

Carolyn Harris MP
Chair of the APPG for Gambling-Related Harm
House of Commons
London
SW1A 0AA

29 August 2019

By email: tosin.adedayo@interelgroup.com

Dear Carolyn,

Re: GambleAware: our role in preventing gambling harms in Britain

Following our attendance at the APPG evidence session of Wednesday 10 July 2019, we are pleased to provide the following further information as requested. We anticipate that this submission will be read in conjunction with our previous letter dated 4 July 2019. However, it may be helpful to reiterate some key points about GambleAware and our work.

GambleAware is an independent charity, registered with and regulated by the Charity Commission for England and Wales and the Scottish Charity Regulator (OSCR), that works to help reduce gambling harms throughout Great Britain.

We are a grant-making body using best-practice in commissioning, including needs assessment, service planning, evaluation and outcome reporting to support effective, evidence-informed, quality assured prevention of gambling harms. Currently, we have around **£44 million of overall funding under active management**.

Our strategic approach

We regard gambling as a public health issue and thus reducing gambling harms requires a public health approach taking account of all three aspects of prevention:

- Primary or Universal - aimed at the whole population to promote a safer environment
- Secondary or Selective - aimed at groups with a prevalence of suffering gambling harms
- Tertiary or Indicated - aimed at individuals suffering gambling disorder¹

Guided by this public health model, we commission integrated prevention services on a national scale and work in partnership with expert organisations and agencies, including the NHS, to commission across three areas of activity: the National Gambling Treatment Service; public health campaigns; and practical support and training materials to primary care professionals and other support services.

NHS-based treatment

The National Gambling Treatment Service brings together a National Gambling Helpline and a network of locally-based providers across Britain to deliver a range of treatment services, including brief intervention, counselling (delivered either face-to-face or online), residential programmes and psychiatrist-led care.

¹ 'Problem gamblers' suffer gambling disorder defined by the World Health Organization (WHO) as an addictive behaviour with implications for mental health.

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Chief Executive: Marc Etches

For a decade GambleAware has funded the only NHS-based psychiatrist-led service, provided by the Central and North-West London NHS Foundation Trust. A second NHS service commissioned by GambleAware has recently opened, provided by [Leeds & York Partnership NHS Foundation Trust in partnership with GamCare](#). These services are designed to help people with more serious and complex needs, including people receiving NHS treatment for other conditions.

In Leeds, we have been working alongside statutory and voluntary sector agencies to support a place-based approach for the local population, and to map care pathways and develop referral routes into treatment, including self-referral. We believe this initiative is a concrete example of the right partnership approach and hope to replicate it in other regions. It is in this context we are pleased to be acknowledged, alongside GamCare, as an NHS partner in the [NHS Mental Health Implementation Plan, 2019-24](#) (pp 40-41) that commits to opening 15 specialist problem gambling clinics in the next five years. Also, we are involved in similar discussions in both Scotland and Wales.

Local engagement to develop local care pathways is backed up by national initiatives. For example, GambleAware has funded the Royal Society for Public Health (RSPH) to develop an e-learning module for primary care staff to develop their understanding of gambling disorder and the treatment that is available.

Effectiveness of a computerised CBT programme

For people who need treatment, the National Gambling Helpline - both telephone and online chat - acts as a triage system for the National Gambling Treatment Service, working to match people with the evidence-based treatment option that best meets their needs, and their preferences as to how they access treatment.

Young men represent a significant group of people with gambling disorder. This is a group that has proportionately less contact with the health service than the rest of the population, so it is important that they can self-refer into treatment and that this option is widely publicised. For those who do not feel ready to enter treatment, the helpline is able to offer Brief Interventions.²

The National Gambling Helpline is one of the larger helplines operating in the UK. It is accredited with the Helplines Standard by the Helplines Partnership. GamCare, which operates the helpline, and GambleAware, which commissions the helpline, have been active in co-designing enhancements to the helpline service:

- The helpline staffing has been significantly expanded to reflect recent rises in both numbers and duration of calls, and to pilot 24/7 operation; and,
- Preparations are also in hand to expand the range of help which is available online to include computerised Cognitive Behavioural Therapy.

Cognitive Behavioural Therapy (CBT) is an effective evidenced-based approach that is currently used in the treatment of problem gambling.³ GamCare uses CBT in its model of care and provides problem gamblers with a range of CBT support options, which include access to treatment support online, via telephone and in person face-to-face. The provision of options helps to remove potential barriers to treatment and accommodates individual circumstance and personal choice.

Digital screening is already available via GamCare's website and in 2017/18 around 25,000 people completed the screen, of whom 80% identified as problem gamblers.

Introducing digital brief interventions (average of 10 minutes to complete) and cCBT (8 sessions) is a cost effective, accessible and sustainable way of increasing the numbers of problem gamblers seeking help and entering treatment. It fits with direction of travel in mental health treatment more widely and has a good evidence base.⁴

Specifically, the brief interventions and cCBT software systems that are to be used, developed by Sustainable Interaction, have been researched in both Finland and Sweden, where they have been utilised to date. The

² <https://about.gambleaware.org/media/1817/gambleaware-brief-intervention-guide.pdf>

³ Sylvain, Ladouceur, & Boisvert, (1997); Ladouceur, Sylvain et al., (2001); Petry et al., (2006); Potenza, M., (2007)

⁴ Murray, Burns, See, Lai, & Nazareth, (2005); Carlbring, P. & Smit, F., (2008); Mackinnorn, A., et al., (2008); Hofman et al (2010); Gainsbury, S. & Blaszczynski, A. (2011); Carlbring, P. et al., (2012); Castren, S, (2013); Cartreine, J. (2015); Chebli et al. (2016); Giroux et al, (2017)

outcomes have been positive, with positive treatment gains that were maintained 6, 18 and 36 months after treatment completion.

