

BLACKPOOL'S REGIONAL CASINO:

**DOES BLACKPOOL REPRESENT
"THE BEST POSSIBLE TEST OF
SOCIAL IMPACT" FOR A REGIONAL
CASINO -
A CRITIQUE OF
PSYCHOSOCIAL IMPACT**

REPORT BY

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Contents

<i>Section 1: Executive summary</i>	1
<i>Section 2: Problem gambling: A brief overview</i>	4
<i>Section 3: Psychosocial characteristics, vulnerability risk factors and problem gambling among Blackpool residents</i>	6
<i>Section 4: Other psychosocial impacts</i>	11
<i>Section 5: Location of the casino, social responsibility, and relationship to problem gambling</i>	12
<i>Section 6: Psychosocial impact of Category A gaming machines</i>	14
<i>Section 7: Blackpool and problem gambling</i>	17
<i>Section 8: Blackpool and youth gambling</i>	20
<i>Section 9: Blackpool as a 'test bed' pilot for regional casinos in the UK</i>	21
<i>Conclusions</i>	23
<i>References</i>	26
<i>Appendix 1: Brief biography of Professor Mark Griffiths</i>	30

DOES BLACKPOOL REPRESENT "THE BEST POSSIBLE TEST OF SOCIAL IMPACT" FOR A REGIONAL CASINO – A CRITIQUE OF PSYCHOSOCIAL IMPACT

Section 1: Executive summary

The government is in the process of implementing the Gambling Act 2005 and has tasked the Casino Advisory Panel (CAP) with identifying, in the case of the single regional casino, the location which will be "*the best possible test of social impact*".

There is to be only one regional casino unless, after a further prevalence study conducted several years from now, it is established that further casino expansion would be appropriate.

Given the substantially urbanised nature of the UK, it is perhaps not surprising that the bulk of the expressions of interest in regional casino development relate to major metropolitan conurbations. The CAP's shortlist is, accordingly, dominated by proposals for such locations, Blackpool being the exception.

It seems probable that, if further regional casinos are in due course permitted, most will be in such conurbations.

I have been asked to consider whether Blackpool meets the primary criterion set by the government for the CAP. In preparing my report, I have considered the detail of Blackpool's bid document; those of the documents referred to in it to which I have, to date, had access, though I hope to be able to supplement this report by reference to further documents as they are disclosed by the Council; and to the research listed under the "*References*" section of my report.

I have related this information to the psychosocial impacts expected from any new regional casino development in Blackpool.

This report concludes that for a range of interlocking reasons Blackpool is not the best possible test of social impact. In reaching that conclusion, it is pertinent to consider a prospective regional casino's 'resident' and 'visitor' markets:

Blackpool Residents:

- (1) **Blackpool is an area of high resident vulnerability to problem gambling:** In specific relation to Blackpool residents, social deprivation, poverty (i.e., low socio-economic status), low educational attainment, and high crime levels, all known demographic risk factors associated with problem gambling, are all prevalent in the area. Furthermore, compared with the other seven locations that have applied for regional casino status, Blackpool is one of the most highly deprived areas particularly in relation to education and economic inactivity. In more general terms, in so far as the incidence of these factors is out of kilter with national averages or the levels existing in the large urban conurbations likely to attract any later regional casinos permitted, Blackpool cannot be said to be *"the best possible test-bed"*. Given the likely influence of the entirely untested (in the UK) Category A slot machines, these factors also make the specific location of the prospective regional casino, in Blackpool, especially critical. The analysis pointing to this high resident vulnerability is in Section 3 of this report.
- (2) **Blackpool residents, as compared to those in the areas surrounding the location of other bids, will be especially vulnerable with regards the psychosocial impact of Category A (unlimited jackpot) machines:** It is clear that Category A type gaming machines will almost certainly have negative social consequences by increasing problem gambling rates. Huge jackpot prizes help facilitate 'chasing' behaviour among gamblers. Furthermore, chasing losses is one of the biggest risk factors in the development of problem gambling. The greatest risks are likely to occur in those places where the prospective casino's Category A slot machines are most accessible to vulnerable individuals at risk from developing problem gambling. Blackpool is just such a place. The particular characteristics of these machines are explained in Section 6 of this report, but Sections 3 and 4 also inform this part of the executive summary.
- (3) **The unique, existing, prevalence of slot-machine gaming in Blackpool, combined with a wide range of other gambling opportunities raises concerns about the baseline against which the impact of a regional casino could be judged and/or the suitability of Blackpool's resident population as a test-bed of social impact:** Given the extent of gambling opportunities, I would expect the prevalence of problem gambling to be higher among Blackpool residents than almost anywhere else in the UK. Based on a recent survey by IPSOS/MORI, Blackpool Council claim this is not

the case. This implies that the residents of Blackpool (as a whole) must have a set of 'protective' factors not found amongst other vulnerable populations. If there is something special or unique about Blackpool residents that makes them more invulnerable to problem gambling, then Blackpool certainly would not be the best test-bed as the results would be skewed and unrepresentative. On the other hand, if, as one might be expected to find from a more robust survey, Blackpool residents have a higher problem gambling prevalence rate compared to other populations around the UK, then again the population would be unsuitable as a test-bed as the results would again be skewed and unrepresentative. The bid document's Endnote 37, indeed, confirms that the "... *survey sample is not large enough to give a statistically robust gambling prevalence*", although the study appears to have been the Council's starting point in their assessment of prospective social impact. These conclusions draw from sections 6, 7 and 8 of this report.

