

GAMBLING COMMISSION

Collecting adult gambling prevalence data

Consultation responses form: September 2010

1.1 Please use this form to record your views on the Commission's review of the way in which we gather and use gambling prevalence data to assist in discharging our duty under the Gambling Act 2005.

1.2 All responses should be sent by email to consultation@gamblingcommission.gov.uk by 2 December 2010.

Alternatively, responses can be sent by post to:
Consultation Co-ordinator, Gambling Commission
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Name:	Helena Chambers
Organisation:	QAAD (Quaker Action on Alcohol and Drugs)
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1.3 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"/>
Academic institution	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please specify:

1.4 If you are responding as an individual, please indicate your own interest:

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Responsibility for gathering prevalence data

Q1. Should the Gambling Commission maintain responsibility for the collection and publication of adult gambling prevalence data?

- Yes
 No

Please provide comments below explaining your decision. If your answer is 'No', please give reasons and/or state who you think should have responsibility for the collection and publication of this data.

Yes, we do think the Gambling Commission should maintain this responsibility. The Gambling Commission has a statutory responsibility to advise government and to act in the broad public interest; it would be difficult to devolve such a critical element in an appropriate way. We agree that taking responsibility for the Prevalence Study and other monitoring integrates with the Gambling Commission's other functions on a practical level and increases its effectiveness. We appreciate the inclusive approach the Commission has taken to consulting stakeholders about the Prevalence Study, and think they are the most suitable body to ensure this continues.

The Commission has supported the study in terms of peer review and its academic rigour. It has also been helpful that the Commission has commissioned secondary analyses from a range of expert academics.

If alternatives were to be considered for the data collection role, we believe a body such as the Office of National Statistics would be the most suitable model to follow. It is a government agency, has relevant skills, and is accustomed to carrying an independent public interest remit.

Q2. Do you agree with our assessment of the main uses for the [adult gambling prevalence] data?

- Yes
 No

Please provide comments below explaining the reason(s) for your decision.

We agree that the main use for the data is to provide government (and the wider community) with robust, statistically valid data about the prevalence of gambling and problem gambling. We also agree that it has an important function in assisting the Gambling Commission in many of its wider regulatory functions. However, there are some important uses of the Prevalence Study which could be more explicitly defined in the consultation document.

Q2b. Are there other uses for the [adult gambling prevalence] data?

- Yes
 No

Please provide comments below explaining the reason(s) for your decision. If your answer

is 'Yes' please state what these other uses are.

At the time that the Gambling Act was passed, it was acknowledged that a liberalisation of the previous regime carried some risk of an increase in problem gambling. The UK has been at the lower end of the problem gambling spectrum in international terms, with a rate of 0.5-0.8%, significantly lower than the 2% to 5% in more liberalised markets. However, some jurisdictions that increased gambling opportunities have limited potential rises in problems by active preventative campaigns and improved support services. It has yet to be established which of these paths the UK will follow in the wake of the 2005 Act. It is important that any statistically significant rise in problem gambling in the UK is registered.

From a faith group and community perspective, one of the principle uses of the Prevalence Study is to monitor whether there is any increase in problem gambling rates, so that corrective action could be taken if this occurs. The Prevalence Study collects as much data as is possible on how problem gambling is configured, which should assist the Gambling Commission in giving appropriate advice to government if such a rise should take place. This might include conducting further targeted research.

In the broader sense, an important use of the Prevalence Study is to provide data and material for analysis on the effects of the legal and regulatory regime itself - albeit in a form that may need to be supplemented by further investigation.

Q2c. How important is the [adult gambling prevalence] data?

- Very important**
- Quite important**
- Not very important**
- Not at all important**

Please provide comments below explaining the reason(s) for your decision.

The consequences for the 250,000 people and more who suffer from problem gambling – and for their close others - are serious. Psychological distress can be both acute and long-term, and debt can take years to clear. Whilst natural recovery does occur, shorter-term consequences can also be serious for those who move into problem gambling and out of it. A relatively modest rise in problem gambling in percentage terms would affect a great many more people numerically. The importance of this is hard to overestimate, both in terms of informing policy, and in ensuring that appropriate services are available to those who need them.

