

Dependency & Addiction:

Understanding how to support customers with gambling, alcohol and substance dependency

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Table of Contents

Foreword	3
Gambling and other addictions	
What is the issue?	4
Box 2 - Gambling in the UK: what advisers should know	5
Responses to addiction	6
Box 3 - Addiction: attitudes and skills	7
What can organisations do?	
Box 4 - Addiction: common challenges to debt advice	8
Identification – what to look and listen for	9
Identification (<i>continued</i>)	10
Box 5 - Specific cues of addiction: financial and behavioural indicators	11
Engagement – how to start a conversation	12
Box 6 Conversation starters	13
Initial responses – how to manage disclosure	14
Understanding support	
Understanding – exploring a client’s addiction	15
Box 7 - TEXAS - Applying to addiction & Box 8 - IDEA - Applying to addiction	16
Support – what help the adviser can provide	17
Support (<i>continued</i>)	18
External support – what exists for clients	19
External support (<i>continued</i>)	20
Setbacks – giving support over time	21
Client data – the merits of routine screening	22
Using the ‘Stages of change’ model	23
References	24

Foreword

This resource is taken from a section in ‘Vulnerability: the experience of debt advisers’ first published in November 2018. This report was produced in partnership by the Personal Finance Research Centre (PFRC) at the University of Bristol, the Money and Mental Health Policy Institute and the Money Advice Trust.

The report was written by Jamie Evans, Chris Fitch and Professor Sharon Collard from PFRC, alongside Colin Trend from Plymouth Focus Advice Centre – with generous input from colleagues at Money and Mental Health and the Money Advice Trust.

Please note that the statistics and research findings relate to staff providing debt advice. However, it is probable that similar levels of engagement are encountered in different customer-facing areas of essential service provision (including financial services, energy, water, and telecommunications).

Gambling and other addictions

What is the issue?

Addiction is not a new issue for advisers. Be it problem gambling, alcohol, or drug use, addictions are intertwined with financial difficulty, and run throughout our communities (Box 2).

However, while not unfamiliar, addiction can represent a challenge to advice provision as it:

1. is often not disclosed or obvious
2. may even be actively hidden from an adviser (making it difficult to discuss appropriate, affordable and sustainable solutions)
3. can rapidly drain a client's finances, making it difficult to make realistic, sustainable plans
4. can destabilise and disrupt a client's ability to stick to an agreed schedule with an adviser (which can lead to cases being closed)
5. can impact on a client's health, family, work, education, legal standing, or wider community
6. and is rarely a 'one-off' problem – immediate and longer-term needs will exist, and clients will have successes and set-backs.

For these reasons, even the most experienced of advisers have told us that they can feel unsure about how best to help a client with addictions.

In this section, we therefore consider what can be done to identify, understand, and support clients with an addiction.

Achieving such insight and understanding is key in ensuring appropriate, affordable and sustainable debt solutions are discussed with clients.

What is the evidence?

Disclosed addiction

In a typical month, the average full-time adviser works with 87 clients in total, of whom:

- 1 discloses a gambling problem
- 2 disclose a drug use problem
- 4 disclose an alcohol problem

Initially, these levels of disclosure may appear low or even under-whelming. However, when considered at scale – in terms of a longer time-span, as well as at an organisational level – the ongoing challenge of addiction disclosures becomes far starker (as shown in Box 1).

Importantly, all of the figures in Box 1 are also median averages and – as not skewed by larger outlying values – provide conservative estimates.

