



THE NEW GAMBLING STRATEGY 2025:CLINICAL EXPANSION AND FUNDING

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DEC 11TH DEAN'S GRAND ROUND ON GAMBLING
DISORDER

COI

No Conflict of Interest to Declare.

All funds for the 15 NHS gambling clinics come from NHSE derived from the 2019 long term plan funds to expand from one to fifteen clinics. .

The LEVY funding which will contribute an annual £65 million for TREATMENT of GAMBLING HARMS will now replace the NHSE funds.

Gambling Disorder prevalence rates

These vary by methodology:

- The Gambling Commission's Gambling Survey for **Great Britain** (GSGB) estimates a **2.7% GD rate** (8 + on PGSI)
- **= 1.4million people**
- Prevalence rates are highest in **25-34 year old men** and those with co-occurring mental health issues.
- Frequency of gambling and use of slots/casino games
HARM ++
- **AFFECTED OTHERS- GC data :7%** of people are negatively affected by the gambling of others.

National (Problem) Gambling Clinic



Pre 2008

No National Health Services to treat Gambling Disorder existed in England prior to 2008.

The CNWL National Problem Gambling Clinic was the only provider for 11 years. Thousands of referrals. Underfunded. Isolated.

Advice and help from international colleagues.

Then the Health secretary visited my clinic and pledged to help.

Interventions

Support offered by the **NHS** specialist gambling treatment clinics includes:

GROUP and **Individual** psychological support, including cognitive behavioural therapy (CBT) and psychodynamic psychotherapy

Behavioural couples/family therapy

Support groups

Psychiatric reviews

Prescribing of medication for problem gambling

Aftercare

Clinical teams are made up of psychologists, therapists, psychiatrists, mental health nurses and people who have recovered from gambling addiction.

NHS Long Term plan 2019

“We will invest in expanding national coverage of NHS specialist clinics to help more people with serious gambling problems, and work with partners to tackle the problem at source”

The figure we came up with was **fifteen clinics** to cover all geographical areas. One **young people clinic** and one **gaming clinic** too. The NHS accepted this.

The NHS mental Health Implementation Plan 2019-2024

The pledge was to open all 15 clinics adequately funded on the same model and costings as my own national one in London which was working across the whole country.

This goal was achieved and **in 2025 we have 15 clinics** which include the National Centre for Gaming Disorders and the Young People's Gambling Services for **13 to 25 year olds**.

