



Quaker Action on Alcohol and Drugs

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## **DISCUSSION POINTS ON THE FIVE YEAR STRATEGY OF THE RESPONSIBILITY IN GAMBLING TRUST**

We very much welcome the work of the Responsibility in Gambling Trust in addressing the problems that can arise from gambling. From a faith group perspective some questions and issues arise for us from the Strategies. Some of these relate to detailed points (which are addressed first), while others relate more generally to the policy landscape.

### **1. Detailed points**

#### **1.1. Children and gambling**

The debate that preceded the Gambling Act focused on the policy and research question of children's gambling. There is evidence of higher rates of problem gambling among young people. While this could be considered as a prevalence question (excluded from RIGT research) we believe that the issue of children's gambling under the new regulations should be included in the RIGT research programme. Category D play is one obvious area, but research on children directly observing gambling (even though they are not participating) is also an area for focus.

#### **1.2. Prevention/education measures**

It is not entirely clear from the Strategy whether/how its prevention/education programmes (such as the TACADE resource and the prevention measures proposed under Objective 2) will be monitored/researched. It is important that this is done, particularly given the pioneering nature of these programmes in the gambling field and given the resources that will be put into the advertising of gambling. Longitudinal data on effectiveness would be particularly useful. (It may be that such research plans are implicit in the Strategy, which would be consistent with the general framework that is proposed for treatment.)

- If the RIGT Strategy does not include it, it is important that research is undertaken on the *effectiveness* of its education/prevention programmes as regards their impact on problem gambling behaviours (in addition to performance monitoring procedures and the measurement of immediate outcomes such as raised awareness).

#### **1.3. Treatment/intervention**

1.3.1. The RIGT Strategy concentrates on one modality (counselling) in its definition of treatment. This is a broad category and may include several forms/models that could usefully be

evaluated separately. Other modalities (such as community-based groupwork/intensive support programmes) could also be helpfully considered as possibilities to meet different levels/types of need. In addition, residential provision for problem gamblers is important because it caters for those suffering most severely from addiction and/or other forms of disadvantage. Planning could helpfully draw on the Models of Care ‘tiered’ framework developed for the substances field.

1.3.2. The major provider of face-to-face counselling services, GamCare, provides services itself and also works in partnership with various local agencies. It operates as a provider and also seems to have some commissioning/development functions in relation to its partners. As the field expands, there may be some interface questions about commissioning and monitoring for different levels of partnership, and how these relate to the functions of RIGT. In the medium-term, the possibility of local providers developing other modalities would diversify the model and expand the evidence-base.

1.3.3. If it is not already part of planning, we believe it would be helpful for:

- A Models of Care assessment framework to be developed, with thresholds for ‘tiers’ of treatment including Tier IV residential services. (This may be included in the Research Strategy’s first objective, though we would suggest it as an immediate rather than a medium term priority)
- RIGT to encourage/commission other modalities of intervention (perhaps as pilots), which may build on relevant local service provision/expertise in the substances field.
- Information on models/styles of counselling to be included in outcome monitoring.
- The particular needs of women to be explicitly included under Objective 5.
- RIGT to work with statutory bodies (particularly health, but also local authorities and criminal justice agencies) to ensure problem gambling is included in policies and practical procedures.
- RIGT staffing is not discussed in the Strategy, but an expansion for commissioning and monitoring functions (as well as for development/oversight of prevention and community programmes) would seem highly desirable.

## **2. RIGT’s place within the policy landscape**

2.1. Government policy in the Gambling Act 2005 removed some previous restrictions on gambling availability, but introduced a raft of new social responsibility and harm minimisation measures aimed at preventing an increase in problem gambling. Faith groups have contributed as stakeholders to this goal being achieved. However, there remains a central research question as to whether these measures will deliver the policy objective of keeping problem gambling rates relatively low in the UK. The Secretary of State will be reviewing the evidence on this matter.

2.2. RIGT has an operational brief for developing the most effective harm minimisation programme and a research brief that at least potentially involves evaluating its own success in doing so. The results of both functions will be significant in terms of the government’s policy goal. However, the RIGT Strategy does not address this larger policy context directly, nor does RIGT claim a particular role for itself in the Secretary of State’s review: it simply speaks of ‘contributing to the on-going policy debate in Britain.’

2.3. RIGT has a series of balances to strike between implementation and evaluation, and between cooperation with various stakeholders and independence from them. Blaszczynski framed the issues in these terms: *‘There is a need to understand the relative roles of each of the major players if we are to develop effective responsible gambling programs. These are the government, the industry, welfare agencies and consumers of the gambling product...’* *‘There is*

*an imperative need to ensure that there is an independent and adequately funded agency established that has as its primary task the monitoring and evaluation of both the government and the industry.’ (DCMS conference proceedings, 2006)*

2.4. GamCare, which both works with the industry to enhance social responsibility and provides interventions when gambling problems occur, also has its own balances to strike. GamCare has safeguarded its ability to perform both of these prime functions by taking a ‘gambling neutral’ position as regards policy. This is highly enabling in terms of successful implementation, but places some limitations on the policy function under discussion here.

2.5. From a faith group perspective we believe it would be helpful for:

- There to be a greater clarity about RIGT’s role within the policy field, including any contribution to the Secretary of State’s review. This would be delineated in relation to Gambling Commission research/advice and that commissioned by DCMS.
- It is important that the research/evaluation programme, however configured between these bodies, enables an independent and integrated evaluation of the success of harm reduction/responsible gambling in the way outlined Blaszczyński – so that appropriate policy/practice adjustments can be made in response to any increase in problem gambling.
- In the parallel field of substances, there is a diversity of treatment and education providers, while the national bodies Alcohol Concern and Drugscope (which provide only information services themselves) have a policy voice that is independent of government and industry.
- RIGT may be able to reconcile some of these balances and simultaneously critique and deliver policy. However, given the structural issues involved, there would be many benefits in the development of an umbrella body parallel with Alcohol Concern and Drugscope, which could act as an independent voice collating the views of the range of prevention/treatment providers - and with the ability to express a view on policy matters. The possibility of such a body was mooted in the strategy report Professor Collins coordinated in 2003<sup>1</sup>. This suggestion could be helpfully reconsidered within the life of this planning strategy.

We wish RIGT every success in its work.

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<sup>1</sup> *We also believe that the trust [that is, the RIGT] may itself fulfill the function or, more probably, facilitate the emergence of a body fulfilling the functions which Alcohol Concern and DrugScope fulfil for alcohol and drug services respectively.’ (Section1.1.4)*