

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Harmful gambling: identification, assessment and management

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

- 1) Age – overall prevalence of gambling does not differ greatly across different ages but those aged 34 and under are more likely to be involved in problem gambling; those aged 16-24 are less likely to access treatment and may be at a greater risk of harm (due to effects on education, employment).

This issue was considered by the committee when making recommendations and although evidence was not available separately for people of different ages, the committee included advice to raise awareness that the different gambling products had different potential to lead to addiction and cause harm, and that different products may be used by people of different ages. The committee also recommended that information, treatment and support should be provided in formats that were acceptable to the person, and this may vary by age.

- 2) Disability – people with neurodevelopmental disabilities (for example ADHD, ASD) and acquired cognitive impairments may find it more difficult to access treatment services, or may require adaptations to treatment

The committee made separate recommendations for people with neurodevelopmental difficulties or acquired impairments in the section of the guideline on identifying people at risk, as certain groups are at an increased risk, in the section on pathways of care as appropriate care pathways will need to be developed for these groups, and in the section on principles of treatment as people's treatment may need to be planned differently to account for disabilities or comorbidities.

- 3) Race – some ethnic groups are more likely to be involved in problem gambling

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

but are less likely to access treatment

The committee did not have any evidence on difference in treatment or support required for different racial groups and so did not make separate recommendations for different ethnic groups.

- 4) Religion or belief – gambling may be proscribed or stigmatised in certain religions which may make accessing treatment more difficult

There was evidence that people from some cultural backgrounds may face particular stigma, shame or fear of disclosure about gambling and so the committee made a recommendation to flag this, and also advised on the need to deliver culturally sensitive services.

- 5) Sex – participation in gambling is slightly higher in men than women and participation in problem gambling is much higher in men than women; women are more likely to be affected others than men; men are more likely to be receiving treatment for gambling than women, but women are more likely to seek help as affected others than men

There was evidence that women may face stigma which deters them from accessing gambling treatment, and may not wish to attend groups where the majority of the attendees are men so the committee made a recommendation advising women-only groups.

- 6) Sexual orientation – people from the LGBT+ community may find it more difficult to access treatment

There was no evidence for interventions or approaches specifically for people from the LGBT+ community so the committee did not make any separate recommendations for this group.

- 7) Socio-economic factors – participation in harmful gambling is higher in those from the most deprived group; the financial impact of gambling may be greater in those from more deprived groups

The committee advised that assessment of gambling-related harms should include a consideration of the financial impact of gambling in terms of money spent on gambling as a proportion of income, but did not have other evidence on different socio-economic groups that allowed them to make separate recommendations for this group.

- 8) Other definable characteristics of people who may be more at risk of gambling, find accessing treatment more difficult or require adaptations to services and treatment:

- a. people in contact with the criminal justice system
- b. homeless people
- c. migrants

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

- d. military veterans
- e. people working in the gambling industry
- f. people being treated with medication that may cause impulse control disorders
- g. people with co-morbid mental health conditions or addictions

The committee gave specific advice in their recommendations for people from all these groups. This included raising awareness of their increased risk of gambling-related harms (in the section on case identification and assessment), advising on access to information (in the section on information and support), advising that appropriate and coordinated services are provided (in the sections on models of care and service delivery and improving access), and taking account of comorbidities when planning treatment (in the section on general principles of treatment).

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

The committee identified two other potential equality issues during the development of the guideline:

Occupation – the committee noted that sports professionals had not been identified during scoping as a group who were at particular risk of gambling-related harms, but based on the committee’s knowledge and experience they were aware that this group may be at an increased risk and so advised that these people should be asked about their gambling. This is described in evidence review A (factors suggesting harmful gambling).

Adapting gambling treatment for diverse groups – the committee noted that in the qualitative review on improving gambling treatment services there was no evidence from diverse populations such as those from diverse cultures, races, religions, the LGBTQ+ community or people with different levels of neurodiversity. To address this the committee made a research recommendation ‘How should gambling treatment services be adapted to meet the needs of diverse populations (for example different genders, different races or cultural backgrounds, or people with varying neurodiversity)?’. This is described in evidence review K (improving gambling

treatment services).

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The committee's considerations of the equality issues as described above have been discussed in the Committee's discussion of the evidence section in the relevant evidence reviews:

- 1) Age - evidence review C (information and support) and evidence review K (improving gambling treatment services)
- 2) Disability – evidence review A (factors suggesting harmful gambling) and evidence review D (models of care and service delivery) and evidence review K (improving gambling treatment services)
- 3) Race - no separate evidence or recommendations so not discussed
- 4) Religion or belief – evidence review I (access)
- 5) Sex – evidence review I (access)
- 6) Sexual orientation - no separate evidence or recommendations so not discussed
- 7) Socio-economic factors – evidence review B (tools for identification and assessment)
- 8) Other definable characteristics - evidence review A (factors suggesting harmful gambling), evidence review C (information and support), evidence review D (models of care and service delivery), evidence review I (access), and evidence review K (improving gambling treatment services)

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The preliminary recommendations do not make it more difficult in practice for a specific group to access services compared with other groups. The committee has

made specific recommendations to advise that particular attention should be given to making access to services available for certain groups, to allow equitable access for all groups of people who may be affected by gambling-related harms.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No, there is not a potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

Not applicable as no concerns raised in box 3.4

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