

CHAPTER FIFTEEN

Gambling and Gambling Treatment in Prisons

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Prisons have the potential to change people's lives—for the better or worse—or leave them untouched, depending on the services provided (Bierie & Mann, 2017). It has been contended that “prisons are the quintessential government institution, with almost complete control over the lives of people compelled to spend time in them” (Bierie & Mann, 2017, p. 478). It could therefore be argued that prisons are well positioned to address disordered gambling, related crime and related harms to help people successfully reintegrate back into the community and live a more positive, crime-free life. This chapter will explore the complex inter-relationship between gambling and crime, and the nature and prevalence of gambling within prison populations internationally. It will also discuss the availability (or lack thereof) of treatment and support within prisons in England and Wales and the barriers to offering it that must be overcome and will make recommendations about the important features that should be included in future service delivery models.

Gambling and Crime

Establishing the prevalence rates of crime and gambling is challenging for several reasons. Firstly, people who have gambled may not directly link their crime or their sentence to gambling activity even if it had been a contributing factor (Perrone et al., 2013). Prevalence rates are also subject to varying criteria used to define a crime, and many offences are committed against family

members (e.g., unauthorised withdrawal from joint bank accounts) who do not report the offence or relate to theft from employers who do not press charges (Sakurai et al., 2003). In addition, academic studies pertaining to the prevalence of gambling-related crime usually rely on self-report or retrospective analysis of recorded crime (Adolphe et al., 2019). For example, Turner et al. (2009) found that up to 65% of severe problem gamblers and 20% of moderate problem gamblers reported gambling-related criminal behaviour, with more prolonged and persistent gambling problems predicting later criminal behaviour (Turner et al., 2009; Perrone et al., 2013; Smith, 2022). Blaszczynski and McConaghy (1994) found that around two thirds of gamblers seeking treatment had a criminal record, and in a U.S study by Cuadaro and Lieberman (2011), 17% of young Americans reported having a gambling problem. However, it is recognised that this data is historical and therefore there may have been change over time.

A wide variety of criminal behaviours can result from disordered gambling. Most of these are income-generating crimes, such as theft, burglary, fraud, trafficking, and forgery done to satisfy the compulsion to gamble or continue gambling (e.g., Turner et al., 2009; Binde, 2016). A Canadian study of male federal offenders reported that the most common were theft (56%), possession of property obtained by crime (45%), breaking and entering (33%), robbery (32%), fraud (20%), trafficking (19%) and forgery (7%), with about two thirds of severe problem gamblers attributing the crime to their gambling (Turner et al., 2009). An Australian study found that 15% of all serious fraud cases had gambling as a primary motivation (Sakurai & Smith, 2003).

However, violent crime like domestic abuse and intimate partner violence are also prevalent among problem gamblers (Dowling, 2016; Page, 2021), as well as drug-related offences (Le & Gliding, 2016) and traffic offences including drunk-driving (Lahn & Grabosky, 2003). For

example, 12% of gamblers receiving treatment in the UK reported having perpetrated intimate partner violence in the previous 12 months (Roberts et al., 2020).

It has been established that problem gamblers are more likely to be charged with both income-related and violent crimes (Laursen et al., 2016). However, it is important to keep in mind that because legal frameworks vary around the world, providing a consistent description of the types of crime committed across all jurisdictions is challenging (Ramanauskas, 2020).

The relationship between gambling and crime is complex and not yet fully understood. A review of research in this area by Perrone et al. (2013) found that some who would be categorised as problem gamblers do not commit crimes, and some have committed offences unrelated to their gambling behaviour (Perrone et al., 2013). They theorised that the relationship between crime and gambling can be conceptualised in one of three ways:

- Coincidental (no systematic link between gambling and offending).
- Co-symptomatic (a common underlying factor such as poor impulse control accounts for both crime and gambling).
- Instrumental (a direct causal connection between gambling and crime, to finance their habit, replace losses, or repay gambling debts).

Historical studies investigating the functional relationship between gambling and crime have indicated that gambling-related crime usually results from gambling problems, rather than vice versa. Obtaining money to gamble, recoup losses, meet shortfalls in essential financial obligations or concealing debts from others can all be motivators of gambling-related crime (Blaszczynski & McConaghy, 1994; Meyer & Stadler, 1999). These studies imply that the relationship is most likely to be instrumental, even if the exact causal pathways remain unknown

(Adolphe et al., 2019). Other studies have indicated that impulsive behaviours that coincide with disordered gambling can lead to the commission of crime (e.g., Meyer & Stadler, 1999).

