



Quaker Action on Alcohol and Drugs

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RESPONSE OF QUAKER ACTION ON ALCOHOL AND DRUGS TO THE CONSULTATION PROCESS OF THE GAMBLING COMMISSION ON THE PRINCIPLES ON LICENSING AND REGULATION

Quaker Action on Alcohol and Drugs (QAAD) is an independent national charity concerned with the use and misuse of legal and illegal drugs. We also have a particular concern with gambling, and gave oral evidence to the Parliamentary Joint Select Committee on the Draft Gambling Bill. QAAD provides advice, information and education services within the Religious Society of Friends. We do not represent the Religious Society of Friends generally, but our comments are rooted in our Quaker principles. Trustees also speak from professional or voluntary experience in the prevention or treatment of dependent behaviours.

We welcome the opportunity to participate in the consultation on Gambling Commission's Statement of Principles on Licensing and Regulation. We would like to focus on areas of the consultation document that relate to children and vulnerable persons, and the safeguards that may reduce the likelihood of problem gambling (areas covered by questions 9–19). We appreciate that there are likely to be later consultations about codes of practice, and we have tried to confine ourselves to comments on matters of principle in this response. However, on some occasions we have pointed to specific practical issues when we feel that these embody the kind of general approach we believe would be most helpful.

1. Children

General principles

The policy notes to the Draft Gambling Bill state that gambling should not 'invade normal social spaces'¹ and that 'It is a very important principle of the Bill that consumers should be in a position to know when they are entering gambling premises, and know what to expect on those premises.'² We hope that these principles will inform the approach of the Gambling Commission to children, even though they may not be as straightforwardly applicable as they are to adults. We also believe that when safeguards are planned, the evidence that parental problem gambling is associated with high problem rates in their children³ should be borne in mind, since such children are a particularly vulnerable group.

¹ Draft Gambling Bill: The Policy. DCMS, November, 2003, Section 5.2.

² Draft Gambling Bill: The Policy. DCMS, November, 2003 Section 5.5

³ See a summary of this evidence in pages 101-103 of Sproston, K. Erens, B. and Orford, J. (2000) *Gambling Behaviour in Britain :Results from the British Gambling Prevalence Study*, London: National Centre for Social Research.

Question 9 (with reference to commentary on paragraphs 1.7 to 1.8)

- We support the suggestions of age/ID checks for those who look under 21, with inspection programmes to check compliance, and strong penalties for breaches - with loss of licence as the ultimate penalty if the breach is repetitious.
- We support the idea of physical barriers to separate adult gambling areas: these should involve both visual and auditory protection for children from gambling activities. (This would assist in preventing access by older children/teenagers. In addition, it would mean that the layout of family entertainment centres or casinos would not facilitate an adult with sole care of children gambling in an adult area whilst 'keeping an eye' on children).
- We believe codes of practice relating to licences for gaming machines in alcohol-licensed premises should include criteria about the siting of gaming machines. Such codes should advise that best practice would be for machines to be in separate/directly supervised areas, but where it is not practicable machines should always be within sight of staff (this may, of course, present difficulties at crowded times). A judgement on the siting/ease of supervision of machines at the time the licence is issued should be a factor in the inspection regime.

Question 12

- We agree that the Responsibility in Gambling Trust is the most appropriate body to commission and evaluate the education of children with regard to gambling.
- In view of the links between various kinds of disadvantage among children and vulnerability to a range of behaviours including problem gambling, we hope that the RIGT's educational initiatives will give a particular focus to vulnerable children, including looked after children and those in the criminal justice system.

Question 13

Current evidence indicates higher rates of problem gambling among adolescents, and that the early gambling is an indicator of later problems.¹ We hope that children's gambling will be a priority research area for the RIGT and that the Gambling Commission will be proactive in ensuring that research addresses the issue of problem gambling among minors thoroughly and across the sector. (Small, readily accessible gambling outlets may present as many issues as new, larger casinos.) In the meantime, we recommend:

- Similar 'reality checks' to those on adult gaming machines for Category D machines (commentary on paragraphs 1.9 to 1.12).
- The display of information on problem gambling and help-line numbers on Category D machines and in their vicinity. (Such information should be presented in an attractive way for a younger age group).
- Specific training for staff on children's gambling and problem gambling
- We presume that advertising of Category D machines or inducements to use them would not be permitted, and we would support this.
- We would like to see self-assessment for problem gambling as a feature of all regulated internet sites. We believe that the use of credit (as opposed to debit) cards for internet gambling is inherently problematic and hope that the GC will be conducting detailed work on this issue.

