



Quaker Action on Alcohol and Drugs

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RESPONSE TO THE DEPARTMENT OF CULTURE MEDIA AND SPORT **ON THE PROPOSAL TO INTRODUCE A LEVY UNDER THE TERMS OF** **THE GAMBLING ACT**

Question 1: Do you consider the proposed basis of the levy is appropriate to raise the funds required?

We appreciate the practical difficulties laid out in paragraph 2.24 as regards setting up a detailed system that links the rate of the levy to problem gambling. However, since the levy is aimed at preventing or addressing the problems that can be caused by gambling, we think that the aim should be to move to a system that is related to harm, however broadly. There is evidence that certain types of gambling (most obviously those with strong reinforcement schedules and fast play) are particularly associated with problems, and there is also evidence from treatment services about the gambling activities that cause most problems for those seeking help. We think information of this nature is relevant to the levy and should be reflected in it.

We are aware of the arguments about the economic problems of small-scale independent seaside gambling operators. We believe it would be better for a levy system to make allowances for their particular circumstances in the contributions it requires, rather than for more general relaxations (such as increases in stakes and prizes to machines) to occur.

Of the options set out in the document, we believe these considerations are more fully reflected in Option 2. However, we would like to see more work go into the development of a harm-indexed framework. The Gambling Commission is a new regulator and we think it is reasonable for it to develop systems that meet its purpose of protecting vulnerable people and children from harm, rather than accepting the inheritance of an administratively based system.

We are in favour of contributions being shared between those who have already contributed voluntarily, and those who have not. We strongly support the aim of this measure, which is to ensure sufficient and predictable resourcing for research, education and treatment. We hope that everything possible will be done to ensure that the flow of funding to advice and treatment services remains stable during the transitional period.