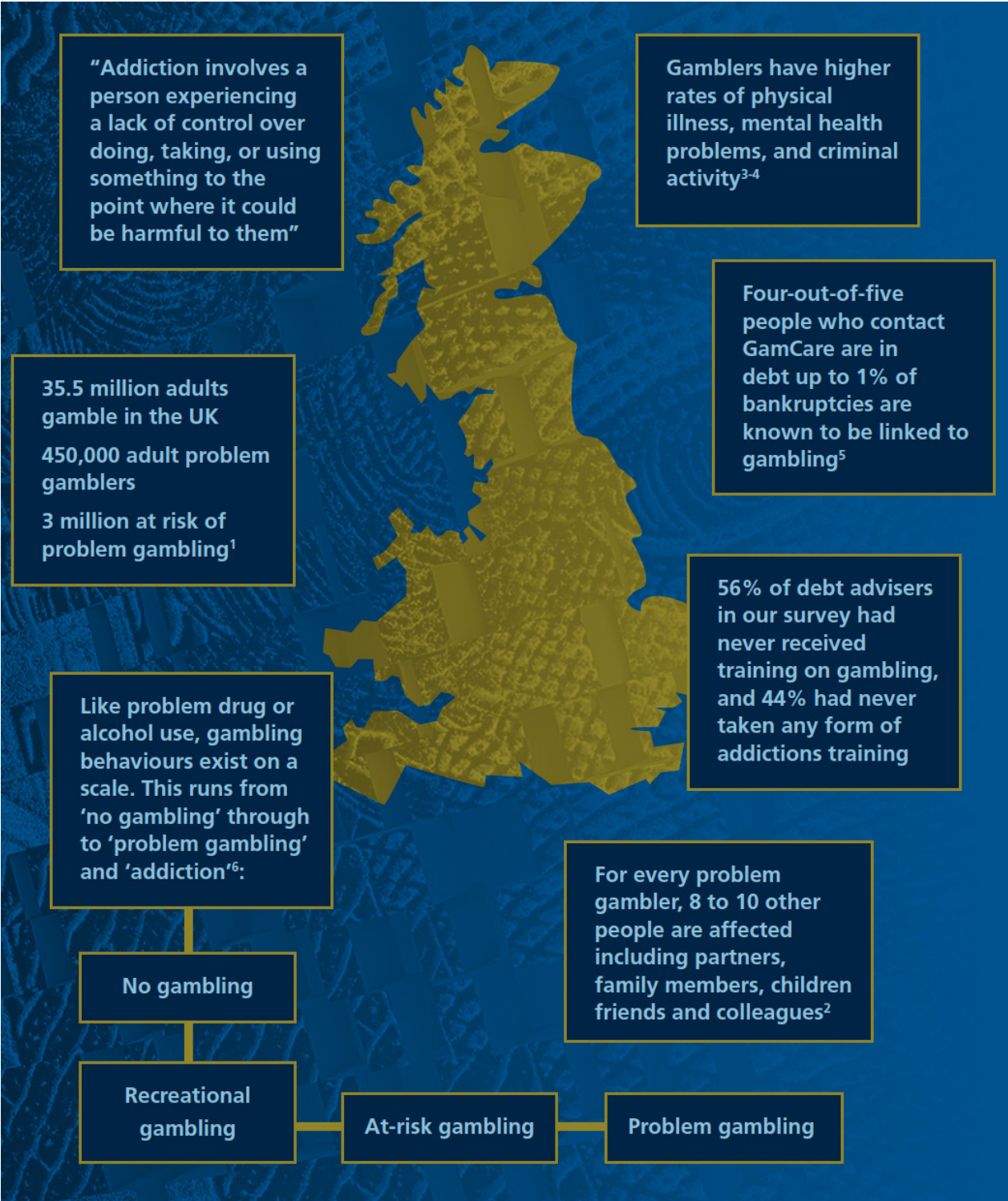
Box 1 – Estimated number of disclosures of problem gambling, drug, and alcohol use made to advisers each year

84 disclosures every year	A single adviser
420 disclosures every year	Local advice agency with 5 advisers
1,680 disclosures every year	Medium-sized organisation with 20 advisers
4,200 disclosures every year	Larger organisation with 50 advisers

Notes: these figures represent the sum of the individual medians for reported client disclosures of problem gambling, drug, and alcohol use.

^A The base for this question is all volunteer debt advisers (N=249)

Box 2 - Gambling in the UK: what advisers should know



Responses to addiction

Addiction is not, however, solely about disclosure. It is also about an adviser's ability to respond.

Critically, the quality of this response pivots on an adviser's ability to engage the client, and fully work through their financial and personal circumstances. This can take time, trust, and repeated effort on an adviser's part – as well as judgement, skill, and insight into addiction.

As shown in Box 3, our survey found that:

1. advisers reported confidence in their ability to talk with clients about addiction
2. however, almost half (44%) of advisers have never received training on addiction, and 56% had never received training on gambling
3. differences existed across the sector, with the vast majority of volunteer debt advisers never having had training on either addictions (61%) or gambling (78%).

It is positive to see that advisers are confident about talking to clients in such situations. This possibly reflects that they have developed their own strategies for dealing with it over time.

However, given the lack of training, it is difficult to know whether such strategies are actually effective (or whether adviser confidence in them might be misplaced).