¹; Fisher, S. (1999) 'A prevalence study of gambling and Problem Gambling in British Adolescents' *Addiction Research*, 7:509-288;

Griffiths, M. (1993) 'Fruit machine addiction in adolescents: a case study' *Journal of Gambling Studies*, 9: 387-399;
Cornish, D. (1978). *Gambling: a Review of the Literature and its Implications for Policy and Research* (Home Office Research Study, 42), London: HMSO.

2. Protecting vulnerable persons (commentary on paragraphs 1.9 to 1.12)

The general issue of vulnerability: Questions 14 and 15

There are some groups of people who show higher rates of problem gambling, and in that sense could be defined as 'vulnerable'. In the broadest terms, young men show the highest rates, while in more specific terms those with a family history of problem gambling¹, those with substance problems (particularly alcohol)², people with mental health difficulties³ and those subject to social disadvantage, including offenders⁴, also show higher levels, while emotional isolation may also be a risk factor⁵. It seems most likely that 'vulnerability' involves some personal elements (including impulsivity) but it is also likely to be related to a common set of risk factors for a range of behaviours. Some people with learning difficulties may also have particular kinds of vulnerability as regards problem gambling. Studies further attest that alcohol increases unwise and problem play⁶ and there is a high co-morbidity between smoking and problem gambling.⁷ Evidence from other jurisdictions would also suggest that gambling and problem gambling among older people is likely to rise when accessibility increases and we would like to see some proactive attention given to this group.

Excessive gambling does need to be considered in terms of particular circumstances and the individual, but there are well-recognised assessment tools that indicate whether an individual has a problem (most notably the South Oaks Gambling Screening). However, the question of the degree of the problem may also be significant: some suggest that – as is the case with alcohol – those who have a less severe problem may constitute a larger group than those whose are more seriously dependent, and that this group may be responsive to intervention if identification happens early.⁷ We believe, therefore, that 'protection' needs to be considered as a public health issue in relation to the full spectrum of gamblers according to need/stage: it should include approaches that range from public health information, through brief interventions to intensive/long term treatment for those who have developed a severe problem (current provision for the latter being sadly scant at present).

Evidence also indicates that specific gaming features result in higher dependency rates (including, for example, fast speed of play, rapid re-stake, flashing lights/noises)⁸. These findings are well explained by behaviourist theories, and this gives reasonable grounds for the anticipation of higher levels of problematic behaviour from certain games (as proved to be the case with Fixed Odds Betting Terminals, for example). Since the kind of gambling activity is a significant factor in the incidence of gambling problems,

¹ Australian Productivity Commission (1999) *Australia's Gambling Industries Report No 10, Canberra: Ausinfo*;

² Cunningham-Williams, R.M., Cottler, L.B., Compton, W., Spitznagel, E.L. (1998) Taking chances: Problem gamblers and mental health disorders. *American Journal of Public Health* 88(7):1093-1096

³ Crockford, D.N.; el-Guabaly, N. (1998) Psychiatric Co-morbidity in pathological gambling: A critical review *Canadian Journal of Psychiatry* 43(1):43-50

⁴ Yeoman, T., Griffiths, M.D. (1996) 'Adolescent machine gambling and crime' *Journal of Adolescence*, 19, 183-188;

⁵ Weibe, J., Cox, B., Falowowski-Ham, A. (2003) *Psychological and social factors associated with problem gambling in ontario: a one year follow-up study* Responsible Gambling Council

⁶ Kyngdon, A., Dickerson, M. (1999) An experimental study of the effect of prior alcohol consumption on simulated gambling activity' *Journal of Psychology*, 121:169-175

⁷ Cunningham-Williams et al, Ibid; Pasternak, A.V., Fleming, M.F. (1999) Prevalence of gambling disorders in a primary care setting *Archives of Family Medicine* 8(6): 515-520

⁸ Shaffer, H.J. (2003) A public health perspective on gambling *Aga responsible gaming Lecture Series Vol. 2, No. 1*

⁸ Evidence summarized in the notes of Professor Jeffrey Gray to the Budd Review, for example.

vulnerability cannot be defined simply in terms of individual or group pathology - and in that sense it is unhelpful for 'the vulnerable' to be considered as a discrete or separate group. Although problems occur at higher rates in some groups, they do occur throughout society: potentially, we are all vulnerable. For all these reasons we believe the Gambling Commission needs to include supply-side factors within the concept and practice of 'protection.' We therefore recommend that:

- The GC take a precautionary/piloting approach to existing or new games that fulfil the criteria for high addiction potential. The principle of harm-indexation (of greater limitation on the numbers/accessibility of higher risk machines) is already embodied in the Act. Regular reviews of evidence and of new gambling products could be incorporated into this framework so that appropriate categorisations can be made. We suggest that an expert advisory body may be of assistance to inform such judgments.