It is apparent that services - from brief interventions to structured counselling and residential rehabilitation - are still insufficient. As a large-scale study, the Prevalence Survey has a role in scoping the need for interventions. This includes providing an indication of 'at risk' gamblers, even though this is likely to be the most fluid group.

Problem gambling tends to be higher among young people and some disadvantaged and minority groups. Whilst the numbers in the Prevalence Study are too small to allow definite conclusions to be drawn, it can point the way for further investigation (and prevention work), particularly as regards vulnerable groups or sub-groups.

Specific methodological considerations

Q3. Are there other methodological considerations we should take account of as part of this review?

Yes

No

Please provide comments below explaining the reason(s) for your decision. If your answer is 'Yes' please state what these other methodological considerations are.

There has perhaps been some confusion in the discourse with the Gambling Commission about the distinction between causality and association - and the relationship of both to risk assessment. We appreciate the methodological limitations on cross-sectional studies, and that they are unable to establish causality. However, the international literature consistently supports the idea of there being a stronger association between some forms of gambling than others as regards problem gambling – namely those that involve fast continuous play. The authors of the California Prevalence Study summarise:

‘Some forms of gambling have a particularly strong association with problem gambling, most notably those that are continuous in nature and involve an element of skill or perceived skill (e.g., electronic gaming machines and casino table games). General population prevalence surveys in a number of countries have found that people with preferences for, frequent involvement in, and substantial expenditures on these forms of gambling have a high probability of being a problem gambler. For example, while it is generally estimated that between 2% and 5% of the adult population are problem or pathological gamblers in jurisdictions with ‘mature’ gambling markets, prevalence rates among regular machine players and track bettors can be as high as 25% (Abbott & Volberg, 2000; Gerstein et al., 1999; Productivity Commission, 1999; Schrans et al., 2000; Smith & Wynne, 2004). This has been documented across whole populations as well as within subpopulations that previously had low levels of gambling participation. (Volberg, Nysse-Carris and Gerstein, 2006:p15)

In straightforward statistical terms, a higher probability of problems amongst regular participants in certain activities does indicate higher levels of risk and harm, though it does not prove causation. We think, therefore, that it is valid and evidence-based to make ‘a link between certain forms of gambling and an increased risk of problem gambling’ certainly as regards regular players.

The question, then, is not so much whether certain forms of gambling ‘cause’ problem gambling: problem gambling is multi-causal. The salient issue for a regulator, we would argue, is whether there is evidence that some forms of gambling are more strongly associated with harm than others - which data from helping agencies as well as Prevalence Studies indicate is the case in the UK, as elsewhere. The practical question is how regulation can have an impact in influencing or reducing those harms. Risk assessment is central to this task. The Prevalence Study is contentious because it tends to confirm previous findings that fast continuous forms of gambling are likely to carry more risks, but the sample size and other methodological limitations limit the specific inferences that can be drawn. However, these limitations should not lead to the position that there are not well-evidenced grounds for assessing some forms of gambling as riskier than others.

The UK Prevalence Study has come to assume a critical role in the debate about the valid criteria for increased or decreased regulation, which heightens the atmosphere in which its periodic results are assessed. It is helpful that the Gambling Commission initiated a series of secondary

studies, which tease out the various kinds of patterning in the data. Various academics have called for a theory-driven approach to Prevalence Study work, and this could perhaps be explored further. It is also helpful that the Commission has stated clearly in advance what level of rise in problem gambling it would consider statistically significant.

Methodologically the sample size of problem gamblers yielded is too small to draw definite conclusions from, in the way the consultation document indicates in paragraph 3.10. However, the sampling is sufficiently robust for indications of problem gambling in relation to particular gambling activities (or modes, such as the internet) to be taken seriously and investigated further, particularly if any of these showed a significant increase. This would also apply if a rise occurred within a population sub-group - among women, young adult gamblers or people from ethnic minorities, for example. One of the uses of the Prevalence Study is that it could help pick up emerging trends of this kind, which would assist in prevention and interventions as well as in informing the Gambling Commission in its various capacities, including its advisory role.

It is helpful to clarify the scope and limitations involved in the Prevalence Study methodology. However, the debate is not based on differences of understanding about causation, but on different judgments about risk.