Blackpool Visitors

- (1) **The visitor market for a regional casino in Blackpool is unlikely to be representative:** The socio-economic profile of Blackpool's current visitors will inevitably influence the profile of the regional casino's customers. But the extent of that influence cannot, in the absence of any UK precedent, be accurately estimated. While no two regional casinos are likely to be identical, there are likely to be greater similarities between, for instance, the profile, useage and visitation patterns of urban regional casinos than will be the case by comparing a regional casino in Blackpool with one based in an urban conurbation like Manchester, Sheffield or Brent.
- (2) **The visitor market, to the extent that it will remain seasonal, will be un-representative:** To expand, while Blackpool already has a longer season than other British seaside towns and the Council hope that a regional casino would further extend that season, useage of a regional casino in Blackpool would still be likely to be seasonal in a way that would not apply in, for instance, Glasgow or Cardiff. This would affect the pattern of visitation and most probably the spending patterns of players. Put simply, those on holiday will exhibit different spending patterns as compared to those visiting on the basis of a different pattern of use. That would not necessarily be decisive, in social impact terms, but for the difficulty that would arise in using Blackpool's patterns of visitation, play and spending as the basis for assessing the likely impact of a regional casino in a large urban setting.

- (3) **Blackpool's reliance on "... more than 90%" of the casino visitors being generated from outside the area makes monitoring of the main customer base almost impossible** : Similarly, in so far as 'educational programmes' and other steps aimed at the alleviation of problem gambling caused by the regional casino, may be concomitant to its development, monitoring the efficacy or otherwise of those steps on customers living far from Blackpool in many different parts of the country would present considerable difficulties.

Without effective monitoring, research and actions based on the results of Blackpool's regional casino experiment will be at best flawed and, more likely, ineffective. Sections 5, 6, 7 and 8 inform these conclusions.

Section 2: *Problem gambling - A brief overview*

Just under 1% of the British population have a severe gambling problem (Sproston, Erens & Orford, 2000) although the rate is approximately four to five times as high in adolescents (MORI/International Gaming Research Unit, 2006), particularly as a result of problematic slot machine gambling. Problem ('pathological') gambling is characterized by unrealistic optimism on the gambler's part. For 'problem gamblers', bets are made in an effort to recoup their losses. The result is that instead of 'cutting their losses' gamblers get deeper into debt pre-occupying themselves with gambling, determined that a big win will repay their loans and solve all their problems (Griffiths, 2004).

It is clear that the social and health costs of problem gambling are large on both an individual and societal level. Personal costs can include irritability, extreme moodiness, problems with personal relationships (including divorce), absenteeism from work, family neglect, severe debt, and bankruptcy (Griffiths, 2004). Compared to non-gamblers, problem gamblers are two to three times more likely to lose a job over a year (US National Gambling Impact Study, 1999). Problem gambling also increases the risk of homelessness, temporary accommodation and sleeping rough. One study reported that gambling was a significant factor in becoming homeless (just over a quarter of homeless people identify it as the main cause and almost half as a significant cause) (Talbot, 2004).

There can also be adverse health consequences for both the gambler and their partner including depression, insomnia, intestinal disorders, migraines, self-harm, and other stress-related disorders (e.g., Griffiths, 2001; 2004; Nichols, Giacomassi & Stitt, 2002). In the UK, preliminary analysis of the calls to the national gambling helpline also indicated that a significant minority of the callers reported health-related consequences as a result of their problem

gambling. These include depression, anxiety, stomach problems, other stress-related disorders and suicidal ideation (Griffiths, Scarfe & Bellringer, 1999). Furthermore, problem gamblers are twice as likely to report poor health as an identical group of non-gamblers (US National Gambling Impact Study, 1999).

Demographic variations in gambling participation have been observed since surveys were first administered. Typically, gambling has been more popular in lower socio-economic groups, the less educated, among unmarried people, in younger age groups, and in men (National Gambling Impact Study, 1999; Sproston, Erens & Orford, 2000; Griffiths & Delfabbro, 2001; Hayer, Meyer & Griffiths, 2005; Griffiths, 2006). Consistent with trends observed in overall participation rates, research has found that the incidence of gambling-related problems is considerably higher in lower socio-economic groups, the less educated and in younger people, (Sproston, Erens & Orford, 2000; Griffiths & Delfabbro, 2001; Griffiths, 2006; MORI/International Gaming Research Unit, 2006). Furthermore, gambling expenditure is proportionally highest among the lowest income groups, so any increases in spending are likely to follow a similar pattern. (Griffiths & Wood, 2001; Office of National Statistics, 2005).

