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**QAAD RESPONSE FOR THE RGSB YEAR 3 STRATEGY PROGRESS REPORT**

We welcome much of the progress that has been made during Year 3 of the Strategy. We have some concerns, however, which we detail below with reference to the relevant Priority Areas. Given that this is the final year of the Strategy, we have not included specific recommendations for future action.

1. **OVERALL PROGRESS**

The mid-term (Year 3) progress report confirmed examples of some encouraging progress. For example, growing recognition of gambling addiction as a public health issue, the publication of the framework for measuring gambling-related harms, and the recent announcement that GambleAware has commissioned research into gambling-related suicide are all to be welcomed. We have also been encouraged to see pan-industry collaboration events being held over the past year; the commissioning of the e-learning programme for GPs and other health professionals; the commencement of the systematic review of effective treatment for gambling; and the funding of a national youth problem gambling initiative in Scotland.

However, overall progress can be viewed, at best, as very disappointing, with eight of the 12 Priority Areas remaining at (or below) their initial RAG rating and only one (PA10) rated as being fulfilled (albeit partially: Amber/Green).

We accept that the cultural change required to deliver the Strategy’s priorities takes time, as was acknowledged by the RGSB in its Year 2 report*[[1]](#footnote-2)*:

*‘Despite what we believe to have been genuinely good intentions at the beginning, ownership of the Strategy by operators is much less complete than we had hoped. Only a minority seem really to understand what is required of them if the Strategy is to be successful; and genuine culture change is, perhaps inevitably, proving to be difficult.’*

We would suggest, however, that it is not unreasonable to expect indications of change to be more robust after three years than is apparent in the mid-term assessment. Despite highlighting at the end of Year 2 that considerable work was still needed to ensure the success of the Strategy, the assessment confirmed relatively limited further progress to date. As a result, individuals, families and their communities will have continued to struggle without the information and support they need and deserve.

Commitment to change needs to be underpinned by a genuine motivation to do things differently i.e. action rather than words. The pace of progress evidenced in mid-term assessment suggests that, in some parts of the industry, motivation has been weaker than had been expected. It remains to be seen whether the inherent tension between the industry’s commitment to progress and the commercial priorities on which their businesses depend can be resolved during the new strategy’s implementation.

We strongly support the development of an implementation plan, suggested in RGSB’s Year 2 report, and hope that it will be considered in the development of the new strategy.

*‘In retrospect, it was probably a mistake not to have a more fully worked through implementation plan for delivering the Strategy, with individual accountabilities more clearly established and greater direction from the Gambling Commission about what they expected to happen.’[[2]](#footnote-3)*

1. **IDENTIFYING HARMS (PA1)**

We are pleased to see that GambleAware has now commissioned research into gambling-related suicide, which has long represented a key gap in the wider picture of gambling-related harms, and that further work is planned. We also welcome the work now underway on a framework for understanding and measuring harms in children and young people, and the potential collaboration between the Gambling Commission and the Howard League for Penal Reform on research into crime and gambling.

The Strategy’s priorities have tended to focus on identifying and responding to the needs of individual problem and at-risk gamblers, seen primarily by the industry as a relatively small proportion of its consumers:

*‘In too many cases, operators appear to believe that prevalence of gambling problems among their customers is less than in the population as a whole. That is, to say the least, extremely unlikely. It implies an unacceptable level of complacency.’[[3]](#footnote-4)*

The mid-term assessment highlighted the industry’s development of sophisticated statistical methodologies for identifying problematic play. It also suggests that these can *‘mask fundamental weaknesses’* e.g. the setting of thresholds too low to detect some severe cases (and, we would add, the full extent of harm amongst ‘at-risk’ consumers). We share this concern, given that it may provide, for some operators, a justification for focusing on a ‘minority’ of consumers. Furthermore, it is possible that this underestimation may, in part, have contributed to the persistent shortfall in the industry’s total voluntary contribution to GambleAware.

