



Quaker Action on Alcohol and Drugs

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RESPONSE OF QUAKER ACTION ON ALCOHOL AND DRUGS (QAAD) TO DCMS CONSULTATION REGARDING A RESPONSIBLE AUTHORITY FOR VULNERABLE ADULTS

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. Whilst we do not represent the Religious Society of Friends as a body, 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 this consultation.

We appreciate the careful consideration of the issues in the consultation document. Whilst agreeing with many parts of its analysis, we believe that a responsible authority for vulnerable persons should be identified.

General considerations

In our view, the difficulty of nominating a responsible authority to represent the many kinds of vulnerability reflects the flaws in the basic concept of 'vulnerable persons.' Problem gambling is the result of an interplay between personal, social and environmental/availability factors. In that fundamental sense, we are all vulnerable, and QAAD has argued against the idea of 'vulnerability' as residing in individuals or groups of people who are separate from the majority. This is not to deny personal risk factors, or that some groups tend to show higher rates of gambling problems than others. However, it is to recognise that a stress on individual vulnerability tends to lead to the bypassing of general prevention policies that are effective in reducing problem levels, and even against specific measures aimed at groups that show higher rates.

We acknowledge the difficulties outlined in the consultation document in nominating a single national body with knowledge relevant to those with gambling addictions and to those who may be otherwise vulnerable (paragraphs 11-13). Of the options considered:

- We regret that the first seems not to be legally tenable, since there may be some benefit in local decisions regarding the most appropriate responsible authority.
- Whilst we do not regard delay or burden to gambling operators as a major consideration in the nomination of more than one responsible authority, we

recognise that the practical difficulties involved in option four are probably not surmountable under the terms of the Act.

- We agree that Gamcare would not be in a position to act as a responsible authority for the reasons outlined in paragraph 18.
- Whilst we accept some of the problems identified in the consultation document, we think that Social Services Departments come closest to having the characteristics necessary to undertake this role. We do not believe that making no prescription would be a better solution.

Specific reasons for Social Services Departments as the responsible authority

1. Social Services Departments have local links – through inspection, commissioning, joint service provision or liaison - with health and the other statutory and voluntary agencies that provide services for potentially vulnerable groups. This includes facilities for problem gamblers, substance misusers, people with mental health problems and those with learning difficulties. Social Services are also involved with disadvantaged social groups of various kinds, amongst whom problem gambling rates tend to be higher, as well as with some of the families affected by problem gambling.
2. Responsible authorities as defined by the Act are public bodies, and/or represent the general public interest - and in this capacity are entitled to be consulted about all applications. Responsible authorities have a general and proactive function, as distinct from 'interested parties' - which need to establish the relevance of their interest, and have a more reactive, limited role that is confined to specific applications. We think it is important that the prerogatives and functions of a responsible authority are strongly and consistently represented in relation to vulnerable people.
3. We do not believe that other mechanisms provided by the Act – such as the representations of interested parties, Gambling Commission codes, and the provisions being developed by Local Authorities – can be relied upon to fulfill this role with any level of consistency or effectiveness.
4. Location and the licensing of specific premises is a relevant consideration for 'vulnerable' adults (as it is for children), and the premises licensing process has an important role to play in the prevention of problems in vulnerable groups. The evidence-base indicates that when there are casual opportunities for frequent gambling, problem rates are higher than when people plan their gambling and take specific decisions to undertake it (destination gambling). For groups with higher problem rates it is both appropriate and necessary for this consideration to provide a 'clear steer' on individual premises applications.
5. If no responsible authority is identified, the de facto position would be that a diverse range of service providers for potentially vulnerable people (which range from residential services for some people with learning disabilities or day facilities for substance misusers) would all need to note gambling premises applications and apply to be represented as interested parties. Many facilities simply do not have the resources, orientation or

the specific knowledge to do this. There is a strong argument for a single body, which has the right to be notified, building up expertise in representing the different types of vulnerability in the licensing process.

6. Gambling Commission codes, industry measures to address problem gambling, and the services being developed by Local Authorities with the assistance of Gamcare's good offices, all have an emphasis on responsible management, intervention and help/treatment. These are absolutely vital and are much to be welcomed, but a proactive approach to prevention is also an indispensable part of protecting vulnerable people. This would not be with the aim of preventing access (as is the case with children), but with the aim of choosing locations that are less likely to facilitate casual, unplanned and repetitive gambling in vulnerable populations (consistently with the evidence on ambient and destination gambling). The specific function would be to encourage low risk locations in order to minimise problems occurring - as distinct from premises standards, which make their principal contribution at a later point in the consumption chain. More broadly, the role of the responsible authority for vulnerable adults is not to duplicate arrangements for children, but to use overlapping knowledge and procedures to arrive at appropriate goals and measures for each of the two groups.

Conclusions

We recognise, as the consultation document suggests, that there is a 'knowledge gap' in many areas. However, Social Services Departments are also taking on new and similar functions in relation to children and in relation to alcohol licensing. We believe that the correct approach is to empower these Departments to build up skills and the knowledge-base to undertake these similar roles more effectively. Failure to do this would not only give rise to 'the perception that vulnerable persons are not being afforded the consideration that they should have' in relation to problem gambling - but to the reality. Unless the responsibility is designated, it will, at best, only be fulfilled in an ad hoc and inconsistent way over the country.

We concur with the suggestion in the consultation document that Adult social services would need additional resources in terms of 'money, time and personnel' (paragraph 17) to undertake this role. In this connection, we note that the costs of licensing seem largely to have been related to the administrative procedures necessary for granting them. Whilst recognising the sensitivity of this issue, we suggest that the costs of providing an effective mechanism for a responsible authority should be also factored in. Problem gambling in families undoubtedly has a cost impact on Social Services, as children and families who suffer from it are at increased risk of a variety of social and personal problems.

We hope that a lead will be given in both policy and practice, to ensure that this role is given proper prominence, and that these preventative functions are undertaken effectively.

We are glad to have had the opportunity to contribute to this consultation.