There are also other worrying trends and associations relating to problem gambling including domestic violence, crime, and drug use. A recent study found that intimate partner violence (IPV) was predicted by pathological gambling in the perpetrator. In a sample of 286 women admitted to the emergency department at a University Hospital in Nebraska, findings revealed that a woman whose partner was a problem gambler was 10.5 times more likely to be a victim of IPV than partners of a non-problem gambler. Furthermore, in 2003, the National Coalition Against Legalised Gambling (2003) reported that with the opening of casinos in South Dakota, child abuse and domestic assaults rose by 42% and 80% respectively. This was attributed to the increase in casino gambling.

Problem gamblers are more likely than the general public to commit crime (usually as a way to fund their addiction), three times more likely to be jailed, and surveys among criminals show they are more likely to gamble (Yeoman & Griffiths, 1996; Griffiths & Sparrow, 1998; US National Gambling Impact Study, 1999; Griffiths, Parke & Parke, 2005).

There has been an increasing amount of research examining the links between problem gambling, alcohol and substance abuse. Adult problem gamblers are more likely to be alcohol drinkers and drug-takers and vice-versa (Griffiths, Parke & Wood, 2002). This relationship is not confined to adults. For instance, in a study of 4516 adolescents (aged 11- to 16-years), Griffiths and Sutherland (1998) examined the relationship between gambling, cigarette smoking,

drinking alcohol and drug use. They found that compared to non-gamblers, adolescent gamblers were significantly more likely to drink alcohol, smoke tobacco, and take illegal drugs. Similar results among adolescents have been found elsewhere in the US and Canada (e.g., Winters, Stinchfield, & Fulkerson, 1993; Shaffer, LaBrie, Scanlan & Cummings, 1994; Wood, Gupta, Derevensky & Griffiths, 2004).

Partly as a result of the Gambling Act, accessible gambling opportunities have increased but, more significantly, have and will continue to change. Most studies (although not all) show that where accessibility of gambling is increased there is an increase not only in the number of regular gamblers but also an increase in the number of problem gamblers (the 'availability hypothesis') – although this may not be proportional (Griffiths, 1999; 2003). This obviously means that not everyone is susceptible to developing gambling addictions but it does mean that at a societal (rather than individual) level, in general, the more gambling opportunities, the more problems. Other countries such as Australia, Canada and New Zealand have seen increases in problem gambling as a result of gambling liberalization (Griffiths, 2004). But, most notably, the difference between these jurisdictions and the UK is that, hitherto, the type of available slot machines, broadly accessible to the public, has been severely restricted. Internet gambling combined with exponential growth in internet access and the new types of 'small', 'large' and 'regional' casinos to be permitted will make available high, indeed in the case of regional casinos, unlimited stake and prize gambling. In particular, Category A slot machines in regional casinos will represent a wholly new feature.

Section 3: Psychosocial characteristics, vulnerability risk factors and problem gambling among Blackpool residents

Blackpool is the largest seaside resort in the UK. While, in some respects, it typifies the issues in developing a regional casino in a resort where the economy is primarily driven by tourism, that does not make it a good test-bed even for other seaside towns. It is atypical because no other seaside resort in the UK:-

- is believed to enjoy such a wide isochrone;
- attracts anywhere near as many visitors;
- features such an equivalent concentration of gambling facilities, especially slot machines; and
- enjoys a season almost half as long again as other resorts.

However, the comparators for the purposes of the current exercise are the large urban conurbations that comprise the other competing bids. On

balance, it seems clear that most pressure for any further permitted regional casinos will come from the same or similar urban locations. While many of the other seven locations also feature serious levels of deprivation and exhibit some of the same social characteristics as those in Blackpool, Blackpool is one of the more deprived areas. Table 1 outlines some of the basic demographic information taken from each of the eight bids.

Table 1: Some demographic and deprivation indicators of the regional casino bidders

(N.B. All statistics in the following table are taken from the eight bidders' proposals)

Proposed casino area	Population	Deprivation Rank [of 354] in England	Ethnic Minorities	Education	Unemployment and economic inactivity
Brent	278,810	62	No info given on bid	No information given on bid	4.3% (job seeker allowance)
Blackpool	142,700	24	1.6%	38% no qualifications; 16.4% degree or above	3.6%; 40% economically inactive
Cardiff	316,800	N.A. (non-England)	11.7%	25% no qualifications; over 25% degree or above	2.4% (job seeker allowance)
Glasgow	585,000	N.A. (non-England)	No info given on bid	37% NVQ4 or above; 27% degree level or above	30% economically inactive
Greenwich	200,000	41	24.6%	40% five GCSEs or above	5.8%
Manchester	500,000	3	19%	33% no qualifications; 43% five GCSEs or above	4%
Newcastle	269,000	48	6.9%	33% no qualifications; 27% NVQ4 or above; 52% five GCSEs or above	<i>"an employment rate below national average"</i>
Sheffield	516,000	60	9%	14% no qualifications; 24% NVQ4 or above	5%
UK	[59.8 m]	N.A.	9%	15% no qualifications; 26-30% NVQ4 or above; 54% five GCSEs or above	2.1%; 2.6% (job seeker allowance); 22% economically inactive

Table 1 shows that compared to the national average, Blackpool has the highest level of poorly educated people (over two and half times the national average; 38% with no qualifications vs. 15% nationally), has an unemployment rate almost twice the national average (3.8% vs. 2.1%), the highest rate of economic inactivity that is almost twice the national average (40% vs. 22% nationally), and is one of the most deprived areas of

the UK according to the Government's own statistics (26 in a ranking of 354 where '1' is the most deprived). One of the bidders – Manchester – is higher in deprivation according to the national rankings, although this bidder is planning an 'out of town' destination casino where the impact on the local population is likely to be less (see Section 5 for a further discussion on impact of location). The implications for gambling and problem gambling are set out more specifically in the subsequent paragraphs.

