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3 June 2020

By email: Brigid.Simmonds@BettingandGamingCouncil.com

Dear Brigid,

**Re: Research assessing treatment needs and gaps in provision**

Following the recent publication of the findings of research commissioned by GambleAware to examine demand for gambling treatment and support services in Great Britain, I thought that it might be helpful to respond to concerns expressed by some about the inclusion of a YouGov survey that showed a rate of gambling harm significantly higher than the [2016 Combined Health Survey](#).

An assessment of treatment need and the identification of gaps required a national, representative population survey of gambling patterns and harms, and help-seeking behaviours. At the time of commissioning the YouGov survey there were no reported findings from nationally representative samples estimating the total size of the population experiencing gambling harms who had not engaged in any form of treatment or support.

One of the main objectives of the research was: to identify the level and type of unmet demand for treatment and support services for low risk, moderate risk and problem gambler plus 'affected others'.

In order to determine the level of demand for treatment and support for those experiencing gambling harms, the researchers first needed to estimate the size of that population (low-risk, moderate risk, problem gambler). They also needed to place respondents into these categories (i.e. low-risk, moderate risk and problem gambler) for the purpose of comparison between them.

A further objective was to estimate the demand for treatment and support at a detailed local level, using Multilevel Regression and Post-stratification (MRP) modelling. This will underpin the publication in the autumn of 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.

In order to explore unmet need for treatment/support, it is necessary to know the *proportion of the total population* in each location who are gamblers wanting treatment/support (rather than the *proportion of gamblers* in each location who want treatment/support), and this is the basis on which this analysis works (i.e. at whole-population level).

Simply put, the YouGov survey was necessary for the research team to derive the high value data that underpins the needs assessment and gap analysis.

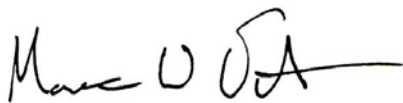
Whilst it would have been possible to publish the figures for demand for treatment and support alone, without the context of the prevalence estimates, this would not have been transparent nor would it have shown the full breadth of the research.

In view of the significant discrepancy in the prevalence rate for problem gamblers, and acknowledging the different methodologies involved, we asked Professor Patrick Sturgis to undertake an [independent review](#). He concluded that *“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 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%.”*

However, Professor Sturgis does not conclude the YouGov survey is flawed, as some have suggested. On the contrary, he makes clear the high value of the findings it reveals: *“I finish by noting that, even if the YouGov survey does over-estimate the true level of problem gambling prevalence in the UK, this does not mean that it is not of potentially high value in estimating the distribution of problem gambling prevalence across demographic groups in the population, its degree of stability and change over time, or of understanding the attitudes and experiences of individuals with gambling problems. This is because estimates of the patterns of association between problem gambling and these demographic and attitudinal variables will be approximately accurate, even if the level of problem gambling prevalence is over-estimated.”*

I hope this might be helpful to you and your members at this time.

With kind regards,



Marc W. Etches  
Chief Executive