

Review of Research, Education and Treatment

Consultation responses form

Name: Helena Chambers

Job title: Director

Organisation: Quaker Action on Alcohol and Drugs (QAAD)

Address: 21, Church Street, Tewkesbury, Gloucestershire

Email: helenaqaad@hotmail.com

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:

Instructions

Anyone responding to the Review of Research, Education and Treatment consultation document should use this response template and provide an executive summary of the response if it exceeds 1500 words. The closing date for receipt of responses by the Commission is Friday 1 August 2008.

Below are the questions we are seeking responses to. Please add your comments in the spaces provided below each question.

Please be as specific as possible in your responses. If you disagree with what the Commission proposes, explain why and, if possible, give an alternative.

Responses should be sent to consultation@gamblingcommission.gov.uk or posted to

Consultation Coordinator
Gambling Commission
Victoria Square House
Victoria Square
Birmingham
B2 4BP

Gambling Commission May 2008

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

Gambling Commission
Victoria Square House
Victoria Square
Birmingham B2 4BP

T 0121 230 6666

F 0121 230 6720

E info@gamblingcommission.gov.uk

Research

Q1. Does this consultation paper correctly identify the needs and priorities for research?

- Yes
 No

Please provide comments below. If your answer is 'No', please give reasons.

We find this a useful analysis, which identifies needs and priorities correctly and clearly. We are particularly encouraged to see a recognition of each part of the agent/host/environment being addressed. However, we do have some specific observations:

1. The amount specified for the evaluation of targeted messages appears too modest for a national evaluation.
2. Although the need for evaluation of treatment outcomes is acknowledged in the discussion, the only sum specified is for evaluation of the pilot clinic. We do support the allocation allowed for this purpose, and realise that other treatment evaluation may be included in the £900,000 figure. If not, however, we believe resourcing for research into all treatment modalities should be allocated, at least over a phased period.
3. We support the statement that the relationship between treatment providers and research could be closer. Aside from quantitative outcome measures, there is a need for qualitative research in this area.
4. We wonder if the sum allowed for the repeat of the review exercise needs to be so substantial, given that this would be an up-date of the considerable work that has already been conducted in this area.
5. We are concerned that the research strategy of RIGT (or its successor), the GC, and DCMS should combine to enable an assessment of the policy/regulatory levers to press in the event of an increase in problem gambling. We note that the GC sees fee income as the proper source for research functions arising from its duty to advise the Secretary of State, but there may be elements of RIGT research that could feed into this. We hope that explicit attention will be given to this in view of the commitments made at the time of the Act.

Q2. What are the merits of a longitudinal study?

The discussion document summarises the benefits effectively.

Q3. Do you think the costs of a longitudinal study should be an addition to current research or in place of some current research?

- In addition to
 In place of

If you believe that the costs should be in place of some current research, please explain what it should replace.

Both a longitudinal study and more specific research is needed.

Q4. Do you agree with the estimate of the amount needed for research?

- Yes
 No

Please provide comments below. If your answer is 'No', please give reasons.

Broadly, subject to the comments above

Education

Q5. Does this consultation paper correctly identify the needs and priorities for education?

- Yes
 No

Please provide comments below. If your answer is 'No', please give reasons.

We agree with most of the analysis, but think there is a role for public awareness/education at the primary level. Gambling other than on the National Lottery has not been widespread, and there is little general awareness about the processes involved in problem gambling, particularly as regards the reinforcement schedules involved in those forms of gambling that are associated with higher rates of problems. Whilst problem gambling is a complex phenomenon and there are a variety of routes into it (summarised in Blascynski's integrated model of problem gambling, 2002), an awareness of event frequency/re-staking issues would increase public awareness of safe and risky play, and thus reduce the possibilities of harm.

Q6. Do you agree with the estimate of the amount needed for preventive education?

- Yes
 No

Please provide comments below. If your answer is 'No', please give reasons.

We believe more should be allocated, to enable gambling to be included in PSHE in schools, for example. More resources are also needed for awareness raising/training among key professionals. This would need to involve more than flagging up the issue and sign-posting services; it should be integrated into professional training programmes and the delivery structures of agencies.