Current approaches to data collection

Q4. Which topic areas within the current BGPS questionnaire do you think will be of value and interest to you? (see Box D of main document)

All of the questions in the topic areas have value, and ideally we would like to see them all retained. However, it may be possible to cut down the numbers in some sections.

It is important to retain the questions about participation in the full range of gambling activities that are available, including the mode of participation, particularly on-line. The frequency questions are also of salient importance. We note, too, the observation of Vaughan-Williams et. al. (2008) that 'it could be important to consider the interaction between venue/channel/medium and the type of gambling activity when estimating the potential link with problem gambling', and particularly their point that game structure should be investigated. We would like to see this pursued.

It may be possible in time to use a single problem gambling screen, as long as comparability with previous studies and international studies can be satisfactorily addressed.

Those topic areas that evidence indicates are correlated with problem gambling should be retained, including early experience of gambling, family gambling, alcohol and health questions.

Help-seeking is also of significance.

It may be possible to rationalise some health and well-being questions.

The attitudes to gambling questions are of interest both as regards elucidating the attitudes of sub-groups and as an indicator or public attitudes.

Q5. What data should we aim to keep? [in terms of topic areas]

As indicated above

Options – Option A: maintain the status quo (three yearly BGPS with, or without, the provision of more regular data on gambling participation collected via a telephone omnibus survey)

Q6. What do you see as the major advantages/disadvantages of the current method of data collection?

We agree with the analysis in the consultation document. We would add:

Advantages: The Prevalence Study and its methodology seem to have authority in the eyes of nearly all stakeholders. It is very important that a robust indicator of gambling and problem gambling is retained to guide policy decisions (even if this is limited to commissioning further research that investigates trends or areas of concern).

A three yearly sample gives a large sample size and a long enough period between studies for trends to emerge and settle a little.

Disadvantages Resourcing – but the Prevalence Study is of sufficient importance to warrant priority.

Q7. If retained, should BGPS continue to be supplemented by additional questions in an omnibus survey?

Yes

No

Please provide comments below explaining the reason(s) for your decision.

Ideally yes. However, the limitations of quota sampling (unavoidable bias and lesser representativeness) make this the more dispensable form of data collection if a choice has to be made between this and the Prevalence Study.

However, should Prevalence Studies become less frequently conducted for financial reasons, regular sampling would become more necessary to ensure responsiveness to any emerging problem gambling issues.

Q8. Do you agree that the omnibus survey is valuable in providing the Commission and industry with regular and flexible trend data information?

Yes

No

Please provide comments below explaining the reason(s) for your decision.

Yes, though in terms of problem gambling it seems to be less directly useful at present.

Options – Option B: change to a continuous survey with a similar sampling approach and survey mode as the BGPS

Q9. What do you see as the major advantages/disadvantages to Option B?

The consultation document fairly summarises the position.

Advantages

Disadvantages: Though this method is reasonably robust, it does not gain much in terms of cost. It may also be less academically stringent because of its staggered sampling design; the methodological validity of analysing data taken over three years would be less rigorous.

In terms of discovering any trends there might be in problem gambling, a staged methodology might also blur the picture by averaging out trends over the full period and weaken the robustness of the data from any given period because of the smaller sample size. Data from the full sample size at the three year mark would seem to give a clearer picture. For this reason, we think it would be a less sensitive and appropriate methodology as regards the third licensing objective. However, it would certainly be a preferable alternative to option C and yield the benefits described in the consultation paper.

Q10. Would there be a major impact if the first report provided through Option B were delayed to mid 2014?

- Yes
- No

Please provide comments below explaining the reason(s) for your decision.

This may not be a major drawback if other comparative benefits were greater, but given the overall picture it seems like an unnecessary delay.

Q11. Do the advantages of greater flexibility and more frequent reporting outweigh the disadvantage of no overall cost saving? (ie does this approach offer better value for money?)

- Yes
- No

Please provide comments below explaining the reason(s) for your decision.

See above.

Q12: Are there any other drawbacks/considerations to Option B?

- Yes
- No

Please provide comments below explaining the reason(s) for your decision. If your answer is 'Yes', please state what these drawbacks/considerations are.

