



**2019/20**

# **Annual Statistics from the National Gambling Treatment Service Scotland**

1st April 2019 to 31st March 2020

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# 1 Executive Summary

## Client characteristics

- A total of 295 individuals, resident in Scotland, were treated within gambling services (who report to Data Reporting Framework (DRF)) in Great Britain within 2019/20.
- A large majority of clients (77%) were male.
- Nearly all (95%) were from a white ethnic background, including 88% White British and 5% White European. The next most commonly reported ethnic background was Asian or Asian British (4%).
- Most clients were employed (75%), with smaller proportions reporting being unemployed (12%), unable to work through illness (7%), retired (2%), a student (2%) or a homemaker (2%).

## Gambling profile

- Among clients receiving treatment for their own gambling, initial Problem Gambling Severity Index (PGSI) scores indicated that the majority of clients (99%) were problem gamblers (PGSI 8+) at the point of assessment for treatment. Amongst those whose episode of treatment ended within the 2019/20 year, this proportion had reduced to 46% and the majority (72%) showed improvement on this scale.
- The most common location for gambling was online, used by 70% of gambling clients. Bookmakers were the next most common, used by 42% of gamblers.
- Between 2015/16 and 2019/20 the proportion reporting use of online gambling services increased from 52% to 70%. In the same time period the proportion using bookmakers decreased from 54% to 42%.
- Within online services, gambling on sporting events was the most common activity (42%), followed by casino slots (39%) and casino table games (26%).
- Within bookmakers, gaming machines were the most common form of gambling (57%), followed by sporting events (33%) and horses (28%).
- The majority of gamblers (63%) reported having a debt due to their gambling. 6% had experienced a job loss as a result of their gambling and 17% had experienced a relationship loss through their gambling.
- On average (mean), gamblers reported spending £1,558 on gambling in the previous 30 days before assessment.

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## Treatment engagement

- A majority of referrals into treatment (92%) were self-made.
- For clients treated within the year, 50% of clients were seen for a first appointment within six days of making contact and 75% within nine days.
- Among all those receiving and ending treatment within 2019/20, treatment lasted for an average (median) of 5 weeks.

## Treatment outcomes

- Among clients who ended treatment during 2019/20, a majority (58%) completed their scheduled treatment. Three in ten (29%) dropped out of treatment before a scheduled endpoint.
- 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%.
- Among gamblers, PGSI scores improved by an average (median) of 12 points between earliest and last appointment in treatment.
- At the end of treatment, 54% were not defined as problem gamblers.
- 54% of clients were defined as 'below clinical cut-off' on the CORE-10 scale at the end of treatment, compared to only 15% at the start of treatment.

## 2 About the National Gambling Treatment Service

The National Gambling Treatment Service (NGTS) is a network of organisations working together to provide confidential treatment and support for anyone experiencing gambling-related harms and is free to access across England, Scotland and Wales. The NGTS is commissioned by GambleAware, an independent grant-making charity that takes a public health approach to reducing gambling harms.

Wherever someone makes contact throughout this network, these providers work alongside each other through referral pathways to deliver the most appropriate package of care for individuals experiencing difficulties with gambling, and for those who are impacted by someone else's gambling.

The data for the 2019/20 period presented within this report covers submissions from the following organisations<sup>1</sup>, with details of the services they provide listed below.

### **GamCare<sup>2</sup> and its partner network offers:**

- Online treatment supported by regular contact with a therapist, which can be accessed at a time and place convenient for the client over the course of eight weeks.
- One-to-one face-to-face, online and telephone therapeutic support and treatment for people with gambling problems as well as family and friends who are impacted by gambling.
- Group-based Gambling Recovery Courses delivered face-to-face or online for between six to eight weeks.

### **Gordon Moody Association offers:**

- Residential Treatment Centres – two unique specialist centres, providing an intensive residential treatment programme for men with a gambling addiction over a period of 14 weeks.
- Recovery Housing – specialist relapse prevention housing for those who have completed the treatment programmes requiring additional recovery support.
- Retreat & Counselling Programme – retreat programmes for women-only cohorts and men-only cohorts which combine short residential stays with at-home counselling support.

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1 The NHS Northern Gambling Service, provided by Leeds and York Partnership NHS Foundation Trust opened mid-year. Figures from the service will be incorporated into NGTS statistics for 2020/21, when the service has been operational for one full reporting period.

2 In addition, GamCare operates the National Gambling Helpline which offers telephone and online live chat support providing immediate support to individuals and referral into the treatment service. GamCare also offer information and advice via their website, moderated forums and online group chatrooms. These services are not within the scope of data presented in this report.

**Central and North West London NHS Foundation Trust (London Problem Gambling Clinic) offers:**

- Treatment for gambling problems, especially for people with more severe addictions and also for those with co-morbid mental and physical health conditions, those with impaired social functioning, and those who may present with more risk, such as risk of suicide.

GambleAware-funded treatment providers are required to submit quarterly datasets in a standardised format<sup>3</sup>. This report is informed by analysis of these submissions.

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<sup>3</sup> <https://begambleaware.org/media/2147/gambleaware-drf-specification-june-16.pdf>

### 3 Background and Policy Context

The Gambling Act 2005 contains a provision at section 123<sup>4</sup> for a levy on gambling operators to fund projects to reduce gambling harms. Successive governments have not commenced this provision. In the absence of a mandatory levy, the Gambling Commission imposes a requirement on operators through the Licence Conditions & Code of Practice<sup>5</sup> to make a donation to fund research, education and treatment for this purpose. The independent charity GambleAware<sup>6</sup> is the most prominent organisation active in all three areas of research, education and treatment<sup>7</sup> and for this reason, a high proportion of donations are made to the organisation. This statistical report covers activity which is commissioned by GambleAware.

In January 2019, NHS England announced that it would be establishing additional specialist clinics to treat gambling disorder<sup>8</sup> and in July 2019 announced the timetable for the new clinics to start<sup>9</sup>. The first of these clinics began offering treatment in 2019/20. In addition, some activity funded by the NHS for people whose primary or secondary diagnosis is gambling disorder takes place outside the specialist clinics. Activity funded by the NHS is reported in the official statistics produced by the NHS in England, Scotland and Wales.

The *National Responsible Gambling Strategy for 2016-17 to 2018-19*<sup>10</sup> which was published by the Responsible Gambling Strategy Board (now the Advisory Board for Safer Gambling) in April 2016, had as Priority Action 9 "Building the capacity and quality of treatment". This referenced the work of the Responsible Gambling Trust, a predecessor organisation of GambleAware.

The respective roles of the Gambling Commission, the Advisory Board for Safer Gambling and GambleAware in relation to arrangements for prioritising, commissioning, funding and evaluating research, education and treatment were set out in a Statement of Intent published in August 2012<sup>11</sup>.

