



Resource impact summary report

Resource impact
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The [guideline covers the identification, assessment and treatment of people who are experiencing harm from gambling](#).

In England, there are almost 1.6 million adults who gamble, who may benefit from some type of treatment or support [[Office for Health Improvement and Disparities 2023](#)]. The estimates in table 1 show the number of adults who gamble who might benefit from treatment or support for gambling, alongside the intensity of treatment or support that they might need. The data has been produced using the Health Survey for England for 2015, 2016 and 2018.

Table 1 Adults who gamble and may benefit from some type of treatment and support

Intervention	Number of adults in England
Brief advice	162,571
Extended brief interventions	972,510

Psychological interventions	162,501
Psychologist-led cognitive behavioural therapy	243,300
Intensive residential treatment	39,293
Total	1,580,175

Notes:

1. Brief advice. This typically involves a brief conversation that could be delivered by non-specialists. It also includes referral to 'self-help' such as online forums.
2. Extended brief interventions. This typically involves 2 or 3 sessions of motivational interviewing delivered by gambling-specialist practitioners.
3. Psychosocial interventions delivered in the third sector. This typically involves around 6 sessions of psychosocial treatment delivered one-on-one or in a group format by gambling treatment practitioners in the third sector.
4. Psychologist-led cognitive behavioural therapy (CBT). This typically involves 8 to 14 sessions of CBT for gambling disorder, delivered by clinical psychologists or CBT-accredited psychotherapists. It may also include psychological therapy for comorbid mental health conditions.
5. Intensive residential treatment. This typically involves a 12-week residential treatment programme that would include one-to-one therapy and group sessions.

The data has been used in the template as the starting point to estimate the number of adults who gamble who may benefit from interventions included in the guidance. From table 1, around 1.4 million people would benefit from treatments delivered by practitioners (intervention categories 2, 3 and 4).

Due to a lack of robust data on current practice and the variation across organisations and different provider services, the size of the resource impact should be determined at a local level. A local [resource impact template](#) has been produced to assist commissioners and providers with assessing the resource impact.

There is some uncertainty around the number of people currently accessing treatment for gambling. Survey data suggests people who have a higher score on the Problem Gambling Severity Index (PGSI) scale are more likely to access some kind of treatment and support, with estimates of around 60% of people with higher severity accessing any type of treatment and support [[BeGambleaware Treatment and support survey 2021](#)]. (Table 16 page 47). This data should be treated with caution because it is survey data, based on a very small sample size. Expert opinion suggests only around 10% of people experiencing harms from gambling access any type of treatment and support. A mid-point is used in the [resource impact template](#). Localities should review these estimates and amend locally.

Treatment is predominantly provided by the voluntary sector. Other support includes advice from family and friends, gambling helplines, support from GPs and online self-help forums.

Access to current NHS funded services is limited with only a small proportion of people participating in gambling that harms currently receiving treatment and, most treatment is delivered by services outside the NHS. However, NHS gambling services have expanded, with 15 additional clinics now in place [[NHS Mental Health Implementation Plan 2019 to 2023 to 24, see page 40](#)].

The local [resource impact template](#) allows users to model their local impact of additional demand from implementing the guideline and assess any additional staffing requirements and costs. The template aligns with the workforce structure at the 15 new clinics (based on information from NHSE), and the recommended interventions in the guideline. The approach acknowledges that gamblers often access a wide variety of treatment and support services before finding what works for them (which can be one or a combination of different things), therefore the template allows flexibility for local entry where possible.

The guideline makes recommendations on improving access to services (1.4.7 and 1.4.8) which are likely to increase the annual number of referrals for psychological treatment and support. Depending on current local practice, recommendations on interventions which may require additional resources and result in additional costs include:

Treatment of harmful gambling and gambling related harms – Psychological treatment and support

- Recommendations 1.1.9, 1.4.7, 1.4.8, 1.5.5, 1.5.6, 1.5.11 to 1.5.15, 1.6.3, 1.6.4 and 1.7.2

These recommendations are likely to have a resource impact on NHS services. They are grouped together for resource impact purposes because they relate to services delivered by healthcare professionals at clinics or when seeing a person in a place of their choosing (recommendation 1.4.8).