See above

Options – Option C: move all future data collection to a telephone survey mode (either through inclusion of questions in a telephone omnibus survey, or by commissioning a telephone gambling survey)

Q13. What do you see as the major advantages/disadvantages of Option C?

Advantages

Disadvantages We concur with all the disadvantages outlined in the consultation document, and would be extremely concerned if this methodology were adopted. The bias of the sample towards homeowners with landlines would tend to exclude many in vulnerable groups, most obviously young men – but also many others. Problem gambling is unlikely to be discussed honestly via a random telephone survey to people’s homes. The data quoted in the consultation document about these methodologies yielding relatively lower samples of problem gamblers is particularly worrying. If this method were adopted, we do not think it would be possible for the Gambling Commission appropriately to fulfil its responsibility to advise the government about problem gambling,.

Q14. Do the advantages of greater flexibility and more frequent reporting outweigh the disadvantage of inability to compare with previous BGPS results?

- Yes
- No

Please provide comments below explaining the reason(s) for your decision.

Statistical and methodological robustness are essential. Greater flexibility about weaker results would not outweigh this.

Q15. Does this approach offer better value for money?

- Yes
- No

Please provide comments below explaining the reason(s) for your decision.

See previous comments

Q16. Are there any other drawbacks/considerations to Option C?

- Yes

No

Please provide comments below explaining the reason(s) for your decision. If your answer is 'Yes', please state what these drawbacks/considerations are.

See above

Assessing the options and making a recommendation

Q17. Are you, or is anyone you know, using the BGPS 2007 data set and for what purposes? What are the planned uses for the 2010 data set?

Yes

No

Please provide comments below explaining the reason(s) for your decision. If your answer is 'Yes', please state what these purposes/uses are.

We find the dataset useful to inform our own discussions and our responses to consultations and policy reviews.

Q18. Are you, or is anyone you know, using the omnibus survey reports and for what purpose?

Yes

No

Please provide comments below explaining the reason(s) for your decision. If your answer is 'Yes', please state what purposes these are.

We have not made use of this data.

Conclusion

Q19. Taking all things into account which is your preferred option?

Option A

Option B

Option C

Please provide comments below explaining the reason(s) for your decision.

We have a preference for the existing Prevalence Study arrangements to be retained, as it provides an academically robust, peer reviewed analysis, and its periodic nature gives a clear picture of gambling and problem gambling at specific intervals. Our second option would be option B, and we do not think option C can be considered as a valid measure of prevalence.

Q20. Is there anything else you would like to raise in terms of this consultation that is not covered by the consultation questions?

We are aware that the government grant in aid allocation has been withdrawn and that this puts the Prevalence Study in its current form at risk. In view of the central importance of the Prevalence Study and its overlap with the concerns of the Responsible Gambling Fund, we hope some negotiations could take place to secure some funding from that quarter. It is possible too, that the Gambling Commission's merger with the Lottery regulator may allow some savings and some flexibility with its own budget headings to ensure continuation.

If funding arrangements cannot be made, in our view the strongest representations should be made to government. It would need to be clearly conveyed that the Gambling Commission cannot effectively fulfil its statutory responsibility to advise government unless a robust Prevalence Study is carried out.

Transitions

Q21. What other transitional issues should we consider in relation to Option A?

One cost-cutting option would be to hold the Prevalence Studies slightly less frequently, though this would mean it would be desirable to continue some omnibus sampling to keep some monitoring of trends.

For all options, it may also be possible to explore the possibility of including gambling questions in other robust studies published by the ONS. There is, for example, a useful NHS Information Centre report that was conducted by NatCen in 2007 'Drug use smoking and drinking among young people in England in 2007' edited by Elizabeth Fuller. Studies of this kind that link associated behaviours could be helpful in supplementing understandings.

Q22. What other transitional issues should we consider in relation to Option B?

If option B is chosen, we are assuming that there would be a full review of data at the three year mark when the sample size had been reached.

Annual reviews of emerging data would be helpful to stakeholders so emerging trends could be discussed.

Q23. What other transitional issues should we consider in relation to Option C?

If this option were to be chosen, it would be desirable to review the research effort conducted by all bodies, in view of the significant gap the Prevalence Study would leave.