Consequently, given the challenges that advisers report on addiction – including 'how far' an adviser can practically go in tackling client debt while an ongoing addiction exists – we need to avoid confusing 'confidence' with 'best' practice.

In this section, we begin to share elements of such good practice – however, with addiction being an issue for adviser and creditors, a need exists for deeper and more detailed guidance.

Whether this takes the form of a Money Advice Liaison Group guide (which galvanised action around mental health from 2007 onwards), or takes a different trajectory, the need for such cross-sector guidance is clear and present.

Establishing what is realistic

Every conversation about addiction with clients presents both challenges and opportunities. As shown in the qualitative responses provided by advisers in Box 4, small details matter when working with clients living with addiction.

Among the challenges illustrated, one of the most commonly voiced concerned what could be realistically expected in terms of delivering debt advice to a client living with an addiction.

In the absence of clear guidance, knowing ‘how far to go’ with advice (particularly where a client had addictions that were unsupported, untreated, and likely to result in further financial detriment) represented a dilemma. Furthermore, advisers often reported finding it difficult to know how to take gambling into account during budgeting and the Standard Financial Statement process.

Undisclosed addictions

Finally, we need to remember there will always be clients who do not disclose a vulnerable situation. In our survey, one-third of advisers (35%) stated that clients “usually try to hide their addiction from me”. This indicates the larger challenge – later in this section, we consider how advisers can identify an underlying addiction situation, as well as how to raise the issue with clients.

Box 3 – Addiction: attitude and skills

Confidence:

only one-in-six advisers (17%) agreed with the statement “I find it difficult to talk to clients about their addiction, because I don’t know enough about addictions”

Training:

nearly half of advisers have *never received training* on addictions (44%)

the majority of advisers have *never received training* on gambling (56%)

most *volunteer advisers* have never received training on addictions or gambling (61% and 78% respectively).^A

Box 4 - Addiction: common challenges to debt advice

Hidden and obscured

"We have just discovered that a client we have had for 6 months has a gambling problem. They have been very secretive about their finances, only giving partial information until now. They have also been extremely talkative, contentious and liable to raise any number of issues which have obscured the truth... [We] are still not sure if we've got to the bottom of the situation."

Black holes

"There was a "black hole" between incomes and outgoings that could not be explained. A check on the bank account clearly showed gambling was going on to William Hill Organisation (WHO), then the client admitted her addiction to gambling."

Examining the surplus

"You will...be able to identify that the client has some form of addiction if they dispute their available surplus (often stating they have less than what is shown) but cannot... explain how there is such a difference."

Dealing with third party disclosures

"Their partner told me! With them sitting there - so they didn't really have a choice to disclose. He was trying to stop so discussed strategies, Gamblers anonymous in the town and encouraged him that I've had other clients who have stopped."

Finding the right channel

"I deal with clients primarily by webchat, but also some times over the phone. Clients are much more likely to tell me...on a webchat that they have a gambling problem than... over the phone. I believe the anonymity of webchat helps them admit to having a problem."

Monitoring support over time

"I added the gambling as a separate expense with the client's explicit consent, and left a note saying 'gambling.' I asked if the client was seeking help, he said he was planning to visit his GP. I added a note explaining 'seeking treatment', and I referred him to Gamcare as well. I ensured the figure included for gambling expenses was his net monthly loss."

Establishing what is realistic

"We had a conversation whether he was realistically in a position to make long term decisions about his debts, or whether a staged advice process would be more appropriate, to see how he gets on with the addiction support group he was visiting."

"I explained it is difficult to deal with your debt problem before dealing with the gambling problem...and signposted them onto organisations to get help"

Importance of persistence

"[A]fter an initial hour long open chat and despite thorough questioning, there were no medical issues or vulnerabilities identified until a full fact find and income and expenditure. When discussing payments and banking, the client advised a friend pays his bills and gives him parts of his wages as cash to prevent him from gambling. He'd not identified this as a problem throughout the call as he was no longer in charge of his monies each month, he initially didn't deem it still a problem worth us knowing."

