

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Guideline scope

### Harmful gambling: identification, assessment and management

The Department of Health and Social Care in England has asked NICE to develop a new clinical guideline on gambling: identification, diagnosis and management.

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

#### **1 Why the guideline is needed**

The term 'harmful gambling' is used in this scope to mean gambling of any frequency that causes harm, problems or distress for the person or those around them (also referred to as 'affected others'). It is intended to cover all severities of harm caused by gambling. Other terms, such as gambling disorder, problem gambling and pathological gambling, can be used to describe harmful gambling but may be associated with stigma.

[Public Health England's Gambling-related harms evidence review](#) found that, in 2018 participation in gambling (including the National Lottery) was reported by 57% of men and 51% of women. The review also reported that 0.4% of the population in England (224,000 people) participated in 'problem gambling' (defined as PGSI score 8 or more), with an additional 3.8% of the population (2.1 million people) 'at-risk' of problem gambling (PGSI score 1 to 7). In addition, it was estimated that 7% of the population (3.8 million people) are 'affected others' and have personally experienced negative effects from another person's gambling behaviour.

[Annual Statistics from the National Gambling Treatment Service](#) show that only a small proportion of people involved in problem gambling were treated

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by the National Gambling Treatment Service in 2020/21 (7,726 people; approximately 3% of those participating in problem gambling). More men than women entered treatment; 80% of those treated were men. In addition, 87% of people treated came from a white ethnic background, and the median age was 35 years. 15% of those referred into treatment were 'affected others' and not gamblers themselves.

People who participate in harmful gambling may also present with both physical and mental health conditions (in particular, depression and suicidal ideation). Gambling can lead to social problems for the person and their family, including violence, family breakdown, neglect of children and homelessness, and may lead people into crime such as theft.

Gambling has financial consequences, both for individuals and their families, and for society in general, with substantial costs to health services (predominantly mental health), welfare and unemployment services, housing services and the criminal justice system.

## **Current practice**

There is variable access to services across England with no agreed model of care or referral pathways to best meet people's needs. There is no coordinated system of early identification and intervention; community, primary and secondary healthcare services do not routinely identify or refer people at risk of, or participating in, harmful gambling for treatment.

The NHS currently commissions some treatment services. These clinics provide psychological treatment, psychiatric reviews, medication and aftercare. However, the NHS gambling service is expanding with plans to have 15 clinics in place by 2023/24.

Treatment services are also commissioned by GambleAware (a charity funded by voluntary gambling industry donations), including the only residential service, which is provided by another charity, Gordon Moody. GambleAware also funds other services such as the National Gambling Helpline (operated by GamCare). In addition, there are a number of other

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services, including those in the voluntary sector, that provide support and treatment, some of which operate in local areas only.

Overall, treatment services for people with harmful gambling are lacking compared with those for people with alcohol or substance use problems.

There are currently no national guidelines on diagnosing or treating harmful gambling in the UK. Current gaps in care include poor provision of treatments aimed at specific groups of people (for example, different age groups, different ethnic groups, and people with comorbidities) and a lack of follow-up and ongoing care. Most treatments are offered on a short-term basis and relapse is common. There is also a lack of identification and support for other people affected by a person's harmful gambling, such as family members, friends and others close to them.

## **Policy, legislation and regulation**

The Gambling Act 2005 (currently being updated) contains a provision in Section 123 for a levy on gambling operators to fund projects to reduce gambling harms. However, this has not been implemented as instead the Gambling Commission currently requires operators (through the Licence Conditions and Code of Practice) to donate funds to organisations involved in research, education and treatment to reduce gambling harms.

The 3-year [National Strategy to Reduce Gambling Harms](#) was published by the Gambling Commission in April 2019. It aims to improve and accelerate action to reduce gambling harms.

## **2 Who the guideline is for**

This guideline is for:

- commissioners of gambling treatment services
- providers of gambling treatment services
- healthcare professionals in community, primary, secondary and tertiary care

- people who participate in harmful gambling, their families and affected others
- people using gambling treatment services, their families and affected others.

It may also be relevant for:

- social care practitioners
- social prescribing link workers
- voluntary, community and social enterprise sectors
- the criminal justice system
- education providers
- occupational health services.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

## **Equality considerations**

NICE has carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at potential inequalities for people from certain groups (see also the groups that will be covered in the section below).

## **3 What the guideline will cover**

### **3.1 Who is the focus?**

#### **Groups that will be covered**

- Adults (aged 18 and over) who participate in gambling that is causing harm to themselves or to their family, friends and others close to them.

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- Families, friends and others close to adults who participate in harmful gambling.

This guideline may also apply to services for younger people.

Specific consideration will be given to:

- groups who may have difficulty accessing services.
- groups who may be at increased risk from harmful gambling or who need adaptations to standard treatments or pathways (for example, people from deprived socioeconomic groups, those with comorbid mental health conditions, people with substance or alcohol use problems, people being treated with medication that may cause impulse control disorders, people working in the gambling industry, military veterans).

### **Groups that will not be covered**

- People who participate in gambling that is not causing harm to themselves or to their family, friends or others close to them.

## **3.2 Settings**

### **Settings that will be covered**

The guideline will cover all settings where harmful gambling may be identified, and all settings where NHS-commissioned healthcare is provided for people who participate in harmful gambling.

## **3.3 Activities, services or aspects of care**

### **Key areas that will be covered**

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

- 1 Case identification and assessment.
- 2 Information and support.
  - information and support for people participating in harmful gambling, their families, friends and others close to them.

