of all GB adults (aged 18+) by age, gender, UK region, socio-economic group and ethnic group. Furthermore, respondents were invited to take part using a generic invite without knowing the subject, minimising the risk of 'opt in'/'opt out' selection bias based on people knowing the topic. Finally, the fact that the survey was online and anonymous would have minimised the risk of social desirability bias – whereby people might be afraid or unwilling to divulge the presence of gambling harms to the person who interviewing them.

At the regional level there is considerable variation in the proportion and number of people who were estimated to have a PGSI score of 8+. In London for example, there are five times as many people experiencing gambling harms compared with the North East.

Region	PGSI 8+ (%)	PGSI 8+ (N)
North East	4.10%	59,048
North West	13.40%	192,987
Yorkshire and the Humber	7.00%	100,814
East Midlands	7.50%	108,015
West Midlands	13.70%	197,307
East of England	7.70%	110,895
London	21.50%	309,643
South East	8.40%	120,977
South West	4.80%	69,130
Wales	4.90%	70,570
Scotland	7.00%	100,814

<sup>4</sup> This group is sometimes referred to as 'problem gamblers' or 'problem gambling'.

<sup>5</sup> Outline of research available here:

<https://www.begambleaware.org/news/new-gambling-prevalence-methodology-review-published>

Report available here:

[https://www.begambleaware.org/sites/default/files/2021-05/Methodology\\_Report\\_\(FINAL\\_14.05.21\).pdf](https://www.begambleaware.org/sites/default/files/2021-05/Methodology_Report_(FINAL_14.05.21).pdf)

## Gambling rates are now returning to pre-pandemic levels

The table below shows gambling participation rates for 2019, 2020 and 2021. The 2020 Annual GB Treatment and support survey showed a decrease in activity across nearly all types of gambling, which is likely attributed to the Covid-19 pandemic and the closure of many land-based gambling outlets. The 2021 Annual GB Treatment and Support Survey shows an increase in gambling participation, with the biggest single contributor being an increase in participation for the National Lottery and other lotteries. Participation in online casino games also increased from 3.0% in 2019 to 4.1% in 2021.

**Proportion of adults in Great Britain taking part in different forms of gambling activities  
(Source: Annual GB Treatment & Support Survey 2021)**

Type of Gambling	2019	2020	2021
National Lottery inc Thunderball, EuroMillions	44.20%	41.30%	44.20%
Tickets for other/charity lotteries	13.70%	13.80%	14.00%
Scratch cards	18.90%	16.90%	16.20%
Gaming machines in a bookmakers	1.30%	0.90%	1.10%
Fruit or slot machines	3.50%	2.10%	2.30%
Bingo (including online)	4.90%	3.50%	3.70%
Gambling in a casino (any type)	2.00%	1.10%	1.30%
Online casino games (slot machine style, roulette, poker, instant wins)	3.00%	3.60%	4.10%
Sports betting (combined)	16.40%	12.10%	13.50%
Loot boxes <sup>6</sup>	n/a	n/a	0.70%
Other type of gambling	1.80%	1.80%	1.40%
None of the above/Don't know	38.90%	43.90%	40.80%

## The National Gambling Treatment Service is highly effective

Each year, GambleAware publishes National Gambling Treatment Service Annual Statistics. This annual summary is based on data collected through the Data Reporting Framework, which includes data on clients and treatment through bespoke case managements systems. Data collected includes client characteristics, gambling history, referral details and treatment details. The National Gambling Treatment Service Annual Statistics summarises information on clients of NGTS agencies and includes GamCare and its partner network, Gordon Moody, Central and North West London NHS Foundation Trust (National Problem Gambling Clinic) and NHS Northern Gambling Service, provided by Leeds and York Partnership NHS Foundation Trust.

Based on the most recent National Gambling Treatment Service Annual Statistics, a total of 8,490 individuals were treated by gambling services providing Data Reporting Framework data during 2020/21. The majority of people seen (85%) were people who gamble, however 15% of referrals were for an 'affected other' – that is, a

<sup>6</sup> There is no data available for this category in the 2019 and 2020 surveys because it was not a response option in the survey. The category was included as a response option for the first time in the 2021 survey.

person who has been adversely affected by someone else's gambling. A very small number of referrals (roughly 1%) related to a person who was at risk of developing a gambling problem.<sup>7</sup>

Since 2015/16, at least 41,469 individuals have been treated through the National Gambling Treatment Service<sup>8</sup>. Over the same period the National Gambling Helpline has taken over 197,000 target calls from those affected by gambling harms and those wishing to support them or request advice about GamCare's services.<sup>9</sup> While there may be overlap between these two groups, it is clear that the total number of people helped in some way since 2015/16 is highly likely to be over 200,000.