Piecing it all together takes time

"The last time I discovered gambling was a young lady in large rent arrears very close to eviction despite a good income of £2500 pcm and rent of only £400 pcm. When I questioned her about the £100's of pounds that were unaccounted for in her budget she lied and told me her husband spent the money on doing up cars but there were no cars outside the house. She gave me the wrong phone number for her husband eventually in desperation at the impending eviction and children going into care of the state, I called him at work and that's when I found out the truth. [H]e was very upset and quick to tell me the real problem was online gambling/bingo. I was able to help stop the eviction and refer her for help with gambling and a DRO at that point but it took over a year and I got in trouble for spending too much time on this case. I knew something was wrong but I couldn't tell what exactly the issue was."

Notes: the above quotes are taken from answers given 1,192 advisers to an open 'free text' question about the actions they specifically took when gambling was disclosed or identified.

What can organisations do?

Developing an effective response to addiction involves more than knowing a helpline number.

Organisations can therefore consider:

- A. identification – what to look and listen for
- B. engagement – how to start a conversation
- C. initial responses – how to manage disclosure
- D. understanding – exploring a client's addiction
- E. support – what help the adviser can provide
- F. external support – what exists for clients
- G. set-backs – giving support over time
- H. client data – the merits of routine screening.

A.) Identification

Earlier, we considered how advice services can encourage self-disclosure of a vulnerable situation, while advisers look out for 'indicators'.

We noted that advisers should already routinely:

- ask clients about the underlying causes or contributors to their financial difficulty
- explain to clients that disclosing these causes – whatever they are – will help to address their situation more quickly and effectively

- think through – from the client's perspective – any reasons, fears, or concerns that might be stopping a client from disclosure
- work hard to reassure clients about any fears or concerns they have (this reassurance should never be underestimated)
- look out for decision-making limitations, individual factors (e.g. passing mentions of illness, or receipt of key sickness or illness benefits), wider circumstances (e.g. life events), or organisational names (e.g. what part they might be playing in client's life) – as these can all indicate a vulnerable situation
- remember identification is just the first-step towards further understanding and support.

Clearly, this should be standard practice for most advisers – what then, specifically needs to be considered in relation to clients with addiction?

Specific cues

Whether encountering a client on a 'one-off' basis, or over a longer-period of contacts, specific cues can point advisers to a potential addiction.

These often fall into financial and budgetary and behavioural indicators (Box 5). Advisers should look for such cues – remembering these can equally occur in voice, face-to-face, digital, SMS, or postal communication channels.

Specific barriers

Advisers also need to bear in mind the barriers that can exist to a disclosure of an addiction:

- shame, embarrassment and stigma – clients may worry about being judged by advisers, or the prospect of other people knowing
- fear and control – clients will probably avoid any engagement they think would interfere or stop their gambling, drinking or drug use (or feel they can resolve the problem themselves)
- concern of consequences (perceived/real)
- the legal, personal, employment, or financial consequences of disclosure can worry clients
- hopelessness – clients may feel their situation is complex and beyond help
- awareness – clients may not be aware (or have admitted to themselves) that they have gambling, drinking, or drug problem.

Reassuring clients about these issues – usually after a potential addiction indicator is spotted - can help to build rapport, trust, and disclosure.

In doing this, advisers will know that some clients will engage with debt advice only due to pressure from family, friends, or creditors – consequently, although a client disclosure may occur, advisers should not assume full client engagement.

Adviser strategy

Final word: an irregular budget or reluctance to engage can be an indicator of a potential addiction. There are also many other possible reasons for this. Advisers therefore should look for such potential cues, and carefully piece these together with what is already concretely known.

