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THE CASE FOR A BLACKPOOL CASINO:
A FURTHER RESPONSE

BRIEF REPORT BY
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The case for a Blackpool casino: A further response

This short report responds to further documentation that I have received (Ipsos MORI, 2006; May-Chahal, 2006) and highlights a few more observations and concerns in relation to Blackpool's bid for a regional casino. The report is divided into two brief sections:

- Response to *Ipsos MORI*
- Response to Professor May-Chahal

Response to Ipsos MORI

In response to my previous reports (Griffiths, 2006a; 2006b), *Ipsos MORI* produced a 6-page response to some of the concerns I noted relating to the Blackpool prevalence survey. I would add the following comments.

Irrelevant information

- I was surprised to see that *Ipsos MORI* spent the first three pages of their document establishing their credentials, quality procedures, and additional methodological background. I would start by saying that I did not question the credentials of *Ipsos MORI*. My only concerns were with some aspects of one particular piece of research (i.e., the prevalence survey carried out for Blackpool Council). Almost all of this section was irrelevant in relation to the concerns I raised.
- *Ipsos MORI* go to great lengths in their document to highlight the interviewers' credentials (p.3) yet these were never in question and again irrelevant to the concerns I raised.
- In essence, the first three pages of their response is little more than "padding" that does not respond to any of my concerns. I would just like to reiterate that my previous report did not attack *Ipsos MORI* as a company, its staff, its interviewers, or its quality control procedures. All I did was note some very specific methodological concerns relating to one very particular study. I will expand on some of these concerns below. For the record, I have no misgivings about MORI as a research organisation as my own research unit has personally worked with various

sub-groups within the *MORI* organisation including collaboration on this year's national adolescent gambling prevalence survey (*MORI/International Gaming Research Unit, 2006*).

Response rate

- The response rate of 95% quoted (top of page 3) is entirely spurious. As with all quota samples, we have absolutely no idea of the true response rate in terms of the number of people *Ipsos MORI* initially approached to get their 1194 respondents. Since these people had already agreed to participate in the survey, it is not surprising that such a high percentage of respondents would be prepared to fill in the gambling self-completion survey. In fact, given that these people had already agreed to participate I would have expected a near 100% response rate.

Adolescent gambling and problem gambling prevalence

- The reasons given by *MORI Ipsos* as to why they didn't include 16- and 17-year olds in their survey in no way invalidates my points about prevalence rates being higher if this particular sub-group had been included. All *Ipsos MORI* have said is that 16- and 17-year olds were "*outside the scope*" of their survey remit (p.6). Therefore all of my original points still stand. *Ipsos MORI* concede that they "*appreciate the comment by Professor Griffith (sic) that other research studies in the UK have found the prevalence of problem gambling to be higher among those aged 16 and 17.*"
- In short, if the *Ipsos MORI* survey had included adolescents, the prevalence rate of problem gambling would almost certainly have been higher. *Ipsos MORI* should have included these adolescents in its survey because they will be directly affected, as adults, by any regional casino in Blackpool with its Category A machines. Measuring the impact of Category A machines on this age group will be crucial to the regional casino experiment because, absent the progression from low stake and prize machines to unlimited stake and prize machines, there is evidence that adolescents have the capacity to overcome their addiction.

Quota sampling versus random sampling

- The real cause for concern relating to the Blackpool prevalence survey is the 'quota sampling' versus 'random sampling' debate. All experts agree

that random probability sampling is the best method and is the method used on Government surveys. I'm sure *Ipsos MORI* would agree and I cannot see how they could or would dispute this.

