

Response by Blackpool PCT to Comments on Blackpool's Gambling Harm Minimisation strategy in documents submitted by League Notion to Blackpool's Examination in Public into a proposed regional Casino

We welcome the opportunity to comment on the mention of Blackpool's Harm Minimisation Strategy in the documents submitted to the Examination in Public which had been prepared by League Notion, Prof. Mark Griffiths and NERA.

The strategy for Gambling Harm Minimisation is an important part of Blackpool's submission and has been prepared in consultation with a range of national and local organisations. A draft has been shared and discussed with both the Responsibility In Gambling Trust (RIGT) and GamCare. Both organisations were extremely supportive of the approach adopted and made helpful comments, which have further developed the strategies.

In addition, we have engaged in discussions with a wide range of local agencies currently providing counselling and support services. In particular we have had productive discussions with CAB and Blackpool's innovative AdviceLink network.

Both Blackpool PCT and Blackpool Council have shown commitment to pump prime developments in services in line with the Gambling Harm Minimisation Strategy. It is also intended that an operator contribution will be identified to support the new services.

Blackpool's educational framework does indeed have a strong focus on the education of young people. This reflects our concern that certain vulnerable groups of young people, though excluded by age from a regional casino, may be at risk from the existing arcade gambling opportunities.

Trailing the materials produced by Tacade is one part of the strategy. However we have also identified the need for a specific trainer role to support work with high-risk groups such as within the Youth Offending Team and Pupil Referral Units. Our strategy document does not mislead in suggesting that Blackpool will be the only pilot site. Martin Buczkiewscz, Chief Executive of Tacade identified Blackpool as the site for the first regional conference.

Awareness among the wider population would also be provided and this would include the use of the opportunities provided through Advice Link, who already deliver debt and financial awareness, especially to vulnerable individuals.

Professor Griffiths seems to be dismissive of measures to reduce problem gambling within the casino environment and presumably would feel them equally ineffective in any setting. We assume this would include the Gambling Commissions recommendations of 2006. It is not clear why he feels they may be any less effective in a Blackpool casino. Professor Griffiths will be aware that these would apply to any regional casino.

We have purposely built a model of stepped care for gambling. While Professor Griffiths describes this as “highly speculative”, the Budd report has suggested a stepped care model along the lines suggested in our model and this has also been advocated in the work of Arnold et al (2003) for RIGT. We would suggest that the strength of our strategy is that it does not focus only on treatment of pathological gambling but offers the potential to include actions aimed at the totality of gambling.

The Review of Research on Aspects of Problem Gambling Abbott *et al*, (2004) includes specific ways in which the skills and capabilities in addictive services can be linked to those of problem gambling. Subsequent discussions with GamCare have identified the opportunities for co-siting counselling services, for example in primary care settings. In addition to our Breakeven partnership, we are actively exploring these options.

We are particularly aware of the opportunities for brief interventions and will use these and link them into awareness raising and the provision of information on gambling through Advice Link. This has been discussed with the local Debt Forum and debt advisors as well as with CAB.

We note that Lancaster University has taken forward the impact assessment work based upon the Whistler framework and has both built upon and further developed its expertise in assessing social impact. We note that their expertise in this area has been recognised through the award of a DCMS national grant to identify methodologies for social impact assessment.

We would contend that our strategy goes beyond what Professor Griffith’s describes as simply social responsibility and offers an integrated approach to harm minimisation, which is not simply focussed on the treatment of existing problems.

Dr Andrew Howe
Director of Public Health
Blackpool Primary Care Trust

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