By contrast, we are pleased to note the framework for measuring gambling-related harms highlighted in its proposed definition ‘*the adverse impacts...on the health and wellbeing of individuals, families, communities and society’,* and that its socio-ecological model focuses on the complex, dynamic, and interrelated nature of harms in terms of resources, relationships and health*.[[4]](#footnote-5)*

In the wider population, a much larger number of people will experience, or be at risk of experiencing, gambling-related harms, including children and young people and vulnerable adults. Some of these will gamble briefly and/or episodically and will not be included in industry statistics. Denial, shame and other factors mean that many do not seek help, whilst it is understood that such harms can endure over the longer-term:

*‘The harmful effects from gambling may be short-lived but can persist, having longer-term and enduring consequences that can exacerbate existing inequalities.’[[5]](#footnote-6)*

*‘[There is} a profound silence surrounding gambling behaviours and an unwillingness among young men to discuss their gambling practices, let alone admit to having a ‘problem’.’*[[6]](#footnote-7)

In its guidance for local councils[[7]](#footnote-8), the Local Government Association quotes findings from Citizens Advice which reported research that found between six and 10 people i.e. *a potential 2.5m – 4.3m people* are directly affected by a single problem gambler[[8]](#footnote-9).

We were interested to read the GambleAware-funded research by academics at Sheffield Hallam University[[9]](#footnote-10), providing as it does valuable insight into the range and nature of harms experienced by close others. It highlights both the serious and multiple impacts and the need to address their need for support, including overcoming the not inconsiderable barriers to their doing so. The authors refer to a ‘*dearth of UK specific research’* regarding the impact on close others, and we are pleased to note that this aspect of harm has been included in the framework.

We would like to reiterate the recommendation included in our response to the Year 2 Review concerning the publication of data on the ‘primary mode of gambling’, as is done for substance misuse. Were this to be made available, we believe that it would help to strengthen research in this area and contribute to awareness-raising initiatives and public health information.

We note that ‘Patterns of Play’ is one of the Gambling Commission’s Research Programme’s core research themes[[10]](#footnote-11). We hope that future research concerning harms is informed by findings related to product characteristics and environments, given the contribution each makes to patterns of play, behaviours, and outcomes.

We are also encouraged by the newly established Gambling Health Alliance’s objectives, that it will *‘seek to ensure that gambling and the harms which arise from it are placed on an equal footing with other major public health challenges, focussing on prevention, early intervention, and increased community engagement.’[[11]](#footnote-12)*

1. **PILOTING AND EVALUATION (PA3 AND PA6)**

We share the mid-term assessment’s disappointment regarding the lack of progress in relation to PA3 and PA6. The former has continued to be the weakest area of the Strategy. As the report points out, there has been little new evaluation work published since April 2018 and much of this has been led by GambleAware. It is obviously of crucial importance to establish what works in harm prevention and minimisation if future investment in protective measures is to be targeted effectively and efficiently.

We appreciate the industry’s commercial sensitivities associated with sharing evaluation findings, and were therefore pleased to note that two pan-industry collaboration days were held in 2018, and that some parts of the industry have (or plan to) run initiatives in this area.

RGSB’s Evaluation Protocol[[12]](#footnote-13) and GambleAware’s guidance on evaluation[[13]](#footnote-14) each offer clear and helpful advice, but some operators have acknowledged during meetings that they have found it difficult to develop the necessary internal capacity. As the RGSB Year 2 report suggested, it may have been overly ambitious to expect them to do so:

*‘In retrospect, it was probably a mistake in the first place to think that operators or their trade associations should be expected to take responsibility for evaluation of their own schemes.’*

GambleAware’s guidance highlights the inherent difficulties and potential outcomes of internal evaluations:

*‘An internal evaluation will always face challenges in demonstrating independence because those conducting will be seen as having an interest in the success (or failure) of the initiative. Steps can be put in place to separate the internal evaluators from the intervention delivery but their judgements will still risk being seen as being ‘compromised’ by being part of the delivery agency or company.’[[14]](#footnote-15)*

In the light of these concerns, and the pace of progress to date, we would like to suggest that future evaluations should, instead, be undertaken primarily by external, expert evaluators with no professional links to the industry. In our view, this would go some way to help strengthen public and professional confidence in gambling policy and regulation. We would add to this the suggestion that such evaluations are formative, rather than summative or retrospective, which would allow for the cumulative refinement of innovations during the pilot phase.

