

VOICES OF EXPERIENCE:

**RETHINKING OUR
APPROACH TO GAMBLING
POLICY, ADVOCACY AND
TREATMENT.**

PART I: A PERSPECTIVE FROM TREATMENT

- **DR MATT GASKELL**
- **NATIONAL HEALTH SERVICE**
- **UK**





Declaration of Financial Interests or Relationships

I have no financial interests or relationships to disclose regarding the subject matter of this presentation.

*Topic advisor to National Clinical Guidelines in UK.

NHS addiction expert savages v Rooney's £7.8m bet firm deal

Top psychologist says
player should visit his
clinic 'to learn why deal
with 32Red is harmful'

WAYNE Rooney was slammed by one of the NHS's top consultants yesterday for his deal with 32Red to promote an online casino.

Matt Graham, clinical lead for the Northern Gambling Helpline, said the former England footballer was making a massive error by promoting 32Red.

Rooney will wear the number 10 shirt after joining Chester City and Centre County, which agreed a "second instalment" payment deal with the gambling firm on the back of his transfer.

On Tuesday he was accused of selling to-and after agreeing the 18-month contract which will earn him £7.8m in wages. While many of the commentators the night of the move - who had admitted to gambling away thousands of pounds in a "big" - joined others with different theories about the deal.

Rooney's move has been in the UK since 2010, but it is not clear if he has visited the NHS's addiction clinic, which is based in the city of Chester.

Dr Graham, who is helping to set up the first NHS clinic outside London for gambling addiction, said: "I was only told Wayne Rooney is not aware of the harm that gambling can cause."

He should not be at the NHS's addiction clinic, he said, but he should be at the NHS's addiction clinic.



Bad bet, Rooney

From yesterday's Mail

number 10, Wayne Rooney, brother of the Cambridge University footballer, said: "These companies are not ethical, and they are not doing anything to help the community."

"We need to stop promoting gambling and stop promoting it to the public."

Dr Graham, a senior lecturer in sports medicine, commented at the end of the article.

firm deal



But at least his family are pleased he's home

his £700k gambling debts 'stupid'

The former England player admitted his own gambling as well as his family's.

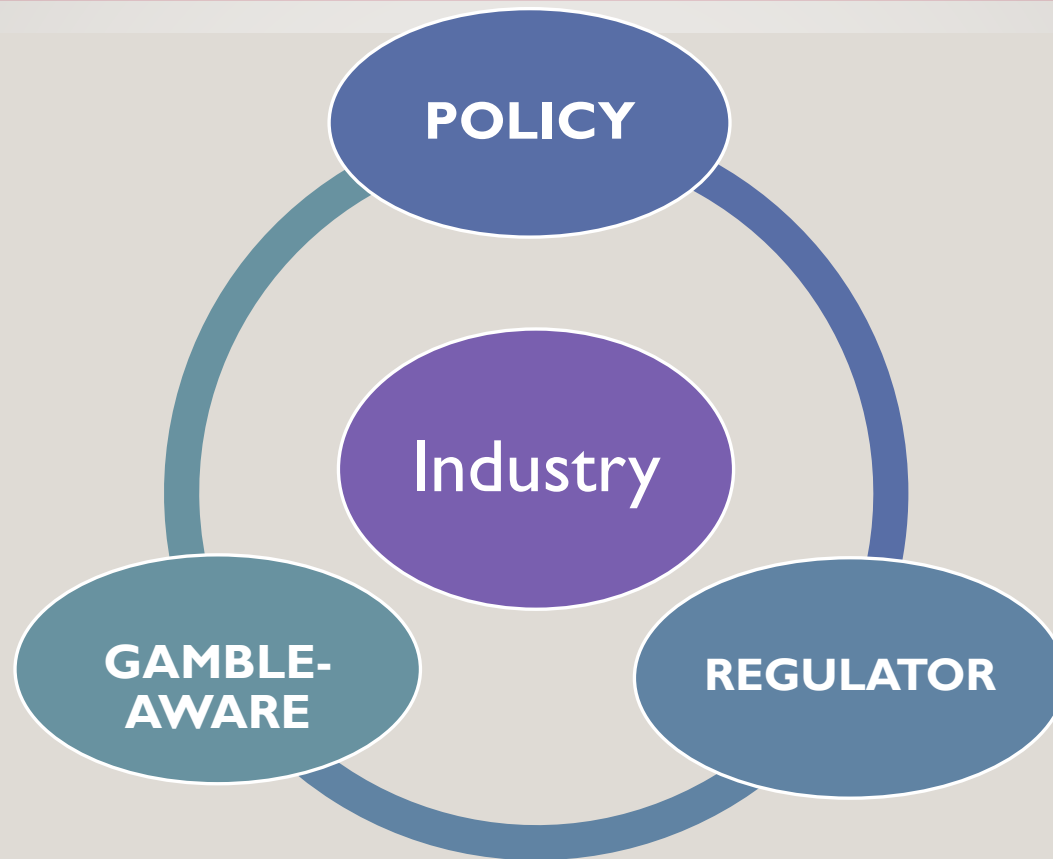
How he branded

The former England player admitted his own gambling as well as his family's.