4 <http://www.legislation.gov.uk/ukpga/2005/19/section/123>

5 <http://www.gamblingcommission.gov.uk/for-gambling-businesses/Compliance/LCCP/Licence-conditions-and-codes-of-practice.aspx>

6 Information about GambleAware and its governance is available at <https://begambleaware.org/for-professionals/about-us>

7 <https://www.gamblingcommission.gov.uk/for-gambling-businesses/Compliance/General-compliance/Social-responsibility/Research-education-and-treatment-contributions.aspx>

8 <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

9 <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>

10 [https://consult.gamblingcommission.gov.uk/author/copy-of-national-strategy-to-reduce-gambling-harms/user\\_uploads/the-current-national-responsible-gambling-strategy.pdf](https://consult.gamblingcommission.gov.uk/author/copy-of-national-strategy-to-reduce-gambling-harms/user_uploads/the-current-national-responsible-gambling-strategy.pdf)

11 <https://www.rgsb.org.uk/About-us/Governance/Statement-of-intent.pdf#:~:text=Statement%20of%20intent%20between%20the%20Gambling%20Commission%2C%20Responsible,strategy%20%28hereafter%20referred%20to%20as%20%E2%80%9CRET%E2%80%9D%29%20were%20established>



The *Annual Report for 2016/17* of the Chief Medical Officer for Wales<sup>12</sup>, published in January 2018, discussed the need for improved measures to prevent gambling harm, including services to help those already experiencing harm.

By combining figures from individual GambleAware-funded treatment services into a National Gambling Treatment Service-wide dataset, new opportunities are afforded to better understand, amongst the treatment population:

- The scale and severity of gambling harm
- Demographics and behavioural characteristics of those accessing help
- Treatment progression and outcomes.

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<sup>12</sup> <https://gov.wales/sites/default/files/publications/2019-03/gambling-with-our-health-chief-medical-officer-for-wales-annual-report-2016-17.pdf>

## 4 The DRF database

The collection of data on clients receiving treatment from the National Gambling Treatment Service is managed through a nationally coordinated dataset known as the Data Reporting Framework (DRF), initiated in 2015. Individual treatment services collect data on clients and treatment through bespoke case management systems. The DRF is incorporated into each of these systems. Data items within the DRF are set out in the DRF Specification<sup>13</sup> and provided in the appendix to this report. Data are collected within four separate tables, providing details of client characteristics, gambling history, referral details and appointment details. The DRF constitutes a coordinated core data set, collected to provide consistent and comparable reporting at a national level. Some minor differences exist in data collection between agencies, such as the addition of supplementary categories in individual fields or in the format of collected data. These are reformatted or recoded at a national level to ensure consistency within the DRF specification.

### 4.1 Notes on interpretation

The national collation of the DRF operates as an anonymous data collection system. At a service level, client codes are collected to distinguish one client from another. Totals for services are summed to provide an estimate of national treatment levels. If a client attends more than one service within the reporting period, they will be counted in each service they attend. The level of overlap between services cannot be accurately calculated but is expected to be a very small percentage of the total estimated number of clients nationally. The total number presented in this report should therefore be interpreted as an estimate of the total number of clients receiving treatment at participating agencies.

Clients of gambling treatment services can either be gamblers themselves, 'affected others' or persons at risk of developing a gambling problem. Within this report, clients are categorised as either 'gamblers' or 'other clients'. 'Other clients' includes 'affected others', persons at risk of developing a gambling problem and those for whom this information was not recorded. Client characteristics and treatment engagement are presented for both client categories. Details of gambling activity and history are only presented for clients identified as gamblers.

The DRF collects postal district of residence (first half of postcode). These may span borders of local authority and national boundaries. For this report, postal districts that are wholly or majority contained within Scotland are included. Districts that are partly Scotland but majority England are excluded. Postal districts starting with 'AB', 'DD', 'DG', 'EH', 'FK', 'G\_', 'HS', 'IV', 'KA', 'KW', 'KY', 'ML', 'PA', 'PH' or 'ZE' are fully included. Postal districts starting with 'TD' are included, except for TD12 and TD15.

<sup>13</sup> <https://begambleaware.org/media/2147/gambleaware-drf-specification-june-16.pdf>

## 5 Assessment of quality and robustness of 2019/20 DRF data

Table 1 below shows the level of completion of details taken at the time of assessment for clients treated in 2019/20. Details of gambling activity and history are not routinely collected for clients who are not themselves gamblers. Levels of completeness of gambling information relate only to clients identified as gamblers. Most data items are close to 100% complete, making the data representative of this treatment population, minimising any likelihood of bias and validating comparisons between time periods and sub-samples.

**Table 1 Level of completion of selected data fields**

Data item	Level of completion
Referral reason	97.3%
Referral source	100%
Gender	100%
Ethnicity	98.6%
Employment status	99.3%
Relationship status	99.0%
Primary gambling activity	97.7%
Money spent on gambling	99.6%
Job loss	99.6%
Relationship loss	99.6%
Early big win	99.6%
Debt due to gambling	96.9%
Length of gambling history	93.4%
Age of onset (problem gambling)	93.0%
Days gambling per month	93.0%

## 6 Characteristics of clients

A total of 295 individuals, resident in Scotland, were treated by gambling services providing DRF data within 2019/20.

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. All clients are included in breakdowns of client characteristics and treatment engagement but only identified gamblers are included in breakdowns of gambling activity and history. This information was not collected for a further 8 (3%) individuals.

### 6.1 Age and gender of clients

Clients had an average (median) age of 34 years at time of referral, with three quarters (75%) aged 43 years or younger. The highest numbers were reported in the 25–29 years old and 30–34 years old age bands (Table 2) accounting for 36% of clients in total. Clients other than gamblers had a higher median age of 43 years and were more likely to be in the over 50 age bands.

A large majority of clients (77%) were male. This compares to 49% in the general population of Scotland<sup>14</sup>. The distribution of age differs to some extent by gender (Table 2), with a median age of 40 years for females compared to 33 years for males. Gender differed considerably by type of client with 85% of gamblers being male compared to 35% of other clients.

**Table 2 Age and gender of clients**

		Male			Female			Total*		
		N	Col %	Row %	N	Col %	Row %	N	Col %	Row %
Age bands	< 20	6	2.6%	100.0%	0	0.0%	0.0%	6	2.0%	100.0%
	20-24	33	14.2%	91.7%	3	4.8%	8.3%	36	12.2%	100.0%
	25-29	41	17.7%	91.1%	4	6.3%	8.9%	45	15.3%	100.0%
	30-34	51	22.0%	82.3%	11	17.5%	17.7%	62	21.0%	100.0%
	35-39	32	13.8%	80.0%	8	12.7%	20.0%	40	13.6%	100.0%
	40-44	26	11.2%	68.4%	12	19.0%	31.6%	38	12.9%	100.0%
	45-49	13	5.6%	72.2%	5	7.9%	27.8%	18	6.1%	100.0%
	50-54	18	7.8%	75.0%	6	9.5%	25.0%	24	8.1%	100.0%
	55-59	4	1.7%	33.3%	8	12.7%	66.7%	12	4.1%	100.0%
	60+	8	3.4%	57.1%	6	9.5%	42.9%	14	4.7%	100.0%
	<b>Total*</b>	232	100.0%	78.6%	63	100.0%	21.4%	295	100.0%	100.0%

\* excludes those with missing age or gender or with a gender category of less than 5

<sup>14</sup> Office for National Statistics. Population Estimates for the UK, England and Wales, Scotland and Northern Ireland: Mid-2019

## 6.2 Ethnicity of clients

Nearly all (95%) of clients were from a White ethnic background (Table 3) including 88% White British and 5% White European. The next most reported ethnic background was Asian or Asian British (3%) with no clients reported from Black or Black British background. This compares to national (Scotland) proportions<sup>15</sup> of 96% White or White British, 3% Asian or Asian British and 1% Black or Black British.