- Quota sampling tends to get used because it is a much cheaper methodology (often about a third of the cost of random sampling). *Ipsos MORI* admit that they did the best survey with the budget they were given and the methodology adopted came down to the issue of “*practicality*” (p.4, paragraph 3) and carried out “*on the basis of cost*” (p.4, paragraph 8). I do not dispute the economic and practical reasons for quota sampling. I again make the point that random probability sampling is the ‘gold standard’ and that quota sampling is an inferior methodology when compared to random sampling. I question why, in circumstances where the need to measure social impact is considered the primary criteria in the CAP's Terms of Reference, the Council did not require the use of the most appropriate sampling method which I have described.
- Although it may have been the case that the “*sampling points were randomly selected across the entire Fylde peninsula*” (p.2), the participants were not randomly selected. Such statements could be construed as methodological ‘slight of hand’.
- *Ipsos MORI* also assert that quota sampling is “*the most common type of sampling*” that they carry out for resident surveys (p.4). Again, I do not dispute this, but being “*most common*” does not mean it is the best method. As mentioned above, quota sampling tends to get used for economic reasons rather than because it is the most robust methodology.
- *Ipsos MORI* highlight their work on quota sampling in elections (p.5) as justification for using it in other circumstances (such as the Blackpool prevalence survey). Just because quota sampling appears to give beneficial findings in one area of data gathering does not mean this will be appropriate in other data gathering settings.
- In summary, I would argue that since the two approaches are so methodologically different, it is perfectly valid to question the ability to compare between the Blackpool prevalence survey and the national prevalence survey. *Ipsos MORI* themselves point out that the stratified sampling technique used was carried out by their interviewers on a “*non-random basis*” (p.4).

Other miscellaneous points

- On a point of accuracy, *Ipsos MORI* refer to the problem gambling prevalence rate of 0.9% from the 2000 British prevalence survey (p.5). For the record, the national survey used two different screening instruments neither of which resulted in a 0.9% problem gambling prevalence rate. The actual prevalence estimates were 0.8% using the SOGS and 0.6% using DSM-IV criteria (Sproston, Erens & Orford, 2000).
- I would also add that the drawback *Ipsos MORI* quote for a random sample (last paragraph on p.4) does not really apply. It is true that geographic clustering (postcode sectors usually) is used for national random probability sampling. However, researchers would not use it for a localised survey such as this. Furthermore, *Ipsos MORI* did not 'cluster' their sample by using OA sampling units.
- I was a little unsure why *Ipsos MORI* thought it was reasonable to compare incidence of problem gambling in Blackpool with prevalence nationally (p.6) given that incidence and prevalence are two different things entirely.

Response to Professor May-Chahal

I would just like to start this section by re-iterating what I said in my previous report that Professor May-Chahal is a well-respected academic with an excellent track record outside the gambling studies field.

My comments here are in response to her letter to the Casino Advisory Panel (May-Chahal, 2006) and set out under the same headings. Before doing this I would just like to pick up on a few other comments made by May-Chahal in her letter to the Casino Advisory panel.

May-Chahal (like *Ipsos MORI*) appears to go to great lengths to establish her reputation in the gambling studies field and writes about her research group having formed “*interests in young people and gambling, gambling debt and health seeking, evaluation of treatment for people with gambling problems, health and social impact assessment of gambling developments, new technologies and gambling, and establishing a public health approach to gambling*” (pp.1-2). It is excellent to see that research

interest in the topic of gambling is growing and it is encouraging to see new people enter the field. However, I would make two comments in relation to this.

Firstly, having an interest in a topic does not make that person an expert in the topic. I have many research interests outside of gambling. For instance, I have published over 20 refereed (high impact) journal papers in areas such as sexual pheromones, Internet sexuality, excessive exercise, and teaching and learning in higher education. I do not claim to be an expert in any of these areas despite these published outputs. In all of the areas of gambling that May-Chahal cites, I can honestly say I have not seen one single refereed paper by anyone from her or her team in any of these areas.

Secondly, I have only ever seen one officially published report from Professor May-Chahal's group (May-Chahal et al, 2004). This, as I pointed out in a previous report (Griffiths, 20006a), was criticised by myself and other international gambling experts for being overly selective and a poor representation of the field of youth gambling (Griffiths, Orford, Wood & Hayer, 2005). I could not help but notice that Professor May-Chahal did not challenge this in her most recent letter.