Blackpool Council's (2006) submission to the CAP acknowledged the fact that "*Blackpool is an economically challenged and deeply deprived town.*" There are high levels of deprivation in the surrounding wards. Research from elsewhere suggests that areas closer to casinos and particularly deprived communities are at greater risk from problem gambling (US National Gambling Impact Study, 1999). Some of the demographic indicators (Blackpool Council, 2006; Hall Aitken, 2006) are listed below followed by brief potential implications from the research literature outlined in the opening section:

- A higher percentage of the (16-to- 74-year old) population have no educational qualifications (38% compared to the national average of 29%; Hall Aitken (2006) report 50% have no formal educational qualifications). **Implication from the research literature: *Blackpool residents who are less educated will be more vulnerable to problem gambling.***
- A lower percentage of the population have Level 3 educational qualifications (16% compared to the national average of 28%). **Implication from the research literature: *Blackpool residents who are less educated will be more vulnerable to problem gambling.***
- A one-quarter lower level of average weekly earnings (£333 compared to the national average of £431.20). Employment in the area is typically service related, low paid and part-time. **Implication from the research literature: *Blackpool residents who are from a lower socio-economic status will be more vulnerable to problem gambling. They will also spend disproportionately more on gambling than higher socio-economic groups.***
- The 16th lowest annual earnings (£11,569 compared with the national average of just over £16,000). **Implication from the research literature: *Blackpool residents who are from a lower socio-economic status will be more vulnerable to problem gambling. They will also spend disproportionately more on gambling than higher socio-economic groups.***

- Almost 40% of the population of working age are economically inactive compared to the national average of 22%). **Implication from the research literature: *Blackpool residents who are from a lower socio-economic status will be more vulnerable to problem gambling. They will also spend disproportionately more on gambling than higher socio-economic groups. Blackpool residents who are problem gamblers will be two to three times more likely to lose their job than non-gamblers.***
- A higher level of unemployment (3.6% compared to the regional average of 2.1%). **Implication from the research literature: *Blackpool residents who are from a lower socio-economic status will be more vulnerable to problem gambling. They will also spend disproportionately more on gambling than higher socio-economic groups.***
- A higher level of poor health (18%, twice national level) and low life expectancy. **Implication from the research literature: *Blackpool residents who are problem gamblers are twice as likely than non-gamblers to have poor health. Problem gamblers also suffer from a wide variety of health and medical problems.***
- Lone parents with dependant children total 8.4% against 6.5% in England & Wales, ranking 33rd nationally. **Implication from the research literature: *Blackpool residents who are unmarried are more vulnerable to problem gambling.***

In addition, Blackpool:

- Has the fourth highest proportion of benefits claimants in the North West. **Implication from the research literature: *Blackpool residents who are from a lower socio-economic status will be more vulnerable to problem gambling. They will also spend disproportionately more on gambling than higher socio-economic groups.***
- Is the 6th most deprived local authority area in the North West and 24th most deprived in England. **Implication from the research literature: *Blackpool residents who are from a lower socio-economic status will be more vulnerable to problem gambling. They will also spend disproportionately more on gambling than higher socio-economic groups.***
- Has 25 localities – 18 in the resort core are in the most deprived 10% of all areas in England. **Implication from the research literature: *Blackpool residents who are from a lower socio-economic status will be more vulnerable to problem gambling. They will also***

spend disproportionately more on gambling than higher socio-economic groups.

- Has a population with high levels of transience, unemployment and poverty. Implication from the research literature: *Blackpool residents who are from a lower socio-economic status will be more vulnerable to problem gambling. They will also spend disproportionately more on gambling than higher socio-economic groups.*
- Has a population with dense, poor-quality, privately rented housing (almost 50% of the total). Implication from the research literature: *Blackpool residents who are from a lower socio-economic status will be more vulnerable to problem gambling. Also, Blackpool residents who are problem gamblers are more likely to have housing problems and/or be homeless.*
- Has a population with low socio-economic status (8% AB managerial/professional, 50% DE unskilled / unemployed). Implication from the research literature: *Blackpool residents who are from a lower socio-economic status will be more vulnerable to problem gambling. They will also spend disproportionately more on gambling than higher socio-economic groups.*
- Has high crime levels. Implication from the research literature: *Blackpool residents who are criminals are more likely to engage in problem gambling and Blackpool residents who are problem gamblers are more likely to be criminals.*
- Lower than average educational attainment. Implication from the research literature: *Blackpool residents who are less educated will be more vulnerable to problem gambling.*

The reason for highlighting these demographic indicators is that there is a wealth of literature demonstrating that there are certain demographic risk factors in relation to problem gambling. In general, research suggests that deprived communities are at greater risk from problem gambling. In specific relation to Blackpool residents, social deprivation, poverty (i.e., low socio-economic status), low educational attainment, and high crime levels are all known demographic risk factors associated with problem gambling and that to introduce a uniquely large regional casino into the heart of such a deprived and 'at risk' community does not make good sense in terms of protecting these known vulnerable groups. The scale of a regional casino makes this assessment quite different than in the case of a smaller casino of the traditional sort, with a restricted number and type of slot machine. Not only are the most vulnerable socio-economic groups in Blackpool likely to be the guinea pigs for the Government's experiment with regional casinos but

their particular proximity to the proposed development site increases that probability to an extent that would be unlikely to occur in the context of other 'out-of-town' bid locations.