A further concern is the selection of innovations chosen by operators to pilot. Whilst we understand that it is not the intention of the regulator to prescribe the industry’s activities, and would not wish to see innovation stifled, we suggest that some of the same concerns regarding independence and objectivity are pertinent here. Any choice of pilot needs to demonstrate clearly that it is based on evidence of what works; to select otherwise leaves such decisions open to the criticism that they have been made, at least in part, on the basis of technical compliance and/or commercial considerations.

*‘Too often, consumer protections are designed separately to products and late in the process. The focus of those designing consumer protection measures is often on technical compliance, rather than on good consumer outcomes. We want to stimulate a culture of trialling and evaluation to identify what works for the consumer.’*[[15]](#footnote-16)

For example, Principle 2 of RGSB’s advice on online gambling to the Gambling Commission[[16]](#footnote-17) (*‘Gambling with borrowed money, including through the use of a credit card, is a risk factor and therefore consumers’ ability to gamble with credit should be restricted.’* ) concludes that ‘*there is evidence suggesting that access to additional funds is a significant risk factor for in-venue gambling.’* Gamble Aware’s ‘Product-Based Harm Minimisation’ report[[17]](#footnote-18) also listed restrictions on ATMs (and other ways of accessing extra cash in gambling venues) as the harm minimisation measure with the strongest evidence.

However, pursuing this strong, well-evidenced measure does not seem to have found a place in the current strategy in relation to terrestrial gambling, given that the evidence suggests a robust case for piloting it through independent, cross-industry studies. We appreciate that the Gambling Commission codes require ATMs to be placed within sight of staff, but do not feel that this is adequate to address the risk: harm reduction should not be preferred over harm prevention, particularly when the evidence is so sound.  We are pleased to note recent media reports suggesting that the Culture Secretary, Jeremy Wright, is planning to meet operators and major banks soon to discuss concerns about cashless payments, and that the Gambling Commission is to launch a call for evidence.

The mid-term assessment, together with the Gambling Commission’s Research Programme (2018-22) and its consultation on the new strategy, highlights the value of establishing an open data repository/hub. We support this view and believe that it could provide the reassurance operators need in order to share findings confidentially. It would develop a robust and accessible body of evidence concerning effective practice on which future research - and the selection of promising innovations to pilot- would be based.

In addition, we note that although GambleAware has led the majority of evaluations cited in the mid-term assessment, it identifies only 6% of its funds for evaluation in its two-year financial plan.[[18]](#footnote-19) We suggest that increasing resourcing in this area would help to ensure that evaluation across the industry is consistent, independent and of a demonstrably high quality.

The Gambling Commission’s current consultation includes the objective to ‘*explore options to prioritise, coordinate and embed proportionate evaluation’* and states that it is ‘*genuinely cross-cutting across all other areas of the strategy*.’ We look forward to seeing the impact of this re-emphasis.

1. **EDUCATION**

We would like to reiterate our response to the RGSB Strategy Report, October 2017, in which we suggested that *‘the public needs to know that swift, repetitive forms of gambling with few structural breaks carry more risks of problem gambling behaviours than do those with a lower ‘event frequency’...’*, and recommended that *‘public education on gambling includes clear, evidence-based information on the characteristics of high-risk forms of gambling, and which forms have higher problem rates.’*

We maintain that it would be helpful if UK public health information and awareness-raising campaigns/initiatives could be informed by examples from international work e.g. New Zealand, where the public is provided with clear, unequivocal information derived from treatment data about the relative risks associated with specific forms of gambling:

*‘The majority of people who seek help for their gambling problems do so because of non-casino pokies... Casino gambling (including pokies and table games) is the second largest category.’[[19]](#footnote-20)*

1. **PUBLIC ENGAGEMENT (PA12)**

We welcome the commissioning of research into consumers’ attitudes by the Gambling Commission and agree that public insights and experiences would provide a valuable, additional dimension to inform the development of strategies and interventions. As mentioned above (p2), we hope that this will include consultation with close others, given that gambling-related harm has been shown to have such significant and often long-lasting impacts on them. There is also scope for consulting with groups not previously included, for example prisoners and ex-offenders.

