

## **WRITTEN EVIDENCE TO THE JOINT COMMITTEE ON THE DRAFT GAMBLING BILL BY QUAKER ACTION ON ALCOHOL AND DRUGS (QAAD)**

### **SUMMARY**

1. We welcome the idea of social responsibility in the gambling industry, but we are concerned that some measures in the Draft Bill do not give sufficient protection to children and are likely to lead to an increase in problem gambling.
2. We would like to see the idea of Amusement With Prizes machines for children discontinued. If this is not to be the case we recommend that extra outlets and increased opportunities for children to play these machines are not created in Family Entertainment Centres or other venues.
3. We recommend that the opportunities for children to see adults gambling are not increased
4. We recommend that the expansion in the number of high-value slot machines, particularly in casinos, take place at a limited rate and that their effects on problem play are researched before a large-scale proliferation is allowed.
5. We recommend that a much higher level of funding be mandated for the Gambling Commission and the Gambling Trust in order to provide appropriate help for problem gamblers, and that this would be most fairly achieved by a levy proportionate to profits.
6. We recommend that the government set clear parameters and targets regarding levels of problem play and that the work of the Gambling Commission is developed with reference to these.
7. We recommend that Regional and Local planning takes account of the social consequences of gambling and that density of gambling outlets be grounds for a refusal to license premises.
8. We recommend that premises licences should not be granted in close proximity to residential facilities for proven vulnerable groups.
9. We recommend that baseline data on levels of problem gambling are collected now, and that research concentrates particularly on the impact of legislation on vulnerable groups.
10. We recommend that particular attention be given to the combined effect of changes to gambling and alcohol licensing laws; that local areas be allowed to respond flexibly to any concerns; and that research is undertaken to monitor any rise in the co-occurrence of gambling and alcohol problems.

### **1. INTRODUCTION**

1.1. Quaker Action on Alcohol and Drugs (QAAD) is a listed group of the Religious Society of Friends - Quakers. We are an independent national charity concerned with the use and misuse of legal and illegal drugs, and we also have a particular concern with gambling. We offer information and advice services within the Religious Society of Friends and aim to support organisations with similar aims and objectives. Trustees have professional or voluntary experience in the prevention or treatment of dependent behaviours and give their time to QAAD voluntarily. QAAD also made a submission to the DCMS Select Committee.

1.2. Quakers have a long-standing testimony against gambling, because we believe that it involves unfair gain without effort, it fosters the idea that happiness is gained through material possession, and because the profits of gambling are acquired at the expense of others' loss. We endeavour to "Resist the desire to acquire possessions or income through unethical investment, speculation or games of chance." (Quaker Faith and Practice, 1.02.39) Quakers also testify for moderation or abstinence from those behaviours that can cause addiction.

1.3. These are our own principles about gambling, but we would not wish to impose these personal choices on others. However, we make this submission because we have some concerns about children, vulnerable groups and problem play arising from the Draft Bill and the accompanying policy.

## **2. CHILDREN**

2.1. The Policy notes that, “gambling and children do not mix”: the Budd report was more explicit in stating that the vulnerability of children to problem gambling “...has led us to make recommendations that would reduce their opportunities to gamble or to see others gambling.”(p 90)

2.2. We believe that the Draft Bill departs from this principle by instituting the new category of Amusement Without Prizes (AWP) slot machines for children’s play. It also seems likely that the effect of the Bill will be to increase the opportunities for children to see others gambling.

2.3. In this connection, we have several concerns about the proposed “Family Entertainment Centres” which seem allowed to have unlimited numbers of Category C and D machines under the terms of the Draft Bill. Though some similar premises already exist, they are usually found in holiday areas: the Draft Bill is likely to enable an increase the numbers of gambling outlets nationally that are available to children on a day-to-day basis. Family Entertainment Centres would provide an environment in which gambling behaviour is modelled by adults and mimicked by children. Since the age at which gambling begins is correlated with problem play (Ide-smith and Lea, 1998; Fisher, 1993, 1999; Gupta and Derevensky, 1998) and children are more prone than adults to developing problems (Fisher, 1993; Griffiths, 1990) the risks of increasing general rates of problem play amongst children and in the next generation of young people are obvious. The evidence that the children of problem gamblers are particularly vulnerable to developing problems themselves is particularly significant in relation to modelling opportunities.

2.4. Since these proposals obviously “mix children and gambling” we would prefer to see neither of them enacted. However, if they are, we recommend severe limitations on the numbers of AWP machines and a definite physical and visual separation of adult gambling areas.