Of the 8,490 people treated during 2020/21, 76% ended their treatment before the end of March 2021.<sup>10</sup> Most of these people (74%) completed their scheduled treatment.<sup>11</sup> Among these, 92% saw a reduction in their PGSI score. Furthermore, in many cases users saw a large improvement in their condition:

- The average (median) improvement was a reduction of 13 points on the PGSI scale.
- A quarter (27%) of people completing treatment saw an improvement of 20-27 points in their PGSI scale.<sup>12</sup>

### **Many more people who are experiencing gambling harms could benefit from treatment or support**

Based on the analysis by YouGov, the estimated number adults experiencing gambling harms is around 1.44 million, yet as shown above the number of adults who actually receive NGTS support per year is only 8,490 (in 2020/21). This means that the number of people currently whom we would expect could benefit NGTS support is over 160 times higher than the number of people who receive NGTS support each year, or that for each person receiving support, more than 160 others do not.

The calculation assumes that all of the 1,440,000 adults need NGTS support; if this is not true then the figure will again be a higher estimate. However, it also assumes that all the individuals actually accessing NGTS support are drawn from the wider population of 1,440,000 adults experiencing harms; if that is not true then the figure could be an underestimate.

More generally, YouGov's analysis of the Annual GB Treatment & Support survey shows that among the group of people experiencing gambling harms (PGSI 8+), 57% would like to receive some kind of treatment, support or advice. If scaled up across the 1.44 million, this would imply a total of 820,000 people with gambling harms in Great Britain who want some kind of support.

<sup>7</sup> The report and data is restricted to clients for who evidence exists of structured treatment received within the reporting period, so does not represent all activity of the reporting agencies, nor does it capture any activity of agencies that do not report to the DRF system, including the National Gambling Helpline and webchat.

<sup>8</sup> This number could include those who sought treatment and may have also contacted the service again in the future for further support. Treatment figures were unavailable for 2017/18, however, so the total is likely to be an underestimate.

<sup>9</sup> This number counts unique individuals within each year. Individuals who call multiple times in a year are counted only once, but would be counted more than once if they called in multiple years.

<sup>10</sup> The remaining 24% were still undergoing treatment at the end of March 2021.

<sup>11</sup> One fifth (20%) dropped out of treatment before a scheduled endpoint. A further 3% were discharged early by agreement and another 3% referred on to another service.

<sup>12</sup> This would be equivalent to eliminating nearly all risk of gambling harm, since the maximum possible score on the PGSI is 27.

Furthermore, 36% of people experiencing gambling harms (PGSI 8+) say that they have not accessed any kind of help – neither treatment nor lighter-touch support – within the last year. Given the estimate of a total of 1.44 million adults experiencing gambling harms, this would imply a total of 920,000 adults in Great Britain who are experiencing gambling harms and have not accessed any sort of support within the last year.

### Knowing that support is confidential, easy to access and effective would encourage more people with gambling harms get the help they need

The YouGov survey shows that simply knowing that support was available and where to find it, was a key motivator for people to access support: among those experiencing gambling harms (PGSI 8+), more than one in four (27%) mentioned this as something that would make them get help. The table below summaries the motivators to accessing treatment and support cited by those who experience gambling harms, survey answers are grouped as ‘nets’ which combines responses into themes, such as ‘awareness of channels’ (e.g by phone, online, in person).

One in five (21%) people experiencing gambling harms said that awareness of how easily they can access support – for example, knowing that they could self-refer without going through a GP or knowing that support was free of charge – would motivate them to seek help. One in six (15%) specifically said that knowing that treatment or support would be completely confidential would motivate them to get help.

Motivators to accessing treatment and support among people who gamble	PGSI 3-7 (N: 535)	PGSI 8+ (N: 531)
Net: Awareness of channels	8%	27%
Net: A partner or family member speaking about it	7%	19%
Net: Awareness of accessing support	9%	21%

Among the people who did access some kind of gambling support within the last year, the most common reasons for doing so were:

- A concern about their mental health (31%)
- Financial reasons (28%)
- Because gambling had affected their relationships (25%).