There are also complex relationships and interactions between causes of crime and those of disordered gambling. For example, drug and alcohol misuse and other comorbid mental health disorders may contribute to the development of disordered gambling (Lorains et al., 2011), in addition to criminal behaviour (Meyer & Stadler, 1999; Preston et al., 2012). Others have argued that substance use alongside problem gambling may have a disinhibition effect which could crime more likely (Gorsane et al., 2017). It also important to note that whilst not as prevalent, there are people who engage in gambling specifically as part of a criminal lifestyle, for example people involved in drug distribution, people who operate illegal gambling services, and people who operate as illegal lenders or enforcers (Pastwa-Wojciechowska, 2011).

Gambling and Prison

Given that the literature suggests a relationship between crime and gambling, albeit complex and unclear, it follows that there would be higher prevalence of gambling-related crimes in prison populations (Adolphe et al., 2019), and evidence from existing studies supports this. May-Chahal et al. (2015) found that 5% of males and 3% of females in English prisons indicated that prior gambling contributed to their offences(s) and subsequent sentence in some way, while 13% of men and 7% of women admitted to having committed an offence to finance gambling or repay debts. Internationally, studies of prisoners have shown prevalence rates of problem or disordered gambling ranging from 8% in Australia (Marshall et al., 1997) to 40% in the United States (Westphal et al., 1998). A review by Williams et al. (2005) found a prevalence of problem gambling among prisoners between 17% and 60%, with an average estimate across 23 studies of

about 33% (Williams, 2005). Another more recent study in English prisons by May-Chahal et al. (2017) found a prevalence of 12.1%, while a recent international systematic review found rates of problem or pathological gambling between 6% and 73% amongst prisoners (Banks et al., 2019). A recent Finnish study pilot study reported that over 90% of prison staff had encountered a prisoner with a gambling problem within the past year (Castrén et al., 2021).

Gambling in prison may also be a significant part of prison sub-culture (Williams & Hinton, 2006; McEvoy & Spirgen, 2012; The Forward Trust, 2020; Smith, 2022; Smith et al., 2022). McEvoy and Spirgen (2012) reported that 50% of both prison staff and inmates at two prisons in Ohio estimated that over half of prisoners gambled regularly (McEvoy & Spirgen, 2012). In England and Wales, a recent study found evidence that staff often facilitated this (Smith, 2022), even though gambling for money is prohibited in prisons (HM Prison and Probation Service, 2020). Gambling in prisons can take numerous forms, including sports betting and games like bingo, card games and dice games (McEvoy & Spirgen, 2012; Smith, 2022; Smith et al., 2022).

Reasons for gambling in prison include prize winning, alleviating boredom, socialising, escapism, addiction/compulsion, hobbies/interest, and providing excitement or challenge (Williams & Hinton, 2006; Smith et al., 2022). Motivations for gambling in prison may also be linked to the type offence they are incarcerated for, for example one study found some people convicted of sexual offences would partake in gambling to fit in socially and reduce their risk of being assaulted by other prisoners (Williams & Hinton, 2006). Gambling in prisons is problematic because it can perpetuate addiction and the harms arising from it (Smith, 2022), and because gambling (and associated debts) in prisons has been linked to negative consequences, including serious violence (May-Chahal et al., 2012).

Gambling harms appear to be particularly prevalent in prison populations. For example, problem and disordered gambling have been associated with lower levels of perceived health (e.g. Hickey et al., 2014), lower educational attainment (e.g. Widinghoff et al., 2019), lower social functioning (e.g. Kerber et al., 2012), and higher addiction and psychiatric morbidity (Pastwa-Wojciechowska, 2011; Widinghoff et al., 2019). A recent report postulated that people convicted of crimes stemming from their gambling problem are likely to experience a “double burden” of harms, wherein gambling related impairments on health, housing, finances, employment and families can be exacerbated by contact with the criminal justice system (Smith, 2022). Moreover, disordered gambling severity has been indicated as a significant predictor of increased recidivism risk (April & Weinstock, 2018).

Gambling Treatment in Prisons

Given the link between crime and gambling, it has been argued that treatment for gambling problems could also help reduce recidivism (Abbot et al., 2005), and that gambling and crime-related problems must identified and treated within prison settings because most will not self-identify as having a problem or seek help on their own (Lahn & Grabosky 2003). Turner et al. (2019) argue that incarceration does not end the cycle of gambling debt and crime for some disordered gamblers, creating a significant need for dedicated gambling-related treatment services in prisons (Turner et al., 2009).

However, there appears to be little in the way of such support and treatment within custodial environments (McEvoy & Spirgen, 2012; Ramanauskas, 2020; Smith, 2022). An evaluation of services provided by a pilot program in the northwest of England indicated that 56%

of prison respondents believed that prisoners would benefit from a support service that addresses gambling issues (Hazenberg & Giroletti, 2018). Furthermore, in a recent Finnish study, nearly half of prison staff felt they did not have adequate training or information about problem-gambling and related issues (Castrén et al., 2021). This paucity of available support is perpetuated by a lack of awareness and systematic screening for gambling addictions across police, court, prison and probation settings (Smith, 2022).