**Table 3 Ethnicity of clients**

		Gambling clients		Other clients		Total	
		N	%	N	%	N	%
White or White British	British	225	88.2%	31	86.1%	256	88.0%
	Irish	1	0.4%	0	0.0%	1	0.3%
	European	12	4.7%	1	2.8%	13	4.5%
	Other	6	2.4%	1	2.8%	7	2.4%
Black or Black British	African	0	0.0%	0	0.0%	0	0.0%
	Caribbean	0	0.0%	0	0.0%	0	0.0%
	Other	0	0.0%	0	0.0%	0	0.0%
Asian or Asian British	Bangladeshi	0	0.0%	0	0.0%	0	0.0%
	Indian	2	0.8%	1	2.8%	3	1.0%
	Pakistani	3	1.2%	1	2.8%	4	1.4%
	Chinese	4	1.6%	0	0.0%	4	1.4%
	Other	0	0.0%	0	0.0%	0	0.0%
Mixed	White and Asian	0	0.0%	0	0.0%	0	0.0%
	White and Black African	0	0.0%	0	0.0%	0	0.0%
	White and Black Caribbean	1	0.4%	0	0.0%	1	0.3%
	Other	0	0.0%	0	0.0%	0	0.0%
Other ethnic group		1	0.4%	1	2.8%	2	0.7%
	<b>Total</b>	255	100.0%	36	100.0%	291	100.0%
	Missing	3		1		4	
	<b>Total clients</b>	258		37		295	

<sup>15</sup> Office for National Statistics. UK 2011 census.

## 6.3 Employment status of clients

The majority of clients were employed (75%). The next most reported employment status was unemployed (12%) followed by unable to work through illness (7%), retired (2%), student (2%) and homemaker (2%).

**Table 4 Employment status of clients**

		Gambling clients		Other clients		Total	
		N	%	N	%	N	%
	Employed	195	76.2%	24	64.9%	219	74.7%
	Unemployed	31	12.1%	3	8.1%	34	11.6%
	Student	6	2.3%	1	2.7%	7	2.4%
	Unable to work through illness	17	6.6%	2	5.4%	19	6.5%
	Homemaker	3	1.2%	3	8.1%	6	2.0%
	Not seeking work	1	0.4%	0	0.0%	1	0.3%
	Prison-care	0	0.0%	0	0.0%	0	0.0%
	Volunteer	0	0.0%	0	0.0%	0	0.0%
	Retired	3	1.2%	4	10.8%	7	2.4%
	Total	256	100.0%	37	100.0%	293	100.0%
	Missing	2		0		2	
	Total clients	258		37		295	

## 6.4 Gambling profile

### 6.4.1 Gambling locations

The most common location for gambling (Table 5) was online, used by 69% of gamblers who provided this information. Bookmakers were the next most common, used by 42% of gamblers. No other locations were used by more than 10% of gamblers, although casinos were used by 8% and miscellaneous (such as lottery, scratch-cards and football pools) by 7%.

Up to three gambling activities (specific to location) are recorded for each client and these are ranked in order of significance. Table 5 shows the location of primary gambling activity and again shows that online services are the most common, followed by bookmakers. These two locations account for the majority of primary gambling activities, at 89%.

**Table 5 Location of gambling activity reported in 2019/20**

		Any gambling in this location	%	Main gambling location	%
	Online	176	69.8%	146	57.9%
	Bookmakers	105	41.7%	79	31.3%
	Casino	21	8.3%	12	4.8%
	Miscellaneous	17	6.7%	9	3.6%
	Adult Entertainment Centre <sup>16</sup>	5	2.0%	4	1.6%
	Pub	1	0.4%	0	0.0%
	Bingo Hall	1	0.4%	1	0.4%
	Other	1	0.4%	1	0.4%
	Family Entertainment Centre	0	0.0%	0	0.0%
	Private Members Club	0	0.0%	0	0.0%
	Live Events	0	0.0%	0	0.0%
	<b>Total</b>	252		252	
	Missing	6		6	
	<b>Total gamblers</b>	258		258	

<sup>16</sup> Also known as Adult Gaming Centres (AGC)

## 6.4.2 Gambling activities

Table 6 shows that within online services, sports events were the most common individual activity, used by 29% of gamblers overall (making this the most common individual activity reported), followed by casino slots (27%) and casino table games (18%). Within bookmakers, gaming machines were the most common form of gambling, used by 24% of gamblers, followed by sporting events (14%) and horses (12%).

**Table 6 Gambling activities, grouped by location**

Location	Activity	N	% among all gamblers	% within location
Bookmakers	Gaming Machine (FOBT)	60	23.8%	57.1%
	Sports or other event	35	13.9%	33.3%
	Horses	29	11.5%	27.6%
	Dogs	12	4.8%	11.4%
	Other	4	1.6%	3.8%
Bingo Hall	Gaming Machine	1	0.4%	100%
	Live draw	0	0.0%	0.0%
	Skill Machine	0	0.0%	0.0%
	Terminal	0	0.0%	0.0%
	Other	0	0.0%	0.0%
Casino	Roulette	16	6.3%	76.2%
	Gaming Machine (not FOBT)	4	1.6%	19.0%
	Non-poker card games	0	0.0%	0.0%
	Poker	0	0.0%	0.0%
	Gaming Machine (FOBT)	0	0.0%	0.0%
	Other	0	0.0%	0.0%
Live events	Horses	0	0.0%	0.0%
	Dogs	0	0.0%	0.0%
	Sports or other event	0	0.0%	0.0%
	Other	0	0.0%	0.0%
Adult Entertainment Centre	Gaming Machine (not FOBT)	5	2.0%	100%
	Gaming Machine (FOBT)	0	0.0%	0.0%
	Skill prize machines	0	0.0%	0.0%
	Other	0	0.0%	0.0%
Family Entertainment Centre	Gaming Machine (not FOBT)	0	0.0%	0.0%
	Gaming Machine (FOBT)	0	0.0%	0.0%
	Other	0	0.0%	0.0%
Pub	Gaming Machine (other)	1	0.4%	100%
	Poker	0	0.0%	0.0%
	Sports	0	0.0%	0.0%
	Other	0	0.0%	0.0%



Location	Activity	N	% among all gamblers	% within location
Online	Sports events	74	29.4%	42.0%
	Casino (slots)	69	27.4%	39.2%
	Casino (table games)	45	17.9%	25.6%
	Horses	17	6.7%	9.7%
	Dogs	3	1.2%	1.7%
	Poker	4	1.6%	2.3%
	Spread betting	4	1.6%	2.3%
	Bingo	5	2.0%	2.8%
	Scratchcards	1	0.4%	0.6%
	Betting exchange	0	0.0%	0.0%
Miscellaneous	Scratchcards	7	2.8%	41.2%
	Lottery (National)	6	2.4%	35.3%
	Football pools	5	2.0%	29.4%
	Service station gaming machine	1	0.4%	5.9%
	Lottery (other)	0	0.0%	0.0%
	Private/organised games	0	0.0%	0.0%
Private members club	Poker	0	0.0%	0.0%
	Gaming Machine	0	0.0%	0.0%
	Other card games	0	0.0%	0.0%
Other Location		1	0.4%	
Total		252		
Missing		6		
Total gamblers		258		

### 6.4.3 Gambling history

Where known, a majority of gamblers (71%) had experienced an early big win in their gambling history. Among those providing a response to the question, 6% had suffered a job loss as a result of their gambling and 17% had suffered a relationship loss through their gambling.