1. **FUNDING FOR RET**

The 16% increase (to £9.4m) in the industry’s voluntary contributions to GambleAware for the year to March 2018 was encouraging. However, this still fell short of the £10m needed to sustain GambleAware’s activities *at their current level*. The Year 2 report*[[20]](#footnote-21)* indicates an increase to an estimated £86m would be needed if the Gambling Commission’s ambition for the UK to become a world leader in minimising gambling-related harm is to be realised:

*‘It should also be noted that even £86milliona year would represent only around 0.6 per cent of the gambling industry’s gross gaming yield (when the National Lottery is included). This does not seem an unreasonable ask given the significant harm gambling causes.’*

*‘Operators should dedicate as much energy and creativity to player protection as they do to their commercial activities, and should commit resources to it in sufficient quantity to reflect its importance.’[[21]](#footnote-22)*

We support these views and would like to reiterate our call for the introduction of a statutory levy.

1. *‘Two Years on: Progress delivering the National Responsible Gambling Strategy’,* RGSB, April 2018 [↑](#footnote-ref-2)
2. Ibid [↑](#footnote-ref-3)
3. Ibid [↑](#footnote-ref-4)
4. <https://www.google.com/search?client=firefox-b-d&q=measuring+gambling-related+harms+a+framework+for+action> [↑](#footnote-ref-5)
5. Ibid [↑](#footnote-ref-6)
6. ‘*Beyond the Betting Shop: Youth, Masculinity and the Growth of Online Sports Gambling’, McGee, D,* <https://www.theguardian.com/football/2019/jan/11/people-dying-campaign-gambling-public-health-concern> [↑](#footnote-ref-7)
7. ‘*Tackling gambling related harm – a whole council approach’*, Local Government Association, November 2018 [↑](#footnote-ref-8)
8. [www.citizensadvice.org.uk/about-us/policy/policy-research-topics/consumer-policy-research/out-of-luck-an- exploration-of-the-causes-and-impacts-of-problem-gambling/](http://www.citizensadvice.org.uk/about-us/policy/policy-research-topics/consumer-policy-research/out-of-luck-an-%20exploration-of-the-causes-and-impacts-of-problem-gambling/) [↑](#footnote-ref-9)
9. *‘Families Living with Problem Gambling: Impacts, Coping Strategies and Help-Seeking’,* Banks, J; Andersson, C; Best, D; Edwards, M; Waters, J., October 2018. [↑](#footnote-ref-10)
10. Research Programme 2018-22, Gambling Commission [↑](#footnote-ref-11)
11. <https://www.rsph.org.uk/about-us/news/rsph-and-gambleaware-join-forces-to-establish-a-gambling-health-alliance.html> [↑](#footnote-ref-12)
12. <https://www.google.com/search?client=firefox-b-d&q=RGSB+Evaluation+Protocol> [↑](#footnote-ref-13)
13. <https://about.gambleaware.org/research/evaluation/resources-to-support-the-gambling-industry-to-do-evaluation/> [↑](#footnote-ref-14)
14. Ibid [↑](#footnote-ref-15)
15. Gambling Commission Strategy (2018-21). [↑](#footnote-ref-16)
16. <https://www.rgsb.org.uk/PDF/RGSB-advice-on-remote-gambling.pdf> [↑](#footnote-ref-17)
17. ‘Key issues in Product Harm Minimisation - Examining theory, evidence and policy issues relevant in

    Great Britain’, Parke J, Parke A, Alex Blaszczynski, A, GambleAware, December 2016. [↑](#footnote-ref-18)
18. Strategic Delivery Plan 2018-20, GambleAware [↑](#footnote-ref-19)
19. <https://www.pgf.nz/fact-sheet---gambling-in-new-zealand.html> [↑](#footnote-ref-20)
20. Ibid [↑](#footnote-ref-21)
21. Advice from Responsible Gambling Strategy Board on online gambling, Appendix C, Review of Online Gambling, Gambling Commission, March 2018. [↑](#footnote-ref-22)