The Current Picture in England and Wales

The picture in England and Wales is reflective of the wider context which is characterised by a lack of systematic support and treatment availability. However, there are some providers who have started to provide some services within prisons in England and Wales, highlighted below.

EPIC Risk Management

EPIC Risk Management is a UK-based organisation that also delivers advisory services in the United States, founded by people with lived experience of gambling to protect organisations from gambling-related harms. They adopt a harm prevention approach along with strategic advice and training, with the aim of helping people make better-informed decisions and remain safe from gambling-related harm (EPIC, 2020). They had previously delivered a prison-based pilot programme as part of GambleAware's two-year harm minimisation programme, taking a multi-method approach including training prison and probation staff, providing group sessions to inmates, and connecting people to one-on-one counselling in partnership with a specialist counselling provider.

Evaluative reports of EPIC's prison-specific delivery indicated that 620 prisoners and 409 prison staff took part in the programme delivered by Epic in partnership with HM Prison and Probation Service, Sodexo and Beacon Counselling (Hazenberg & Giroletti, 2018; Chrysalis Research, 2019). The report by Hazenberg and Giroletti (2018) stated that EPIC had delivered costs savings of £3,987 per prisoner which, if extrapolated to the UK's full prison population at the time of the evaluation, would provide a cost saving of approximately £36.2million. PGSI scores indicated statistically significant decreases post-intervention and there was evidence of high impact interventions such as early release, category downgrades to lower security prison establishments, unit changes from high dependency units, and attendance at community rehabilitation. Furthermore, beneficiaries reported positive feedback including evidence of gaining skills to control gambling and recommendations for others to undertake the programme.

Despite this success, the pilot ended after its two-year period. Recommendations were made about the need for clearly defined intended outcomes, more robust data collection, and clear communication and planning about potentially upscaling the project across multiple sites (Hazenberg & Giroletti, 2018; Chrysalis Research, 2019). The programme provided important learning points for future delivery which have been incorporated into the latter sections of this chapter.

GamCare

GamCare is the UK's main provider of free information, advice and support for people harmed by gambling (GamCare, n.d). They operate the freephone National Gambling Helpline, a live chat with an adviser, online group chats, an online forum, one-to-one and group sessions, and recovery toolkits including guidance on blocking software, money management, self-exclusion

and self-guided workbooks. GamCare directly provides direct support to gamblers and their families (referred to as ‘affected others’) with services in a range of locations. They also fund services are delivered through a national network of treatment providers with grants, and with their partner organisations offer specific services to the criminal justice system.

GamCare currently delivers services in prisons in England and Wales, wherein prisoners can access the National Problem Gambling Helpline for free via their phone account to access support. The helpline can provide either a self-help workbook and/or explore setting up one-to-one support via GamCare or a partner organisation, depending on the capacity and resources they and the host prison have available.

In the south of England, group sessions have also been offered within prisons via a GamCare partner. In 2020 and 2021, 280 callers to the National Gambling Helpline reported criminal activity as an impact of their behaviour while 255 referrals to GamCare originated from criminal justice sources, with the highest proportion of these coming from prisons, where to fifty-six workbooks were sent. Criminal justice referrals typically make up between 2% and 5% of

GamCare’s overall activity.

In addition, from 2018 to 2020, GamCare provided the Hertfordshire Problem Gambling pilot project, funded by the Police and Crime Commissioner for Hertfordshire, to explore the provision of a whole-systems approach to understand the best place to intervene in the criminal justice process to support people experiencing gambling-related harms. The team found the criminal justice system was overall further behind than they had anticipated in terms of its understanding about gambling harms and its readiness to implement treatment structures. The pilot therefore spent more time than planned on engagement and awareness raising, while also

introducing screening and referral pathways. Training and awareness was provided to 441 professionals working in the criminal justice system, and it was found to be effective in raising awareness and confidence in identification and referral decisions (Brace & Heptinstall, 2020).

Staff awareness programmes covered risk factors for gambling, the link between crime and gambling, and what to do if someone discloses gambling-harms. Twenty-four men were referred to treatment in prison following assessment, however the number of completions was hindered by a lack of collaboration between prisons when an patient was transferred from one to another. Nevertheless, the pilot provided valuable learning upon which to base future models of treatment and support within prisons, which has informed the recommendations made later in this chapter.

Reframe Coaching

Reframe Coaching CIC is an aftercare service delivered by people with lived experiences of gambling addiction. It aims to support people in recovery and their families, providing one-to-one practical support and advice on how to overcome barriers and achieve future goals, while continuing recovery and being present in their everyday lives (Reframe, n.d). Some of the people supported have had contact with the criminal justice system.