Question 17

We support harm-reduction approaches but note that the evidence-base is partial, and some of it is equivocal about the practical effectiveness of some of the measures designed to reduce problem play¹. Unforeseen consequences (when harm reduction measures may become incorporated into a problem gambling pattern) also seem to be a possibility on occasion.² In practical terms, some measures (such as the use of clocks) seem to have a common-sense basis and are likely to be helpful for all players - so these seem worth persisting with until more evidence emerges. Where measures do seem to show encouraging empirical signs (reducing the maximum bet on certain machines for example³), we hope these will be swiftly translated into practice or pilots. We are glad to see harm reduction in the RIGT's research programme and hope that sufficient resources will be devoted to rigorous evaluation of harm-reduction procedures by both the RIGT and the GC. Bearing these points and general evidence in mind, we recommend that:

- Guidelines for 'safer gambling' be developed, informed by academic advice and other consultations. Information about the 'riskier' features of play/games and the processes and warning signs of dependence could be included. Such guidelines could provide the basis for public health information and for staff training.
- Material on problem gambling be prominently displayed in gambling premises, including a brief 'checklist' of key indicators of problematic gambling (again, developed with academic /treatment advice, but likely to include: spending more than planned; unsuccessful efforts to stop/cut down; play causing financial/personal problems in other areas of life)
- Details of advice/treatment agencies, self-help groups and debt counselling should also be clearly displayed and accessible.
- We support the development of self-exclusion arrangements for timed or indefinite periods, which would include removal from mailing/advertising lists. We believe it would be helpful to consider developing practice on self-exclusion in other jurisdictions (see proceedings of the 2005 National Council on Problem Gambling in Washington, for example, where family involvement in banning arrangements was discussed).

¹ Blaszczynski, A., Sharpe, L., Walker, M. (2001) *The Assessment of the Impact of the reconfiguration on Electronic Gaming Machines as Harm Minimisation Strategies for Problem Gambling* The University of Sydney Gambling Research Unit

² See proceedings of December 7th at the 2005 of National Council on Problem Gambling, Washington, DC.

³ Blaszczynski et al., Ibid

- It is already an offence under the Licensing Act for staff to continue to serve alcohol to someone who is drunk. Training for staff of gambling premises should include a particularly vigilant approach to serving gambling customers who are visibly under the influence of alcohol, and specific attention should be given to this question in codes of practice.
- We assume that pending legislation banning tobacco smoking will apply to casino premises, and hope that smoking policies will assist breaks in play for this 'vulnerable' group.

Question 16

- We believe it would be helpful for all staff to be trained in the idea of social responsibility and about problem gambling; such training could form part of accreditation processes. However, we are less certain as to whether staff should be trained to intervene directly when they perceive a customer to have a problem. Whilst staff are well-placed and their words could be powerful, this is a highly sensitive area. There are also different models for possible intervention – all staff trained to intervene in all cases, or specially trained staff intervening in some cases. Approaches could also vary on premises of different types and sizes. Given that the evidence on this kind seems to be limited, we believe that varying types of intervention (and none) should be piloted in selected casinos and other gambling outlets. Outcomes could then be formally evaluated and guidelines for best practice drawn up.

Question 18

- We hope that associations representing people with learning difficulties and charities/statutory bodies involved with them will be invited to contribute to relevant codes of practice - even if they have not responded to open consultations like this.

Question 19

- As regards inducements and incentives, it is a difficult area in which to outline general principles: advertising codes and enforcement will be crucial, and ultimately specific practice guidelines may amount to the most effective definition. However, we believe that incentives should not include: cut-price or bulk offers that would encourage extra or longer play; 'free' stakes of any kind; free/discounted/bulk offers of alcohol; free/heavily discounted food; or the giving of credit - directly or through credit cards (given that debit cards and cash machines are both likely to be available to customers).

Finally, we would draw back to consider the broader questions relating to the issue of protection. The aim of the Gambling Act was to remove old restrictions on gambling without increasing problem gambling and all its attendant ill consequences for individuals and communities. The Gambling Commission has a vital role: firstly in ensuring that protections are in place, and secondly in monitoring and evaluating whether an increase has occurred and the protections have been sufficient. This will involve judgments about criteria for evaluation of a variety of evidence and also, potentially, about levels of resources for prevention and treatment in a chronically under-funded field. We very much welcome the consultative approach of the Gambling Commission thus far, and hope that it will be a strong feature of the second phase of its work.

We are glad to have been able to make these comments and look forward to further opportunities to be involved in discussions about social responsibility. We wish the Commission well in all its tasks.

Helena Chambers, on behalf of QAAD