Finally, there is one other observation worth making in relation to vulnerable risk groups. Another group that is more vulnerable to problem gambling is casino employees (Griffiths, 2002a). If Blackpool Council were to be awarded the regional casino licence, then, to the extent that the new jobs created might be filled by Blackpool residents who (as already outlined) are already 'vulnerable', the risks to those 'vulnerable' residents/casino employees would be compounded. Blackpool Council state that "*a casino development could deliver a wide range of jobs, 70% requiring NVQ2 or lower*" (Blackpool Council, p.8). The bid is therefore predicated on the recruitment of relatively lowly-educated individuals who are vulnerable to problem gambling to work in gambling environments. These individuals may not be recruited to work in the regional casino itself. They are just as likely to be recruited to replace staff at Blackpool's four existing casinos, who may be recruited by the regional casino. Either way, a casino employee who becomes a problem gambler will have an exceptionally wide variety of casino gambling opportunities, disregarding the casino at which they are actually employed. (I understand that under UK legislation casino employees are not permitted to gamble at their place of work).

Section 4: *Other psychosocial impacts*

The newly proposed Blackpool regional casino also brings about a wide range of new psychosocial influences on society including:

- easier access to a uniquely large casino by the population at large (see next section on "*Location of the casino*" for a further discussion of this);
- a near complete range of gambling products in one location;
- the unique opportunity for unlimited stake gambling on slot machines, i.e., Category A gaming machines (see section later in the report on "*Psychosocial impact of Category A gaming machines*" for further discussion of this); and
- a more extensive traditional gaming floor.

The Hall Aitken Report (2006) suggests there will be significant social impacts from opening regional casinos. They point out that many of these negatively impact on the Government's own social indicators and are therefore likely to undermine regeneration in the communities currently suggested. Proposed regional casinos will generate (and depend upon) a significant increase in

gambling expenditure. Evidence from research undertaken in the USA and a recent 2004 Henley Centre report, suggests that the number of problem gamblers will nearly double by 2010 (from 0.8% to 1.5%). The report also suggests that the number of problem gamblers in the UK will increase by some 38% as a direct result of the gambling deregulation measures in the Gambling Act. Data from Pion (2005) casino market demand study suggests that over quarter of a million (260,000) new people (equivalent to our own city of Nottingham) would take up gambling as a result of a regional casino opening.

Section 5: Location of the casino, social responsibility, and relationship to problem gambling

One of the major concerns relating to the increase in gambling opportunities is the potential rise in the number of problem gamblers ('gambling addicts'). Addictions always result from an interaction and interplay between many factors including the person's biological and/or genetic predisposition, their psychological constitution, their social environment, and the nature of the activity itself (including where gambling takes place) (Griffiths, 1999; 2005).

In getting people to gamble (and to keep on gambling) the industry uses every marketing method it has at its disposal. These methods mainly fall into two types - situational and structural characteristics (see Griffiths, 1993; 1995). It is useful to examine these characteristics and dimensions among all types of gambling activity so that they can be described, compared and contrasted using the same parameters.

Situational characteristics are those characteristics that get people to gamble in the first place. These characteristics are primarily features of the environment and can be considered the situational determinants of gambling. They include the location of the gambling outlet, the number of gambling outlets in a specified area, and the use of advertising in stimulating people to gamble (Cornish, 1978; Griffiths & Parke, 2003a). These variables may be very important in the initial decision to gamble and may help clarify why some forms of gambling are more attractive to particular socio-economic classes.

Structural characteristics are those characteristics that are responsible for reinforcement, may satisfy gamblers' needs and may actually facilitate excessive gambling. By identifying particular structural characteristics it may be possible to see how needs are identified, to see how information about gambling is presented (or perhaps misrepresented) and to see how thoughts about gambling are influenced and distorted. Showing the existence of such relationships has great practical importance. Not only could potentially

'dangerous' forms of gambling be identified, but effective and selective legislation could be formulated. (A discussion concerning structural characteristics will be returned to later in the section on Category A gaming machines below).