Deal Me Out

Deal Me Out CIC, also founded on lived experience, delivers the national education and gambling harms awareness programme for Wales. They aim to reduce the adverse impact of gambling on individuals, families and communities through education, prevention, and support. Workshops are provided in collaboration with a range of organisations including schools, public and private sector organisations, and criminal justice organisations (Deal Me Out, 2021). In

addition, Deal Me Out provide one-to-one advice and support to people in contact with the criminal justice system, including preparation and accompaniment to court hearings, and suggestions for evidence gathering in relation to potential mitigating factors for sentencing.

GamLEARN

GamLEARN Charity is a lived experience and recovery network that provides structured training and education to assist people who have experienced gambling-related harm with their personal and professional development and facilitate opportunities to build better futures (GamLEARN, 2021). Some people in the network have experience of the criminal justice system.

An Empirical Study of Gambling-Related Treatment in Prisons

Method

The five providers outlined above participated in a qualitative study to explore the barriers to providing treatment, and recommendations for the future, in relation to the delivery of gambling support services in prisons. A senior representative from each organisation with oversight for criminal justice-related delivery attended an online semi-structured interview with one of the authors. The interview schedule was devised specifically for the purposes of the research and included questions about the nature of service delivery, what had and had not worked well, and what needed to happen to further develop delivery.

The interviews were recorded and transcribed verbatim before being analysed using the principles of Thematic Analysis (Braun & Clarke, 2006) embedded within a realist ontological framework and top-down approach. The aim was to identify barriers from existing practice and

recommendations to inform the development of future practice, based on the reality of the experiences highlighted by providers. The stages applied to the analysis were (i) familiarisation with the data, (ii) generating initial codes, (iii) searching for themes, (iv) reviewing themes, (v) defining and naming themes, and (vi) writing up (Braun & Clarke, 2006). The findings will now be discussed across two broad categories: barriers to the delivery of treatment and support in prison settings, and recommendations for good practice.

Findings

Barriers to Delivery

Several key barriers to successful treatment and support for people in prison in relation to gambling harms were identified through interviews with providers. Broadly, these can be themed as (1) funding, (2) awareness, and (3) strategic priority.

1. **Funding.** Providers highlighted the impact of a lack of funding to provide gambling-related support in prisons. Where programmes had received external funding for a period, this had supported the engagement of prisons in allowing the programmes to go ahead. For example, one provider highlighted that when engaging with prisons, one of the common questions asked was about costs. They provided their services for no cost to the prisons, because it was expected that this would be a barrier to participation in many cases, but this was not sustainable in the long term. They therefore felt that treatment provision in England and Wales was limited by a lack of long-term sustainable funding. Alongside this, prisons had their funding cut significantly between 2009 and 2019, including a 10% reduction in staff (Institute for Government, 2021). Even accounting

for increased funding since 2019, funding remains 14% lower than it was in 2009, which has led to a drop off in efforts to rehabilitate prisoners (Institute for Government, 2021).

Concurrently, while prisoner numbers have decreased, the complexities and vulnerabilities found amongst prison populations has increased, including high levels of drug use, violence and self-harm, and an increasingly aging prison population (Institute for Government, 2021). Taken together, this has meant that prisons do not have the finances to fund gambling related-support services. There is therefore a lack of external funding to gambling-related programmes coupled with a lack of available finances within prisons to fund such programmes. Lack of sustainable funding seems to be a clear problem, but not one that prisons in England and Wales are in a position to solve.

2. Awareness. A lack of awareness of gambling problems and need to address them amongst operational and strategic prison staff was also reported to be a barrier. Prison staff had frequently reported that gambling was not something that happened within their prisons, and also displayed a lack of awareness about gambling as a serious issue, and the harms that can arise from it in relation to accommodation, health, finances, relationships and criminal activity. This was compounded by the fact that gambling addiction is less visible than drug or alcohol addictions due to the absence of physical symptoms, causing a reluctance to accept the need for training. Furthermore, many establishments allowed gambling to take place as a recreational activity—sometimes even facilitated by staff.

This lack of awareness was further compounded by a dearth of evidence and screening for gambling-related harms in custody which made it difficult to know what treatment pathways were needed. The barriers relating to lack of awareness were also evidenced in a previous report into

the lived experiences of crime and gambling (Smith, 2022) which found that there was no evidence of systematic screening for gambling-related harms on arrival into custody. Evidence of gambling activity as part of prison sub-culture was also highlighted in a recent study which found that over 45% of male prisoner participants reported gambling in prison, and 30% felt that it was a normal part of prison life (Smith et al., 2022).