Over one third of gamblers (37%) had no debt due to gambling at the time of assessment (Table 7). However, 25% had debts up to £5,000 and 38% had debts over £5,000 or were in an Individual Voluntary Arrangement (IVA).

**Table 7 Debt due to gambling**

	N	%
No debt	75	36.8%
Under £5000	51	25.0%
£5000–£9,999	21	10.3%
£10,000–£14,999	15	7.4%
£15,000–£19,999	14	6.9%
£20,000–£99,999	24	11.8%
£100,000 or more	1	0.5%
Bankruptcy	0	0.0%
In an IVA	3	1.5%
Total	204	100.0%
Missing	54	
Total gamblers	258	

On average (median), gamblers reported problem gambling starting at the age of 27 years, although this was highly variable, ranging up to 70 years old. Three quarters reported problem gambling starting by the age of 35 years and one quarter by the age of 21 years. At the point of presentation to gambling services, gamblers had been (problem) gambling for an average (median) of 10 years. Again, this was highly variable, ranging from six months to 50 years.

### 6.4.4 Money spent on gambling

Gamblers reported spending an average (median) of £200 per gambling day in the previous 30 days before assessment. As some gamblers spent at considerably higher levels, the mean value is higher at £499 per day. Thirty seven percent spent up to £100 per gambling day in the previous 30 days before assessment (Table 8), 22% spent between £100 and £200, 27% spent between £200 and £500 and 14% spent over £500.

**Table 8 Average spend on gambling days**

	N	%
Up to £100	94	36.6
Up to £200	56	21.8
Up to £300	35	13.6
Up to £400	12	4.7
Up to £500	23	8.9
Up to £1000	10	3.9
Up to £2000	21	8.2
Over £2000	6	2.3
Total	257	100.0
Missing	1	
Total gamblers	258	

In the preceding month, gamblers reported spending a median of £900 and a mean of £1,558 on gambling. Just over one half (51%) of gamblers spent up to £1,000 in the preceding month, with 49% spending over £1,000 (Table 9). About one fifth of gamblers (17%) reported spending over £2000 in the preceding month.

**Table 9 Reported spend on gambling in month preceding treatment**

	N	%
Up to £100	25	9.7
Up to £200	6	2.3
Up to £300	17	6.6
Up to £400	15	5.8
Up to £500	30	11.7
Up to £1000	39	15.2
Up to £2000	82	31.9
Over £2000	43	16.7
Total	257	100.0
Missing	1	
Total gamblers	258	

Mean values and the range of spend differed considerably between those reporting different gambling locations (Table 10), although that spend cannot be attributed specifically to gambling in those locations. Mean value of spend on gambling days was highest among those using casinos and online services. These means can be affected by outliers (extreme individual values) and median values were similar to that for bookmakers. Average monthly spend was particularly elevated among those using casinos and online services.

**Table 10 Money spent on average gambling days and in the past month, by gamblers reporting each gambling location.**

		Average spend per gambling day (£)		Spend in past month (£)	
		Mean	Median	Mean	Median
	Bookmakers	334	200	1141	800
	Casino	560	200	1548	1000
	Online	617	200	1869	1000
	Miscellaneous	97	50	443	300

## 7 Access to services

### 7.1 Source of referral into treatment

A clear majority of referrals (92%) were self-made. Mental health trusts, probation and 'other services or agencies' accounted for 7% of referrals between them (Table 11). Other sources accounted for less than 2% of referrals in total.

**Table 11 Referral source for clients treated in 2019/20, by type of client**

		Gambling client		Other client		Total	
		N	%	N	%	N	%
	Self-referral	236	91.5%	34	91.9%	270	91.5%
	Other service or agency	6	2.3%	2	5.4%	8	2.7%
	Mental health NHS trust	6	2.3%	0	0.0%	6	2.0%
	Probation service	5	1.9%	1	2.7%	6	2.0%
	Other primary health care	2	0.8%	0	0.0%	2	0.7%
	GP	2	0.8%	0	0.0%	2	0.7%
	Other service or agency	1	0.4%	0	0.0%	1	0.3%
	<b>Total</b>	258	100.0%	37	100.0%	295	100.0%

### 7.2 Waiting times for first appointment

Waiting time was calculated as the time between referral date and first recorded appointment. For clients treated during 2019/20, 50% of clients were seen within six days and 75% within nine days.

### 7.3 Length of time in treatment

Among all those receiving and ending treatment within 2019/20, treatment lasted for an average (median) of five weeks. One quarter of clients received treatment for two weeks or less, half received treatment for between two and 12 weeks and one quarter received treatment for over 12 weeks. Treatment for clients other than gamblers was shorter, with a median of two weeks compared to five weeks for gamblers.

## 8 Treatment Outcomes

Among clients treated within 2019/20, 42 (14%) were still in treatment at the end of March 2020, whereas 253 (86%) were discharged before the end of March 2020. Treatment outcomes are presented for those clients who were discharged in this period in order to represent their status at the end of treatment.

### 8.1 Treatment exit reasons

A majority of clients (58%) who were discharged within 2019/20 completed their scheduled treatment. However, 29% dropped out of treatment before a scheduled endpoint. A smaller proportion were discharged early by agreement (12%). Clients other than gamblers were less likely to complete treatment (52% compared to 59%), less likely to drop out (17% compared to 31%), but more likely to be discharged early by agreement (28% compared to 10%).

**Table 12 Reasons for treatment exit for clients treated within 2019/20**

		Gambling client		Other client		Total	
		N	%	N	%	N	%
	Completed scheduled treatment	132	58.9%	15	51.7%	147	58.1%
	Dropped out	69	30.8%	5	17.2%	74	29.2%
	Discharged by agreement	22	9.8%	8	27.6%	30	11.9%
	Not known	0	0.0%	1	3.4%	1	0.4%
	Referred on	1	0.4%	0	0.0%	1	0.4%
	Deceased	0	0.0%	0	0.0%	0	0.0%
	<b>Total</b>	224	100.0%	29	100.0%	253	100.0%

## 8.2 Severity scores

### 8.2.1 Baseline severity scores

Two measures of severity are routinely recorded within appointments, specifically the Problem Gambling Severity Index (PGSI) and the CORE-10 score.

#### PGSI

The PGSI is a validated tool<sup>17</sup> used in the Health Survey for England, Scottish Health Survey and the Welsh Problem Gambling Survey. The PGSI consists of nine items and each item is assessed on a four-point scale, giving a total score of between zero and 27 points.

A PGSI score of eight or more represents a problem gambler. Scores between three and seven represent 'moderate risk' gambling (gamblers who experience a moderate level of problems leading to some negative consequences) and a score of one or two represents 'low risk' gambling (gamblers who experience a low level of problems with few or no identified negative consequences).

At the earliest known appointment for gamblers treated during 2019/20, PGSI score was recorded for 90% of gamblers. Among these (Table 13), the majority (99%) recorded a PGSI score of 8 or more and were defined as problem gamblers. A much smaller proportion was defined as moderate risk (1%), and none were defined as low risk or no problem. Among those defined as a problem gambler, mean PGSI score was 21, considerably higher than the minimum of eight for this category.

