GambleAware

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PRESS RELEASE

NEW REPORT REVEALS THAT 90% OF NATIONAL GAMBLING TREATMENT SERVICE USERS IN SCOTLAND REDUCED THEIR PROBLEM GAMBLING SCORE

- GambleAware has today released its first ever detailed report on Scottish resident use of the National Gambling Treatment Service, which reports that the majority (90%) of gamblers who completed treatment in 2019/20 showed improvement on the Problem Gambling Severity Index (PGSI) scale, which is used to measure severity of gambling disorder.
- The report also showed that among those defined as 'problem gamblers' at the start of treatment, over half (54%) were no longer in this category at the end of treatment.
- The analysis found for those clients² that ended their treatment, the majority (66%) recorded an improvement in their CORE-10 score, a measure of psychological distress.
- The report illustrated that between 2015/16 and 2019/20 the proportion of clients completing scheduled treatment increased from 51% to 58% whilst the proportion dropping out of treatment decreased from 43% to 29%.

18 February 2021: GambleAware has today published a new report, using data collated by ViewItUK, on Scottish resident access to the National Gambling Treatment Service (NGTS). Commissioned by GambleAware, the NGTS is a network of organisations working together to provide confidential treatment and support for anyone experiencing gambling harms. This is the first time GambleAware has published a detailed report on Scottish resident use of the NGTS.

The research revealed the majority (90%) of gamblers who completed treatment between 2019 and 2020 showed improvement on the PGSI scale³. When reviewing how many gamblers were classified as 'problem gamblers' at the start vs the end of treatment, it was found that (54%) were no longer defined as such by the end, with the remainder likely to need more than one round of treatment for them to be no longer be classed as a 'problem gambler'.

Another assessment measure used by the services, alongside the PGSI score, is the CORE-10⁴ scale, which is used to monitor psychological distress. The researchers found for those clients that ended their treatment, their CORE-10 score reduced by an average of eight points, with 74% classed as below

¹ The criteria for PGSI classification as a 'problem gambler' is a score within the range of between 8 and 27.

² 'Clients' of gambling treatment services can either be gamblers themselves, 'affected others' or persons at risk of developing a gambling problem.

³ The PGSI is the most widely used measure of problem gambling in Great Britain. It consists of nine items and each item is assessed on a four-point scale: never, sometimes, most of the time, almost always.

⁴ The CORE-10 score measures psychological distress. A score of 40 (the maximum) would be classed as severe distress, 25 = moderate to severe, 20 = moderate, 15 = mild with 10 or under below the clinical cut off

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the threshold of 'moderate' distress. For those clients who completed treatment, the majority (66%) improved their CORE-10 score.

The report found that 92% of referrals for treatment were self-made and that half (50%) of individuals were seen for a first appointment within six days of making contact, and three quarters (75%) within nine days. A majority (58%) completed their scheduled treatment, whilst three in ten (29%) dropped out before a scheduled end point. It is possible for service users to drop out of one treatment in favour of another, however further research and follow up is necessary to determine drop out cause.

When examining the profile of the gamblers using the service within 2019/20 the analysis found:

- A total of 295 individuals⁵, resident within Scotland, were treated within the National Gambling Treatment Service. Just over three quarters (77%) were male.
- Nearly all (95%) were from a white ethnic background, including 88% White British and 5% White European. The next most commonly represented ethnic group was Asian or Asian British (4%).
- Three quarters of clients were employed (75%), with the remainder being unemployed (12%), unable to work through illness (7%), retired (2%), a student (2%) or a homemaker (2%).

The analysis found that on average gamblers in treatment reported spending £1,558 on gambling in the month before assessment. It also found the majority of gamblers (63%) using the treatment service reported having a debt due to their gambling. More than one in ten (17%) reported experiencing a relationship loss through their gambling, and 6% had experienced a job loss.

Dr Jane Rigbye, GambleAware Interim Director of Commissioning, said: "The publication of this report demonstrates our commitment to develop treatment for those experiencing gambling harms in Scotland. It has highlighted a need to improve awareness and take-up of treatment services and for follow up protocols with gamblers who drop out of treatment, to understand their motivations and ensure provision of the services they require. We are dedicated to pursuing greater collaboration with Health and Social Care Partnership Boards, NHS Scotland and voluntary sector agencies to address gambling harms.

"As a commissioning body, GambleAware is working hard to ensure that there is better awareness of gambling harms, and of the help that is available, so that people across Scotland can access the help and treatment that they need to prevent gambling harms."

Lisa-Marie Patton, Team Leader at GamCare Scotland, said: "The results from this report illustrate how treatment can make a real difference to people's lives, which is why we are working to ensure that it is available to the greatest number possible. Better links with health and social care services will help us to connect more people with the treatment that they need for gambling harms."

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⁵ The majority of those seen by gambling services were gamblers (258, 90%). However, 26 (9%) referrals related to 'affected others' that is, individuals who are not necessarily gamblers but whose lives have been affected by those who are. A small number of referrals (3, 1%) related to persons at risk of developing a gambling problem.

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About the Report

- This is the first time GambleAware have published a report detailing statistics for the Scottish National Gambling Treatment Service.
- The data was collated, validated and analysed by ViewItUK before being shared with GambleAware.
- The collection of data on clients receiving treatment from the National Gambling Treatment Service is managed through a nationally co-ordinated dataset known as the Data Reporting Framework (DRF), initiated in 2015.
- The report looks at services between 1st April 2019 to 31st March 2020.
- The <u>GB</u> and <u>Wales</u> report have also been published.

About ViewItUK

- ViewItUK Ltd is a University of Manchester start-up company, supported by GC Business Growth Hub, specialising in data management and analysis to provide a platform for simple reporting.
- The company originates from the team that provides National Statistics production and validation for National Drug Treatment Monitoring Service outputs on behalf of Public Health England.

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 England, Scotland and Wales 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.
- GambleAware produces public health campaigns including Bet Regret. A Safer Gambling Board 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/.