3. Lack of Strategic Focus. Gambling was not a strategic priority for any criminal justice services, with no indication of strategic plans, policies or contracts specifically for gambling reported by respondents. This was echoed in the recently published Prisons White Paper (Ministry of Justice, 2021), which outlined plans for enhanced support in relation to drugs and alcohol but made no mention of gambling. Compounded by the lack of funding, this made it very difficult to persuade prisons to facilitate gambling-related services and interventions.

The lack of strategic priority also meant that particular prison departments did not adopt such services, even when they were made available. This also prevented longer term engagement by prisoners in the support offered. For example, one provider reported that six people had started on an intervention but none had completed it because there was no internal backing such as embedding the programme within sentence planning. It therefore seems that awareness raising may lead to the higher priority given to gambling harms, which could then lead to increased funding. But until these key factors are addressed, delivery of treatment services in prisons will remain a challenge.

Recommendations for Good Practice

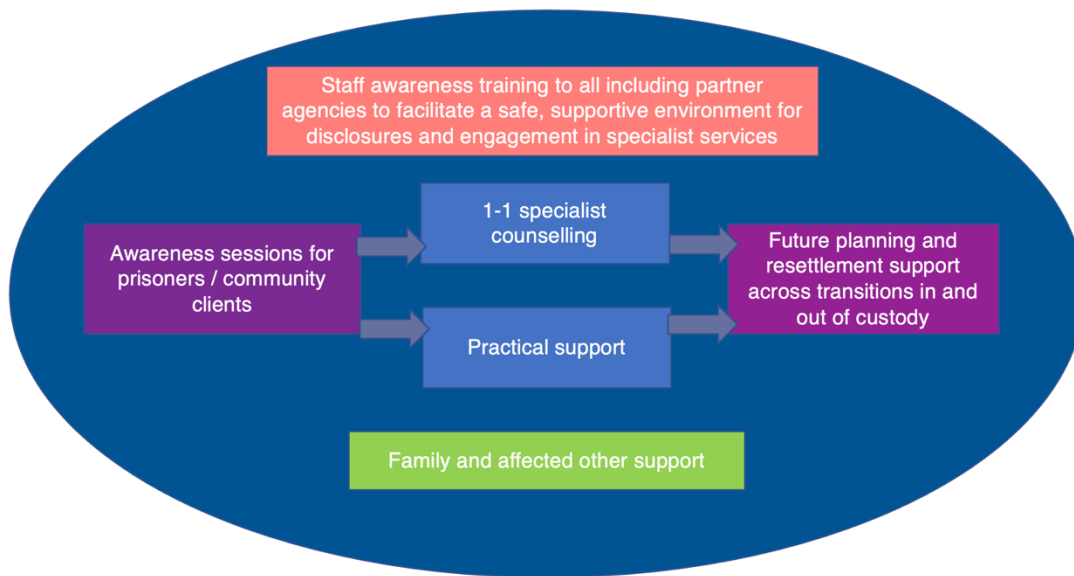
Through the interviews with service providers, several recommendations for future delivery considerations emerged. The recommendations were based on the learning from the

delivery of services, and from the lived experiences of gambling and the criminal justice system—which some of the provider representatives also had. The recommendations can broadly be themed into seven categories: (1) a whole system approach, (2) screening and referral, (3) breadth of support, (4) effective working in prisons, (5) effective delivery, (6) strategic considerations, and (7) monitoring and evaluation. Starting with a summary model, each theme will be discussed in more detail.

Summary Model. Based on the themes from the interviews, a summary model is proposed below. This outlines the need for support to be offered within the context of staff awareness, across each stage of the criminal justice system, and to include multiple layers of support encompassing awareness sessions, specialist counselling, practice and aftercare support, future resettlement planning, and support to families/others affected by gambling harms. This needs to be done in the context of gambling harms as strategic priority, sustainable funding and effective working practices, including streamlined screening and referrals.

Figure 1

Proposed Whole System Model



1. Whole System Approach. Within the whole system approach, the following needs were identified: staff awareness, pre-custody support, support across different prison establishments, post-custody provisions, and a whole prison approach.

Staff Awareness. A whole system approach must start with staff awareness about the prevalence and nature of gambling harms in prisons, and potential support available. Efforts to raise awareness amongst prisoners was described by providers as futile if the staff were not aware. One provider described providing awareness sessions to prisoners about gambling, only for them to return to the

residential wing supervised by officers who do not consider gambling a problem, undermining the credibility and learning opportunity from the programme.

Furthermore, previous delivery in prisons had given a strong indication that gambling was also an issue for some officers, with one provider stating they felt it was as prevalent amongst officers as it was in the prisoners. Increasing awareness and support amongst prison staff could therefore have a multi-dimensional effect of supporting both staff and prisoners simultaneously.

