

**DCMS consultation on proposals for changes to Gaming Machines**

**and Social Responsibility Measures – all submissions due by 23<sup>rd</sup> January 2018**

**About Gordon Moody Association (GMA)**

The Gordon Moody Association is a registered charity that has been helping to rehabilitate compulsive gamblers through its residential treatment programme since 1971. We are recognised internationally as providing a valuable contribution to the treatment of gambling addiction.

The treatment offered in our two unique residential centres, is specifically gambling focused and offers an intense level of support, addressing the extremes of associated behaviours. We work with the residents with the aim to rehabilitate them by giving them the skills to reintegrate into society without the need to gamble. As part of our treatment we also offer relapse prevention through supported housing that we managed and then further outreach support once the person has moved into their permanent housing.

We also provide an innovative intensive treatment programme to meet the needs of women who are struggling to overcome their problem gambling. This new service combines two short term residential retreats with 12 weekly therapy sessions delivered either online or face to face. This mixed model of care has been very effective with over 80% of those who take part completing treatment.

Our final model is that of the Gambling Therapy programme which is a free on-line service that provides practical advice and emotional support for those who are affected by problem gambling and live outside the UK or whose first language is not English.

[www.gamblingtherapy.org.uk](http://www.gamblingtherapy.org.uk).

**Our Belief**

Gordon Moody Association believes that a severe addiction to gambling, although having some parallels to a substance-based addiction, needs an inherently different approach to treatment. This is not so much due to differences in the various addictions themselves but due to the associated behaviours.

An addicted gambler's life is not based on reality but on avoiding reality. Therefore, those who started gambling heavily at an early age sometimes lack some key social and survival skills; they may never have cooked or cleaned; they may never have had a significant relationship or taken the time to fully mature. Once they no longer have their gambling activities to concentrate on, and hide behind, we find that commonly, faced for the first time with the actual reality of their situation and the issues they need to address, clients can experience severe anxiety and panic attacks. Some cannot deal with this reality on their own, seeing the route to recovery too daunting and seemingly impossible. Being with others who have 'been there', but have moved through the stabilisation process, is of particular value at this stage to a new resident who is struggling to come to terms with their situation.

**GMA's Response to the Review**

As the **ONLY** specialist provider of residential treatment specifically for gambling addiction, we will be responding to the DCMS consultation document more fully.

We however fully support any measures that are implemented to reduce the impact of gambling relating harm for those who find themselves either at risk, as a result of their gambling, or for those who are addicted to gambling. Any measures which reduce the amount that can be played at any time, reduce the impact that advertising has on negative/compulsive gambling behaviours and ensure that player protection measures are as stringent as possible, will help to reduce the number of people who require treatment.

We successfully rehabilitate up to 66 gamblers per year, as evidenced on many treatment outcomes and we have been reporting information, for some time now that identifies a clear 'treatment gap' in the provision of residential treatment for known problem gamblers.

Despite the constantly full bed spaces, for which we have only 18; we consistently have a waiting list of between 40-60 people. A high number of these are "lost" as we are not able to help them straight away and they fall back into the gambling cycle. Given the opportunity, we could successfully treat many more problem gamblers than we have the capacity to today. As such would also welcome any measures that may facilitate this.

### **Summary of Key Annual Statistics 2016/17**

#### ***Referrals/Completions***

- 483 applications for residential treatment received
- 255 of those who contacted us for treatment were not progressed due to losing contact (53%); 49 applicants withdrew their applications (10%)
- 88 men entered treatment and 41 successfully completed (47%)
- Self-referral continues to be the biggest source of referrals at 47% with a further 17% coming from Gamcare with 16% from family and friends making contact
- 28 women came to us for treatment and 24 successfully completed (86%)

#### ***Housing Status***

- 16% of our referrals were sleeping rough/hostel, Supported housing
- 4% of our clients were home owners
- 35% of those entering treatment are living with family

#### ***Employment Status***

- In the last 5 years we have seen a steady incline in those in employment and this trend appears to have continued for last year. It is reasonable to suggest that people may be seeking treatment sooner and before they have reached the point where they are unable to keep a job. In 2016/17 27% were in full time work; with 47% being unemployed and 6% being self-employed.

