



Gambling and Neurodiversity Webinar

19th July 2024 (09:30 – 13:00)

POST EVENT SUMMARY

Introduction

Firstly, the Gambling Lived Experience Network (GLEN) would like to thank all our contributors (presenters, video authors, and panel members) for their roles in making this a successful and engaging event.

Secondly, we would like to thank you, and everyone who signed up to attend or who did attend the event.

This webinar came about because we as a network organisation supporting individuals who have experienced harms through gambling were becoming aware that increasing numbers of individuals contacting us directly, or reaching out for support to other organisations in the gambling harms sector, were reporting that they were also living with neurodiverse conditions.

We do also include in that group of individuals those who had come to believe that they may be neurodivergent but who had not yet succeeded in getting clinical diagnosis due to the parlous state and long waiting times associated with NHS delivered diagnosis services here in the UK. Many of these individuals report having been on waiting lists for several years and upwards.

The more we heard about the experiences which neurodiverse individuals had lived through while being drawn into gambling activities, including finding it extremely hard to retain control of their gambling related behaviours once they had been drawn in, the more we started to form an opinion that gambling in general, and some product types in particular, may be presenting highly elevated risk factors for individuals living with neurodiverse conditions.

After looking around in our own space we found very little research into the intersections between potentially harmful gambling behaviours and most forms of neurodiversity. Especially those which did not involve ADD/ADHD. After holding some informal exploratory meetings around gambling and neurodiversity with members of our own network who self-identified as being neurodivergent we became ever more convinced that there was experiential evidence pointing to not just a higher than expected correlation between the two conditions – harmful gambling and neurodiversity

– but that the design of certain products made them particularly harmful to individuals with certain neurodivergent conditions.

Further to that, we also started to begin to see reasons why gambling could be particularly harmful for neurodivergent individuals, based on what gambling as product led activity actually provides. The experiences we heard being reported to us, such as what it was about gambling which made it attractive, engaging and hard to step away from for many with non-neurotypical minds, all resonated with our own understanding of harmful gambling and the reasons why we ourselves struggled to control our gambling use and engagement.

The evidence which was out there also backed up this opinion. When screening for two separate conditions with relatively small prevalence rates within the general population – seriously harmful and disordered gambling at 2.5%, and ADHD at between 3-5% of the population – finding that research consistently reported comorbid prevalence at rates above 25% then it seemed pretty clear that there is something going on which needs further exploration. Especially when considering that these figures came from individuals who already had firm diagnosis for ADHD, and that this conjunction did not factor in other ND conditions such as autism or the presumably significant number of participants involved in the studies who have ADHD but who have not yet become aware of this, or have not yet achieved clinical diagnosis as confirmation.

As a lived experience led network organisation GLEN believe that individuals should be empowered to speak up in support of their own experiential derived understanding and knowledge. Speaking for ourselves rather than relying on others to do so on our behalf seems the only way to ensure that what is heard comes from true lived experience. We have little doubt that similar lived experience led networks exist to support neurodiverse communities and we would like to be able to meet with them to discuss how their own community members can be made aware of gambling as a potential (and actual on-going) harm. We also recognise the need to access the expert knowledge and understanding of neurodiversity which exists in abundance amongst those communities in order to help us develop material and resources which can support individuals in ways which are appropriate and accessible to all members of those communities, as well as our own community members. The huge overlap, which the 25% plus figure suggests exists between our two communities, means that many who do identify as living with harms precipitated by gambling may also be neurodivergent, whether already aware of this or not. We see there being a massive common interest in making a joint approach to creating more accessible awareness and better safeguards happen.

The principle aim of our first Gambling and Neurodiversity webinar was to allow members of each community to start to gain understanding from the other as to what each condition entailed, how individuals with and without neurodiverse conditions

experienced gambling, and what it was about both gambling and neurodivergence which caused such high intersections and potential for harm. We also realised that one half day webinar was never going to do more than scratch the very surface of a deeply complex subject area. But we had to start somewhere, if only to gain better insight into where to go next, and to put down a marker as to our commitment to learning and doing more. Thus was the webinar born. It was never intended to provide final answers, but as a platform for starting wider discussion between and across community boundaries.

