

1 **NATIONAL INSTITUTE FOR HEALTH AND CARE**
 2 **EXCELLENCE**

3 **Guideline scope**

4 **Gambling: identification, diagnosis and**
 5 **management**

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

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

10 **1 Why the guideline is needed**

11 Gambling disorder, problem gambling and pathological gambling are all terms
 12 used to describe gambling that causes harms, problems or distress for the
 13 individual and those around them (also referred to as 'affected others'). In this
 14 scope we have used the term 'harmful gambling' as an umbrella term to
 15 describe any frequency of gambling that results in people experiencing harm.

16 In 2018, participation in gambling was reported by 57% of men and 51% of
 17 women, and estimates of the number of people in the UK who participate in
 18 harmful gambling vary widely from 300,000 to 1.4 million.

19 Only a small proportion of people who participate in harmful gambling
 20 (approximately 3%) are in treatment at any time (compared to 6% of problem
 21 drinkers and 50% of class A drug users). In 2019/20, 9,008 people were
 22 treated by the NHS National Gambling Service, up from 5,909 in 2015/16.
 23 More men than women enter treatment, with 75% of those treated by the
 24 National Gambling Service in 2019/20 being male. In addition, 89% of treated
 25 gamblers came from a white ethnic background, with a median age of 34
 26 years.

27 People who participate in harmful gambling may present with both physical
 28 and psychiatric comorbidities (in particular, depression and suicidal ideation).

1 Gambling can lead to adverse social consequences for the gambler and their
2 family, including violence, family breakdown, neglect of children,
3 homelessness, and may lead people into crime such as theft.

4 Gambling has financial consequences, both for individuals, families and on a
5 wider societal perspective, with substantial costs to health services
6 (predominantly mental health), welfare and unemployment costs, housing
7 costs and criminal justice costs.

8 **Current practice**

9 There are currently two NHS-funded treatment centres - The National
10 Problem Gambling Clinic and the Northern Gambling Service - which treat
11 people aged 16 and over from England and Wales, but with a focus on
12 individuals with complex needs. These clinics provide psychological
13 treatment, psychiatric reviews, medication and aftercare. Treatment services
14 are also provided by GambleAware (a charity set up by the gambling
15 industry), which also funds other services such as the National Gambling
16 Helpline (operated by GamCare). The only residential service is provided by
17 the Gordon Moody Association.

18 There is variable access to services across England with no agreed model of
19 care or referral pathways to best meet people's needs. There is no
20 coordinated system of early identification and intervention; primary and
21 secondary healthcare services do not routinely identify or refer gamblers for
22 treatment.

23 Overall, treatment services for people with harmful gambling are lacking
24 compared to those for other addictions. However, the NHS gambling service
25 is expanding with 15 new clinics due by 2023/24 and so publication of this
26 guideline will be timely.

27 As there are currently no national guidelines on diagnosing or treating harmful
28 gambling, UK treatment services use the evidence-based Australian National
29 Health and Medical Research Council guidelines developed by Monash
30 University. These guidelines ('The Monash Guidelines') were published in
31 2011 and are currently being updated.

1 Treatment of harmful gambling is an emerging field, with ongoing research.
2 Current treatment focuses on the use of psychological treatments such as
3 cognitive behavioural therapy and motivational interviewing. Pharmacological
4 treatments are also used, either alone or in combination with psychosocial
5 interventions. New developments in stimulus control may offer another
6 treatment modality but has yet to be evaluated.

7 Current gaps in treatment include poor differentiation of treatment for different
8 types of gamblers (for example, different ages, different ethnic groups, those
9 with comorbidities), a lack of follow-up and ongoing care. Most treatments are
10 offered on a short-term basis and relapse is a common occurrence. There is a
11 lack of identification and support for family members who are affected by
12 gambling.

13 **Policy, legislation, regulation and commissioning**

14 The Gambling Act 2005 contains a provision in Section 123 for a levy on
15 gambling operators to fund projects to reduce gambling harms. Successive
16 governments have not made use of this provision. In the absence of a
17 mandatory levy, the Gambling Commission requires operators (through the
18 Licence Conditions & Code of Practice) to donate to fund research, education
19 and treatment to reduce gambling harms.

20 The 3-year National Strategy to Reduce Gambling Harms, published by the
21 Gambling Commission in April 2019, refers to the work of GambleAware in
22 commissioning most specialist services for those affected by gambling harms
23 in Great Britain, through a network of several hundred clinics.