The survey also asked people gamble and who stated that they did not want any form of support, why this was the case. Among those experiencing gambling harms (PGSI 8+), the top reason for not wanting support was stigma and the fear of others finding out – mentioned by one in four (24%). The second most common reason was a belief that treatment or support would not be relevant or suitable for them – mentioned by one in five (21%). This was also a significant barrier for moderate risk gamblers who could potentially experience harms (PGSI 3-7) – mentioned by one in four (24%). Nearly one in five people experiencing gambling harms (19%) are also held back from accessing support by a belief that it would not be helpful.

Barriers to accessing treatment and support among people who gamble	PGSI 3-7 (N: 170)	PGSI 8+ (N: 114)
Net: Not considering gambling a problem (e.g. not risky, only betting small amounts)	36%	14%
Net: Don't think treatment or support would be helpful	6%	19%

Net: Think that accessing treatment or support would be inaccessible (e.g. cost, location, time)	3%	11%
Net: Stigma (e.g. feeling embarrassed, not wanting people to find out)	11%	24%
Net: Gambling has positive impacts (e.g. part of social life, make money)	10%	9%
Net: Don't think treatment or support is relevant or suitable	24%	21%

## Appendix

Rates of prevalence of gambling-related harms experienced in society vary based on the survey methodology, with some suggesting that online surveys may lead to higher estimates compared to face-to-face surveys (as with the Health Survey for England) and telephone surveys (as with the Gambling Commission survey) due to selection bias. GambleAware recognises the differences between these figures and funded an independent and comprehensive review by Professor Patrick Sturgis.<sup>13</sup> Given the findings of that review, the figures in this document may be seen as upper bounds on the ‘true’ rate of prevalence of gambling harms, at least relative to other survey methods (which could also be underestimates). However, all survey methodologies involve different biases, so there is no ‘true’ or ‘gold standard’ estimate of the number of people experiencing gambling harms.

The Problem Gambling Severity Index (PGSI) is the most widely used measure of problem gambling in the population and is used across health surveys in Great Britain. It is based on 9 questions or items, the response to each of which is scored from 0 to 3, so that the maximum possible score is 27. PGSI 1+ refers to “gamblers who experience at least a low level of problems with few or no identified negative consequences”, PGSI 3+ refers to “gamblers who experience at least a moderate level of problems leading to some negative consequences”, whilst PGSI 8+ refers to “gambling with negative consequences and a possible loss of control”<sup>14</sup>.

Figures have been calculated using data from the November 2021 Annual GB Treatment and Support Survey conducted by YouGov, on behalf of GambleAware.<sup>15</sup> This is a nationally representative online survey of over 18,000 people aged 18+ in Great Britain, based on YouGov’s online panel of over 1,000,000 individuals. The percentages reporting different levels of gambling harm have been scaled up to an equivalent national estimate by combining them with the latest ONS mid-year estimates (for Great Britain, 18+, 2020).

Group	Population size <sup>a</sup>	PGSI 1+		PGSI 3+		PGSI 8+	
		% <sup>b</sup>	National estimate <sup>c</sup>	% <sup>b</sup>	National estimate <sup>c</sup>	% <sup>b</sup>	National estimate <sup>c</sup>
All 18+	51,435,642	12.7%	6,532,327	5.7%	2,931,832	2.8%	1,440,198
Women 18+	26,276,996	9.4%	2,470,038	4.0%	1,051,080	2.0%	525,540
Men 18+	25,158,646	16.2%	4,075,701	7.5%	1,886,898	3.7%	930,870

<sup>a</sup> population sizes are taken from the ONS 2020 mid-year population estimates

<sup>b</sup> % are taken from the 2021 Treatment and Support survey

<sup>c</sup> National estimate calculated by combining % rate with ONS mid-year 2020 population figures

*Note: Figures split by gender may not add up to the total due to rounding*

Below shows PGSI prevalence within the Health Survey (face-to-face survey).