It is relevant to note in this connection that statutory bodies (social services, criminal justice and health) and many voluntary services are monitored according to performance frameworks. Unless problem gambling is included in these, there will be limits on how effectively problem gambling will be tackled, and intervention is likely to remain patchy. One of the most obvious and cost-effective ways of proceeding would be for problem gambling to be included in the routine assessments that are conducted by these professionals with groups likely to be at risk. Such an approach would have the benefit of not solely relying on RIGT resources, but keying into the relevant frameworks of statutory bodies.

We have liaised with RIGT about the possibility of relevant government departments including problem gambling in screening instruments - particularly with looked after children (i.e. which would involve it being added to the OC2 indicators that are used to assess all looked after children over a range of domains, including substance misuse). Similarly, it

should be included in the ASSET assessment tool for young offenders and the OaSys screening tool for adult offenders. Some liaison work with relevant criminal justice bodies has begun on this but needs to be pushed further. The inclusion of problem gambling in existing assessment frameworks would enable needs to be more effectively mapped in the way this consultation suggests - and would also encourage appropriate local responses in statutory and voluntary sectors.

Similarly, assessment and brief interventions in medical frameworks would also be effective.

Our suggestion, then, is that aside from the direct prevention and education mentioned in the document, RIGT should have the resources to be proactive in encouraging a cross-departmental government response to problem gambling. This need not involve much in terms of funding - and this element plays into the structures the GC suggests in this consultation for the Strategy Board.

Q7. Do you think the proportion needed for preventive education should be at the same level every year?

- Yes
 No

Please provide comments below. If your answer is 'No', please explain how much you think is needed in future years, over how many years, and why.

We agree with the comments in the consultation document regarding the limitations on evidence about prevention/education. We would suggest an incremental approach as evidence of effectiveness emerges.

Treatment

Q8. Does this consultation paper correctly identify the needs and priorities for treatment?

- Yes
 No

Please provide comments below. If your answer is 'No', please give reasons.

We find the analysis in the paper a helpful and largely accurate one. Doubling access is a reasonable first step but clearly much more is required to meet the needs. We would also like to see the development of other indicators: in particular, every area should be able to offer access to the appropriate 'tier' of treatment for any individual (within the tier framework established by the NTA) according to need assessed through the use of accredited tools. At present, access to services is driven largely by which happen to be available in any given area.

The paper acknowledges the needs of relatives/close others. We would like to see explicit targets relating to access to appropriate support for this group and some pilot work on effective approaches (for example, that researched by Professor Orford).

We welcome the pilot project in Soho. In view of the substantial information about cross-morbidity with other addictions, we would like to see other pilots of interventions with substance misusers.

Q9. Do you agree with the estimate of the amount needed for treatment?

- Yes
 No

Please provide comments below. If your answer is 'No', please give reasons.

The amount needed for effective national treatment is obviously well in excess of current provision or plans. We accept that pilots need to be conducted, and that the approach needs to be incremental, but hope that initiatives will be vigorously pursued.

Q10. Do you think the proportion needed for treatment should be at the same level every year?

- Yes
 No

Please provide comments below. If your answer is 'No', please explain how much you think is needed in future years, over how many years, and why.

See previous response. Evidently the allocation needs to be flexible enough to respond to future needs.

Future funding requirements

Q11. Do you agree with our overall cost estimates for the amount needed for research, preventive education and treatment?

- Yes
 No

Please provide comments below. If your answer is 'No', please give reasons.

We agree that £10 million is a reasonable starting point, though do not think it should predicate future responses. We find the split between the areas of research, prevention and treatment a reasonable one, with room for review depending on outcome research on educational and preventative approaches.

Q12. Do you agree that the aim of doubling access to treatment to 1% of problem gamblers is realistic?

- Yes
 No

Please provide comments below. If your answer is 'No', please give reasons.

As indicated, we would hope this would rapidly increase to a more effective response to need. However, the experience in the field of substance misuse is that a simple 'number of

entries into treatment' target can produce perverse outcomes, in terms of giving services an incentive for a speedy throughput at the possible expense of thoroughness/full meeting of needs. We would caution against this as a single/prime indicator.

Strategy

Q13. Do you agree with our proposal for a Strategy Board (in particular its remit and structure)?

