

# GAMBLING COMMISSION

## Review of Research, Education and Treatment

### Consultation responses form

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If you are responding on behalf of an organisation, please indicate which type of organisation:

- |                 |                                     |                       |
|-----------------|-------------------------------------|-----------------------|
| Industry body   | <input type="checkbox"/>            |                       |
| Government body | <input type="checkbox"/>            |                       |
| Local authority | <input type="checkbox"/>            |                       |
| Regulatory body | <input type="checkbox"/>            |                       |
| Charity         | <input type="checkbox"/>            |                       |
| Help Group      | <input type="checkbox"/>            |                       |
| Faith Group     | <input checked="" type="checkbox"/> |                       |
| Other           | <input type="checkbox"/>            | <i>Please specify</i> |

If you are responding as an individual, please indicate your own interest:

You are invited to comment freely on any aspect of the consultation document. Below is a list of questions which cover the main points on which we would particularly welcome views.

Please:

- be as specific as possible in your responses;
- where you disagree with what the Commission propose, explain why; and
- say what alternative you would suggest in place of the Commission's proposal.

### **Instructions**

**1.1** Respondents should use this response form and provide an executive summary of your response if it exceeds 1500 words. The closing date for responses is Friday 11 January 2008.

**1.2** Responses to this consultation should be received no later than Friday 11 January. Responses should be drafted using the attached response form and sent to [policyadmin@gamblingcommission.gov.uk](mailto:policyadmin@gamblingcommission.gov.uk) or posted to Jessica Loveland at the address below.

### **Gambling Commission November 2007**

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The Gambling Commission regulates gambling in the public interest. It does so by keeping crime out of gambling, by ensuring that gambling is conducted fairly and openly, and by protecting children and vulnerable people from being harmed or exploited by gambling. The Commission also provides independent advice to government on gambling in Britain.

For further information or to register your interest in the Commission please visit our website at: [www.gamblingcommission.gov.uk](http://www.gamblingcommission.gov.uk)

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## Review of Research, Education and Treatment

### Executive Summary

Much progress has been made in RIGT's three main areas of work, prevention, education and treatment. However, funds are insufficient to meet significant needs in all of these areas. Legislators at the time of the 2005 Act saw RIGT as playing a significant role in minimising the possibility of a rise in problem gambling and its associated harms. We have concerns that resource limitations risk the achievement of this policy objective.

RIGT has functions beyond the remit of a normal charitable body, most obviously as regards treatment. It decides priorities, commissions national services and has rightly become involved in evaluating outcomes and fostering quality standards. However, as a charity it has the same legal status as many of the bodies for which it assumes functions that are quasi-regulatory - but it is not directly accountable to government for doing so. This weakens its ability to perform these necessary public functions. Similar issues exist in relation to prevention and research, where RIGT has public health objectives but no formal responsibility or status in the public domain.

In the parallel field of substance use these functions are carried out by governmental or quasi-governmental bodies, and we believe this would be a more effective and accountable model to move towards as the gambling field expands. Organisational arrangements could not substitute for these structural deficits, but more core staffing is needed for key tasks to be performed, whatever model is chosen.

A levy is the only certain way of ensuring the necessary finances to achieve all of these ends and to give RIGT a formal status that parallels the standing of the Commission. At the least, clear, time-limited parameters for minimal industry contributions should be set.

### Section 2: Research

Q1. Other than the research programmes outlined in section 2 of the consultation document, what other research is delivered, by whom and how is it funded?

We are not aware of any research other than that outlined.

Q2. What research topics are currently overlooked by the current programmes of research? In particular is there unmet need for research into gambling and crime or on making gambling fair and open?

The most significant overlooked area relates to childrens' gambling. Whilst literature reviews are helpful, we wonder whether this is the most effective use of resources, given the reviews that have already taken place (expert evidence presented to the Parliamentary Select Committee; the subsequent DCMS report by May-Chahal; and the response paper furnished by Griffiths et al.) We would like to see direct research

into problem rates of children's play of Category D machines and children's routes into internet gambling.

We would like to see research in areas identified as problematic or potentially so by the Auckland and Reith reviews. This would include:

Games where problem rates are high (particularly FOBTs)

Women's gambling on EGMs (particularly in view of the substantial rise in the numbers of EGMs in casinos over the last three years).

Gambling on alcohol-licensed premises (EGMs and poker particularly) in view of evidence on co-morbidity.

We welcome the RIGT-sponsored research in the Chinese community and would like to see much more extensive culturally sensitive research.

In the prevention field we are concerned at about the effect that advertising will have and would like to see:

Research focused on the specific and general effects of advertising, and on the effectiveness of safety messages and signposting.

Research on the behavioural outcomes of gambling education (rather than simply awareness) and on the duration of effects.

Whilst research on crime and fairness and openness is very desirable, we believe it is appropriate for the main thrust of the research effort to be on the third licensing objective.

Q3. Do you have any other comments on research?