Extra Materials

GLEN were extremely happy to be able to attract a wide and highly expert group of contributors, combining those with proven academic reputation with other respected individuals who have demonstrable experiential understanding. The Agenda for the day is included in the following section, and the biographies and contact details of those taking part are also included later. We have attached extra material where supplied by our contributors.

The webinar itself is now available (in four parts) on GLEN's own YouTube channel (link: <https://www.youtube.com/channel/UC5cfMv2TRd1krCFW7Fpl4iA/>) and where handouts have been provided these are appended separately within the email linked to this review.

Recurring Themes and Takeways

The following is a very brief summary of what we felt were useful takeaways from the day, whether as recurring themes or as insight from a single contributor.

Neurodiversity is not a homogenous condition and usually presents across a broad spectrum of effects and impacts, unique to each individual. Traits and characteristics which may be associated with one identified condition are often present in others with differing diagnosis or a differently "labelled" condition. We heard several contributors mention that, on average, neurodivergent individuals often present as having two to three separate conditions. Nor does having a shared diagnosis of condition mean that two individuals would experience the same impacts.

Gambling is often defined as being "the act of risking something of value in order to win something of greater value". While this may be a reasonable definition of gambling as an abstract concept, it totally fails to describe the process of gambling, and in particular how gambling makes individuals "feel". Very few individuals who are engaging routinely in prolonged gambling activity do so for the primary reason of "winning" and instead do so because of other "rewards" which they have consciously or sub-consciously identified as being derived from gambling.

Many of these rewards relate to the neurotransmitter pathways, the chemical reactions which control how we “feel”, and how they are activated (and subverted) by participation in gambling. Rewards such as release of dopamine and serotonin are commonly linked to gambling activities.

Science has shown that some neurodivergent conditions result in individuals having lower numbers of active receptors for these neurotransmitters, which means that individuals can be drawn to activities which boost their production in order to raise experience levels.

Science has also shown that long term engagement in gambling can also act to reduce the effectiveness and latency of these same receptors. This means that both neurodiverse and neurotypical gamblers may find that they need to keep raising their levels of participation in order to experience the same impact – playing longer and more often.

This has nothing to do with winning or losing money and is all designed to boost neuroreceptor activity, but by law of averages this tends to make individuals more likely to lose money as they are engaging in ever more frequent gambling actions, each of which brings a discrete risk of losing, and often without giving consistent consideration to the likelihood of the result they are “betting” on achieving a favourable outcome. The outcome becomes less important as a driver for gambling participation than the sensory prison which the individual finds themselves in while gambling.

For many individuals accessing primary rewards from neuroactivity, rather than from monetary gain, the greatest and most prolonged release of neurotransmitters may occur from experiencing protracted jeopardy and loss rather than as a result of winning.

As explained by Dr Alan Curley in his presentation, it has also been demonstrated (through MRI scans) that the neurotransmitter pathways which are most activated by gambling also correlate to subsets of the same five pathways which are commonly associated with distinct neurodivergent conditions – such as ASD, ADHD and OCD.

All of which possibly helps explain why international studies have found that in groups of individuals screening positive for Gambling Disorder that a quarter or more also screen positive for ADHD. [24.9% Waluk et al (2015), 28.8% Retz et al (2015), 27.5% Tanaka et al (2023)]

Other common rewards, which are pertinent to certain forms of neurodiverse manifestation and also apply to neurotypical individuals struggling with real life events, relate to the ability of gambling engagement in acting to drown out external noise. That noise may be due to neurodivergent linked experiences such as hyperstimulation, or it may be due to relationship breakdowns, event trauma, employment and debt worries, and other stress inducing factors.

Many neurodiverse individuals identify gambling as an activity which acts to dampen down external stimulation, allowing them to feel calmer and to experience a rare feeling of being focused. This makes them more willing to repeatedly engage in gambling, and less willing to desist. In this respect gambling participation acts as a form of escape and coping which mirrors that experienced by neurotypical individuals with external worries. So, different reasons and causes but similar effects.