**Table 13 PGSI category of severity at earliest appointment**

	N	%
No problem	0	0.0%
Low risk	0	0.0%
Moderate risk	2	0.9%
Problem gambler	229	99.1%
Total	231	100.0%
Missing	27	
Total gamblers	258	

#### Core-10

The Core-10 is a short 10 item questionnaire covering the following items: Anxiety (2 items); depression (2 items), trauma (1 item), physical problems (1 item) functioning (3 items - day to day, close relationships, social relationships) and risk to self (1 item). The measure has

<sup>17</sup> PGSI is a validated population level screening tool. It should be noted that the PGSI was not designed as a clinical tool, nor as an outcome measure for treatment. PGSI cannot be directly interpreted as a benchmark of treatment effectiveness, as longer-term outcomes are not captured. However, in the absence of a widely agreed clinical measure, the PGSI provides an internationally recognised indicator of gambling harm.

6 high intensity/severity and 4 low intensity/severity items, which are individually scored on a 0 to 4 scale. 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.

At the earliest known appointment for clients treated during 2019/20, CORE-10 score was recorded for 89% of clients. Among these clients, scores were distributed relatively evenly across the categories of severity (Table 14) with around one fifth of clients scoring as severe (18%), moderate-to-severe (20%) or moderate (18%), 29% scoring as mild and 15% scoring below clinical cut-off. Compared to other clients, gamblers were slightly more likely to score severe (18% compared to 16%) or moderate severe (21% compared to 10%).

		Gambling client		Other client		Total	
		N	%	N	%	N	%
	Below clinical cut-off	32	13.9%	8	25.8%	40	15.3%
	Mild	68	29.4%	8	25.8%	76	29.0%
	Moderate	40	17.3%	7	22.6%	47	17.9%
	Moderate severe	49	21.2%	3	9.7%	52	19.8%
	Severe	42	18.2%	5	16.1%	47	17.9%
	Total	231	100.0%	31	100.0%	262	100.0%
	Missing	27		6		33	
	Total clients	258		37		295	

## 8.2.2 Change in severity scores

As repeat scores for PGSI and CORE-10 are recorded across appointments, it is possible to report on changes to these scores over time. These are reported here in three ways, specifically: overall change in score, increases and decreases in scores, and changes between categories of severity. Changes are reported as those between earliest and latest appointments within a client episode of treatment, and therefore if a client has received multiple episodes of treatment (from one or more providers), scores may not be reflective of the cumulative change over their entire treatment history.

### 8.2.2.1 PGSI

Changes in PGSI score were calculated for clients who ended treatment before the end of March 2020 (see section 8.1). Between earliest and latest appointment within treatment where PGSI scores were recorded, clients improved, on average (median), by a score of 12 points on the PGSI scale.

Table 15 summarises the direction and extent of change in PGSI scores with the majority (72%) improving between start and end of treatment, around one quarter (27%) showing no change and a small minority (1%) recording a higher score of severity at latest appointment compared to earliest. Gamblers were most likely (36%) to improve by 10–18 points, with a further quarter (24%) improving by 20–27 points.



Table 16 shows these changes in PGSI score by discharge reason. Lack of change in score was much more likely in those that did not complete treatment. For those who completed scheduled treatment, improved scores were recorded for the majority (90%).

**Table 15 Changes in PGSI score between earliest and latest appointments**

		N	%
	Improved by 19- 27 points	54	24.1%
	Improved by 10- 18 points	80	35.7%
	Improved by 1- 9 points	27	12.1%
	No Change	60	26.8%
	Increased: 1 to 9 points	3	1.3%
	Increased: 10 to 18 points	0	0.0%
	Increased: 19 to 27 points	0	0.0%
	Total	224	100.0%
	Missing	0	
	Total gamblers	224	

**Table 16 Direction of change in PGSI score between earliest and latest appointments by reason for discharge**

		Worse		No change		Better	
		N	%	N	%	N	%
	Discharged by agreement	0	0.0%	22	100.0%	0	0.0%
	Completed scheduled treatment	2	1.5%	11	8.3%	119	90.2%
	Dropped out	1	1.4%	26	37.7%	42	60.9%
	Referred on (Assessed & treated)	0	0.0%	1	100.0%	0	0.0%

Table 17 shows the latest category of severity recorded before the end of treatment compared with the earliest in Table 13. At this point a much smaller proportion of clients (46%) were still classed as problem gamblers by their PGSI score<sup>18</sup>. Thirteen percent of gamblers were now defined as 'non-problem', with the remainder defined at either low (16%) or moderate (25%) risk.

<sup>18</sup> As the criteria for PGSI classification as a 'problem gambler' is a score within the range of between 8 and 27, many clients still classified as such at the end of a specific treatment episode will still have experienced a reduction in PGSI score, although not one sufficient to remove them from this category.

**Table 17 Latest PGSI category of severity recorded within treatment**

	N. Clients	%
Non-problem	30	13.4
Low risk	36	16.1
Moderate risk	55	24.6
Problem gambler	103	46.0
Total	224	100.0
Missing	0	
Total gamblers	224	

**8.2.2.2 CORE-10**

Changes in CORE-10 score were calculated for clients who ended treatment within the period. Between earliest and latest appointment within treatment where CORE-10 scores were recorded, clients' scores improved, on average (mean), by 8 points on the CORE-10 scale (4 points for clients other than gamblers).

Table 18 summarises the direction and extent of change in CORE-10 scores with the majority (66%) improving within treatment, but with 30% showing no change and a small minority (4%) recording a higher score of severity at their latest appointment compared to the earliest. Most improvement recorded (57%) was between one and 20 points. Gamblers were more likely than other clients to improve by more than 20 points (11% compared to 4%).

Table 19 shows these changes in CORE-10 score by discharge reason. Lack of change in score was much more likely in those that did not complete treatment. For those who completed scheduled treatment, improved scores were recorded for most (86%).

**Table 18 Direction of change in CORE-10 score between earliest and latest appointments**

	Gambling clients		Other clients		Total	
	N	%	N	%	N	%
Improved by 31-40 points	2	0.9%	0	0.0%	2	0.8%
Improved by 21-30 points	20	8.9%	1	3.6%	21	8.3%
Improved by 11-20 points	55	24.6%	2	7.1%	57	22.6%
Improved by 1-10 points	77	34.4%	10	35.7%	87	34.5%
No Change	62	27.7%	13	46.4%	75	29.8%
Increased by 1-10 points	7	3.1%	2	7.1%	9	3.6%
Increased by 11-20 points	1	0.4%	0	0.0%	1	0.4%
Increased by 21-30 points	0	0.0%	0	0.0%	0	0.0%
Increased by 31-40 points	0	0.0%	0	0.0%	0	0.0%
Total	224	100.0%	28	100.0%	252	100.0%

**Table 19 Direction of change in CORE-10 score between earliest and latest appointments by discharge reason**

		Worse		No change		Better	
		N	%	N	%	N	%
	Discharged by agreement	0	0.0%	29	100.0%	0	0.0%
	Completed scheduled treatment	6	4.1%	14	9.5%	127	86.4%
	Dropped out	4	5.4%	30	40.5%	40	54.1%
	Referred on (Assessed & treated)	0	0.0%	1	100.0%	0	0.0%
	Not known (Assessed only)	0	0.0%	1	100.0%	0	0.0%

Table 20 shows the latest category of severity recorded before the end of treatment compared with the earliest in Table 14. At this point a smaller proportion of clients (6%) were still classed as 'severe'. A majority of clients (54%) were now defined as 'below clinical cut-off', with the majority of remainder defined at either mild (20%) or moderate (10%).

