Gambling Disorder In The Uk
A Clinical Overview

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This talk will cover:

- The origins of my interest in Addiction Psychiatry and Behavioural Addictions specifically
- The events leading to the setting up of the first NHS clinic
- Describing the illness-symptoms and prevalence.
- The NPGC- structure and treatment
- Treatment across the UK and national statistics
- Reading materials
The Royals…
1970s
1070-80s HEROIN EPIDEMIC IN ITALY: SYRINGES IN PARKS AND PLAYGROUNDS.
I BECAME INTERESTED IN GAMBLING BECAUSE OF THE IMPULSIVITY DISPLAYED BY SOME PATIENTS ON DECISION-MAKING TESTS.
10 years ago Government plans to open super casino + regional casinos

MEDIA ROLE RCPSYCH 2007

THE REALISATION THERE WAS NO NHS CLINIC TO TREAT THE DISEASE
I threw £1,900 away on a Rasta banana

by AIDAN RADNEDGE

AS MANY families know, the cost of a good day out is getting more expensive all the time.
But £1,900 is more than most people would spend on a trip to the funfair.
That’s what Henry Gribbohm spent – and all he was left to show for it was a dreadlocked giant banana wearing a Rasta hat.
The 30-year-old was trying to win an XBox Kinect by throwing balls into buckets in a game called Tubs of Fun at a Fiesta Shows funfair in the US. He found it easy when practising but the balls kept popping out when he attempted it for real.
He blew £193 in no time but instead of bowing out a little poorer but maybe wiser, he went home to get his £1,679 life savings in a bid to recoup his losses. He soon found he was throwing good money after bad. ‘You’re expecting the kids to win a few things, let the kids have a good time,’ Mr Gribbohm said. ‘It just didn’t turn out that way.’
He insisted ‘it’s not possible that it wasn’t rigged’, after losing his savings.
But fairground operator Fiesta Shows said it was ‘next to impossible’ to lose such a large amount on the game.
It also said this was the first time it had happened – although this could be because other players called it quits much earlier.
The independent contractor who runs the stall in Manchester, New Hampshire, has returned almost £400 and – after Mr Gribbohm complained to police – the game will not feature when the travelling fair makes its next stop.
‘You just get caught up in the whole “I’ve got to win my money back”,’ the luckless thrower said. ‘It was foolish putting up my life savings.’
WHY IS PATHOLOGICAL GAMBLING SO EXCITING?

- It constitutes a useful model to provide broader insights into the core brain processes of addictive disorders as it does not involve substances and their effect on brain functioning.

- If it is an Addiction, it is a PURE one, possibly providing the LINK to a deeper understanding of the evolution of addiction in humans.
PATIENTS…

- Often see themselves as
- WEAK
- UNDESERVING OF ATTENTION
- SHAME+++ AT CRIMES COMMITTED
- MAY WAIT YEARS TO PRESENT FOR HELP
- HOW WE CLASSIFY THIS ILLNESS HAS AN IMPACT ON SOCIETY AND THE PATIENT THEMSELVES.
WHAT IS IT?

- PROBLEM GAMBLING has been seen by society as:
  - Weakness of character
  - Evil disposition
  - Inability to control one’s urges
  - Criminal activity
  - Addiction
GAMBLING DISORDER in Diagnostic and Statistical manual of Mental Disorders 5th ed.

- Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:
  - Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
  - Is restless or irritable when attempting to cut down or stop gambling.
  - Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
  - Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
DSM 5 Criteria: Gambling Disorder

- Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
  - After losing money gambling, often returns another day to get even ("chasing" one’s losses).
  - Lies to conceal the extent of involvement with gambling.
  - Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
  - Relies on others to provide money to relieve desperate financial situations caused by gambling.

- The gambling behavior is not better explained by a manic episode.
Specify if:

**Episodic:** Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder **for at least several months.**

**Persistent:** Experiencing **continuous symptoms**, to meet diagnostic criteria for multiple years.

Specify if:

**In early remission:** After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met **for at least 3 months but for less than 12 months.**

**In sustained remission:** After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met **during a period of 12 months or longer.**

Specify current severity:

**Mild:** 4–5 criteria met.

**Moderate:** 6–7 criteria met.

**Severe:** 8–9 criteria met.
Gambling is a popular recreational activity in the UK...
Gambling in the UK 2017 Sept 2017

- 63% of adults (16+) had gambled in the past year
- Men (66%) more than women (59%)
- Most common gambling was National Lottery (46%) and Scratchcards (23%)
- Excluding the National Lottery, 45% of adults had gambled in the last year.

