



Response to NICE consultation on guideline scope for Gambling: identification, diagnosis and management

The Commission on Crime and Problem Gambling was launched by the Howard League for Penal Reform in 2019 and is scheduled to run until the end of 2022. The Chair of the Commission is Lord Peter Goldsmith QC. He leads a team of 16 Commissioners, comprising of academics and professionals with expertise in the criminal justice system and public health, as well as experts with knowledge of the gambling industry and with lived experience of addiction. The Commission seeks to answer three questions:

- What are the links between problem gambling and crime?
- What impact do these links have on communities and society?
- What should be done?

The Commission welcomes NICE's focus on developing a guideline for gambling and the opportunity to respond to the draft scope. We make several observations based on the research we have collated and conducted which we would be happy to share further with NICE as the guidance is developed.

We have a concern around the use of language. We have heard from former gamblers who became involved in the criminal justice system and people close to them that the use of terms 'problem' or 'harmful' gambling and 'affected others' can be stigmatising and that for some this involved impacts on their willingness to acknowledge that there might be a problem and deters them from seeking treatment or support.

Reference is made on page 2, line 2 to violence. We propose it would be helpful also to refer to domestic abuse, which has been identified as a gambling harm and which is not always violent in nature but nonetheless harmful.

We welcome the recognition that there is no coordinated system of early identification and intervention and that primary and secondary healthcare services do not routinely identify or refer gamblers for treatment. Nevertheless, we are concerned that the scope is currently focused on clinical routes for treatment of individuals which overlooks the impact of both the broader preventative agenda and the potential contribution of social care or other disciplines to treating harmful gambling.

We also welcome the acknowledgement (page 4, line 5 and elsewhere) that the guideline might be relevant for the criminal justice system and believe it would be helpful to make more explicit that this refers to professionals and allied professions working right across the criminal justice system, for example, by specifying the agencies concerned. We assume that identification, assessment and treatment through healthcare in prison and that allied to the police and Liaison and Diversion services will be included in settings (page 5, line 17) and if that's the case it would be helpful for explicit reference also to be made to this in the scope. It is also important not to overlook that while healthcare is not provided by the probation service or allied to it, it is an important assessment and referral route.

Our research with people with lived experience^[1] indicates that there is a need for treatment and support which understands the specific harms relating to crime and gambling--including that gambling harms are further exacerbated by contact with the criminal justice system--so we propose that this be made explicit in the scope. In addition, we believe that there is an opportunity to amend the [existing guidance](#) on mental health in the criminal justice system which currently refers to substance misuse but not gambling. Our research suggests that it would be prudent to produce equivalent guidance which includes the emphasis in section 1.8 of the mental health guidance about the organisation of services. For example, that suggests that providers of criminal justice services and healthcare services should consider diverting people from standard courts to dedicated drug courts if the offence is linked to substance misuse and was non-violent. It also emphasises the importance of commissioners and providers of criminal justice services and healthcare services establishing joint working arrangements between healthcare, social care and police services, for example. Reference is also made to training which we note is excluded from the scope of this guideline. We propose that this is included as our findings show that there is limited awareness of gambling harm both in primary care, including amongst GPs, and within the criminal justice system.

The equalities focus is welcome too although we note that ethnicity is not explicitly mentioned in the list of potential inequalities. Our evidence from research with people with lived experience suggests that harmful gambling and its impact is hidden in some cultures by virtue of the stigma of gambling and related mistrust in disclosing such behaviour outside of communities, including to professionals, so we consider it important that specific reference is made to ethnicity as well as religion.

14/12/21

^[1] Smith, L. (Forthcoming) *Surviving, Not Living: Lived Experiences of Crime and Gambling*, London: Howard League for Penal Reform