One of the most important questions in relation to the introduction of a new regional casino is where it should be located and why? The advantages and disadvantages of a regional casino depend on a variety of factors including location, site specific characteristics, the nature and mix of gaming and non-gaming activities, and operators' approaches to social responsibility and social impact issues. The location of most existing gambling opportunities in the UK is particularly 'convenient', with casinos often located in the heart of the UK's towns and cities in highly accessible locations. In addition, the UK's 8,500 betting offices could not generally be more conveniently located. These arrangements have represented the background to the UK's relatively low level of problem gambling. However, the advent of Category A slot machines with unlimited stake and prizes is quite different and raises problems of a different scale in terms of any link between 'accessibility' and problem gambling. A socially responsible approach would therefore be to locate the new type of regional casino in places where a pre-planned decision to gamble must be made well in advance. Most of the short-listed applications for a regional casino to the CAP make the point that an out of town location helps to address problem gambling by reducing opportunities for ambient gambling since the casino will be located away from residential and retail areas. Bids such as those by Sheffield and Newcastle make this very explicit especially in their desire to reduce the opportunity for ambient gambling, almost all of the nationally proposed sites for the new regional casino are out of town and will not tempt impulsive passing trade (e.g., Glasgow's four possible sites, Sheffield's three possible sites, Manchester's *Sportcity*, Greenwich's *O₂/MillenniumDome*, Brent's *Wembley*, Newcastle's two possible sites). Perhaps the nearest equivalent to the Blackpool model is the Cardiff bid which intends to locate a casino in their *International Sports Village* that is adjacent to high deprivation areas. However, even Cardiff highlights in its bid that "*The proposed site for the regional casino is a self contained destination resort, located away from existing leisure and recreational developments*" (Cardiff Council Regional Casino Submission, March 2006, p.5).

Supporters of the Blackpool bid will fairly argue that, if the bid's analysis is correct, "... *more than 90% of visitors (will originate) outside Blackpool*", so that a purposeful decision will be inherent in any visit to a regional casino developed there.

But this is to ignore the fact that the most vulnerable residents, to which this report refers, in particular, in Section 3, will be placed at significantly greater

risk than similar populations adjacent to but relatively further from the regional casinos anticipated by the other bids. As mentioned earlier, this risk, arising in the context of a regional casino, is out of all proportion to the much more modest risk presented by currently permitted terrestrial gambling products.

Furthermore, 'visitors' to Blackpool are likely to represent a more captive market than the visitor market on which a regional casino located in a more metropolitan, urban conurbation will rely. Blackpool remains a holiday resort and it is implicit in the bid that Blackpool Council wish to refresh and increase that sector of demand. Thus both the proportion of casino customers who will be visitors and the length of their stay is likely to differ between a regional casino in Blackpool as compared to one located, out-of-town, in, for instance Manchester or Glasgow.

At the very least, the type of visitors to a regional casino in Blackpool are unlikely to be typical of those likely to visit more urban venues which may follow in a later phase. For this further reason, Blackpool does not represent the best possible test-bed.

There is also the fact that the proposed casino is an area already comprehensively served by gambling environments including 25 amusement arcades and five bingo halls.

Section 6: *Psychosocial impact of Category A gaming machines*

A particular concern arising from the change in gambling legislation, and a potential factor regarding increases in problem gambling, is the introduction of a completely new gambling product into British regional casinos, i.e., Category A – unlimited stake and jackpot – gaming machines. The introduction of Category A machines is likely to stimulate the use of other electronic gaming machines in towns where Category A machines are unavailable and give them more status within the UK gambling market.

Unlimited jackpot machines located in overseas casinos are very profitable and can generate up to 85% of casino earnings (NERA, 2004). Members of the *International Gaming Research Unit* at Nottingham Trent University have spent almost two decades examining the addictiveness of casino slot machines and have a number of concerns about their introduction in this particular form.

In relation to Category A machines, the Budd Report asserted: *"We believe people gamble differently when the stake and the prize are out of kilter. There are big reinforcing influences at work: small stakes, regular rewards (small paybacks) and a big prize"* (paragraph 23.65, Supra note 1). More recently, the Department of Culture, Media and Sport noted in the Gambling Bill's impact assessment that it was unsure of the effects of Category A gaming machines by reporting that a *"supplementary risk involved in Option 2 (implement the changes proposed in the Draft Gambling Bill of November 2003) is that the introduction of Category A prize gaming machines in casinos might lead to an increase in problem gambling"* (DCMS, 2004, p.94). There is indeed limited evidence surrounding the impact of Category A (unlimited jackpot) gaming machines but there is a mass of evidence worldwide highlighting that slot machines with stake and pay out levels much higher than those permitted in the UK are the major cause of problem gambling. Unlimited jackpot prize (Category A) slot machines are potentially addictive based on empirical and clinical research into problem gambling (see Griffiths [1995; 2002b] for overviews of slot machine addiction). In the past ten years, slot machines have been the predominant form of gambling by pathological gamblers treated in self-help groups and professional treatment centres across Europe. Noting that the type of machine available to date in the UK has been limited, a factor no doubt reflected in the relatively low current level of problem gambling, there are many reasons why this is the case. Slot machines are fast, aurally and visually stimulating and rewarding, require a low initial stake, provide frequent wins, require no pre-knowledge to commence play, and may be played alone. Thus, the association between unlimited stake and prize jackpot gaming machines and problem gambling is clear.

Clearly decisions to play slot machines and to continue playing them to excess are contingent upon the players' biological and psychological constitution and situational variables. However, structural characteristics of slot machines are designed to induce the player to play and/or to continue playing. It has further been argued (Griffiths, 1991; 1993; 1999; Griffiths & Parke, 2003b; Parke & Griffiths, 2004; 2006) that a combination of the technological aspects of structural characteristics (event frequency, the near miss, symbol ratio proportions, light and sound effects, the suspension of judgement, etc.) may contribute towards habitual and repetitive play in some individuals.