24 **2 Who the guideline is for**

25 This guideline is for:

- 26 • commissioners of gambling treatment services
- 27 • providers of gambling treatment services
- 28 • healthcare professionals in primary, secondary and tertiary care
- 29 • people who participate in harmful gambling, their families and carers
- 30 • people using gambling treatment services, their families and carers.

1

2 It may also be relevant for:

- 3 • social care practitioners
- 4 • voluntary, community and social enterprise sectors
- 5 • the criminal justice system
- 6 • higher education settings
- 7 • occupational health services.

8

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

12 ***Equality considerations***

13 NICE has carried out [an equality impact assessment](#) [add hyperlink in final
14 version] during scoping. The assessment:

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

17 The guideline will look at potential inequalities relating to access to treatment
18 for people with neurodisabilities, acquired cognitive impairments, people from
19 certain religious or socioeconomic groups (including those who are
20 homeless), LGBT+ people, people of different genders, and people in contact
21 with the criminal justice system.

22 **3 What the guideline will cover**

23 **3.1 Who is the focus?**

24 **Groups that will be covered**

- 25 • People (aged 18 and over) who participate in gambling that is causing
26 harm to themselves or to their family, carers and friends.
- 27 • Family and carers of people (aged 18 and over) who participate in harmful
28 gambling.

1

2 This guideline may also be applicable to young people aged 16 and 17 who
3 are being treated in adult services.

4 Specific consideration will be given to:

- 5 – groups who may have difficulty accessing services (see the groups listed
6 in the equality considerations section above).
- 7 – people who may need adaptations to standard treatments or pathways
8 (for example, those with comorbid mental health conditions or other
9 addictions, people being treated with medication that may cause impulse
10 control disorders, people working in the gambling industry, military
11 veterans).

12 **Groups that will not be covered**

- 13 • People who participate in gambling that is not causing harm to themselves
14 or to their family, carers or friends.

15 **3.2 Settings**

16 **Settings that will be covered**

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

20 **3.3 Activities, services or aspects of care**

21 **Key areas that will be covered**

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

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

- 1 1 Case identification and assessment
 - 2 – case identification
 - 3 – assessment.
- 4 2 Information and support:
 - 5 – information and support for people affected by harmful gambling
 - 6 and affected others.
- 7 3 Provision of care:
 - 8 – models of care
 - 9 – delivery of services.
- 10 4 Interventions for harmful gambling:
 - 11 – psychological and psychosocial interventions for harmful
 - 12 gambling
 - 13 – pharmacological treatments for harmful gambling.
- 14 5 Involving families and affected others:
 - 15 – family-based approaches for treating harmful gambling
 - 16 – interventions for affected others.
- 17 6 Relapse prevention:
 - 18 – relapse prevention interventions.
- 19 7 Improving access to gambling treatment services:
 - 20 – interventions to improve access for target groups.
- 21 8 Experiences of gambling treatment services

22 **Areas that will not be covered**

- 23 1 Primary prevention of gambling or of harmful gambling.
- 24 2 Legislative interventions to reduce the supply of gambling (for example,
 - 25 limitations on advertising, sponsorship, inducements, licensing of
 - 26 betting).
- 27 3 Interventions to reduce uptake of gambling (for example, public health
 - 28 campaigns about potential harms of gambling, school or college-based
 - 29 educational outreach, employer-based initiatives).
- 30 4 Social care interventions to deal with the effects of harmful gambling.
- 31 5 Training of healthcare professionals to deliver gambling treatment
 - 32 services.

1 6 Population-wide screening programmes to identify individuals at risk of
2 or affected by gambling.

3 **Related NICE guidance**

4 ***Published***

- 5 • [Stop smoking interventions and services](#) (2018) NICE guideline NG92
- 6 • [Parkinson's disease in adults](#) (2017) NICE guideline NG71
- 7 • [Drug misuse prevention: targeted interventions](#) (2017) NICE guideline
8 NG64
- 9 • [Self-harm in over 8s: long-term management](#) (2011) NICE guideline CG133
10 (currently being updated)
- 11 • [Alcohol-use disorders: diagnosis, assessment and management of harmful
12 drinking \(high-risk drinking\) and alcohol dependence](#) (2011) NICE guideline
13 CG115
- 14 • [Depression in adults: recognition and management](#) (2009) NICE guideline
15 CG90 (currently being updated)
- 16 • [Mental wellbeing at work](#) (2009) Public health guideline PH22 (currently
17 being updated)
- 18 • [Drug misuse in over 16: psychosocial interventions](#) (2007) NICE guideline
19 CG51
- 20 • [Self-harm in over 8s: short-term management and prevention of recurrence](#)
21 (2004) NICE guideline CG16 (currently being updated)