Pre-Custody Support. A whole system approach must also include support to address gambling-related harms at the pre-custody stage, such as at point of arrest, while on bail, or when released pending investigation, which can be lengthy periods of time for many criminal defendants. This time could provide an opportunity for gambling addiction to be addressed, but the required support is not currently readily available or signposted by police or legal teams (Smith, 2022).

Support Across Establishments. A whole system approach must allow for continuity of support when a prisoner transfers between facilities. This was evidenced in pilot approaches delivered by providers where prisoners were sometimes unable to finish programmes because they transferred to a prison where the support was not available.

Post-Custody Awareness and Support. Awareness and availability of support must also exist post-custody amongst probation staff. Providers reported that probation case managers seemed to realise that gambling was a growing problem amongst people on probation but had not been provided with information about how to manage this. Consequently, there were concerns that even if a person released on probation licence had been provided with gambling-related support during

their time in custody, it would either be delayed or stopped upon release from prison, which could result in a return to disordered gambling and further associated harms.

Whole Prison Approach. Given the far-reaching impacts of gambling harms across areas including finances, health, relationships, employment and accommodation, gambling support frameworks should adopt a whole prison approach, with holistic support encompassing residential prison staff, healthcare, safer custody teams (responsible for monitoring and reducing violence, self-harm and bullying in prisons), family support providers, education, offender management units (responsible for sentence planning and risk management), resettlement teams and prison workplaces.

It was also recognised by respondents that sometimes basic needs such as access to mental health, nutritional food, showers and fresh air may be more restricted in prisons, and that without having such basic needs met, disordered gambling would be more challenging to address. A whole prison approach would also support people by having their basic needs met first, which would be more conducive to engagement with treatment and support. Conversely, it was highlighted that addressing areas such as mental health and debt would be futile if the person was not supported simultaneously to work towards recovery from disordered gambling.

2. Screening and Referral. The second category of recommendations related to screening and referral. Within this theme, the following needs were identified: multiple screening opportunities, ease of screening, and ease of referral.

Multiple Screening Opportunities. People need to be screened at multiple points throughout the criminal justice system, including on entry into prison and pre-release. Providers reported that

some people were initially hesitant to report their gambling problem, and therefore multiple opportunities to ask for assistance should be facilitated. The whole system approach recommendation would also support this.

Ease of Screening. Screening tools must be as simple as possible to administer, while still ensuring accurate identification of those needing for further assessment. Providers had tested various screening tools, with one provider initially adopting the four-item Gamble Aware Screening Tool (GAST-G), but it was quickly recognised that prisons were too fast-paced for this, and they streamlined their screening tool to just one question to make it easier for staff to use the tool with prisoners. Screening tools also need to be appropriate for the prison context. For example, the Problem Gambling Severity Index (PGSI; Ferris & Wynne, 2001), was considered to not be quite appropriate for use in prisons due to it requiring people to report gambling activity within the previous 12 months, making it less appropriate for people who had been inside prison for longer than that.

Ease of Referral. Once a person has been identified as having experienced gambling harms, referral processes need to be simple and not resource intensive. It was recognised that prison induction documents were already lengthy, and therefore adding in two or three page referral forms would not be appropriate. Therefore, providers highlighted the importance of adopting streamlined systems that required minimal information once someone had been flagged for an issue.

3. Breadth of Support. There was much discussion during the interviews about the breadth of support required such that, specialist gambling support could not be provided in isolation. Instead,

there was also a need for the facilitation of increased prisoner awareness, and the provision of specialist one-to-one counselling, practical support, emotional and aftercare support, resettlement focussed support, family support, and nuanced support to allow for the diversity of prisons and prisoners. The incorporation of lived experience, gambling-specific support (rather than more generalised addictions support), and support to address gambling activities occurring in prison were also highlighted.

Prisoner Awareness. Group-based awareness sessions should be delivered to prisoners. Providers indicated good uptake of such sessions, even though the prisons had not necessarily expected it. However, group sessions cannot be offered in isolation and should run on a hub and spoke model to allow referrals into specific treatment and therapy as well as practical support, as outlined in the following recommendations.

Specialist One-to-One Counselling Support. Prisoners who require specialist one-to-one counselling should be able to access it to support recovery from gambling addiction.

Practical Advice and Support. Where required, people should also be able to access practical aftercare support for issues such as rebuilding relationships and managing financial issues including gambling-related debts and Proceeds of Crime Act (POCA) outcomes.

Emotional Aftercare Support. Prison staff should be aware that prisoners who access specialist counselling may require additional emotional aftercare support following and in-between counselling sessions. It was highlighted that during counselling sessions, if a person starts to open

up about trauma, it would be problematic to then need to return to their residential wing while psychologically vulnerable without any available support. Therefore, residential staff would need to be aware and able to offer support in-between specialist interventions.