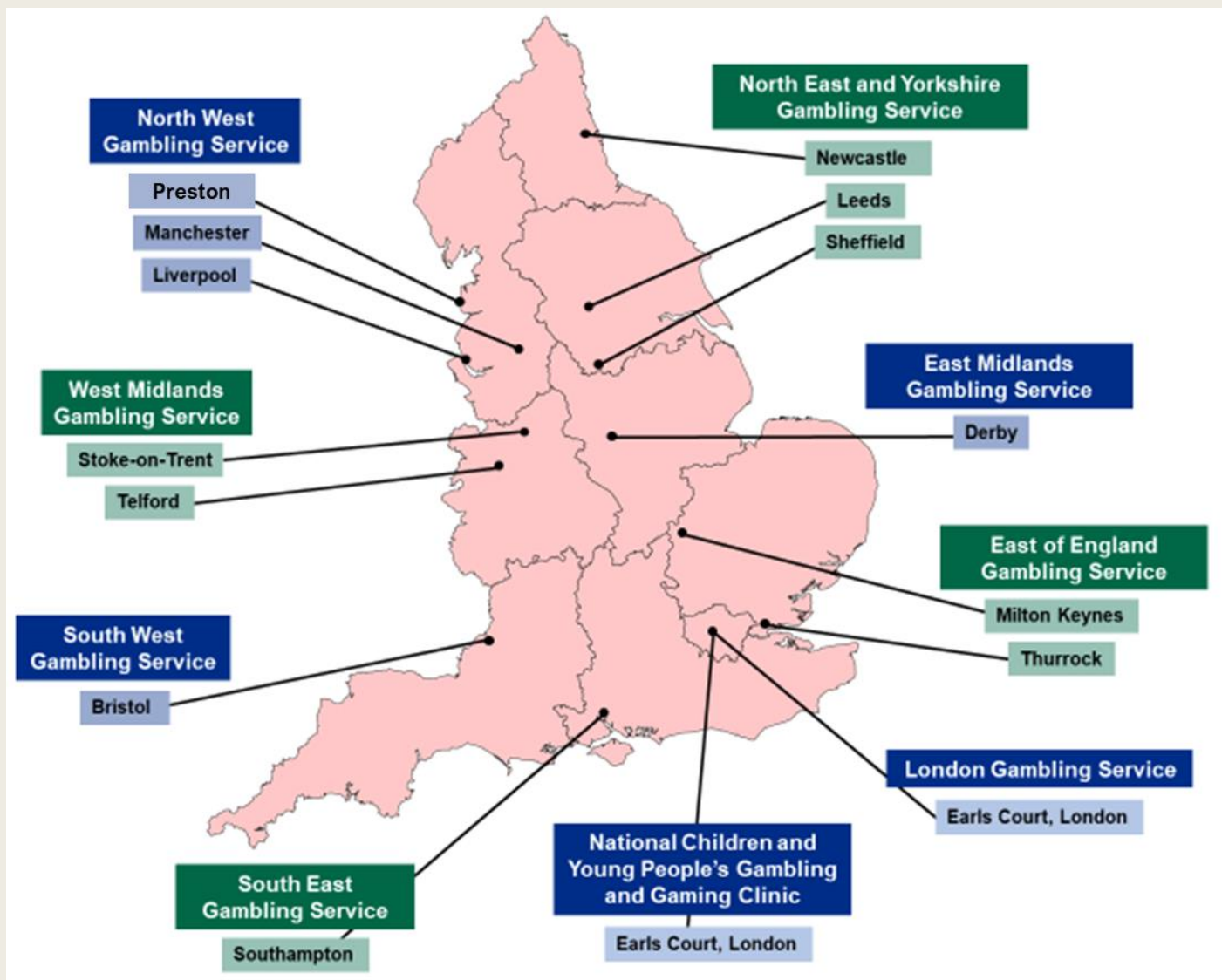
Costings

NHSE kept their word and £15 Million was distributed over 5 years to build the current network of clinics.

By the summer of 2024 the NHS Gambling services had the capacity to treat 3000 patients for free in an evidence based manner using CBT and pharmacotherapy via 8 regional services.

By March 2025 total referrals to NHS = 4,355 across 15 clinics.

NHS Specialist Gambling Services



By the end of 23/24, the NHS Gambling Services had the capacity to treat up to 3,000 patients per year through 8 regional services (15 clinics).

NHS Treatment System Design Principles

Evidence-based interventions

Recognising that gambling often occurs alongside **other needs** (e.g. substance misuse support, debt advice)

Availability of **peer support**

Case-length **clinically appropriate** to the individual and **no 'cliff edge' at end of treatment**

No means of **industry** influence within the system

Support **patient choice**

Multi-disciplinary support

Support the testing and utilisation of **digital innovations**

Optimum **value** for taxpayer money

NATIONAL ADVISOR ON GAMBLING HARMS – A NEW ROLE for the UK 2022

TRANSPARENCY- Advocate for the need to have **data sharing**

ACCOUNTABILITY – Hold industry accountable for **harms** to society

INDEPENDENCE FROM INDUSTRY for **ALL treatment / prevention /research**

A **PUBLIC HEALTH APPROACH** to reduce and eventually **eradicate harm** .

New 2025 Statutory Levy on Gambling



Operators-

£90-100 million per year by 2027

To be collected by the Gambling Commission and administered according to strategic direction set by government, supported by a central Levy Board, to reduce gambling harms.

Research

10-20% of funding (up to £20 million) to UKRI for the establishment of a Gambling Research Programme to build excellence, diversity and capacity in the gambling harms research field, and inform policy and regulation.

Prevention

15-30% of funding (up to £30 million) to create a co-ordinated approach to prevention and education, inclusive of both population level interventions and targeted measures to better protect those at most risk.

Treatment

40-60% of funding (up to £60 million) to the NHS in England, Scotland and Wales to commission the gambling harms treatment and support system.

TREATMENT FUND ALLOCATION

From April 1st 2026

£60 million a year to TREATMENT

Allocation (NHS+ NON NHS) managed
by the NHS using regional Integrated
Care Boards.

RESEARCH FUNDING ALLOCATION

£20 million a year assigned to a
GAMBLING RESEARCH PROGRAMME via
UKRI

OHID-OFFICE OF HEALTH INEQUALITIES AND
DISPARITIES

£30 million a year to implement a public health approach.

I would love to see them use some of the funds to **link player behavior to health outcomes**. Including suicides.

The transparency this would provide could allow us to identify the most **harmful products** and **patterns of behavior**.

If a person is gambling on 14 different platforms this is not currently known.

A PUBLIC HEALTH APPROACH July 2025

Beccy Cooper summarises our national approach (MP's report: 'Where's the Harm?')

1- RADICAL CHANGES TO **GAMBLING ADVERTISING** /MARKETING AND SPONSORSHIP.

2- REMOVAL OF HARMFUL ADDICTIVE PRODUCTS FORM THE MARKET AND PREVENT HARMFUL PRACTICES BY INDUSTRY

3-STOP UNLICENSED OPERATORS FROM **TRADING**.