The Ipsos MORI Survey

I am still finding it difficult to understand how, and under what process, Professor May-Chahal was given "*access to the findings*" by Ipsos MORI. Furthermore, why (and under what circumstances) was she was given permission (presumably by Ipsos MORI and Blackpool Council) to present some of these findings at the recent GREGRI conference in Amsterdam?

Although Professor May-Chahal says she "*stated quite clearly that (she) had only been involved in reviewing the findings*" it was obviously not clear enough as I would never have made such an assertion. All of the colleagues I was sitting with reached the same conclusion as me that there was an implicit assumption that she was part of the Ipsos MORI research process. If this is not the case I can only apologise.

However, as an academic I would never go to a conference and give a half hour talk on someone else's research if I had not been personally involved in some way. I cannot think of another occasion at an international gambling conference when an academic has spent the entire presentation talking about a study carried out by someone else or another organisation.

With regards to May-Chahal's comments on quota sampling versus random probability sampling, I would refer readers to the comments I made above in response directly to *Ipsos MORI*.

A potential conflict of interest

I realise that my concerns over potential conflicts of interest will have been taken very seriously by Professor May-Chahal. Obviously, academics (including myself) always aspire to be independent and objective even when there are potential conflicts of interest. I have never claimed that May-Chahal and her team were not independent or objective. The claim I make is that her unit will almost certainly benefit financially if the Blackpool casino goes ahead.

This is spelled out quite clearly in the *Gambling Harm Minimisation in Blackpool* (2006) document and which I made extensive reference to in my previous report (Griffiths, 2006b). The fact that the treatment study was not Blackpool-specific is irrelevant as Blackpool Council highlighted it in their harm minimisation document and it was clearly allied to Lancaster. Maybe Blackpool Council are using the reputation of Lancaster's research unit in a way that unfairly tarnishes them.

With reference to the Gambling Observatory, the harm minimisation document explicitly references Lancaster University. May-Chahal claims that Blackpool Council may "*have misunderstood their role*" (p.3) but I can only evaluate and make comments on the evidence in front of me. There is clearly a perception (based on a reading of all relevant documentation) that there could be a potential conflict of interest and that Lancaster University will financially benefit if the Blackpool casino goes ahead. This may be unintentional but it is clearly there. This should also have been explicitly mentioned in all relevant documentation.

Failure to consider impact of Category A machines

The justification by Professor May-Chahal for only including cursory coverage of Category A machines in the social impact assessment report (Simmill-Binning, Wilson, Paylor & May-Chahal, 2006) is that she claims we cannot really compare impacts of such machines from other countries with what may happen here. I find this argument very weak given that cross-country comparison is used in almost every other area of the social impact report. There is a large literature on slot machines all over the world and this should

have been evaluated and referred to in the social impact report. The social impact report produced by Lancaster University simply failed to do this important area justice. Further, since Category A machines (in large numbers) will be the defining feature of the regional casino, this failure to consider their impact renders the Social Impact Assessment of the regional casino seriously, even fatally, flawed.

Understanding of the potential impact on problem gambling

I was commissioned by *Leaguenotion* to examine social impact specifically in relation to problem gambling as that is one of my areas of international expertise. I make no apology for this being the focus of my comments. I concur there are many factors to consider but that was not part of my brief in this particular instance. However, the social impact study carried out while wide ranging was still somewhat selective and overlooked key areas such as the impact of Category A machines.

(N.B. Just on a point of clarification, I would also add that not “*all the key researchers in the gambling impact field*” attended the Whistler Symposium. Although invited, I was unable to attend due to a personal domestic issue and I know of other key researchers who did not attend. To say that all the key people were there is simply wrong and misleading).