Group	Population size <sup>a</sup>	PGSI 1+		PGSI 3+		PGSI 8+	
		% <sup>b</sup>	National estimate <sup>c</sup>	% <sup>b</sup>	National estimate <sup>c</sup>	% <sup>b</sup>	National estimate <sup>c</sup>

<sup>13</sup> Outline of research available here:

<https://www.begambleaware.org/news/new-gambling-prevalence-methodology-review-published>

Report available here:

[https://www.begambleaware.org/sites/default/files/2021-05/Methodology\\_Report\\_\(FINAL\\_14.05.21\).pdf](https://www.begambleaware.org/sites/default/files/2021-05/Methodology_Report_(FINAL_14.05.21).pdf)

<sup>14</sup> Information on using the PGSI as a measure of problem gambling can be found at the Gambling Commission here:

<https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens>

<sup>15</sup> The 2021 results are due to be published in March. The 2020 results are available at

<https://www.begambleaware.org/news/annual-gb-treatment-and-support-survey-2020-published>

All 16+	52,853,971	4.0%	2,114,159	1.6%	845,664	0.5%	264,270 <sup>16</sup>
Women 16+	26,966,298	1.6%	431,461	0.5%	134,831	0.1%	26,966
Men 16+	25,887,673	6.7%	1,734,474	2.8%	724,855	0.9%	232,989

<sup>a</sup> population sizes are taken from the ONS 2020 mid-year population estimates

<sup>b</sup> % are taken from Table 4:1 of the combined report for Health Survey for England (HSE) 2016, the Scottish Health Survey (SHeS) 2016 and the Wales Omnibus in 2016<sup>17</sup>

<sup>c</sup> National estimate calculated by combining % rate with ONS mid-year 2020 population figures

*Note: Figures split by gender may not add up to the total due to rounding*

Below shows PGSI prevalence within the Gambling Commission survey (telephone survey).

Group	Population size <sup>a</sup>	PGSI 1+		PGSI 3+		PGSI 8+	
		% <sup>b</sup>	National estimate <sup>c</sup>	% <sup>b</sup>	National estimate <sup>c</sup>	% <sup>b</sup>	National estimate <sup>c</sup>
All 16+	52,853,971	2.8%	1,479,911	1.0%	528,540	0.3%	158,562
Women 16+	26,966,298	2.3%	620,225	0.7%	188,764	0.2%	53,933
Men 16+	25,887,673	3.4%	880,181	1.2%	310,652	0.3%	77,663

<sup>a</sup> population sizes are taken from the ONS 2020 mid-year population estimates

<sup>b</sup> % are taken from the gambling participation survey for the year to September 2021<sup>18</sup>

<sup>c</sup> National estimate calculated by combining % rate with ONS mid-year 2020 population figures

*Note: Figures split by gender may not add up to the total due to rounding*

Further information on YouGov's Annual GB Treatment and Support Survey 2021:

- The sample size was over 18,000 individuals aged 18+ in Great Britain
- The data was weighted by YouGov to be representative of all GB adults (aged 18+) by age, gender, UK region, socio-economic group and ethnic group
- Respondents were invited using a generic invite without knowing the subject, minimising opt in/out bias based on people knowing the topic
- Given the research surrounding gambling, other addictions, and stigma, we know that social desirability bias can occur due to the presence of an interviewer in face to face and telephone research. This means respondents might be less likely to speak openly about their experiences, due to shame and/or embarrassment. A fully online methodology reduces this risk.

<sup>16</sup> Note that this number differs from previously published estimates of 340,000 problem gamblers in Great Britain, because of the difference in the choice of scales used. The 340,000 estimate is based on being a problem gambler on the PGSI or the DSM-IV scale, with both scales being present in the Health Survey datasets. The figures in this document relate to problem gambling as defined by the PGSI only.

<sup>17</sup>

<https://assets.ctfassets.net/j16ev64qyf6l/60qlzeoSZI2QxByMAGJqz/e3af209d552b08c16566a217ed422e68/Gambling-behaviour-in-Great-Britain-2016.pdf>

<sup>18</sup> <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/statistics-on-participation-and-problem-gambling-for-the-year-to-september>

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### **About GambleAware:**

GambleAware is an independent charity (Charity No. England & Wales 1093910, Scotland (SC049433) that champions a public health approach to preventing gambling harms. GambleAware is a commissioner of integrated prevention, education and treatment services on a national scale, with over £56 million of funding under active management.

For further information about the content of the report please contact [info@gambleaware.org](mailto:info@gambleaware.org).