Resettlement Planning and Support. Where a prisoner has experienced gambling harms, this should be taken into account in their resettlement planning to manage future risks of relapse and ensure availability of support immediately post-release from custody via through the gate referrals to specialist treatment providers. Continuity of care is required so that a person does not have to wait several months to be able to access specialist support once they have returned to their community. In addition, advice should be tailored for people approaching their release to ensure they can continue their recovery on the outside. Advice should include information related to managing money, gambling blocking software, and banking, as well as ways to refrain from gambling—which may be different to coping mechanisms learned within the prison.

Family Support. Given the impact of gambling and crime-related harms on families, support offered needs to involve family members, where appropriate. This should support family members to overcome practical challenges and mitigate the impacts of gambling and crime-related harms while helping them to support each other's ongoing recovery from experienced harms. This should include advice on how to recognise the risks of relapse, access blocking software, and what to do if a relapse does occur. Some families may also have been impacted by financial and housing issues, including those arising as a result of POCA judgements and may require support in those areas. Some family members may also need support to repair relationships negatively impacted by previous gambling behaviour.

Nuanced Support. Support needs to be responsive enough to account for the specific prison environment, the diversity between prisons and prisoners including gender differences, varying sentence lengths, cultural and religious considerations, varying reasons for engaging in gambling, and different pathways between gambling and crime. For example, a prisoner coming to the end of a life sentence in a category D open prison where they were allowed out on temporary licence on a daily basis would have different requirements to a person detained on a short sentence in a higher security category B prison. It was further highlighted that the delivery of support in community settings could not be directly transferred into prisons without adaptation. Instead, delivery needed to account for factors such as different gambling currencies, different gambling activities and different triggers within the prison environment.

Lived Experience Support. Support frameworks need to also include integrated delivery by people with lived experiences of gambling harms (and possibly crime/the criminal justice system). Lived experience has positive implications for engagement through a shared vulnerability which may allow people to feel more confident to express their own gambling problems, and see disclosure as part of their recovery rather than a weakness. Prisoners may also be more likely to listen, engage and act upon treatment delivered by people who have experienced disordered gambling and subsequent gambling harms themselves. Furthermore, lived experience involvement can increase hope for the future and inspire recovery by showing that it is achievable. However, there needed to be clear boundaries about what each element of support can and cannot offer, with lived experience and specialist counselling support designed to complement each other.

Support to Address Gambling in Prison. For people to have the best chance of continuing recovery and successful resettlement post-custody, support needs to account for gambling addictions that developed both pre-custody and in prison. This is further evidenced by the finding of Smith et al. (2022) many gambling habits started while in custody, whether due to peer pressure, boredom, interest or a pursuit of excitement or challenge.

Gambling-Specific Support. The support offered needs to be specifically tailored for gambling-related harms. Existing literature (Smith, 2022) has indicated that in the absence of any gambling-specific alternatives, people usually had been directed to drug and alcohol interventions for addiction-related support even though they had not experienced drug and alcohol addiction, which did not seem to be helpful and could even be harmful.

4. Effective Working in Prisons. Through discussions about what had worked well when delivering support in prisons, interview participants described principles for effective working: (1) effective working relationships, (2) facilitation of access to establishments, (3) understanding of the prison working environment, and (4) the ability to overcome logistical challenges (see below for examples of these).

Effective Working Relationships. Providers of gambling-related support services will need to allow time and resources to build working relationships within prisons and, ideally, need people from within establishments to drive forward agendas to identify and support people experiencing gambling and crime-related harms. Respondents outlined how their own programmes had worked

more effectively when there was a specific point of contact, or multiple points of contact, who were invested in the programme and had it as a core part of their role; people who championed the work and made it a priority to drive it forward. It was noted that having access to work from an office inside a prison also helped, but was not enough on its own. The investment of people employed full time within each prison was needed to support the development and implementation of programmes.

Facilitated Access. Where feasible, staff delivering services should undertake the required clearances and training to be as self-sufficient as possible in their every day delivery, including accessing their own keys rather than burdening prison resources by being escorted round by staff. Lower provider autonomy created delays, and meant planned sessions were more likely to successfully go ahead than when professionals delivering gambling-related services had to rely on prison staff. For example, providers had experiences such as being left waiting at the prison entrance gate because their escorting staff member had been called into other meetings.

Understanding of the Prison Environment. Provider staff delivering services should be supported to gain an understanding of the specific complexities of working within the prison environment, including safe working practices, reporting of safety and security-related issues, and risk issues such as grooming and conditioning of staff in order to encourage them to participate in prohibited activities. Providers outlined how they had written specific guidance for their staff about how to navigate prisons as a complement mandatory prison training, including information about staying safe, who to speak to for various issues, what training was needed, and professional boundaries.