Box 5 - Specific cues of addiction: financial and behavioural indicators

<ul style="list-style-type: none"> • client is vague about what might be causing their financial difficulty and debt • client is reluctant to share bank statements, commit to a budget, or discuss their finances • client's budget shows surplus income but client reports having no money • client has unspecified spending on 'leisure' or entertainment they cannot/will not explain • client has taken on extra jobs/over-time but does not have any money to show for it • repeated expenditure on gambling that leaves no disposable income for creditors • repeat ATM withdrawals from same place multiple times in a day • repeat bank transfers to an electronic wallet or store (possibly to fund online gambling) • 'bursts' of spending (may indicate attempt to recoup a gambling loss) • sudden increases in money or new possessions (funded by gambling wins) • increases in applications and use of credit cards, loans, bank accounts, or other credit • missed payments to priority and other debts without obvious justification • increases in debt to family, friends and colleagues (including guarantor loans) • repeat expenditure on known gambling sites/ places, or unusual bank statement entries (not all gambling sites will have clear 	<ul style="list-style-type: none"> • poor physical health from drug or alcohol use (e.g. nausea, stomach ulcers, liver disease) • physical injuries (from accidents, falls, or violence associated with alcohol or drugs) • physical intoxication (although some medical conditions have similar signs to intoxication) • poor mental health (including stress, anxiety and depression) can accompany addiction • negative psychological feelings of hopelessness or despair (about the future) • emotional anger or defensiveness if clients feel their gambling or drinking is threatened • decision-making abilities can be impeded by addiction (understanding, remembering etc) • preoccupied, unfocused, and 'not present' due to client's focus on next bet or drink • inconsistent explanations of the same situation or event to hide an addiction • life-events can be both a cause of addiction, as well as a consequence • relationship breakdown, separation or isolation from family and friends • unstable accommodation, job loss or change, and contact with the criminal justice system • changes over time - if an adviser has ongoing contact with a client, changes in client mood, appearance, behaviour, or any of the factors outlined above could signal an underlying problem with addiction
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Advisers should also consider information – if available – from reliable family and third-party sources about a client.

They should also remember that a member of a client's household may have an addiction, rather than the client themselves (and this will need to be taken into account during budgeting and support discussions).

B.) Engagement

Starting a conversation with a client about addiction requires judgement and tact.

The 'set-up', 'start-off', and 'stay-with' protocol can be used to help with this.

Firstly, advisers will need to consider the set-up – this involves considering whether this is the right moment to raise the issue? A client, for example, may be calling from a public place when contact is made – if so, they may be unlikely to want to discuss any form of addiction.

Secondly, advisers should start-off a conversation – depending on what is known about the client already, they can start-off by:

- showing they have been observing
- showing they have been listening
- suggesting a connection might exist
- referring to the 'bigger picture'
- normalising the situation
- showing that advisers want to help
- referring to leaflets or resources
- simply being direct.

Examples of questions that advisers can use to get conversations going are provided in Box 6. When talking with a client try to avoid using terms like 'addiction', 'gambling', or 'drug user' – these can shut the conversation down, particularly if a client doesn't think of themselves as an 'addict', a 'gambler', or 'user', unless the client specifically uses this language.

Instead, try to use softer and more familiar language – make reference to activities such as the lottery, bingo, or betting shop and the different ways in which people gamble.

Asking open questions that describe the activity (such as 'do you go on the slots much?' or 'do you bet on the horses?') will give the client space to respond.

Finally, advisers should stay-with the conversation– it is likely that a conversation about addiction will take a few exchanges to 'get going'. Advisers therefore need to (politely) encourage the client to talk about the issue.

Some clients will not want to talk about the situation at all, or will not see their potential addiction as a problem.

Equally clients may be in a situation where they are unable to talk about their addiction (rather than being unwilling) due to the location they are in, or the people who may be around them.

If this happens, advisers should accept this, apologise, but keep the door open to talk in the future (e.g. "OK, do let me know if there is an issue though. We will always try to help").

Even where conversations do not begin about addiction, this may have been the first time the person has been asked about their situation. The client may therefore either come back to discuss this later, or find help from elsewhere.

Adviser strategy

Final word: unlike other vulnerabilities, some advisers may view addiction as an individual responsibility, potentially even a self-inflicted or illegal activity, or something they just don't feel entirely comfortable dealing with.

Clearly, such perceptions can act as a barrier to starting a conversation with a client about addiction, and providing clients with the help they practically need.

Consequently, organisations should ensure they have a vulnerability policy which makes it clear that addiction should be viewed (and treated) no differently from any other vulnerable situation, and that this policy is enacted in daily practice.

Box 6 Conversation starters

referring to the bigger picture

I know you weren't expecting to be looking at this today, but I wondered how you felt the betting you mentioned fits in with all this?

normalising the situation

many of our clients are in the same situation with their drinking and money being short, and we've been able to help them. It will take me 60 seconds to explain how – is that OK?

showing you have been observing

are the bank transactions for slot machines and gaming something we can just quickly look at together?

showing that you want to help

We can help on the money side of things, as there are options – let me tell you about just one of the things we can do?

showing they have been listening

I heard you mention now taking on some extra shifts at work, and being short of money still – what spending haven't we covered so far?

referring to leaflets and resources

I'm not sure if you've seen our leaflet on all the different clients we've helped this year, but it shows the situations they were in and how we helped. Can I tell you more?

suggesting a connection might exist

what connections do you see between your financial difficulties and your drinking?

simply by being direct

John, can I ask you a question – is everything OK at the moment? If not, is there something that we can help you with?

set-up the conversation (right time, right moment, right place?)

start the conversation (using questions like the ones above)

stay with the conversation (be politely persistent – but not pushy)

C.) Initial responses

The disclosure of an addiction marks a moment defined by client trust and adviser opportunity.