Features such as jackpot prize and stake are well known structural characteristics and are predetermined by the machine designer, manufacturer, and/or operator. These are important not only in the acquisition of gambling behaviour but also in gambling development and maintenance. For instance, it is well known that if the National Lottery only offered a £100,000 jackpot a week, the operators would not get anywhere near as many people playing as if there was a £3 million jackpot. It is also known that on a rollover week, people play more because of the huge jackpot prizes that can be won (Griffiths &

Wood, 2001). Another consequence of unlimited jackpot wins will be the associated media coverage that comes with them. This will stimulate the 'availability heuristic' which gives the impression to the general public that there are more winners than in reality (Griffiths & Wood, 2001; Parke, Griffiths & Parke, 2006).

Jackpot prizes are perhaps the most important of a whole range of structural characteristics. Other characteristics include accessibility to an activity and event frequency (i.e., how often you can gamble in a given time period) (Griffiths, 1993; 1999; Parke & Griffiths, 2006). Characteristics such as stake size, jackpot size, the number of near misses in a particular time period etc. are all things that can be manipulated by slot machines designers in an attempt to initiate and maintain gambling behaviour.

While it is known that slot machines - even on very small jackpot prizes such as a £15 jackpot prize - can still result in habitual and repetitive behaviour patterns (i.e., addiction) in some people, the introduction of an acquisition factor to get people gambling in the first place, in the form of a huge jackpot prize, far higher than presently permitted, is going to be something that is very reinforcing to the gambler. The interesting thing about playing a slot machine where a gambler has an unlimited prize, is that if they are losing lots and lots of money, there is always a chance on the next play they can completely recoup their loses. In short, huge jackpot prizes will help facilitate 'chasing' behaviour among gamblers. Furthermore, chasing losses is one of the biggest risk factors in problem gambling (Griffiths, 1999). Those people who consistently chase loses are the ones that tend to get into problems.

One of the interesting things about the unlimited jackpot size is the possible effect for young gamblers. It is well known that many adolescents drop out (or 'mature out') of playing slot machines when they reach late adolescence or early adulthood because they realise the jackpot sizes are limited (Griffiths, 1995). This group who may have thought about giving up their slot machine gambling are more likely to carry on playing if there are huge unlimited prizes. In short, unlimited jackpot prizes are a feature that is likely to keep adolescents playing where they may have been doing for a number of years on smaller sized jackpot machines.

Another factor that may influence player behaviour is the fact that Category A machines will be truly random and chance-based. The fact that there is absolutely no skill involved is likely to attract older players and women. There is also the concern that current slot machine players who currently play the non-random machines in pubs, clubs, and arcades may think that Category A machines operate with the same non-random technology (see Parke & Griffiths [2006] for an overview of the current non-random technology used

in British electronic gaming machines). These players will continue to gamble thinking that the machine will eventually pay out in the short-term.

It is clear that particular structural characteristics of slot machines, and most notably unlimited stakes and prizes, have the potential to induce excessive gambling regardless of the gambler's biological and/or psychological constitution. Further to this, some structural characteristics are still capable of producing psychologically rewarding experiences even in financially losing situations (e.g., the psychology of the near miss) (Griffiths & Parke, 2003b; Parke & Griffiths, 2004; 2006).

It is clear that Category A type gaming machines will almost certainly have negative social consequences by increasing problem gambling rates. Their impact will be far more corrosive than that of the machines currently available in the UK. Furthermore, the greatest risks are likely to occur in those places where vulnerable individuals at risk from developing problem gambling have unrestricted access to Category A gaming machines.

Section 7: *Blackpool and problem gambling*

As mentioned already, Blackpool has, perhaps, a unique concentration and availability of gambling environments including casino gambling and the highest concentration of gaming machines (in seafront arcades) in the UK. Recently, Blackpool Council engaged IPSOS/MORI to carry out a 2006 sample survey of the leisure and gambling behaviour of 1,100 Blackpool and Fylde Coast residents (including a 'booster' within the resort core area). In their application to the CAP, Blackpool Council (2006) asserted that gambling prevalence and problem gambling in Blackpool corresponded to the national average but then admitted, in the Endnotes to the bid document (Endnote 37) that the survey sample was "... *not large enough to give a statistically robust gambling prevalence*". I find it surprising that from para 2.3 of the bid document (page 6) it is clear that a statistically questionable survey has been used as the starting point for the Council's assessment of likely social impact. In my view, that approach is unsafe.

Blackpool Council claimed that international research suggests that higher prevalence does not necessarily lead to an increase in problem gambling. For instance, a few international jurisdictions have expanded gambling opportunities and provided "... *educational programmes for residents and visitors, and services for problem gamblers*". While this has been shown in a small number of cases, the general 'availability hypothesis' still holds that where opportunity and accessibility to gambling is increased, the number of regular gamblers and problem gamblers also increases (Griffiths, 2003). As earlier explained, the accessibility of presently permitted gambling opportunities in the UK has not

proved unacceptably problematic, but Category A slot machines raise a quite different risk profile. Likewise, insofar as the substantial numbers of gambling operators and outlets in Blackpool will be required to contribute to 'educational programmes' etc. through RIGT and the strict social responsibility codes, inherent in the new Act and applicable to all gambling outlets, the 'off-set' argument (more gambling but more help for indigenous problem gamblers) does not apply in Blackpool to the same extent that it may apply elsewhere.