EARLY EXPERIENCES

- Meeting families
- Commissioning contract
- Social Media Post
- First therapy group & listening to voices of those harmed

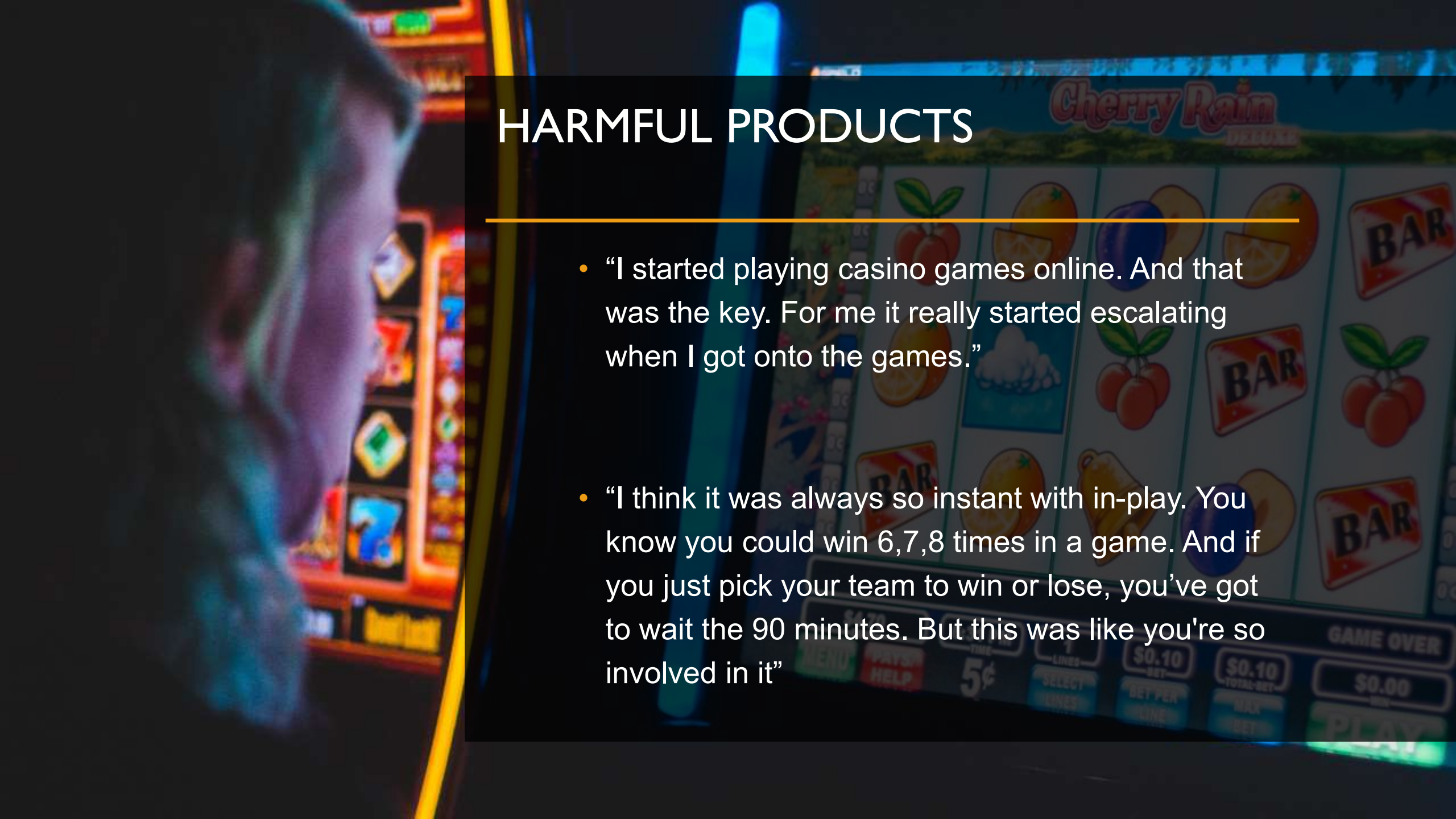
THE GAMBLING ESTABLISHMENT AND ACCEPTED NORMS



EXPERIENCE IN TREATMENT DISCREPANT WITH ACCEPTED NORMS

HARMFUL PRODUCTS

- “I started playing casino games online. And that was the key. For me it really started escalating when I got onto the games.”
- “I think it was always so instant with in-play. You know you could win 6,7,8 times in a game. And if you just pick your team to win or lose, you’ve got to wait the 90 minutes. But this was like you're so involved in it”