For **clients**, it is a situation where they have trusted the adviser with information that is highly personal, with the hope that it will be treated seriously, used constructively, and secured safely.

For **advisers**, disclosure represents an opportunity to better understand a client's financial and personal situation – however, if the disclosure is not handled properly, client trust can be lost, debt solutions may not be implemented, and the Data Protection Act 2018 may be breached.

Disclosure management

The TEXAS tool can be used to effectively manage disclosure – Box 7 illustrates its application to addiction.

TEXAS is focused on the initial management of a disclosure – in short, welcoming the disclosure, reassuring the client about how any information they share about addiction will be used (concerns will exist), and establishing basic facts about the client's situation to inform the advisers next steps. TEXAS also helps to ensure good record-keeping. Where clients and advisers then become involved in a more detailed conversation about addiction, they can use the IDEA protocol (opposite) to help structure and keep the conversation 'on track'.

Role of adviser

Advisers should always remember that the biggest practical difference that they can make is to stabilise a client's financial situation, and provide them with a foundation on which to build and move forward.

To do this, the adviser will need to understand the details of a client's addiction – including whether they are still gambling, drinking, or using drugs (as well as any treatment/support being received).

During this, opportunities will arise to signpost to specialist addiction services, or to offer positive encouragement. **However, advisers are ultimately not responsible for a client's addiction – only the client can take action to address and resolve this.**

D.) Understanding

To understand the situation regarding the client's addiction, advisers can use the IDEA protocol.

Listening to clients talking about their addiction, and gently guiding the conversation through probes and questions to the most relevant information to inform debt advice, is a real skill.

On the one hand, the adviser needs to establish core quantitative information about expenditure on the addiction, so this can be taken into account in any budgeting notes or plans.

On the other hand, the adviser may need to understand the wider drivers and factors that facilitate the addiction, so that appropriate and meaningful signposting to self-help tools or specialist services can be made.

To help with this, Box 8 takes the IDEA protocol and explains how it can be applied to addiction in a non-judgemental and confidential manner.

Intoxicated clients

In some conversations, clients may be under the influence of drink or drugs. If so, advisers should:

- go slow and be clear – it is important that clients feel that they are being treated respectfully, so advisers should use simple and clear language, with a gentle and confident tone, and take their time
- re-schedule the contact – advisers should not engage the client in a serious or focused conversation, but instead should find a different time to talk. A third party may also be considered, with the client's involvement.

Client wellbeing

In some situations, a client may be so intoxicated that advisers become seriously concerned about their wellbeing. If this is the case, advisers should ask the client if they have taken any other medication or drugs (in case their situation requires emergency intervention), and also check whether there is anyone else with them. If the client expresses suicidal thoughts, then protocols such as BLAKE should be followed (see Fitch C, Evans J, Trend C, Farmer T (2017) Vulnerability: a guide for debt collection. MAT/University of Bristol).

Box 7 - TEXAS - Applying to addiction

T **Thank** the consumer:
"Thank you for telling me about the betting – I appreciate it, as it will help our conversation"

E **Explain** how the information will be used:
"Let me explain how we can use that information to help you, just so you know"
This explanation should include why the information on addiction is being collected, how it will be used by the advice service, and who the data will be shared with/disclosed to.

X **eXplicit consent** should be obtained:
"I just need to get your permission to..."

A **Ask** the consumer questions to get key information (these will help you understand the situation better):

- *"How does the online poker affect your finances?"*
- *"How would you describe the frequency and level of your betting at the moment?"*
- *"How does your betting affect your ability to contact us or stay in touch?"*
- *"Does anyone help out or share the finances with you? Do they know about the gambling?"*

S **Solutions** these could include continuing to find out more through further conversation using IDEA signposting or referring to internal and external help (at the appropriate point in the conversation):

- internally refer the individual to a specialist team/colleague in the advice organisation
- consider external signposting to the organisations listed at the end of this section.