Conversely, individuals with hyposensitivity can be drawn in gambling as an activity which actively boosts temporary levels of neurotransmitter release, this giving them reactive emotional variation which they may come to crave.

While there are many varied reasons for individuals to be drawn into gambling there is far more uniformity in experience once engagement has set in.

The latest participation statistics from the Great British Gambling Survey (issued by Gambling Commission) suggest that “winning big money” [86%], “because it’s fun” [70%], “to make money” [57%], and “excitement” [55%] are the top reasons why people gamble. But the same survey highlights that around 20% of people who do gamble do not have a positive view of gambling or of their participation in gambling. This points to a significant proportion of participants who appear to be engaging in gambling despite it not being a pleasurable or enjoyable experience.

Another potentially interesting finding is that the youngest age group surveyed (18-24 year olds) report the highest prevalence of engaging in gambling for social and esteem reasons such as: “competing with others”, “to impress others”, “to be sociable”, “sense of achievement”, and “mental challenge”.

The reason why this is of interest is that, as we heard in Alistair Barfield’s superb video, many neurodivergent individuals become drawn to gambling – whether participating themselves or watching others gamble on streaming channels such as Kick.com – during their teenage development stage as a response to feeling ill equipped to form real world friendships due to struggling to adapt to what to them are unnatural and unfamiliar social expectations and under developed signal/response identification skills.

Many teenagers and young adults find comfort in virtual community association, and are often more susceptible to being influenced by celebrities demonstrating and promoting gambling as an acceptable activity due to being less able to determine for themselves if someone is acting in their best interests or not.

Many neurodivergent individuals, especially at a younger age, assume that others will always be acting in good faith, which makes them vulnerable to being manipulated when this is not the case.

Pippa's presentation introduced us to the concept of Rejection Sensitivity Dysphoria which leads to neurodivergent individuals being particularly hurt by feelings of rejection in social situations which often leads to them developing a people pleasing response, and therefore being vulnerable to control abuse.

A common theme which emerged was around the heightened state of vulnerability which children and young people are exposed to if neurodivergent when compared to neurotypical peers. That the development of adult statehood tends to arrive up to ten years later for neurodivergent individuals than for their peer age group. While neurodivergent individuals adapt over time to mask their differences, and usually learn to adapt their lives to "fit in" with societal norms, this is something which often adds extra stress to younger individuals, in addition to the usual "growing pains" of adolescence and pre-adulthood.

It was raised in discussion that while all these factors point to childhood and early adulthood as being times of particular vulnerability for neurodivergent individuals that this age group was also the cohort least well served by existing gambling treatment and support services. Many services available to adults (over 18) simply are not available to those under this age. A combination of extra regulatory safeguards around individuals and organisations interacting with children, combined with a gambling legislative and regulatory environment where provision does not extend to under 18's as it is deemed illegal for gambling participation to occur under this age, means that young people in general are under protected from developing harmful relationships with gambling, which is only exacerbated when neurodivergence is also a factor in play. While community involvement and peer led support is seen as being so important for adults in refraining and recovering from gambling harms there simply is no equivalent resource available to CYP.

One potential solution to this problem was suggested as being greater provision of self-directed support – such as through apps. This in itself then presents challenges about how to avoid the gamification of support when gamification itself is often seen as creating a pathway into normalisation of gambling like products.

How information aimed at disseminating safer gambling messaging and raising awareness of the availability of support services and protective tools can be done in ways which make them appropriate and accessible to neurodivergent individuals was also raised as an issue.

The long waiting lists for diagnosis of neurodivergent conditions, as well as the difficulty often experienced in accessing or changing medical prescriptions, featured in several presentations and discussions. This seems very unsatisfactory as many individuals report that after receiving clinical diagnosis this can be a transformative moment in their struggle to desist or refrain from harmful gambling. Having an explanation and

clarity over why we may have felt how we did, and why we may have reacted as we did, seems to be a source of considerable relief and comfort for many who have experienced addictive episodes.