2.5. There seems nothing in the Act that will limit the numbers of Family Entertainment Centres unless regulations are breached. We suggest, therefore, that only a controlled number of new premises be licensed, and that their effects on children are researched before any widespread proliferation is permitted.

2.6. In the same context, we would also note that the Draft Bill enables premises which undertake one kind of gambling to readily provide another: bingo facilities to which children may be admitted are likely to provide other opportunities for children to gamble or to see adults doing so. On the same grounds, we believe these measures should not proceed and that children should not be given access to adult gambling venues.

2.7. We hope that children’s play of AWP machines and the impact of the greater availability of gambling on their behaviour will be early priorities for Gambling Trust research – with thorough baseline data taken before the changes take place. This will enable an evidence-based approach to future policy.

### **3. SOCIAL PROTECTION**

#### **Provision for problem gamblers**

3.1. The Policy document states “the Government believes that the trust must take a robust attitude, in the light of experience, to the possible need for additional funding from the industry.”(6.35) However, it is already apparent that the funding of £3 million per annum for the Gambling Trust is unlikely to be adequate at approximately £10 per existing problem gambler. In view of the current dearth of provision, new services will need investment in an infrastructure, both practically and in terms of building up a body of training and expertise. It could be argued that previous deficits are not the responsibility of the industry, but since it is anticipated that an extra £500 million per annum will be spent on gambling over the next five years (in “A Safe Bet for Success”) the proportions of expenditure to profit do not seem unfavourable. We would like to see a figure more commensurate with the £44, £40, and £26 per problem gambler spent in New Zealand, Canada, and Australia respectively (The Budd Review, p 175.) A levy in relation to profit levels would also seem a more equitable and proportionate way of funding the social responsibility that the industry seems willing to espouse.

3.2. The Policy document states that the industry will fund residential counselling for people with severe problems that “do not impinge on the responsibilities of the National Health Service” (6.33) and also to “support treatment that does not engage the NHS”. This seems to acknowledge a theoretical Health responsibility for problem gambling that does not correspond with the reality of provision. Problem gambling *per se* does not fall within the terms of Mental Health legislation and is not usually tackled by services for other addictive behaviours. As regards primary care, training and support for providers - to whom the first signs of problematic behaviour often present – is desirable but at the least patchy under existing provision, even for “at risk” groups. (US research, for example, suggests primary care physicians should consider assessing gambling issues with their patients who have nicotine and alcohol problems: Pasternak et al., 1999; Cunningham-Williams et al., 1998) “A Safe Bet for Success” makes it clear that no additional National Health resources will be available. If the government seriously expects the NHS (and/or the voluntary sector) to provide services, it needs to give leadership through criteria for the provision of services and targets for their delivery - and to allocate resources accordingly. If state provision were not to be forthcoming, this should be honestly acknowledged, and the demands on the industry will need to be correspondingly higher.

#### **The prevention or limiting of problem play**

3.3. It is welcome that the Policy document speaks of a need for the Trust and the Commission to institute research and to advise whether there has been “a particular aspect of liberalization that has lead to a significant or disproportionately large increase in the level of problem gambling” (4.4.) There are two potential areas of concern: (i) specific games or activities (ii) a general rise in problem gambling.

- (i) **Specific games.** The clauses in the Draft Bill that allow large casinos to provide unlimited numbers of slot machines, and particularly of Category A machines with large prizes, are a serious source of concern. There is already a significant body of evidence from other countries about the features of these machines that cause problem play, which was acknowledged by the Budd Report. In this context, it is important to note that prevention/education strategies are undeveloped as regards gambling, and there is not a strong evidence-base for the success of this kind of work in reducing the incidence of other dependent behaviours (substance misuse, for example). At the other end of the

continuum, formal treatment provision is scant, while research in Australia suggests that it is very difficult to “programme out” the addictive features of slot machines, by, for example, reducing the speed of play (Blaszczynski, Sharpe and Walker, 2001: the only measure in this research that showed any significance in reducing problem play was the reduction of the stake to one dollar)