Logistical Challenges. Delivery providers need to be aware of the potential barriers and logistic issues in prisons such as access to IT equipment because of restrictions on taking devices (e.g., laptops, USB drives) inside with them without prior permission. There also may not be computers with presentation facilities readily available within each prison, so preparations need to be made, either through adapting programmes to not require any such equipment, or attaining the required permissions in advance.

5. Effective Delivery of Programmes. Interview participants were also able to describe what effective delivery had looked like, including programme considerations and advertising.

Programme Considerations. Care should be taken to work with the prison and consult with prisoners about how the programme is delivered. This should include the format of resources and delivery, the length of the programme and the size of groups. There were advantages and disadvantages to different size groups for group awareness sessions in terms of resourcing and access to sessions. Large groups of 20 or more tended to increase a sense of bravado amongst some participants, making it more difficult for people to open up about their gambling problems. Small groups seemed to be more advantageous, but this did still depend on group dynamics that needed to be carefully managed, including clear expectation setting at the outset.

Advertising of Support. Support and interventions should be advertised in multiple ways and include proactive engagement with prisoners, rather than just passively displaying posters. This

should include reassurance of a safe space, particularly given that many people needing to access services may be people who are weary about discussing gambling addiction, may never have discussed it before, and may find asking for support challenging. Having a presence and building rapport and awareness over time had also supported uptake of services. For example, making use of fairs inside the prison where partner agencies could showcase their work and allow prisoners to get to know them proved to be beneficial.

6. Strategic Considerations. Given the strategic challenges outlined previously, it is unsurprising that several strategic considerations for future delivery were discussed during the interviews. These included a need for strategic level involvement and backing to deliver services, sustainable funding, collaboration, and future planning.

Strategic Level Involvement. Senior prison managers need to be appraised of the complexity and scale of gambling-harms amongst prison populations and be involved in the development and delivery of services in order to drive support frameworks forward as a priority. Providers gave examples of how people they had been aware of needing support had not received it when they first arrived in custody. For example, one client was described as having been told to wait until he was sent to an open prison, which could be several months or years later, and then to see his GP. There was a clear view that gambling addiction services needed to be brought up to parity with drug and alcohol services.

Sustainable Funding. Sustainable funding sources should be explored to allow services to fully embed their delivery, allowing for the fact that setting up programmes in prisons is likely to take

longer due to the complexities of access. While prisons may be unable to offer this themselves, external sources should be collaboratively explored. However, it must also be recognised that not all providers would feel comfortable with receiving funding from regulatory gambling bodies, due to the perceived conflict of interest of funding treatment whilst also continuing practices perceived as harmful, as evidenced by the NHS ceasing to accept funding from GambleAware (NHS, 2022).

Collaborative Approaches. Given the number of smaller organisations offering services, the scale of the problem, the barriers to be overcome, and the breadth of support required, consideration should be given to joined collaborative approaches between organisations, such as that outlined between EPIC and the specialist counselling service earlier in this chapter.

Future Planning. In partnership with prisons, services need to adopt horizon scanning approaches where they have a clear strategy for scaling up services across different prisons, with the goal that services can eventually be offered in all prisons.

7. Research and Evaluation. A final theme among recommendations arising from the interviews centred on a need for research and evaluation. This encompassed monitoring and evaluation, and a need for evidence-based practice.

Monitoring and Evaluation. Monitoring of activity and evaluation of need, effectiveness and change should be embedded from the outset of services. This will inform ongoing delivery and future funding.

Evidence-Based Practice. Research should be undertaken to continue to build an evidence base upon which to develop interventions in and around prisons. This should include the building of an evidence base within the specific geographical jurisdiction for delivery. Although improving, this has been lacking to date, with existing provisions often learning as they went.

Conclusion

This chapter has sought to report the current picture in relation to crime and gambling, and gambling treatment in prisons. The link between gambling and crime is complex and considerable research is still required to further understand the pathways and functionality between them. Prison populations have high levels of gambling-related harms and addiction, and there is building evidence that gambling has become a part of prison sub-culture. Despite gambling and crime-related harms increasing vulnerability and need amongst prison populations, there is a paucity of available support and treatment in prisons. Short-term support provisions and newer initiatives have provided a foundation of learning for understanding good practices and the barriers that must be overcome. Recommendations to inform future delivery have emerged across the general themes of a whole prison approach, screening and referral, a breadth of support requirements, effective working in prisons, strategic considerations, and effective monitoring and evaluation.

Additional Information and Support

Deal Me Out: dealmeout.org

EPIC Risk Management: epicriskmanagement.com

GamCare: GamCare.org.uk

GamLEARN: gamlearn.org.uk

National (UK) Gambling Helpline, provided by GamCare: 0800 8020 133

Reframe Coaching: reframe-coaching.com

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