Box 8 - IDEA - Applying to addiction

I **Impact** – adviser should find out about the impact and severity of the condition, and the practical consequences of this.
In particular, advisers may want to establish how much is being spent on the addiction (to take account of its financial severity/ impact on budget).

D **Duration** – advisers can discuss how long the client has been living with the reported addiction, as the duration of different conditions will vary. This may help establish the amount of time someone needs to be given to retake control of their situation.
When did it start? Is it ongoing?
Have there been periods of abstinence?
Or relapse? If so, what was happening?

E **Experience** – understanding some of the factors that underpin the addiction can help with appropriate and meaningful signposting.

Time – when does the gambling, drinking, or drug use tend to happen? Are there particular people there? Or other triggers?

Access – is the gambling, drinking or drug use linked to a certain places or spaces? What does the client have to do to make it happen?

Resources – how is the addiction funded? What makes it financially possible?

A **Assistance** – advisers should consider whether the client has been able to get any care, help, support or treatment for their addiction. This may also help in relation to collecting medical evidence.

Advisers should remember that a member of a client's household may have an addiction, rather than the client themselves (and this will need to be taken into account during the above discussions).

E.) Support

Supporting a client with an addiction involves an organisational vulnerability policy which explains:

- how to adapt the debt advice process (objectives, format, and pace)
- the realistic options if a client continues with addictive behaviours (harm minimisation)
- that the client is the primary expert in their own addiction.

Most organisations will have their own evolving policies in this area, so this section seeks to highlight key issues for potential inclusion.

General adaptation

In terms of practical adaptations, advisers will want to consider the objectives (e.g. full debt solutions or stabilisation while a client addresses their addiction), format (e.g. whether involving friends and family in the room/call can keep the client focused on actions and deadlines, or work against trust/openness with the adviser), and pace (e.g. shorter appointments to overcome client concentration issues, arranging sessions for late morning/early afternoon, or simply taking more time to consider all the realistic options).

Every adviser will also have personal strategies for clients with addiction (including suggesting a Notice of Correction being placed on credit files to prevent further borrowing). However the importance of good communication, continuing contact points, and longer 'after-care' cannot be under-estimated.

Clearly, a client's addiction can be complex – therefore in addition to the strategies above, advisers should consider asking clients for their guidance on the best ways in which they can be supported, or for clarification if a term or issue raised by the client is unclear to the adviser.

Formal debt solutions

The debt solutions for clients with an addiction are broadly the same as for other clients.

However, advisers do need to make clients aware that bankruptcy, debt relief orders, individual voluntary agreements, and other arrangements can be affected by a client's gambling (and potentially other addictions as well).

These risks often depend on whether a client could be perceived as having acted in way that contributed to their debt, as well as whether the client is still actively gambling or engaged in their addiction. Some applications for formal debt solutions may also require (or benefit from) evidence that a client is no longer gambling, or is engaged in a treatment and support programme.

Legal considerations

In deciding what level of adaptation clients with addiction should receive, advisers will need to bear in mind the Equality Act 2010.

While the 2010 Act does not require organisations to normally respond to addiction in the same way as cancer or disability, there are exceptions.

These include where due to their addiction, a client develops a condition which is a disability (e.g. liver disease and alcohol addiction), or where an addiction develops due to medical prescribing. In addition, clients with addictions may also be living with other health and social difficulties, which advisers need to consider (including mental health problems, which frequently co-exist with problem drug and alcohol use).

Consequently, advisers need to support clients with addiction, while ensuring any addiction does not 'over-shadow' other vulnerable situations.

Evidence

Advisers may need to gather further information about a client's addiction (e.g. creditor requests). The Debt and Mental Health Evidence Form can be used for this purpose, alongside other forms of evidence.

F.) External support

There will always be a limit to the non-financial help and support that debt advice organisations can give to those living with addiction.

This is because some clients will require assistance that only external, and typically specialist, agencies or services are able to provide.

For this reason, advice organisations need to ensure that advisers:

- know about self-help tools (including self-exclusion schemes for gambling)
- have up-to-date contact details for specialist external organisations
- be able to explain to clients exactly what these organisations can help with (rather than simply ‘knowing the phone number’)
- signpost or make referrals in a way which increases the likelihood of a client making contact with the organisation
- record any referral action taken, so progress can be checked on the next time a client makes contact with the advice service.

Self-help tools

Clients with a gambling addiction can take a number of actions themselves to minimise the harm that they are experiencing.