**Table 20 Latest CORE-10 category of severity recorded within treatment**

		Gambling client		Other client		Total	
		N	%	N	%	N	%
	Below clinical cut-off	125	55.8%	12	42.9%	137	54.4%
	Mild	43	19.2%	8	28.6%	51	20.2%
	Moderate	20	8.9%	5	17.9%	25	9.9%
	Moderate severe	22	9.8%	3	10.7%	25	9.9%
	Severe	14	6.3%	0	0.0%	14	5.6%
	Total	224	100.0%	28	100.0%	252	100.0%

## 9 Trends

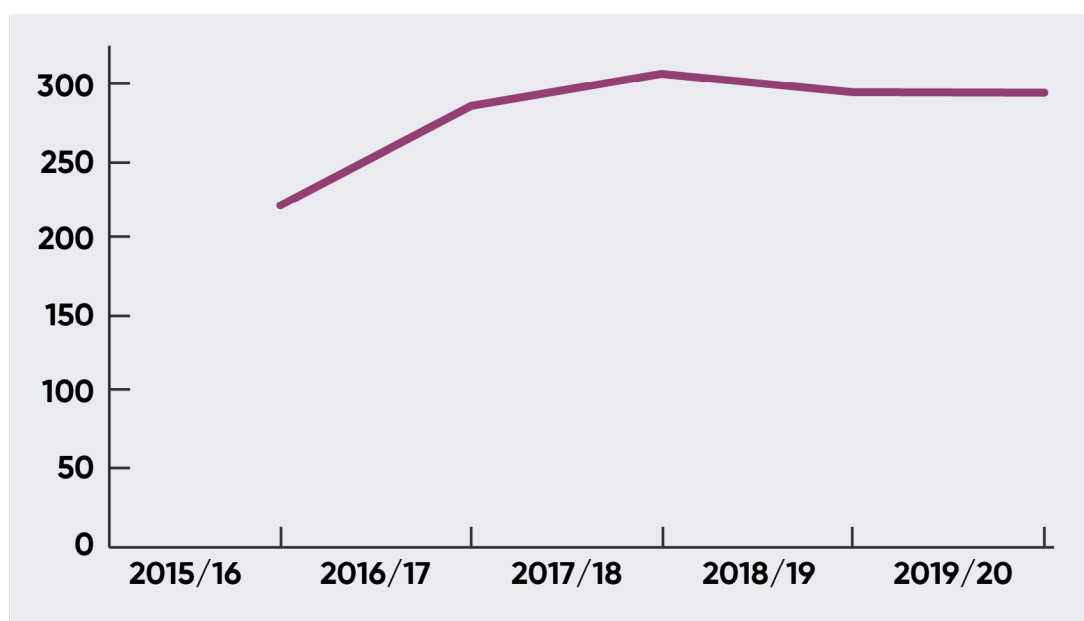
### 9.1 Trends in numbers in treatment

Table 21 shows that the number of clients treated in a given year has varied since 2015/16, with the greatest number of clients treated in 2017/18.

**Table 21 Trends in number of clients treated in the year – 2015/16 to 2018/19**

	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Clients treated</b>	218	280	302	295	295

**Figure 1 Trends in number of treated clients – 2015/16 to 2019/20**



Gambling services provide a point of contact and support both for problem gamblers and by those affected by another's gambling. Table 22 shows that the proportion of clients seeking help due to another individual's gambling has increased from 3% in 2015/16 to 9% in 2019/20.

**Table 22 Trends in reason for referral – 2015/16 to 2019/20**

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%	N.	%	N.	%	N.	%	N.	%
<b>Problem gambler</b>	211	97.2%	267	96.0%	283	95.3%	272	94.4%	258	89.9%
<b>Affected other</b>	6	2.8%	11	4.0%	14	4.7%	16	5.6%	26	9.1%
<b>Person at risk of developing gambling problem</b>	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	1.0%
<b>Missing</b>	1		2		5		7		8	
<b>Total Clients</b>	218		280		302		295		295	

## 9.2 Trends in gambling type

The most notable difference in reported gambling locations between 2015/16 and 2019/20 (Table 23) has been the increase in the proportion reporting use of online gambling services (rising from 52% to 70%) alongside the reduction in the proportion using bookmakers (falling from 54% to 42%). Other gambling types remained relatively stable, although there was some indication of an increase in use of casinos (from 4% to 8%) and miscellaneous (from 3% to 7%).

**Table 23 Trends in gambling locations – 2015/16 to 2019/20**

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%	N.	%	N.	%	N.	%	N.	%
Bookmakers	113	53.6%	114	42.7%	125	45.1%	119	44.4%	105	41.7%
Bingo Hall	3	1.4%	2	0.7%	3	1.1%	7	2.6%	1	0.4%
Casino	9	4.3%	10	3.7%	20	7.2%	22	8.2%	21	8.3%
Live Events	0	0.0%	0	0.0%	0	0.0%	1	0.4%	0	0.0%
Adult Entertainment Centre	7	3.3%	7	2.6%	7	2.5%	7	2.6%	5	2.0%
Family Entertainment Centre	0	0.0%	1	0.4%	1	0.4%	1	0.4%	0	0.0%
Pub	2	0.9%	3	1.1%	5	1.8%	2	0.7%	1	0.4%
Online	110	52.1%	181	67.8%	186	67.1%	178	66.4%	176	69.8%
Miscellaneous	7	3.3%	13	4.9%	16	5.8%	16	6.0%	17	6.7%
Private Members Club	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	1	0.5%	0	0.0%	0	0.0%	0	0.0%	1	0.4%
<b>Total</b>	<b>211</b>	<b>100.0%</b>	<b>267</b>	<b>100.0%</b>	<b>277</b>	<b>100.0%</b>	<b>268</b>	<b>100.0%</b>	<b>252</b>	<b>100.0%</b>

## 9.3 Trends in treatment exit reason

Grouped by year of treatment, Table 24 shows a number of positive trends with increases in the proportion of clients completing scheduled treatment (from 51% to 58%), alongside a decrease in the proportion dropping out of treatment (from 43% to 29%).

**Table 24 Trends in exit reason – 2015/16 to 2019/20**

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%	N.	%	N.	%	N.	%	N.	%
Discharged by agreement	12	6.5%	37	15.5%	27	10.5%	13	5.5%	30	11.9%
Completed scheduled treatment	94	50.5%	119	49.8%	133	51.6%	133	56.6%	147	58.1%
Dropped out	80	43.0%	81	33.9%	92	35.7%	86	36.6%	74	29.2%
Referred on	0	0.0%	1	0.4%	6	2.3%	3	1.3%	1	0.4%
Deceased	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Total Clients Discharged</b>	<b>186</b>	<b>100.0%</b>	<b>239</b>	<b>100.0%</b>	<b>258</b>	<b>100.0%</b>	<b>235</b>	<b>100.0%</b>	<b>253</b>	<b>100.0%</b>

## 9.4 Trends in client characteristics

Table 25 shows an overall small increase in the proportion of clients who are female, rising from 17% in 2015/16 to 21% in 2019/20.