Almost everyone agreed that there was a pressing need to conduct joint screening at all points of interaction around harmful gambling or neurodivergence. With such high correlation of harmful gambling within neurodiverse groups, and neurodiversity within harmful gamblers, it seems only logical that if screening for one condition that we should also screen for the other. That specialist services should be made aware of the high co-prevalence of the two, and that they should be asked to consider if there are signs or possibilities of co-occurrence, would seem a very sensible and much needed approach to adopt. Treating an individual for one without being aware of the presence of the other risks failing to deliver the most efficacious treatment or service and could well be harming rather than helping the individual.

Pippa's presentation touched on how neurodiversity, and in particular ADHD, can act to lower self-esteem in an individual. How a sense of "failing", when confronted with a society which seems at odds with an individual's own perceptions of what seems natural, can lead to self-criticism and self-loathing. This is a very familiar concept for anyone engaging in harmful gambling, whether neurotypical or not. Gambling Disorder brings an internal mental struggle for control within brain centres between ideation which recognises harm is occurring and that which supports the addicted need to engage in activities which access distorted rewards. Living with addiction can feel like being in a coercive and controlling relationship where the side wishing to exercise dominance deliberately attacks and tries to suppress the esteem levels and advocacy powers of the host. Guilt and self-shame appear to be common experiences in both harmful gambling and some neurodivergent manifestations.

In terms of areas for future research both Dr Amy Sweet and Dr Alan Curley identified a need for longitudinal studies looking at how the presence of neurodivergent conditions can impact exposure and recovery of harmful gambling across an individual's life experience.

It was also highlighted by both that while there was a body of research looking at the intersection of gambling and ADHD, that there were very few research studies into gambling and other neurodivergent conditions such as autism, bi-polar, and dyslexia.

Amy also felt there needed to be greater cross sectional analysis of other factors within specific conditions – perhaps looking at the roles which gender, race, and social equity may play in creating difference in impact and experience for those with a given condition.

Alan thought it would be interesting to look at how time spent playing (video) games in childhood and early adulthood might correlate to later development of gambling issues.

As stated earlier, these are just a small sample of the information and concepts which came out of the webinar. We would invite you to watch the videos to discover more.

Agenda & Speakers

- 9.30am Welcome
- 9.40am Introduction to GLEN
- Who we are
 - What role we see ourselves having in the gambling harms space.
 - Why we see a need to explore intersections between gambling and neurodiversity
- 10.00am “Understanding the nature of ADHD & its connection to problem gambling” – Pippa Simou (ADHD Coach & Psychologist) - Presentation followed by Q&A
- 10.50am “My Lived Experience of Gambling Addiction, Recovery, Bipolar & Neuro Diversity” – Pauline (Individual with Lived Experience) – Spoken presentation followed by Q&A
- 11.20am Break (10 minutes)
- 11.30am “Parasocial relationships and Gambling” – A video presentation by Alistair Barfield (Deflect and Protect CIC)
- 11.45am “Wired to Bet: Neurodiversity and Gambling Vulnerability” – Dr Alan Curley (UWS) – Presentation
- 12.00pm “Insights drawn from Safer Gambling customer interactions” - Ciaran Henry (SG Professional) – Written reflection piece
- 12.10pm Panel discussion (Dr Amy Sweet, Dr Alan Curley, Jordan Lea)
- 12.25pm “Personal Reflections” - Chris Gilham (Charity founder & podcaster)
- 12.35pm Lived experience led panel discussion (Chris Gilham, Robbie Nimmo, Bryan Dimmock, and others)

12.50pm Open Forum discussion + Q&A

13.00pm Thanks and Close*

*Please note that an extended open forum discussion will follow on directly after the main event finishes in order to allow further conversations to happen. If people wish to participate then simply stay on the call. This will continue up until 2pm (cut-off) or until it reaches a natural conclusion (if earlier).

Speaker Biographies

Pippa Simou

I am a coaching psychologist, specialising in supporting women and girls to live well with ADHD and other conditions that they might be living with.