Excluding the National Lottery, participation in gambling was highest among YOUNGER ADULTS
THE NUMBER OF BRITISH PROBLEM GAMBLERS HAS RISEN BY MORE THAN 50 % BETWEEN 2012 AND 2015

FROM 280,000 TO 430,000

AT RISK GAMBLING SEPT 2017

- Measured using Problem Gambling Severity Index (max score 27, 8 or more=PG)

- 2.8% of adults were classified as LOW RISK GAMBLERS (PGSI 1 and 2 scores)

- 1.1% were MODERATE RISK GAMBLERS (PGSI 3 to 7)

- OVERALL 3.9% OF ADULTS WERE CLASSIFIED AS AT RISK GAMBLERS
PROBLEM GAMBLING RATES WERE DETERMINED USING BOTH PGSI AND DSM

PROBLEM GAMBLING RATES WERE 0.8%

MEN 1.5%

WOMEN 0.2%
PROBLEM GAMBLING AND TYPE OF PLAY in UK

- HIGHEST RATES OF PG WERE AMONG
  - SPREAD BETTING 20.1% of players were PGs
  - BETTING VIA A BETTING EXCHANGE 16.2%
  - POKER IN PUBS/CLUBS 15.9%
  - BETTING OFFLINE eg election or prizes 15.5%
  - PLAYING MACHINES IN BOOKMAKERS 11.5%
New York Times SEPT 2017

- MR FRANKLIN LOST £2,600 IN 42 MINUTES
- £1 MILLION LOST
- MARRIAGE BROKE DOWN
- SEVERAL ATTEMPTS TO STOP GAMBLING
- RELAPSING DUE TO FOBT
- CONTROVERSIAL DEBATE ONGOING IN UK AT PRESENT
- BAN THEM OR REDUCE £100 STAKE?
FIXED ODDS BETTING TERMINALS

- £100 EVERY 20 SECONDS …= A LOT OF MONEY
- VERY ADDICTIVE ACCORDING TO OUR PATIENTS
- INDUSTRY SAY THERE IS NO EVIDENCE OF HARM
- FOBTs PROVIDE >50% OF BOOKMAKERS’ TAKINGS
- RESTRICTED TO MAX 2 PER BOOKMAKER..
- SOME RESEARCH SHOWS MUCH OF THIS IS FROM PGs
- (PROF JIM ORFORD’S WORK)
Violence, debt and devastation brought by the spin of a wheel

Gambling charity faces inquiry into its industry links

Drug cash laundered at bookies

An addiction like any other

Stars queue up to win the advert jackpots

Gambling News

Media Interest
EGYPTIAN DICE
Data Reporting Framework April 15 - March 16 GA

- NPGC Tier 3 Psychiatric / Psychological
- Gamcare Tier 2 Counselling
- Gordon Moody – Tier 4 Residential

- 7488 patients referred into treatment overall
- 81% were men
- 89% waited less than 3 weeks for their first appointment
20% of patients offered treatment did not attend

41% completed treatment

69% of carers completed treatment

Treatment seeking problem gamblers were more likely to be:

- Male, mid 30s, white British, employed, in a relationship.

Average length of time between starting to gamble and becoming problematic was 9 years
PG ASSOCIATED WITH:

- **GENDER**: men are more likely to experience problems than women across all cultures.
- **AGE**: Young people are more likely to experience PG problems.
- In the UK children are 4 times more likely to be problem gamblers than adults. (rates of 2-4% vs 0.5%)
- **HOMELESSNESS**: Our study from 2013 shows X10 prevalence rates compared to normal London population.
PG ASSOCIATED WITH:

- **IMPULSIVITY** – Strong predictor of problems at a young age and high levels of impulsivity in our patient population. (Slutske et al 2012)

- (This is also the case in people with other addictions, not only PG.)

- **IMPAIRED FUNCTIONING IN BRAIN REGIONS THAT RELATE TO DECISION MAKING**. Ventromedial PFC and Striatum. These are the reward pathway areas that are showing significant differences between PGs and controls. (Petry 2015)
- Gambling disorder runs in families.
- PGs more likely to have a PG parent.
- In Treatment seeking samples 10-44% have one or more parents with PG

- GENETIC OR ENVIRONMENT? A bit of both..

- Twin studies: genetic risk appears stronger in men than women. (As with alcohol)
Associated problems

- Loss of employment
- Crime
- Physical health
- Social isolation
- Pressure on families and carers
NPGC data

FIRST AND ONLY NHS CLINIC IN THE UK
SET UP IN 2008
Gender

- Women are under-represented at the NPGC making up 7% of all referrals.

- In 2013-14 the percentage of referrals received from male problem gamblers was 92.8% - nearly identical to the figure of 92.6% in 2012-13

- **Barriers to seeking treatment** for women include
  - Wish to handle problems by oneself
  - Shame/embarrassment/stigma
  - Unwillingness to admit problem
  - Issues with treatment itself
Comorbidity (% of PGs with these illnesses)

- Substance use disorders 57.5%
  - nicotine dependence 60.1%
  - alcohol abuse/dependence 28.1%
  - illicit drug abuse/dependence 17.2%

- Mood disorders 37.9%
  - Major depressive disorder 23.1%
  - Bipolar disorder 9.8%

- Anxiety disorders 37.4%
  - Generalized anxiety disorder 11.1%

- Antisocial personality disorder 28.8%

(Loraines et al., 2011)
In 2011 Monash Guidelines looked at existing evidence base for treatment of PG. 10 RCTs were included. Cognitive Behavioural Therapy is the evidence based treatment intervention of choice both for PG.