Response to Blackpool Primary Care Team

This final section of my report briefly responds to some of the points made by the Director of Public Health of the Blackpool Primary Health Care Trust (PCT; Howe, 2006). Whilst there are clearly steps in the right directions, I am still of the opinion after reading the PCT response that much of the strategy is reliant on things that are “*planned*” and “*intended*” rather than things that are in place. I’m sorry if the PCT feels I am being “*dismissive*” as I am clearly in support of harm minimisation strategies and social responsibility initiatives. I had hoped my comments might have been helpful in trying to get the PCT to clarify and provide specifics on what I perceived to be a somewhat generic strategy. More specifically:

- It is my understanding that almost all bidders have had discussions with *GamCare* and *RIGT*. In fact, it is my understanding that the CEO’s of both *GamCare* and *RIGT* were proactive in approaching potential bidders to give advice and support. As one of *GamCare*’s co-founders

and the National Chair of *GamCare* for nearly seven years I am delighted that so many gambling operators are now seeking the help of the charity.

- The PCT have also had “*productive discussions*” with other local stakeholders. Again, this is good to hear but does not suggest that anything is in place as a result of these discussions. I was hoping that the PCT response would clarify exactly what has been developed following these discussions but it doesn’t.
- I am still not convinced that the education policy goes beyond that of youth. Again, the PCT response document says that this “*would be provided*” to the wider population but is clearly not being done at the moment.
- For the record, the Blackpool regional conference is one of 10 conferences to be co-ordinated by *Tacade* and my research unit over a two-year period. We are planning to hold these conferences in all major areas particularly those with major gambling links (such as Blackpool).
- With regards to a “*stepped care*” approach, I am unaware of the work of Arnold et al (2003) mentioned in the PCT response document and no reference was provided in the document for me to follow up. However, I would be surprised if this approach has been evaluated (which is why I describe it as “*highly speculative*”).
- Obviously I was fully expecting Blackpool PCT “*to contend that (their) strategy goes beyond what Professor Griffith’s (sic) describes as simply social responsibility*” but I would have expected detailed clarification on each of their five objectives.

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Appendix: Brief biography

**Professor MARK GRIFFITHS,
BSc, PhD, CPsychol, PGDipHE, FBPsS**

Dr. Mark Griffiths is a Chartered Psychologist and Professor of Gambling Studies at the Nottingham Trent University, and Director of the *International Gaming Research Unit*. He is internationally known for his work into gambling and gaming addictions and has won many awards including the American 1994 *John Rosecrance Research Prize* for “*outstanding scholarly contributions to the field of gambling research*”, the 1998 European *CELEJ Prize* for best paper on gambling, the 2003 Canadian *International Excellence Award* for “*outstanding contributions to the prevention of problem gambling and the practice of responsible gambling*” and a North American 2006 *Lifetime Achievement Award For Contributions To The Field Of Youth Gambling* “*in recognition of his dedication, leadership, and pioneering contributions to the field of youth gambling*”.

He has published over 170 refereed research papers, two books, over 35 book chapters and over 500 other articles. He has served on numerous national and international committees (e.g. BPS Council, BPS Social Psychology Section, Society for the Study of Gambling, Gamblers Anonymous General Services Board, National Council on Gambling etc.) and is a former National Chair of Gamcare. He also does a lot of freelance journalism and has appeared on over 1400 radio and television programmes since 1988.

He has been the keynote speaker at national gambling conferences in the UK, USA, Canada, Australia, Germany, Spain, Sweden, Norway, Denmark, Ireland, Finland, Poland, Italy, Holland and Belgium. He has also given keynote addresses to the US National Academy of Sciences (Washington DC), and the US National Center for Addiction (New York). He has also acted as a consultant for many Government bodies including the *Gambling Board for Great Britain*, *UK Home Office*, *Department of Culture, Media and Sport*, *Department of Health*, *Victorian Casino and Gaming Authority* (Australia) and various international Governments (including the US, Australia, Sweden, Norway and Finland). In 2004 he was awarded the *Joseph Lister Prize for Social Sciences* by the *British Association for the Advancement of Science* for being one of the UK’s “*outstanding scientific communicators*”. His most recent awards are the 2006 *Excellence in the Teaching of Psychology Award* by the *British Psychological Society* and the *British Psychological Society Fellowship Award* for “*exceptional contributions to psychology*”.