The recent [NHS Long Term Workforce Plan 2023](#) (LTWP) outlined significant gaps between the workforce needed and that which is in place for psychological professions and mental health nurses projected over the next 15 years. The plan shows that there is a lack of workforce skilled in working with people who have addictions/dependency issues, and this will not be rectified in the short term. Currently, NHS gambling services may comprise a team made up of registered psychologists, therapists, psychiatrists, and mental health nurses and people with lived experience [[NHS gambling treatment provision report 2020](#)]. The plan outlines that it takes 3 to 4 years to train psychological practitioners and then additional time to train in gambling-specific CBT.

There may be gaps in other staffing groups. The way services are configured may differ. The template has flexibility for users to enter their local establishments on the 'Capacity requirements' page of the template.

The capacity already planned for the 15 new clinics is anticipated to support 3,000 people a year. The [resource impact template](#) allows localities to assess the impact of different levels of demand and any gaps which may assist future capacity plans.

Pharmacological treatment for harmful gambling

- Recommendations 1.5.17 and 1.5.18

These recommendations may have capacity implications for specialist services. This is because naltrexone can only be initiated under specialist supervision. Mental health nurses who specialise in addictions suggest advanced nurse practitioners working within primary care could support prescribing and follow up, however this is dependent on local arrangements. The price of naltrexone is £74.21 per pack, the estimated cost per person for a 5-month course of treatment is around £500. Liver function tests, full blood count tests and kidney functions tests are required before and during treatment. These are modelled in the economic evidence report E (table 3) and cost around £11 for the tests. Healthcare professional time can be assessed locally in the template.

The [resource impact template](#) allows users to assess the impact of any estimated additional demand for pharmacological treatment.

Implementing the guideline may have the following benefits - based on clinical expert opinion in mental health gambling addiction services and published studies:

- If a brief intervention is offered at the outset of gambling that harms (recommendations 1.1.9 and 1.5.12) this could reduce the likelihood of needing further treatment later.
- Offering peer support as part of the integral treatment for gambling that harms (recommendation 1.5.11) could potentially release capacity to see additional people if it reduces the workload on specialist staff.
- If the work with others affected by gambling that harms (recommendation 1.7.2) is undertaken in a way as to reinforce the therapeutic intervention being offered to the person, then this will increase the efficacy of the intervention and reduce the risk of relapse, and in this way will reduce further costs.
- Reduced number of people needing treatment for alcohol dependence associated with harmful gambling. In 2021, around 20,658 people were estimated to have alcohol dependence associated with gambling that harms, and of these, 2,591 received alcohol treatment in England. This cost NHS services £3.5 million in 2021 / 2022 prices (or £1,350 per person). [[Economic and social cost harms associated with gambling in England \(2023\)](#)] (see page 53).
- Reduced healthcare costs from people needing treatment for depression associated with gambling and the health impacts of depression. In England it is estimated that there are 69,099 people with depression associated with moderate-risk and problem gambling. This equates to £114.2 million of excess healthcare costs per year at 2021/22 prices (or £1,653 annual cost per person experiencing gambling that harms and needing treatment for depression) [[Economic and social cost harms associated with gambling in England \(2023\)](#)](see page 53).
- Wider financial benefits from reduced economic burden of gambling related harms [[Public Health England - Gambling related harms review 2021](#)]. Research suggests that gambling harms are expensive for the health economy and wider economy. Better early identification, involvement of primary and secondary care (and other identification/referral points) should result in significant reductions in costs due to suicide, primary care appointments, hospitalisations, mental health service costs, criminal justice costs and social care costs etc.
- lead to improved consistency of best practice across the country.
- lead to better health outcomes and care experience with people receiving the right care at the right time.

These benefits may also provide some savings to offset some of the potential costs identified.

NHS gambling services are currently commissioned by NHSE although there is a proposal for NHS trusts to commission services for their area with some commissioning through provider collaboratives. Providers of gambling services are NHS mental health services, specialist gambling treatment clinics and the voluntary sector.