8 sessions are standard, group or 1:1. Authors found it superior to control groups in both reducing gambling severity, gambling behaviour and psychological distress.

Psychodynamic Treatment for early life trauma and complex issues.
Treatment

- CBT incorporates both behavioural and cognitive interventions with the aim of altering both behavior and thinking moving away from unhelpful destructive patterns to more helpful ones.
- Focuses on the Here and Now
- It targets Cognitive distortions and Cravings.
- Uses balance sheets: Good about not gambling, Bad about gambling.
- Graphs to chart gambling activities
- Based on rewards
Treatment at NPGC

- NPGC Treatment Manual
- Family therapy manual
- Money Management
- Psychodynamic Treatment
- Homeless group
- Women’s group
- In USA 12 step Minnesota Model is used for both of these behavioural addictions as well as CBT.
- GA as mutual aid adjunct
Three significant systematic reviews have looked at pharmacological interventions for PG: only 2 RCT studies high enough quality to be included.

Outcome showed that Naltrexone and Nalmefene (Opioid receptor antagonists) are promising although as yet neither are approved by BNF.

Naltrexone is a mu kappa opioid receptor antagonist used currently as an adjunct to prevent relapse in both alcohol and drug addiction.
Naltrexone

- It **modulates the mesolimbic dopamine circuitry** (in particular the Ventral Tegmental area and Nucleus Accumbens) therefore in theory **diminishing the pleasure associated with the gambling** by inhibiting the effects of the released Dopamine.

- Good data on efficacy in terms of relapse prevention
- Dose **50 mg** as good as higher doses
- 6-11 weeks have been trialled.
- **RCPsych Rapid response paper** (HBJ,CD,ST 2016)
Dr Henrietta Bowden-Jones interviews Owen Bailey 2014

- [https://www.youtube.com/watch?v=ow5buwxP1IA](https://www.youtube.com/watch?v=ow5buwxP1IA)

- Over 35,300 people have watched it.
- Next one will be about Naltrexone and its impact on PG
TRAPPED!

NEXT 10 YEARS?? NHS FUNDING
Gambling Commission fines

 Gambling operator is fined £8m for failing vulnerable customers

Case study

In 2015, Stephanie Abbott described her experience as a gambling addict with "problems with a monster." She was referred to a self-exclusion scheme and started attending meetings with gambling therapists. She also joined a support group and found her gambling habit reduced. After six months, she was able to start earning money again and has not gambled since.

The Gambling Commission fined the operator £8 million for failing to protect vulnerable customers. The commission found that the operator failed to take adequate measures to prevent customers from developing gambling problems, and that it failed to identify and act on signs of problem gambling.

The commission also highlighted the technical failure in 2018 of a self-exclusion system that allowed problem gamblers to circumvent the "self-exclusion" regime. A system of customers was used to allow customers to bar themselves from gambling. It found that more than 2,000 customers had been asked to exclude themselves from 888's casino, poker and sports betting platforms.

The operator said it had not sacked anyone over its handling of problem gamblers, but that it had improved its systems and processes.

Analysis

"It is unacceptable that gambling operators fail to protect vulnerable customers," said Emma Draper, Head of Gambling Commission. "We expect operators to take all reasonable steps to prevent customers from developing gambling problems and to act on signs of problem gambling.

"The commission has received a large number of complaints about this operator's handling of problem gambling, including accounts that were not closed or blocked even when a customer had asked to be excluded.

"We are satisfied that the operator has taken action to improve its systems and processes, but we expect it to continue to take all reasonable steps to prevent customers from developing gambling problems and to act on signs of problem gambling."
Media stops children’s images gambling link

Gambling sites forced to stop luring children

Hundreds of child-friendly games banned

Cartoons draw kids to gambling

It said the operators would face the threat of sanctions unless the games were removed.

The games can be viewed without age-certification checks on the operators’ websites and in many cases are playable for “free”.

The Gambling Commission and the Advertising Standards Authority (ASA) have joined forces to take action against gambling games being released.

The games, which are labelled as “cartoon” in the app store listing for Peter Pan, Mickey Mouse, and Winnie the Pooh, are accessible to children.

The games were developed by websites that were not being regulated, and some of the games were found to contain gambling elements.

The Commission has received reports of children being tempted to bet on the games, and it has called for a review of the industry’s marketing practices.

The ASA has also been informed of the games and is investigating them.

The Commission’s chairman, Mr. David Lidington, said, “We are concerned at the level of exposure of children to gambling games and the potential harm they can cause.”

The Commission is working with other gambling regulators to ensure that children are not exposed to gambling games.

Central and North West London NHS Foundation Trust
Textbook

A CLINICIAN’S GUIDE TO WORKING WITH PROBLEM GAMBLERS
EDITED BY:
HENRIETTA BOWDEN-JONES & SANJU GEORGE
Parliament Launch

Problem Gambling in Women
An International Female Perspective on Treatment and Research

Edited by Henrietta Bowden-Jones and Fulvia Prever

Central and North West London NHS Foundation Trust
COME TO OUR MDT MEETINGS
Tuesdays 9.30AM NPGC
Any questions?

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