- Yes
 No

Please provide comments below. If your answer is 'No', please provide comments on what structure would work best and why.

We agree with many aspects of the proposal, and find the remit and structure of the Strategy Board broadly appropriate. In particular, we welcome the direct line of accountability to government and the greater clarity/separation of functions and interests.

We appreciate the GC's vision in initiating this review to resolve the tensions that have affected RIGT from its inception. RIGT began as a charity with the purposes of channelling industry funding into promoting responsible gambling and mitigating some of the harms of problem gambling. However, the role that it and the GC have been given under the 2005 Act is much broader, and approaches the formulation and delivery of a national gambling strategy. The structures are not in place for the latter: the proposals in this paper, which suggest a Board including representatives of government departments, go some way towards instituting them. We welcome this, though note that some tensions remain.

RIGT's effectiveness has been limited by the availability of industry funding. It is important that if there is a difference between this body's operations and an effective national gambling strategy, this is clearly acknowledged.

There is not a precedent for the current position in the gambling field, or a relevant model for this configuration of industry and government co-operation. The Big Lottery Fund and Drinkaware, which are cited in the consultation paper, both work on the principle of additionality to state provision and link into wider, pre-existing government strategies. By contrast, because of the previous lack of statutory provision in the gambling field, the Strategy Board and the RIGT body have a strong input into the research agenda, and will be leading strategies for education and service development. All of these are governmental, or quasi governmental functions. The role of setting the funding, frameworks, and standards for treatment is less akin to the NLC than it is to the National Treatment Agency for substance misuse, which is a special Health Authority.

We find it helpful in this connection that the proposed Strategy Board membership involves government departments, and particularly the DoH, which has a core responsibility here. We agree with the BMA recommendations (BMA report 2007:17) that whatever the funding arrangements, problem gambling services should be provided via the NHS and the other channels that are used for addictions to substances (which would mean appropriate additions to an already challenged service). If an effective national strategy is to be mounted, statutory agencies and government need to be more fully engaged than hitherto. Statutory representation on the Strategy Board will both assist effective deployment of industry funding and help engage government departments in a synergy of stakeholders (this, as cited in question 8 with reference to existing assessment frameworks, can be relatively simple to

effect and economical in terms of resources.)

By the same reasoning, there is a case for the Department of Justice (for prisons/probation) Youth Justice, and Social Services to be involved - though this might make the Strategy Board unwieldy and therefore less effective. If they are not to be involved in this form, we would suggest consideration is given to developing other fora and/or cross-departmental links, in order to ensure that problem gambling is appropriately included in the policies and procedures of relevant departments.

We agree that treatment provider expertise needs to be actively consulted but that conflicts of interest are an issue. Tensions also occur with the academic expertise that will be needed to inform Strategy Board deliberations. Despite the tensions involved, these groups are the main repositories of knowledge, and as such need to be given a strong input. Service providers do have a vested interest, but they are also experts on their own client groups and are often best-placed to judge unmet service needs. We would suggest the possibility of a standing group composed of this membership that could be regularly consulted, perhaps in the way that the Community Liaison Panel is convened by the DCMS.

We acknowledge that the Strategy Board as envisaged could risk being rather large/general. Sub-committees would be needed to mobilise close knowledge of the gambling field and to enable efficient progress on the detailed elements of the Board's remit (outlined on page 27 of the consultation paper).

Distributor

Q14. Do you agree that there should be a separate organisation to distribute funds (the distributor)?

- Yes
 No

If your answer is yes, please explain who the new distributor should be.

We favour the option of a new distributor with a single purpose remit. This could be a successor to RIGT or operate in one of other ways suggested. We agree a close link with the Strategy Board would be helpful in the form of a common Chair but think the Boards should not replicate each other too closely.