22 ***In development***

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

25 **NICE guidance about the experience of people using NHS services**

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

- 29 • [Shared decision making](#) (2021) NICE guideline NG197
- 30 • [Medicines optimisation](#) (2015) NICE guideline NG5

- 1 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- 2 • [Service user experience in adult mental health](#) (2011) NICE guideline
- 3 CG136
- 4 • [Medicines adherence](#) (2009) NICE guideline CG76

5 **3.4 Economic aspects**

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

15 **3.5 Key issues and draft questions**

- 16 1 Case identification and assessment:
 - 17 1.1 What are the factors (for example, mental health problems,
18 substance misuse, medication that may cause impulse control disorders)
19 that may support a possible diagnosis of participation in harmful
20 gambling?
 - 21 1.2 What is the accuracy of tools for identifying and assessing harmful
22 gambling?
- 23 2 Information and support:
 - 24 2.1 What are the information and support needs of people who
25 participate in harmful gambling, and affected others (such as family and
26 friends)?
- 27 3 Provision of care:
 - 28 3.1 What is the effectiveness of different models of care and delivery of
29 services for people who participate in harmful gambling (including those
30 with comorbid conditions)?
- 31 4 Interventions for harmful gambling:

1 4.1 What is the effectiveness of interventions (including psychological,
2 psychosocial and pharmacological) for people who participate in harmful
3 gambling (including those with comorbid conditions)?

4 5 Involving families and affected others:

5 5.1 What is the effectiveness of using family-based approaches to treat
6 people who participate in harmful gambling?

7 5.2 What is the effectiveness of interventions and approaches for
8 reducing gambling-related harms for affected others (such as family and
9 friends)?

10 6 Relapse prevention:

11 6.1 What is the effectiveness of interventions and approaches (for
12 example, building recovery capital, mutual aid, peer support and
13 mentoring programmes) for preventing relapse in people who have
14 previously participated in harmful gambling?

15 7 Improving access to gambling treatment services:

16 7.1. What is the effectiveness of interventions or approaches designed to
17 improve access to treatment for people who participate in harmful
18 gambling among groups who are generally under-represented in
19 treatment services (for example, women and people in the criminal
20 justice system)?

21 8 Experiences of gambling treatment services:

22 8.1 From the perspective of practitioners, people who participate or have
23 participated in harmful gambling and affected others, what works well
24 and what could be improved about gambling treatment services,
25 including access to treatment, treatments for individuals, family
26 approaches and relapse prevention?

27
28 The key issues and draft questions will be used to develop more detailed
29 review questions, which guide the systematic review of the literature.

30 **3.6 Main outcomes**

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

- 1 1 Gambling severity (measured using scales such as the Problem
2 Gambling Severity Index).
- 3 2 Psychological wellbeing (measured using scales such as the Warwick-
4 Edinburgh Well Being Scale and the CORE-10 score).
- 5 3 Personal and social functioning (measured using scales such as the
6 Work and Social Adjustment Scale).
- 7 4 Gambling behaviour (for example, abstinence, interval to relapse,
8 frequency, or financial losses).
- 9 5 Measurement of comorbid symptoms (for example, depression using the
10 PHQ-9, or alcohol use).
- 11 6 Quality of life (measured using scales such as EQ 5D and SF-12) of
12 people affected by harmful gambling or affected others.
- 13 7 Satisfaction of people who participate in treatment for harmful gambling
14 or affected others.

15 **3.7 NICE Pathways**

16 [NICE Pathways](#) bring together everything we have said on a topic in an
17 interactive flowchart. When this guideline is published, the recommendations
18 will be included in the NICE Pathway on gambling (in development).

- 1 An outline based on this scope is included below. It will be adapted, and more
- 2 detail added as the recommendations are written during guideline

Gambling overview



3

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4 Further information

This is the draft scope for consultation with registered stakeholders. The consultation dates are 16 November to 14 December 2021.

The guideline is expected to be published in February 2024.

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

[After consultation, delete the first paragraph above and replace it with 'This is the final scope, which takes into account comments from registered stakeholders during consultation'.]

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

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