4- ACCOUNTABILITY WHEN LAWS ARE BROKEN. **NOT JUST FINES.**

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NICE GUIDELINES 2024

Stigma VIP as barrier to treatment

Asking about gambling (GPs ++)

Initial support across all services including the **criminal justice** system and voluntary organizations.

NHS system to address gambling disorder.

CBT as evidence based intervention

Group CBT for most. Pharmacotherapy as adjunct.

Peer support

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)

Gambling Doctors!



STIMULUS CONTROL:what is it?

Gamban software to be installed on all devices

Avoid premises with scratchcards etc

Self exclusion on sites including lottery

In bookmakers (MOSES) and Casinos (SENSE)

Bank cards blocks (Monzo and Starling etc)

As self excluded online, people drive miles to bookmakers!

Ensures our outcomes are far better than they would be or were.

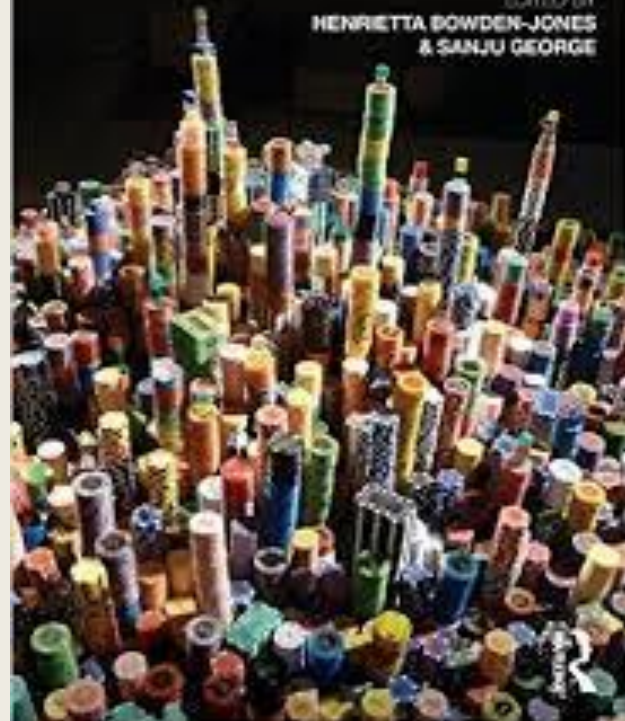
July 2022 Breaking Free: The team





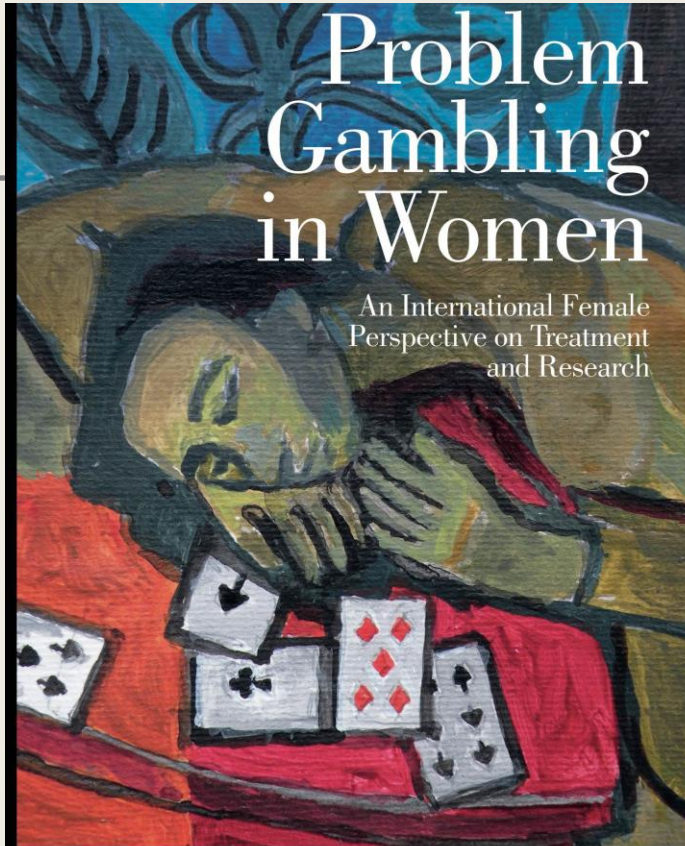
A CLINICIAN'S GUIDE TO WORKING WITH PROBLEM GAMBLERS

EDITED BY
HENRIETTA BOWDEN-JONES
& SANJU GEORGE



Problem Gambling in Women

An International Female
Perspective on Treatment
and Research



Edited by HENRIETTA BOWDEN-JONES
and FULVIA PREVER

ROUTLEDGE

HARM REDUCTION FOR GAMBLING

A PUBLIC HEALTH APPROACH

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Any questions?

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