Whilst the Religious Society of Friends has never been in favour of the National Lottery, pragmatically QAAD accepts the expertise of the Big Lottery Fund in terms of best practice in grant-giving and monitoring. However, we do not think that it should be the distributor, though its knowledge could perhaps be drawn on in an advisory capacity. The BLF has no specific expertise in terms of gambling research, education or treatment. More importantly, the BLF's independence and transparency is enabled by the fact that it distributes widely in many areas of social need, which are not related to the source of its funding from gambling. That would not be the case here. The distributor will have a central role in delivering, and advising on the nature and extent of research, prevention and treatment - which all have potential policy implications. As indicated earlier, this does not take place within a context of existing government strategies and additionality, but in a situation where the distributor represents the major dedicated funding in the gambling field as a whole. The current

situation gives a choice about distribution arrangements, and we believe the most visibly independent option should be chosen.

We find the Drinkaware parallel limited because this body has a fairly narrow remit in encouraging responsible drinking - and one which relates directly to the core business of Portman group members, who produce and market alcohol. The distributor for gambling funds will have a much wider task in developing prevention, research and treatment, all of which move well away from industry functions and expertise. A memorandum of understanding might well be an appropriate mechanism, but we believe industry representation on this Board should be extremely limited, and well below the proportions of the Drinkaware Trust.

If your answer is no, please explain how you think the funds should be distributed and why.

Q15. Do you agree that there should be a separate national institute/centre of excellence to distribute funds for research allocated by the distributor?

- Yes
 No

Please provide comments below. If your answer is 'No', please comment and give reasons on how you think research should be distributed.

There may be some benefits in this suggestion, but we feel that building on the existing caucus of academic knowledge, which is ranged over several institutions, is likely to be the best method of ensuring academic independence. We would hope that the academic standing of individuals/departments and the usual systems of peer review would be the decisive factor in the awarding of research opportunities rather than the perceived positions of academics.

Mechanism

Q16. Do you think we have correctly identified the options for the governance of the Strategy Board and distributor?

- Yes
 No

If your answer is yes, please explain what option you think is best, and why.

Broadly speaking, subject to earlier comments.

If your answer is no, please explain what other options are available and why.

Transitional arrangements

Q17. Do you agree with our proposals for transitional arrangements?

- Yes
 No

Please provide comments below. If your answer is 'No', please explain and give reasons for what you think the transitional arrangements should be.

See earlier comments. Whatever model is chosen we agree it would be appropriate for RIGT staff to be involved in building the next stage.

Q18. Do you agree that the current beneficiaries of RIGT funding should be given assurances of continued funding?

- Yes
 No

If your answer is yes, please explain for what period you think these assurances should be given.

A two year period. This would allow for planning/continuity of existing services. However, this does not mean that proactive work could not be done in investigating/encouraging planning and groundwork from other potential service providers. Those in the substance misuse field would be well-placed to bid, particularly in the neglected area of co-morbidity. Proactive work in encouraging family/close other interventions could also be undertaken during this period.

We also note that experience in the substances field is sometimes that the commissioning and tendering process can take a disproportionate amount of resources for both bidders and commissioners. The increased costs of a commissioning infrastructure need to be weighed against the gains of lower direct service costs and more choice in service delivery. It is also the case that the switching of contracts can result in de-stabilising periods of uncertainty for service users. Grant-giving can indeed lead to complacency and poor value for money - but sometimes to stability, a transmissible expert culture and high levels of therapist expertise. The critical point is to ensure clear service contracts and thorough outcome measurements, including qualitative and service user perspectives. We acknowledge the need for value for money but note also the evidence from the substances field that this does not automatically mean cheaper unit costs. (Meier, 2005, NTA Research Briefing 10)

If your answer is no, please suggest what should be done instead and why.

Future fundraising options

Q19. Do you think the industry could make an improved voluntary system work?

- Yes
 No

If your answer is yes, please provide any suggestions on how it might be made to work.

If your answer is no, please explain why.

The industry has had a period of four years to make contributions and has not done so in an effective way - though the commitment of the minority of operators who have funded RIGT must be fully acknowledged. If any further leeway is to be given in terms of time, we believe there should be a tight timescale, a level of funding offered for a two year minimum to ensure proper planning/delivery, and a high proportion of operators donating.

Q20. Do you think that a mixed voluntary/levy variant would work?

- Yes
 No

If your answer is yes, please provide any suggestions on how it might be made to work.

If your answer is no, please explain why.

This seems an uneasy mix that does not achieve certainty: it would still involve the distributor in continued fund-raising to provide the necessary services/systems outlined in the consultation document.