Piloting cCBT with robust evaluation will begin to establish an evidence-base here in Britain around digital interventions to address gambling harms. Alongside this, we are commissioning Professor David Best and his colleagues to investigate online resources to support recovery.

Effectiveness of the Bet Regret campaign

At the request of Government, GambleAware is leading a national multi-media 'safer gambling' campaign that launched in February 2019, Bet Regret.

This campaign is targeted at an audience of 2.4m young men aged 16-34 who gamble regularly on sport, and of which 87% regularly watch football⁵ and 63% believe that there are too many opportunities to bet nowadays.⁶ Aimed at moderating behaviour, the campaign encourages these young men to think twice about betting when drunk, bored or chasing losses.

The early indications of the ongoing evaluations are that this is having a positive impact in terms of awareness building and we hope will lead to measurable behaviour change. The campaign presents opportunities to work with football clubs and supporters' associations, and reach into local communities that are often socially and economically disadvantaged and therefore especially at risk of gambling-related harm.

All activity is being monitored with an ongoing Tracking Study conducted by Ipsos MORI. Having conducted a baseline survey in November 2018, a second wave of online research was conducted in May 2019 following the first burst of campaign activity. Although it is early days, results to-date are positive; indicating that the campaign is well targeted against those most at risk with good recognition and strong take out of the message. Overall campaign recognition – the number recalling seeing one or more elements of the campaign – is high at 61%. A summary of the results are published on our website and can be found [here](#).

Although always present online, a second burst of television and radio activity launched on 17 August to coincide with the start of the new football season, and introduced the line '*Think Twice or You'll Bet Regret it*'; a simple piece of advice to prompt people to pause and reconsider.

This second phase of activity is supported by a sponsorship donation from GVC Holdings, including advertising and promotional space at all 42 clubs in the Scottish Football League, Sunderland, West Bromwich Albion, Burnley, Sheffield Wednesday and Sheffield United.

GambleAware is exploring other partnerships to support the campaign in the 2019/20 season, which it expects to announce in September.

Our people and organisation

A substantial element of our 'added-value' derives from our collective expertise, experience and knowledge allied to our ability to leverage extensive networks and relationships nationally and internationally, and to broker engagement to affect positive and sustainable change.

Our Board of trustees is chaired by Kate Lampard CBE who is lead non-executive director on the Department of Health & Social Care Board and a trustee of the Esmée Fairbairn Foundation. The other directors are:

- Saffron Cordery - Director of Policy & Strategy and Deputy Chief Executive, NHS Providers
- Professor Siân Griffiths OBE - Chair of the Global Health Committee & Associate Non-Executive member of the Board of Public Health England (PHE)
- Michelle Highman - Chief Executive, The Money Charity
- Professor Anthony Kessel - Former Director of Global Public Health & Responsible Officer for PHE; Honorary Professor & Co-ordinator of the International Programme for Ethics, Public Health & Human Rights at the London School of Hygiene & Tropical Medicine

⁵ TGI GB Profiles December 2018 – UK Gamblers 18-34

⁶ Ipsos MORI Baseline Survey Key Findings - 2018

- Rachel Pearce – Regional Director of Commissioning, NHSE South West
- Chris Pond - Chair of Money Charity, Equity Release Council Standards Board & Lending Standards Board & Vice-Chair of Financial Inclusion Commission
- Paul Simpson - Chief Finance Officer & Deputy Chief Executive, Surrey & Sussex Healthcare NHS Trust
- Professor Marcantonio Spada - Professor of Addictive Behaviours and Mental Health at London South Bank University & editor-in-chief of the international peer-reviewed journal, Addiction Behaviours.

The full Board meet quarterly and hold an additional annual strategy review meeting in January. Trustees have established the following five sub-committees: Audit & Risk; Finance, Administration & Remuneration; Stakeholder Engagement; Education & Treatment; and, Research & Evaluation.

Also, we have established an independent research review group and advisory boards in both Wales and Scotland to help guide our future commissioning plans in those nations.

Membership, terms of reference and minutes of all committees are published on our website.

As of 1 October 2019, there will be a total of twenty-two staff members organised as per the attached organogram. Further details of the expertise and experience of staff members can be accessed via our website.

Conclusion

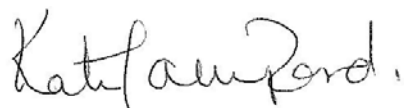
GambleAware is uniquely positioned within an ecosystem of statutory and voluntary organisations, and is committed to working collaboratively to promote a coherent and co-ordinated public health approach to preventing gambling harms.

Ultimately, our success in establishing the National Gambling Treatment Services and the prevention and research activity that supports it will require continued widespread collaboration across various national health agencies, healthcare professionals, treatment providers, charities and local authorities.

Trustees are determined that this is achieved within a robust framework of best-practice commissioning and transparent evaluation that one would rightly expect of statutory sector health and social care commissioning bodies.

We hope this additional information has been helpful.

Yours sincerely,



Kate Lampard CBE
Chair of Trustees

Appendix 1