**Table 25 Trends in gender – 2015/16 to 2019/20**

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%	N.	%	N.	%	N.	%	N.	%
<b>Male</b>	182	83.5%	236	84.3%	248	82.1%	244	82.7%	232	78.6%
<b>Female</b>	36	16.5%	44	15.7%	54	17.9%	50	16.9%	63	21.4%
<b>Total Clients</b>	218	100.0%	280	100.0%	302	100.0%	295	100.0%	295	100.0%

\* Categories of gender with less than 25 clients were excluded from this table

Table 26 shows that the proportion of clients accounted for by different ethnic groupings has not changed substantially over the last five years.

**Table 26 Trends in ethnicity – 2015/16 to 2019/20**

	2015/16		2016/17		2017/18		2018/19		2019/20	
	N.	%	N.	%	N.	%	N.	%	N.	%
<b>White or white British</b>	208	96.7%	274	98.6%	294	97.7%	288	97.6%	277	95.2%
<b>Black or Black British</b>	2	0.9%	0	0.0%	1	0.3%	0	0.0%	0	0.0%
<b>Asian or Asian British</b>	5	2.3%	3	1.1%	5	1.7%	7	2.4%	11	3.8%
<b>Mixed</b>	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%
<b>Other</b>	0	0.0%	1	0.4%	1	0.3%	0	0.0%	2	0.7%
<b>Not known/ Missing</b>	3		2		1		0		4	
<b>Total Clients</b>	218		280		302		295		295	

# 10 Appendices

## 10.1 DRF data items

### 10.1.1 Person Table

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Patient Identifier	M	-
X2	Provider code	M	-
X3	Date of Birth (MMYY)	M	-
P1	Gender	M	P-A
P2	Postcode	R	-
P3	Socio-economic indicator	R	P-B
P4	Relationship status	R	P-C
P5	Ethnic background	R	P-D
P6	Additional Client Diagnosis	R	P-E

#### 10.1.1.1 Person Table Codes

P-A Gender	
0	Not known
1	Male
2	Female
3	Transgender
9	Not stated (person asked but declined to provide a response)

P-B Socio-economic indicator	
01	Employed
02	Unemployed and Seeking Work
03	Students who are undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training and who are not working or actively seeking work
04	Long-term sick or disabled, those who are receiving Incapacity Benefit, Income Support or both; or Employment and Support Allowance
05	Homemaker looking after the family or home and who are not working or actively seeking work
06	Not receiving benefits and who are not working or actively seeking work
07	In prison, in care, or seeking asylum
08	Unpaid voluntary work who are not working or actively seeking work
09	Retired
ZZ	Not Stated (Person asked but declined to provide a response)

P-C Relationship Status	
0	Not known
1	Divorced/Dissolved Civil Partnership
2	Separated
3	Single
4	Widowed
5	In a relationship
6	Married/Civil partnership
9	Not Stated (Person asked but declined to provide a response)

P-D Ethnic background	
A	White British
B	White Irish
C	White European
D	White Other
E	Black, Black British: African
F	Black, Black British: Caribbean
G	Black, Black British: Other
H	Asian, Asian British: Bangladeshi
J	Asian, Asian British: Indian
K	Asian, Asian British: Pakistani
L	Asian, Asian British: Chinese
M	Asian, Asian British: Other
N	Mixed: White and Asian
P	Mixed, White and Black African
R	Mixed: White and Black Caribbean
S	Mixed: Other
Z	Any other ethnic group

P-E Additional client diagnosis	
0	Not stated (Person asked but declined to provide a response)
1	Yes - Pharmacological
2	Yes - Psychological
3	Yes - Both pharmacological and psychological
4	No



## 10.1.2 Gambling History Table

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Patient Identifier	M	-
X2	Provider code	M	-
X3	Date of Birth (MMYY)	M	-
G1	Gambling activity/ies	M	G-A
G2	Gambling location(s)	M	G-B
G3	Length of time gambling	M	-
G4	Job loss through gambling	R	G-C
G5	Relationship loss through gambling	R	G-D
G6	Age of problem gambling onset	M	-
G7	Early big win	R	G-E
G8	Debt due to gambling	R	G-F
G9	Time spent gambling	R	G-G
G10	Money spent gambling	R	G-H

G-A Gambling Activities		
A - Bookmakers	1 Horses	Insert client rating
	2 Dogs	Insert client rating
	3 Sports or other event	Insert client rating
	4 Gaming Machine (FOBT)	Insert client rating
	5 Gaming Machine (other)	Insert client rating
	6 Other	Insert client rating
B - Bingo Hall	1 Live draw	Insert client rating
	2 Terminal	Insert client rating
	3 Skill Machine	Insert client rating
	4 Gaming Machine (other)	Insert client rating
	5 Other	Insert client rating
C - Casino	1 Poker	Insert client rating
	2 Other card games	Insert client rating
	3 Roulette	Insert client rating
	4 Gaming Machine (other)	Insert client rating
	5 Gaming Machine (FOBT)	Insert client rating
	6 Other	Insert client rating
D - Live events	1 Horses	Insert client rating
	2 Dogs	Insert client rating
	3 Sports or other event	Insert client rating
	4 Other	Insert client rating
E - Adult Entertainment Centre (18+ Arcade)	1 Gaming Machine (FOBT)	Insert client rating

	2 Gaming Machine (other)	Insert client rating
	3 Skill prize machines	Insert client rating
	4 Other	Insert client rating
F - Family Entertainment Centre (Arcade)	1 Gaming Machine (FOBT)	Insert client rating
	2 Gaming Machine (other)	Insert client rating
	3 Skill prize machines	Insert client rating
	4 Other	Insert client rating
G - Pub	1 Gaming Machine (other)	Insert client rating
	2 Sports	Insert client rating
	3 Poker	Insert client rating
	4 Other	Insert client rating
H - Online	1 Horses	Insert client rating
	2 Dogs	Insert client rating
	3 Spread betting	Insert client rating
	4 Sports events	Insert client rating
	5 Bingo	Insert client rating
	6 Poker	Insert client rating
	7 Casino (table games)	Insert client rating
	8 Casino (slots)	Insert client rating
	9 Scratchcards	Insert client rating
	10 Betting exchange	Insert client rating
	11 Other	Insert client rating
I - Misc	1 Private/organised games	Insert client rating
	2 Lottery (National)	Insert client rating
	3 Lottery (other)	Insert client rating
	4 Scratchcards	Insert client rating
	5 Football pools	Insert client rating
	6 Service station (gaming machine)	Insert client rating
J - Private members club	1 Poker	Insert client rating
	2 Other card games	Insert client rating
	3 Gaming Machine	Insert client rating
	4 Other	Insert client rating
K - Other	1 Other not categorised above	Insert client rating

#### G-B Job loss through gambling

0	Not stated (Person asked but declined to provide a response)
1	Yes
2	No
9	Unknown

G-C Relationship loss through gambling	
0	Not stated (Person asked but declined to provide a response)
1	Yes
2	No
9	Unknown