- 3 Provision of care:
  - models of care
  - delivery of services.
- 4 Interventions for harmful gambling:
  - psychological and psychosocial interventions
  - pharmacological treatments.
- 5 Involving families and affected others:
  - family-based approaches for treating harmful gambling
  - interventions for reducing gambling-related harms for families, friends and others close to people who gamble.
- 6 Relapse prevention interventions.
- 7 Improving access to gambling treatment services:
  - barriers and facilitators to access
  - interventions to improve access for target groups.
- 8 Experiences of gambling treatment services.

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

### **Areas that will not be covered**

- 1 Primary prevention of gambling or harmful gambling.
- 2 Legislative interventions to reduce the supply of gambling (for example, limitations on advertising, sponsorship, inducements, licensing of betting).
- 3 Interventions to reduce uptake of gambling (for example, public health campaigns about potential harms of gambling, school or college-based educational outreach, employer-based initiatives).
- 4 Social care to deal with the effects of harmful gambling.
- 5 Training of healthcare professionals to deliver gambling treatment services.

- 6 Population-wide screening programmes to identify individuals at risk of or affected by gambling.

## Related NICE guidance

### Published

- [Stop smoking interventions and services](#) (2018) NICE guideline NG92
- [Preventing suicide in community and custodial settings](#) (2018) NICE guideline NG105
- [Parkinson's disease in adults](#) (2017) NICE guideline NG71
- [Drug misuse prevention: targeted interventions](#) (2017) NICE guideline NG64
- [Self-harm in over 8s: long-term management](#) (2011) NICE guideline CG133 (currently being updated)
- [Alcohol-use disorders: diagnosis, assessment and management of harmful drinking \(high-risk drinking\) and alcohol dependence](#) (2011) NICE guideline CG115
- [Depression in adults: recognition and management](#) (2009) NICE guideline CG90 (currently being updated)
- [Mental wellbeing at work](#) (2009) Public health guideline PH22 (currently being updated)
- [Drug misuse in over 16: psychosocial interventions](#) (2007) NICE guideline CG51
- [Self-harm in over 8s: short-term management and prevention of recurrence](#) (2004) NICE guideline CG16 (currently being updated)

### In development

- Integrated health and social care for people experiencing homelessness. NICE guideline. Publication expected March 2022

## NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to gambling disorder:

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- [Shared decision making](#) (2021) NICE guideline NG197
- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Medicines adherence](#) (2009) NICE guideline CG76

### **3.4 Economic aspects**

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective. In addition, we will consider a wider, public health perspective where relevant (including, for example, costs to other social services, education, and the criminal justice system), if appropriate cost data are identified.

### **3.5 Key issues and draft questions**

While writing this scope, we have identified the following key issues and draft questions related to them:

- 1 Case identification and assessment:
  - 1.1 What are the risk factors (for example, age, gender, socioeconomic status, type of gambling activity) that predict participation in harmful gambling?
  - 1.2 What is the accuracy of tools for identifying and assessing harmful gambling?
- 2 Information and support:
  - 2.1 What are the information and support needs of people who participate in harmful gambling, their families, friends and others close to them?
- 3 Provision of care:



- 3.1 What is the effectiveness of different models of care and delivery of services for people who participate in harmful gambling (including those with comorbid conditions)?
- 4 Interventions for harmful gambling:
- 4.1 What is the effectiveness of interventions (including psychological, psychosocial and pharmacological) for people who participate in harmful gambling (including those with comorbid conditions)?
- 5 Involving families and affected others:
- 5.1 What is the effectiveness of using family-based approaches to treat people who participate in harmful gambling?
- 5.2 What is the effectiveness of interventions and approaches for reducing gambling-related harms for families, friends and others close to people who gamble?
- 6 Relapse prevention interventions:
- 6.1 What is the effectiveness of interventions and approaches (for example, building recovery capital, mutual aid, peer support and mentoring programmes) for preventing relapse in people who have previously participated in harmful gambling?
- 7 Improving access to gambling treatment services:
- 7.1 What are the barriers and facilitators to accessing treatment for harmful gambling from the perspective of practitioners, people who participate or have participated in harmful gambling, and their families, friends and others close to them?
- 7.2 What is the effectiveness of interventions or approaches designed to improve access to treatment for people who participate in harmful gambling among groups who are generally under-represented in treatment services?
- 8 Experiences of gambling treatment services:
- 8.1 What works well and what could be improved in gambling treatment services, including treatments for individuals, family approaches and relapse prevention, from the perspective of practitioners, people who participate or have participated in harmful gambling, and their families, friends and others close to them?

The key issues and draft questions will be used to develop more detailed review questions, which guide the systematic review of the literature.

### **3.6 Main outcomes**

The main outcomes that may be considered when searching for and assessing the evidence are:

- 1 Gambling severity (measured using scales such as the Problem Gambling Severity Index).
- 2 Psychological wellbeing (measured using scales such as the Warwick-Edinburgh Well Being Scale and the CORE-10 score).
- 3 Personal and social functioning (measured using scales such as the Work and Social Adjustment Scale).
- 4 Gambling behaviour (for example, abstinence, interval to relapse, frequency, or financial losses).
- 5 Recovery capital (measured using tools such as the Life In Recovery Scale).
- 6 Measurement of symptoms of other conditions (for example, depression using the PHQ-9, or alcohol use using AUDIT).
- 7 Quality of life (measured using scales such as EQ 5D and SF-12) of people participating in harmful gambling or affected others.
- 8 Satisfaction of people who participate in treatment for harmful gambling or affected others.

## 4 Further information

This is the final scope, which takes into account comments from registered stakeholders during consultation.

The guideline is expected to be published in February 2024.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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