#### ***Relationships***

- 78% of those entering residential treatment reported that they had ended their relationship because of their gambling addiction
- 37 residents had 1 or more children with a total of 69 children between them. All affected by their parents' gambling

**Gambling habits** - The highest style of gambling over the last 3 years for GMA are:

- Horses – in bookmakers
- Dogs in bookmakers
- Sports or other events in bookmakers
- Gaming machines in bookmakers
- Roulette in a casino

But .... Broad range that we look at 34 different types of gambling

### **Criminality**

- 36% of residents reported that they had received custodial sentences (not necessarily directly relating to gambling)

### **Summary of the Outcome Tools that GMA use and what they measure:**

1. **Christo Inventory** – social, general health, gambling activity, psychological functioning, occupation, financial and legal situation, and any substance misuse. Completed on entering treatment and at the end
2. **PGSI** – Problem Gambling Severity Index which is completed as part of the assessment on arrival and on completion of the programme. (self-report screening tool). Covers the last 6 weeks to determine gambling behaviour and the consequences of that over that period.
3. **PHQ-9** – Patient Health Questionnaire – used in primary care to identify the depressed state of people. Self-report 9 points covered. This is completed on entering treatment and at the completion of treatment
4. **GAD-7** – Self-report patient questionnaire measuring severity of generalised anxiety disorder and records levels of anxiety of the previous two weeks. Completed on entering treatment and on completion of programme.
5. **Subjective Health & Social Functioning** – rate overall psychological and physical health and quality of life. People are asked to complete this referring to the past 28 days and again completed on accessing treatment and then at completion.
6. **South Oaks Gambling Screen (SOGS)** – this is a 23-item questionnaire based on DSM-III (Diagnostic Statistics Manual (criteria for pathological gambling. At entering treatment and at completion of treatment
7. **Core-10** – weekly form to measure anxiety, depression, trauma, physical problems, functioning and risk to self.

	Outcome Tool	Pre/ Completion outcomes	Scoring
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1	<b>Christo Inventory</b>	Entering residential treatment men average score was 11.37 and on completion 3.18	
2	<b>Problem Gambling Severity Index (PGSI)</b>	Entering residential treatment men's average score = 22.04 reducing to 4.13 on completion. For the women's programme, the average score on entering the programme was 18.22 which reduced to 10.14 on completion.	<b>Scores on a 0-27 scale = 0 = Non-problem gambling, 1-2 = Low level of problems with few or no identified negative consequences, 3-7 = Moderate level of problems leading to some negative consequences, 8 or more = Problem gambling with negative consequences and a possible loss of control</b>
3	<b>Patient Health Questionnaire (PHQ-9)</b>	Entering residential treatment men's average score = 17.09 reduced to 4.87 on completion. For the women's programme, the average score on entering the programme was 15.5 which reduced to 9.71 on completion.	<b>Scores on a 0-27 scale = 5-9 indicate minimal symptoms, 10-14 minor depression to major depression with mild symptoms, 15-19 major depression with moderate/severe symptoms, &gt; 20 major depression- severe.</b>
4	<b>Generalised Anxiety Disorder</b>	Entering residential treatment men's average score =14.13 reduced to 4.71 on completion. For the women's programme, the average score on entering the programme was 9.88 which reduced to 9.33 on completion	<b>Scores on a scale of 0-21 = Scores of 5, 10, and 15 are taken as the cut off points for mild, moderate, and severe anxiety respectively.</b>
5	<b>Subjective Health &amp; Social Functioning</b>	Entering residential treatment, the men's average score was 19.39 which increased to 45.39 on completion. For the women's programme, the average score on entering the programme was 24.89, which increased to 34.26	<b>Scores on a 0-60 scale = 0 =poor, 60 = good (across the 3 scales - 0-20 for each)</b>
6	<b>The South Oaks Gambling Screen (SOGS)</b>	Entering residential treatment, the men's average score was 14.21 which reduced to 2.39 on completion. For the women's programme, the average score on entering the programme was 14.22, which reduced to 7.71 on completion.	<b>Scores on a 0-20 scale = 0= no problem, 1-4 = some problems, &gt;5 = probable pathological gambler</b>

<b>7</b>	<b>CORE-10</b>	Residents score just under moderate (20) at their first week -this could represent the fact that they are in treatment and feeling more supported. By week 12 the average score of our residents in this period is 5.89 showing a definite score across all items to below clinical cut off and just above healthy.	<b>Any score under 10 becomes below critical cut off and below 5 is classed as healthy and 3 comes under risk cut off. A score of 40 would be classed as severe, 25 as moderate severe, 20 as moderate and 15 as mild</b>
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***For further information please contact:***

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[www.gordonmoody.org.uk](http://www.gordonmoody.org.uk)

[www.gamblingtherapy.org.uk](http://www.gamblingtherapy.org.uk)

For a copy of our impact report:

<https://www.gordonmoody.org.uk/sites/default/files/Our%20Annual%20Residential%20Services%20Impact%20Report%20for%202016%202017%20Final.pdf>