- Thus, dependency problems are far easier to unleash than to prevent or to reverse, and de-regulation of these machines on the scale allowed by the Draft Bill seems extremely likely to raise levels of problem play. We hope that a much more cautious approach to the proliferation of these machines will be adopted than that implied in the Draft Bill. A small number of rigorously researched pilot areas would be the most logical approach. Failing that, we recommend a more stringent approach to the numbers of these machines allowed in each size of casino, and that no premises should be allowed unlimited numbers. Increases could be enabled after a timed period of research and review. (In an American context the evidence is that: “*The availability of a casino within 50 miles [versus 50 to 250 miles] is associated with about double the prevalence of problem and pathological gamblers...*” Gambling Behaviour and Impact Study. Gerstein et al., 1999 p ix)
- (ii) **Problem gambling rates** The Prevalence Survey of 2000 suggests a current UK rate of problem gambling between 0.6 and 0.8%, while the Australian rate of 2.3% causes very serious levels of social concern. Given this relatively narrow difference in absolute terms, it is necessary to define the terms “significant” and “disproportionately large” much more precisely (though perhaps within a percentage range). Guidelines of this specific nature are used in other areas of public policy as targets: this kind of explicit guidance from government would give the GC clear parameters within which to interpret its responsibilities. This would increase its focus, its efficiency and its transparency. It would also embody and enable a proactive - rather than a reactive - approach to social responsibility and to problem play.

### **The Gambling Commission**

3.4. The independence of the Gambling Commission and the Gambling Trust are central. We recommend a strong and wide representation of academic experts, representation from Gamcare and from self-help groups – particularly in the work of the Gambling Trust. Informed voices on problem gambling must be sufficient to be effective rather than token, and have a significant input in the development of Codes of Responsibility for the industry.

3.5. The effectiveness of the Codes of Responsibility in promoting responsible practice and reducing problem gambling should themselves be the subject of research and audit.

## **4. LICENSING ISSUES**

4.1. It is not entirely clear to us from the Draft Bill and its Policy what kinds of guidance will be given to Regional and Local Authorities and what the parameters will be. Economic regeneration appears to be the driver for regional policy: though this consideration is important, we believe it should be balanced by social concerns - and that all public planning bodies at local, regional and

national level should have responsibility to consider both economic and social impacts when implementing and assessing this legislation.

4.2. It appears that the principles underlying the Bill may be similar to those of the Licensing Bill for alcohol (2003), and that Local Authorities will not have the right to refuse a premises licence on the grounds of density or the accumulated social impacts of multiple gambling premises. If this were to be the case, such a limitation would have a significant effect on the experience of “ambient gambling” in an area. Whilst the Policy for the Draft Gambling Bill states concern that gambling opportunities should not proliferate and change the characters of towns, there appears to be no definite mechanism for Local Authorities – or their residents - to register, or to take action about, concerns of this nature. We believe that the original recommendation of the Budd Report should be adopted, and that Local Authorities should have the flexibility to refuse gambling licences, on grounds that would include:

- Density of gambling premises or size of premises (with the total availability of gambling opportunities – such as total numbers of slot machines – as criteria).
- The feelings of local residents (if sufficiently widespread and formally measured).
- Local data about rates of problem play (with reference to thresholds: see paragraph 3.3 (ii), above)
- The siting of premises in proximity to groups with proven vulnerability to problem-play: e.g. residential units for looked-after children (Westphal et al.,1998); schools; residential treatment facilities for those with gambling problems; or for those with psychiatric problems or with drug/alcohol dependency (Black and Moyer, 1998; Crockford and el-Guabaly, 1998; Lesieur and Blume 1991; Griffith and Sutherland, 1998)

Additionally, we recommend that Regions or Local Authorities be required to make an assessment of social impact and that this be included in the returns sent to the Secretary of State.

4.3. This Bill follows changes to the laws involving alcohol licensing under the provisions of the new Licensing Bill (2003). Licensing for the two leisure activities follow similar procedures (3.62 of the Policy Document). Opportunities for gambling and drinking alcohol will both be extended at a similar time and in some cases in the same places. There is already significant evidence of the co-morbidity of alcohol and gambling dependency problems and there is a risk that both will increase as a combined result of these changes. Once again, we suggest that local and regional bodies are empowered to deal with problems that may arise from this rather than disabled from doing so. We recommend that the effects of alcohol consumption on gambling be a priority area for research by the Gambling Trust. We also hope that evidence will result in government willingness to use “the flexibility available in the legislation” to review and amend these provisions if necessary.

## **5. FINAL NOTES**

5.1. We welcome the measures that have been taken by the Gambling industry so far to embody social responsibility and hope that these will be developed further.

5.2. We have been acquainted with the contents of the submission of the Methodist Church and support its recommendations.

5.3. We wish the Committee well in its work and would be willing to be called to give evidence.

*Furnished on behalf of Quaker Action on Alcohol and Drugs by Helena Chambers, 10, Mandalay Drive, Norton, Gloucestershire GL2 9LD. E-mail: helenaqaad@hotmail.com*

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