We concur with the consultation analysis that there is relatively little transparency (and perhaps clarity) about 'how research priorities are driven by policy and treatment needs.' In particular, we are aware that the Secretary of State will review evidence about the impact of the Act on problem gambling - but it is not clear how the research strategies of DCMS, GC and RIGT will combine to inform this review, what criteria they will use in assessment/recommendation or what kind/level of evidence would trigger concern. Greater clarity and co-ordination on these matters would be helpful. It would be appropriate for the DCMS to take a leadership role here.

This issue runs from broad questions about problem prevalence to more specific manifestations. For example, FOBTs continue to present high volumes of calls to the helping agencies, despite the voluntary measures adopted by the industry. It would be helpful for criteria to be developed against which such evidence could be evaluated, and for it to be clear how these tie into the regulatory frameworks - when and why re-classification would be considered, for example. A parallel - though not an exact one in legal terms - exists in the seven criteria that are used to evaluate the harms of substances.

We concur with the need for research to be independent of industry interests, though feel that the structures of RIGT have addressed this to some degree. .

### Section 3: Education

Q4. What gambling-related prevention activity is undertaken by other organisations, how much does this cost and who pays for it?

Faith groups undertake various forms of education within their own groups and in some cases outside them.

Q5. What activity should be undertaken to ensure a co-ordinated extensive programme of education and public awareness for children, young people and adults. In light of the experience in other areas and overseas how much should be spent and in what ways (eg press advertising, TV advertisements, schools programmes)?

Successful campaigns in other jurisdictions have been well resourced: Oregon alone, for example, spent \$2 million annually. We do not have the specific knowledge to cite an exact sum, but it is apparent that substantial increases in RIGT's budget (of multiples rather than fractions) are needed. This is a matter of urgency, since problem gambling increases tend to occur fairly quickly after markets are extended.

A concerted strategy needs to be researched and devised based on jurisdictions where campaigns have shown positive outcomes (e.g. Jackson et al, 2002). This should not be restricted to the terms of the existing budget but related to policy objectives and expert view about what is needed for effectiveness. An appropriate budget should then be sought and priorities set.

Evidence on the behavioural outcomes of schools programmes is not always encouraging, but gambling can and should be included in PSHE, and results evaluated. The DfES sponsored Blue-Print programme, which includes community elements, are of interest and may be adaptable to include gambling.

Planning and monitoring of prevention/education work is a significant and on-going task. A RIGT specialist working on this area would give it a more sustained focus and build on the work of the Task Force.

Q6. What different approaches are needed to raise awareness about how to gamble responsibly on the one hand and, on the other, about help and advice available for at risk and problem gamblers?

Generic messages should give information on responsible gambling without promoting it. Information about warning/risky behaviours, and about the features of gambling activities that are most associated with problem play (e.g. swift event frequency) should be included. A brief checklist of problem signs and sources of help should also be part of general public education.

There is already good information about at risk groups: targeted campaigns and proactive approaches are needed for relevant professionals and in gambling establishments.

Q7. Which professionals should be engaged within a prevention programme? How can this be best achieved?

All statutory agencies and voluntary bodies working across the tiers, including Tier I generic levels, should be educated about, and involved in, prevention campaigns. G.P.s and those working with young people are particularly important. Problem gambling should be added into existing screening/risk assessment/monitoring procedures for looked-after children, truants, all offenders (particularly young offenders), and those experiencing substance problems, including smoking. Screening/intervention with problem gambling should be incorporated in statutory performance measures.

Q8. Do you have any other comments on education and prevention?

No.

#### **Section 4: Treatment**

Q9. What treatment services, other than those mentioned in section 4 of the consultation document, are available to problem gamblers? These may include both dedicated problem gambling treatment providers and those offering treatment within a package of other addiction treatments. Is this national or local provision?

We are not aware of other treatment providers

Q10. How much does this provision cost and what evidence is there of this provision delivering positive outcomes? If costs are not available what indicators of the services provided and numbers treated are available to be used as a proxy measure? Who are these services targeted at?

Both Gamcare and Gordon House produce good outcome evidence through the use of assessment/measurement tools such as the Christo inventory, though research on medium and long-term outcomes is needed.

The NTA has recently developed TOPS (Treatment Outcome Profile), which measures progress in various domains, and includes a qualitative patient assessment measure. This tool is intended for use over time/across various treatment episodes/agencies. Work could be done on combining this with Gamcare's initiatives on client monitoring, with a view to developing a common tool across the gambling field.

Unit costs have to be considered in relation to the fact that treatment tends to be longer and more resource-intensive as the severity of the dependency increases. More work is needed on dosage/intensity in the gambling field to inform these decisions.

Treatment completion is one proxy measure, but is of limited use unless supplemented with other outcome evidence. Retention in treatment for 90 days is the proxy indicator most commonly applied in the substances field. However, even

this is a relatively crude measure and needs to be considered in relation to treatment modalities and even within them.

There is evidence in the substances field is that quality/resourcing affects outcomes (see Meier and Best, NTA, 2005; Raistrick, Heather and Godfrey, 2006) which needs to be taken into consideration when unit costs are being considered.

Q11. To what extent does the current level of provision meet the demand? Do you have evidence of unmet needs?