G-D Early big win	
0	Not stated (Person asked but declined to provide a response)
1	Yes
2	No
9	Unknown

G-F Debt due to gambling	
0	Not stated (Person asked but declined to provide a response)
1	No
2	Under £5000
3	£5000 - £9,999
4	£10,000 - £14,999
5	£15,000 - £19,999
6	£20,000 - £99,999
7	£100,000 or more
8	Bankruptcy
9	In an IVA
10	Don't know (some)

### 10.1.3 Referral Table

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Patient Identifier	M	-
X2	Provider code	M	-
X3	Date of Birth (MMYY)	M	-
R1	Referral Source	M	R-A
R2	Date referral received	M	-
R3	Referral acceptance indicator	M	R-B
R4	Referral reason	M	R-C
R5	Recurrence indicator	R	R-D
R6	End reason	R	R-E
R7	End date	R	-

### 10.1.3.1 Referral Codes

R-A Referral source	
A1	GP
A2	Health Visitor
A3	Other Primary Health Care
B1	Self Referral
B2	Carer
C1	Social Services
C2	Education Service
D1	Employer
E1	Police
E2	Courts
E3	Probation Service
E4	Prison
E5	Court Liaison and Diversion Service
G1	Independent Sector Mental Health Services
G4	Voluntary Sector
H1	Accident And Emergency Department
I1	Mental Health NHS Trust
M1	Asylum Services
M4	Drug Action Team / Drug Misuse Agency
M5	Jobcentre plus
M6	Other service or agency

R-B Referral acceptance indicator	
1	Yes
2	No

R-C Referral reason	
1	Problem gambler
2	Affected other
3	Person at risk of developing gambling problem

R-D Recurrence indicator	
0	Not stated (Person asked but declined to provide a response)
1	Yes
2	No
9	Unknown

R-E End Reason	
9	Offered Assessment but DNA
ASSESSED ONLY	
10	Not suitable for service - no action taken or directed back to referrer
11	Not suitable for service - signposted elsewhere with mutual agreement of patient
12	Discharged by mutual agreement following advice and support
13	Referred to another therapy service by mutual agreement
14	Suitable for service, but patient declined treatment that was offered
15	Deceased (assessed only)
97	Not Known (assessed only)
ASSESSED AND TREATED	
42	Completed scheduled treatment
43	Dropped out of treatment (unscheduled discontinuation)
44	Referred to other service
45	Deceased (assessed and treated)
98	Not Known (assessed and treated)

### 10.1.4 Appointment Table

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Patient Identifier	M	-
X2	Provider code	M	-
X3	Date of Birth (MMYY)	M	-
A1	Appointment date	M	-
A2	Unique caregiver code	R	-
A3	Attendance	M	A-A
A4	Contact duration	R	-
A5	Appointment purpose	R	A-B
A6	Appointment medium	R	A-C
A7	Intervention given	M	A-D
A8	PGSI score	R	-
A9	CORE-10 score	M	-

A-A Attendance	
5	Attended on time or, if late, before the relevant care professional was ready to see the patient
6	Arrived late, after the care professional was ready to see the patient, but was seen
7	Patient arrived late and could not be seen
2	Appointment cancelled by, or on behalf of, the patient
3	Did not attend - no advance warning given
4	Appointment cancelled or postponed by the health care provider

A-B Appointment purpose	
1	Assessment
2	Treatment
3	Assessment and treatment
4	Review only
5	Review and treatment
6	Follow-up appointment after treatment end
7	Other
8	Not Recorded

A-C Appointment medium	
1	Face to face communication
2	Telephone
3	Web camera (e.g. Skype)
4	Online chat
5	Email
6	Short Message Service (SMS)

A-D Intervention given	
1	CBT
2	Counselling
3	Residential programme
4	Brief advice
5	Psychotherapy
6	Other (please specify)

## 10.2 Problem Gambling Severity Index (PGSI)

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. Responses to each item are scored as follows:

- never = zero
- sometimes = one
- most of the time = two
- almost always = three

Scores are then summed to give a total score which can range from a minimum of 0 to a maximum of 27.

When used as a population screening tool, the typical reference period used for the questions is “the past 12 months”. Within treatment settings, the scale is usually adjusted by providers so that clients are asked about their behaviour since their appointment, or in the past two weeks.<sup>19</sup>

The nine items are as listed below:

Thinking about the last [TIMEFRAME]...

1. Have you bet more than you could really afford to lose?
2. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?
3. When you gambled, did you go back another day to try to win back the money you lost?
4. Have you borrowed money or sold anything to get money to gamble?
5. Have you felt that you might have a problem with gambling?
6. Has gambling caused you any health problems, including stress or anxiety?
7. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
8. Has your gambling caused any financial problems for you or your household?
9. Have you felt guilty about the way you gamble or what happens when you gamble?

A PGSI score of eight or more represents a problem gambler, that is, gamblers who gamble with negative consequences and a possible loss of control. This is the threshold recommended by the developers of the PGSI and the threshold used for this analysis.

Scores between three and seven represent ‘moderate risk’ gambling (gamblers who experience a moderate level of problems leading to some negative consequences) and a score of one or two represents ‘low risk’ gambling (gamblers who experience a low level of problems with few or no identified negative consequences).

<sup>19</sup> The consistency of the timeframe asked about by providers has been noted as a potential area for methodological improvement in the collection of DRF submissions.

## 10.3 CORE-10

CORE stands for “Clinical Outcomes in Routine Evaluation” and the CORE system comprises tools and thinking to support monitoring of change and outcomes in routine practice in psychotherapy, counselling and any other work attempting to promote psychological recovery, health and wellbeing. CORE System Trust owns the copyright on all the instruments in the system.

The CORE outcome measure (CORE-10) is a session by session monitoring tool with items covering anxiety, depression, trauma, physical problems, functioning and risk to self. The measure has six high intensity/severity and four low intensity/severity items.

Clients are asked to answer 10 items on a frequency response scale. Details of the items, response and scoring are as follows:

For each statement please say how often you have felt that way over the last week...

	Response option and corresponding item score				
	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
1. I have felt tense, anxious or nervous	0	1	2	3	4
2. I have felt I have someone to turn to for support when needed	4	3	2	1	0
3. I have felt able to cope when things go wrong	4	3	2	1	0
4. Talking to people has felt too much for me	0	1	2	3	4
5. I have felt panic or terror	0	1	2	3	4
6. I have made plans to end my life	0	1	2	3	4
7. I have had difficulty getting to sleep or staying asleep	0	1	2	3	4
8. I have felt despairing or hopeless	0	1	2	3	4
9. I have felt unhappy	0	1	2	3	4
10. Unwanted images or memories have been distressing me	0	1	2	3	4

Scores are then summed to give a total score which can range from a minimum of 0 to a maximum of 40. A score of 40 would be classed as severe distress, 25 = moderate to severe, 20 = moderate, 15 = mild, with 10 or under below the clinical cut off.





# Annual Statistics from the National Gambling Treatment Service Scotland

1st April 2019 to 31st March 2020

Data analysis by ViewItUK

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## About ViewItUK:

ViewItUK Ltd specialises in data management and analysis. The company originates from the team at the University of Manchester 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. 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. For further information about the content of the report please contact [info@gambleaware.org](mailto:info@gambleaware.org).