I have over 20 years of experience in secondary education, holding pastoral and academic positions in a variety of settings. I left teaching in 2016, to achieve further flexibility to support my own neurodiverse children, I joined a local charity as a coach and trainer, working to support parents and professionals who live or work with children who have ADHD and /or Autism.

I discovered my own ADHD in my mid-forties, which led to the recognition of our then-16-year-old daughter's ADHD. This experience highlighted the lack of understanding and support services for girls and women with the condition.

I started my own independent venture 'The ADD-vantage' in 2020, to devote my time and talent such that it is to support women and girls with understand and live well with it. To support this work, I returned to university to study for a master's in psychology, and I am delighted to say that I was awarded a Distinction.

I apply my psychological knowledge and understanding in my practice and spend most of my time coaching women with ADHD one-to-one, I facilitate online support groups and a local community social group for ADHD women. I mentor girls in local schools and train professionals who are working with young people who have ADHD.

In addition, I offer training to professionals to help them appreciate the nature of ADHD, how they might alter their practice and / or environment to become accessible to service users or colleagues who have ADHD. I also raise awareness of the female experience of ADHD in my local community, on podcasts and on my social media platforms.

I continue to be involved in research at the University of Hertfordshire and am on my way to becoming a Chartered Coaching Psychologist with the BPS (British Psychological Society) and am bound their code of ethics.

Pippa can be contacted by email at: pippa@theadvantage.co.uk

Pauline

My name is Pauline, I have 10 years of recovery from gambling addiction. Although I believe I will never be cured, I can arrest the addiction 1 day at a time. My gambling took me to the point where my life, my family and my business were very nearly destroyed.

It is only after multiple years of recovery; I have been able to come to terms with 'being different' and have been able to seek help for my bipolar and other neuro diverse conditions. I have begun to truly understand and accept how my brain works. And how really horrific my life was when gambling was in the mix.

I hope that by sharing these experiences it makes it easier for other people to feel less embarrassed and more open to share what is inside their heads because I have found this to be extremely liberating and sometimes very funny.

I have to say that my abstinence from gambling would not have been possible without regular attendance at Gamblers Anonymous meetings which is still important for me. I do accept there are other choices for people in recovery, but this is my choice and a long-term solution, which also gives me the chance to give something back.

Although I currently hold a senior role (National PRO) for Gamblers Anonymous all views expressed today are entirely my own. I am not speaking on behalf of, or representing GA. I hope that I can give some insight into the mind of a neurodiverse compulsive gambler.

Pauline can be contacted by email at: nat.pro@gamblersanonymous.org.uk

Dr Alan Curley BSc(hons), D.hyp, MBSC, PFPH, PhD.

Is the Author of the book 'Playing the game of your life' and Programme Lead and lecturer in Adult Health Studies at the University of West of Scotland.

He is also Therapeutic Director of UC- Mindsolutions Ltd, which is a successful Addictions, MH and Sports Psychology Centre near Glasgow (www.uc-mindsolutions.com).

Dr. Curley, is regarded as one of the most qualified experts on Cognitive-Behaviour change techniques used within the Addictions, Mental Fitness and Sports performance fields. He is also a Prominent guest speaker at many international conferences and Universities, as well

as delivering training courses on Addiction, stress and motivation management, Groupwork skills, and influential behaviour & mind-change programs for the hardest to change clients.

In 2005, Dr. Curley Initiated the smoking cessations service for NHS Scotland as well as creating the 12-week evidence-based system called the PILAR Change system (Personal-Imagery Linked Active Repetition), incorporates theory and techniques from CBT, NLP, hypnotherapy, addiction research, Learning & Groupwork psychology, motivation psychology and sports psychology. This evidence-based program is now routinely used by various addictions clinics and sports psychologists to help those individuals who find it hardest to change. This PILAR program has appeared in many articles in the Media, TV and Radio.

In 2016, Dr. Curley was appointed lecturer in Adult Health studies and Influencing Behaviour change at the University of West of Scotland (UWS).