MARKETING

- You know it's a free bet, a large free bet put into my account. The biggest was £5000 quite often they would do match deposits up to like £1000, so I'd deposit a thousand, we would give you £1000. Quite honestly if I hadn't bet for 8 hours, something would be given free. They knew exactly what they were doing."



LOYALTY SCHEMES

- I had this interaction with this particular operator, and this particular person, VIP account manager. Then when I met this person and our relationship began, the spike in my gambling, it was astronomical, astronomical. That relationship was toxic. Absolutely toxic. It did make me feel special. You think Oh my God, you're so kind to me. I felt I had to be loyal to this company. It was vile. I was treated like a piece of meat."





ONLINE GAMBLING

- “I would have been waking up early morning. I don't know. Let's say 7 o'clock, go into the ensuite with my phone playing roulette before going to work. I'm then probably even playing on the way to work, so spins would have been going while I was driving, as irresponsible as that sounds. And when I was at work, in between meetings, I would probably have been either on a slot machine or roulette machine, and I'd have been working late sitting on my desk, playing on my phone. And if I was coming home earlier, I'd be upstairs in the study telling my wife I was working. But the reality was I was on my phone, gambling.”
 - “You can do multiple things online. I could have a wheel spinning there, a card deck going there, and the race is on there, with the football on my TV. On my own. It was dangerous.”

IMPACT ON 'NORMAL' PERSONALITY

- “Yeah. I think for me to understand it. It's like it wasn't me. It's like an out of body experience. And it's like it's you looking at somebody else's life. And doing things that you know are not moral. That's how I see it. This was not me. This was something else inside me. This is not who I am. Today is the person who I was before all this.”



SPOT THE 'PROBLEM GAMBLER?'

- “I had probably 20 online accounts. I probably did a million transactions at work, financially. And I can honestly tell you that they didn’t have any interaction with me”
- “When I was gambling heavily, part of VIP scheme, I was never asked once where their money is coming from or asked to prove their source of funds. Not once.”

IMPACT OF PROBLEMATISING THOSE HARMED

- “I got off the bus at the station and thought I'm gonna throw myself under a train. Otherwise, I have to admit what I've done. I can't face everybody.”



ADVOCACY:

Policy


Public
Awareness

Clinical


POLICY:
GOVERNMENT EVIDENCE
SESSIONS/
ADVISING PARLIAMENTARY
REFORM GROUPS/
MEETING MINISTERS/
PARTY CONFERENCES




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The Case for a Statutory Gambling Levy

PUBLISHED: 13 March 2022

AUTHOR: [Dr James Noyes](#)

This paper – authored by Dr James Noyes (Senior SMF Fellow), Professor Henrietta Bowden-Jones OBE (Director of the National Problem Gambling Clinic) and Dr Matthew Gaskell (Clinical Lead of the NHS Northern Gambling Service) – makes the case for introducing a statutory levy on the gambling industry, to be overseen by a new independent board led by the Department of Health and Social Care. The paper surveys the current voluntary system of industry funding for harm reduction. It finds that the voluntary system is structurally flawed and has failed in its approach.

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PUBLIC AWARENESS

WORKING WITH LIVED EXPERIENCE





Turmoil at Old Trafford
Owners ready to sell up — and Ronaldo is out

TOURING THEATRE SHOW



CLINICAL AND HEALTH RELATED WORK

NICE National Institute for
Health and Care Excellence



Gambling-related harms: identification, assessment and management

CLINICAL EXAMPLES

- Psychoeducation for families and individuals: Why does gambling harm me? Brain Films
- Formulation: Integrating Ecological, Commercial & Political factors into compassionate formulation driven treatment (not problematising people harmed)
- Changing the language we use: NOT 'problem gambler' 'addict' etc
- Report writing language and framing to reduce stigma and harness hope for recovery

PROGRESS IN UK?

- Accepted as a health problem
- Taken Gambleaware money out of national health service
- Prevention commissioning away from industry/GA to Public Health
- Research commissioning with independent research councils
- Treatment system commissioned by National Health Service
- More focus on commercial and policy factors
- Government policy shifted to some degree to products, marketing etc.

HOWEVER.....

**Gross Gambling Yield
(GGY)**