Under-resourcing and a lack of screening tends to mask unmet demand, but even on existing evidence, provision is not adequate. Gamcare has made strides in making counselling nationally available, but it is still far from a reality, and local provision needs to be expanded further.

One of Gordon House's residential units is under threat despite outcome indicators that compare extremely favourably with residential provision in the substances field, and despite referrals many times in excess of places.

There is no specific provision for young gamblers, despite evidence of problem rates among adolescents (e.g. Moodie, 2005)

Services that are gender and culturally sensitive are both areas for development.

Q12. Do you have any other comments on treatment?

Quantitative measures need to be developed in the gambling field, but the substances field is increasingly recognising the value of qualitative indicators (which tend to be less easy to measure). The progress made there could be learned from: it would be helpful for the gambling field to incorporate qualitative measures from an early stage.

### **Section 5: Organisational structures**

Q13. Should the organisation that raises the funds be the same as the one responsible for determining the priorities and level of funding needed for research, education and treatment? How should these organisation/s draw on expertise to

ensure that the priorities and level of funding are right?

The organisation that raises funds does not need to be the same as the one determining priorities, and there would be some value in separating the functions if a voluntary system continues.

Progress has been made in establishing the three areas of RIGT's work through expert panels and the use of consultants, but some differentiation would be useful for the future.

Functionally, an expert panel seems appropriate to research. This draws on a range of knowledge that RIGT could not duplicate, and decisions mainly relate to periodic expert evaluation and determining priorities/frameworks. Ongoing monitoring is relatively light. This arrangement therefore seems fit for purpose.

Education/prevention, however, is an area that needs considerable expansion. Much education can be undertaken in partnership with experts (e.g. TACADE) and prevention campaigns would also be outsourced. Nevertheless, ongoing monitoring/strategy co-ordination is needed in both areas, and much of this work is pioneering/developmental. Similarly, treatment/intervention needs to be commissioned, monitored, evaluated and quality standards/outcome measures need to be developed. These are all continuing functions and there is limited specific expertise in the field of gambling on which to draw. For all these reasons we believe that RIGT should build up a body of expertise in-house in relation to education and treatment - though expert advice could still be called on in both areas.

The structure has enabled the research panel to establish independence. However, we would like the research strategy to involve more research/evaluation of the education/treatment programmes that RIGT commissions and on generally the public health goals of RIGT.

Q14. What accountability should the priority setters have and to whom? To what extent should this organisation take account of the needs of the Commission, government and other stakeholders?

In the substances field, providers are often charities or private bodies, but the NTA - which sets standards and priorities - is a special health authority, while commissioners are located in various public bodies locally. Responsibility for setting priorities and maintaining treatment standards on which individuals rely is a public function, which needs to be accountable to government through direct channels. If RIGT is to perform this role effectively, structures and mechanisms need to be adapted to give it the authority and the transparency to do so. Trustees/stakeholders could be represented in a board that functions similarly to that of the Gambling Commissioners.

Similar structural considerations apply to the public health/policy aspect of the research agenda, in which the the GC also has an interest. Again, the NTA commissions research against public health/delivery criteria, and this would be a helpful model for RIGT.

There would be the potential for the research arm of RIGT to be independent of

prevention and treatment, which both have a stronger emphasis on delivery. However, given the overlaps, a common structure with a common framework of accountability would seem most economical.

At present the industry can and does define the ability of RIGT to deliver public health goals through its level of donations, while government has no structural role in setting targets or holding it accountable. This balance needs to be shifted if RIGT is to be fully effective.

Q15. What mechanisms are required to ensure that cost-effective research, education and treatment services are commissioned and delivered?

Gambling is a small field and at the moment the task is to grow sufficient providers and experienced staff: effective competition may be some way off. However, Gamcare's Break-even partners are building up expertise and may develop into free-standing providers. If they operate independently in regions they should ultimately be directly commissioned and monitored by RIGT.

As indicated, we suggest that RIGT further develop expertise in commissioning and evaluation.

Q16. What else should be considered as part of this review?

We recognise the social responsibility, and in some cases the real generosity of gambling operators, but are concerned that the majority shelter behind this. The donor list on RIGT's website suggests that only a small fraction of the industry donates and the amount raised is tiny in relation to profits. The disadvantages of omitting some operators and public houses would seem to be far outweighed by the extra funds that a levy would generate, even if contributions were limited to the low percentage already agreed. Public sector accountability processes would be healthy and could be managed in a way that does not undermine the extra resources made available.

It is undesirable that the Commission has a licence condition/code of practice (2.1) that is effectively proving unenforceable. We accept that to enforce it would amount to a levy by another route, but think this would be a practical and fair method of doing so.

A formal levy would free RIGT staff time from fund-raising, and it would alter the balance of its relationship with industry from donation recipient to a body entitled to funding in the public interest, as the Commission is. All of this would be helpful to the issues outlined above and to the effectiveness of RIGT.

If a levy is not to happen - or not yet - a clear parameters should be set for industry contributions to increase within a tight time-scale. Criteria could include both a proportion of the industry that would need to contribute and a substantially increased sum to be reached.