One method of doing this is via **self-exclusion**. This allows clients to state they no longer wish to either be able to bet at physical gambling sites (e.g. bookmakers, bingo, arcades), or online.

With multiple self-exclusion schemes in place (each covering a different type of gambling operation), clients may need to complete several exclusion applications (some of which will require proof of identity).

Clients who gamble online can also download ‘site blockers’ (such as GamBan) – these block access to online gambling sites from computers, tablets and phones. Importantly, this blocks online sites which are not part of the UK self-exclusion scheme.

Effective signposting/referrals

Clients will benefit from both self-help tools, and the assistance of external services.

However, signposting or referral conversations are key intervention moments – consequently, advisers need to manage these carefully.

The most common problems encountered when signposting/referral involve clients:

- feeling as though they are being **rushed** or **pushed away** (most notably where an adviser hears a client mention a ‘problem’ and immediately then starts looking for a phone number, giving the impression to the client that they’ve stopped listening and that this phone number will solve the entire issue)
- being given **too many contact details** so they have the names and phone numbers of multiple and far too many organisations
- feeling that **advisers don’t know what the external organisation does** – this commonly happens when lists are circulated to advisers of helping agencies that only have a name and contact details but no description of what services are provided.

To overcome this, advisers should always listen in full to a client’s addiction situation (rather than being distracted by trying to immediately find a phone number), keep referral and signposting details simple (to avoid client confusion), and know what external organisations can do.

G.) Setbacks

Clients with a history of gambling, drinking, or drug use problems will often encounter set-backs. This might involve a client who previously stopped gambling or drinking, starting again, or a drugusing client may respond to recent life events and stresses by increasing their use.

Meanwhile, other clients may refuse to engage with external helping organisations, or fail to attend appointments that have been set-up, even though might be in their interests.

The reason for this is three-fold:

Firstly, **recovery from addiction can take time** – it is not a straight-pathway from wanting to address an addiction and managing to have control over these behaviours

Secondly, **not everyone who needs help, will either want it or be ready for change** - clients will always need to accept they have a problem, and then work to address this over time

Lastly, **set-backs and failures** are a core part of almost every attempt to recover from an addiction – just as clients will take steps forward in addressing and managing their problem, so too will they encounter difficulties and relapse. Critically, learning from such relapses is key in moving forwards again.

To help us understand that recovery is a process, advisers can consider the ‘Stages of Change’ model which accompanies this report.

The model was developed by psychologists to help identify where someone is in the process of recovering from an addiction and how ready they are to take action to change their behaviour.⁷

Importantly, the model also helpfully reminds the adviser that while they can support and help a client with an addiction, they are ultimately not personally responsible for that addiction – only the client can take action to address and resolve their situation.

H.) Client data

Information about a client's gambling, alcohol, or drug addiction should be collected, recorded, and managed like any other form of health data.

Some advice organisations may wish to consider the use of routine questions or screening tools.

These are used with every client (usually at the start of a contact) and ask about any difficulties with gambling, alcohol, or drugs.

Typically part of a large set of questions asked of every client, they are often seen as giving a client the opportunity to disclose an addiction without being asked directly by the adviser.

Some advice organisations contend that the **advantage** of such tools is that they normalise the experience of being asked about addiction – as every client is questioned. Advisers will see the results of the screening tool and can then decide what action to take next. Furthermore, an advice organisation can also supplement its overall dataset on client demographics and trends.

The **disadvantage of such tools**, however, is that clients may not answer the questions, provide answers which conceal any addiction, and begin to build barriers to trust and openness. In addition, advisers may rely on the results of such screening tool, and decide not to ask any further questions about addiction.

As ever, the **judgement of the adviser is key** – while there are a number of different screening tools available (including the GambleAware screening tool^B), these should be used carefully and never as a replacement for skilled adviser questioning and engagement.

^B for the screening tool, please see <https://about.gambleaware.org/media/1605/gambleaware-intervention-guide.pdf>

Supporting clients with gambling and other addictions

Using the 'stages of change' model



The Stages (or 'Wheel') of Change model can help advisers recognise where a client is with their addiction. It helps advisers to visualise and better identify what help or information a client might need to move to a more positive stage of recovery, or equally whether a client is simply not ready for this. The model also helpfully reminds the adviser that while they can support and help a client with an addiction, they are ultimately not personally responsible for that addiction – only the client can take action to address and resolve their situation.

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