Dr. Curley, is a member of the British Association of Behavioural Counselling and Psychotherapy. He is also a member of the Royal Society for Public Health and has also been granted the 'Distinguished Practitioner' award from the Faculty of Public Health of the Royal college of Physicians. He is also a fellow of the Higher Education Academy.

Alan can be contacted by email at: alan.curley@uws.ac.uk

Ciaran Henry

Ciaran is an experienced Safer Gambling professional who currently works as a consultant and part-time lecturer.

Ciaran has been involved directly with the online gaming industry across multiple roles and specifically the field of Safer Gambling (Responsible Gaming) for well over a decade. Having previously worked at Full Tilt Poker, PokerStars & GG Poker as Safer [& Responsible] Gambling lead he has had direct interaction with literally thousands of customers from which he has developed a personal understanding of Neurodiversity as it impacts vulnerable customers. This insight has informed his work in different areas of SG, including Product Design and Training.

Ciaran also lectures and works with young people as part of his involvement with the National Learning Network, an organisation which seeks to offer flexible and supported courses for people with disabilities or additional needs in Ireland.

Ciaran can be contacted by email at: ciaranhenry1@outlook.com

Alistair Barfield

Alistair is currently managing director of Deflect and Protect CIC.

Ali describes himself as being “an autistic/ADHD man who is passionate about neurodiversity, radicalism, gambling harms and the intersection.”

He has extensive experience working in SEND school settings both in an educational and pastoral capacity, working closely within disadvantaged communities with high proportions of neurodivergent students.

His training draws on his lived experiences of autism and ADHD. He has worked for over 5 years with Britain’s neurodivergent community both in the school setting and as part of the third sector.

Alistair can be contacted by email at: alistairbarfield@outlook.com

Chris Gilham

Chris is a Trustee and co-founder of the charity Gambling Harm UK. He was also a co-founder and host of All Bets Are Off gambling addiction recovery podcast, and now co-hosts The Guiding Light mental health and recovery podcast.

Chris has lived experience of gambling harm and alcohol dependence and was diagnosed with ADHD three years ago. He is a parent to two children who like Chris are learning to navigate life with neurodivergent brains.

Chris can be contacted by email at: chris@gamblingharm.com

If you would like to contact any of the other contributors (including panellists) then please contact us at info@glenetwork.org and we will pass on your details.

Additional Information Links

Please find below links to additional resources or information. These include several links from the additional material which Chris Gilham supplied but which may not be directly accessible from the attachment.

Gambling Lived Experience Network website: <https://glenetwork.org>

Gambling Commission, Great British Gambling Survey: [Statistics on gambling participation – Annual report Year 1 \(2023\): Official statistics \(gamblingcommission.gov.uk\)](https://www.gamblingcommission.gov.uk/gambling-participation-annual-report-year-1-2023)

GLEN YouTube channel:

<https://www.youtube.com/channel/UC5cfMv2TRd1krCFW7Fpl4iA/>

ADD-Vantage Specialist ADHD Support Services: <https://www.theadd-vantage.co.uk/>

Gamblers Anonymous (England, Wales, NI): <https://gamblersanonymous.org.uk/>

Gamblers Anonymous (Scotland): <https://ga-scotland.org/>

Gam Anon (Affected Others): <https://gamanon.org.uk/>

UC- Mindsolutions Ltd: www.uc-mindsolutions.com/

Gambling Harm UK: <https://www.gamblingharm.com/>

All Bets are Off Podcast: <https://open.spotify.com/show/6zgl8JzFiDKYFJ2bi4C87c>

The Guiding Light Podcast: <https://theguidinglight.co.uk/>

Ripple Suicide Prevention: <https://www.ripplesuicideprevention.com/>

Spicy Head Day (Chris Gilham): https://youtu.be/o6TdrCqxBbg?si=ZYQilT-_YUEgjaXs

Psychreg Numb Days (Chris Gilham): <https://www.psychreg.org/wish-was-numb/>

Psychreg What is Death (Chris Gilham): <https://www.psychreg.org/what-death/>

National Gambling Helpline: <https://www.gamcare.org.uk/get-support/talk-to-us-now/>