Indeed, if "... *more than 90% of visits*" are to be from "*outside Blackpool*", then, to the extent that "*services for problem gamblers*" may be assisted by a regional casino in Blackpool, these services are unlikely to be of assistance to customers when they leave Blackpool to return home.

Blackpool Council go on to say in their casino application that "*based on economic assessments of increased revenue, experience from overseas and studies looking at the implications of the new UK legislation, there is little doubt that the number of gamblers and the amount gambled will increase substantially.*" Given the 'substantial' increase in number of gamblers, how exactly will problem gambling be minimised? The assumption is that Blackpool's social responsibility measures will deal with this.

Given the many years and 'head start' that Blackpool has in offering mass gambling facilities, I would have expected to see social responsibility programmes and infrastructures in a significantly more developed state than all the other short-listed bids. However, the social responsibility measures outlined in the Blackpool bid are somewhat rudimentary and (at this stage) only seem to include "*a draft policy, due shortly to go to consultation.*" Almost all of the measures and initiatives by Blackpool Council are "*developing*" and in the "*planning*" stage. Their policy is no more than on a par with most other bids and seeks to:

- establish a Gambling Forum;
- initiate awareness and education campaigns;
- ensure social responsibility policies are in place;
- use licensing and enforcement powers to regulate gambling facilities to ensure that young people and vulnerable adults and communities are protected; and
- trial brief interventions and strengthen counselling and treatment services in partnership with mainstream and voluntary sector service providers and *GamCare*.

None of these are currently in place, and even if they are eventually implemented, they are the minimum I would expect of a good social responsibility policy. The potentially negative social impacts of a regional casino will need to be addressed by developing a strong, multi-agency response that will help negate these impacts. More importantly, these need to be directly addressed at a local level rather than reliant on national agencies located elsewhere in the UK (such as *GamCare*).

Other short-listed bids (such as the Manchester and Sheffield bids) have based their social responsibility agenda on international best practice based around the key areas of research, prevention, and treatment. This would seem to be a good model for the successful bidder to adopt. As the Sheffield bid points out *"the best way of dealing with problem or excessive gambling is not to limit the enjoyment of the vast majority of people who gamble harmlessly, but rather to ensure that nobody gets into trouble with gambling through ignorance and that anybody who does get into trouble is able to access expert and effective help"* (Sheffield City Council Casino Submission, March 2006, p. 10).

Throughout Blackpool Council's application a number of references are made to the close links with Lancaster University (Footnote 35; personal communication with Professor Corinne May-Chahal) and the newly formed Gaming Academy. For the record, the team headed by Professor May-Chahal have relatively little experience of the gambling field and/or social responsibility. Professor May-Chahal is a highly respected academic and has an excellent academic pedigree but as far as I am aware, she and her team have only ever published one report in the field of gambling (see May-Chahal, Measham, Brannock, Amos & Dagnall, 2004) and could not in all honesty claim to have any long-standing expertise in the field. May-Chahal's report claimed to be a systematic review of the adolescent gambling literature. However, it was heavily criticized by leading figures in the field of *Gambling Studies* for omitting at least 30 studies and being highly selective in their interpretation of the literature (see Griffiths, Orford, Wood & Hayer [2005] for a full critique of the May-Chahal report).

It is further claimed that the presence of the new Regional Gaming Academy *"constitutes a unique national centre of excellence for education and training for gaming"* (Blackpool Council, p.17). Having only been operational for a few months, the new Academy can hardly claim at such an embryonic stage to be a *"national centre of excellence."* Furthermore, the claim that the services it provides are *"unique"* is clearly not true as there are both well-known organizations (e.g., *GamCare*) and other educational establishments (e.g., Nottingham Trent University) that offer such services. In short, I question the practical merits of the Council's reliance on the recent establishment of the gaming academy referred to. Indeed, insofar as the academy is to become a *"national centre of*

excellence", its remit must be much more than local, though the existing extent of gambling in Blackpool will no doubt be useful from a research perspective.

With or without a regional casino, the town is not in my opinion sufficiently typical in terms of population profile or gambling opportunities to represent a meaningful test-bed for gambling research.

Section 8: *Blackpool and youth gambling*

While adolescents will not be admitted to the gaming areas in a regional casino, and while the effect of the reduction in stakes and prizes for Category D machines is likely to reduce any prevalence of problem gambling amongst them, at least in Blackpool, the inter-relationship between the development of a regional casino and concerns about young people deserves consideration.

As mentioned in the introductory overview of problem gambling, nationally, adolescents are four to five times as likely to be problem gamblers when compared to adults and are therefore a vulnerable group that is to receive protection from gambling through the new Act. It is perhaps worth noting that the latest wave of the national adolescent gambling survey has just been completed (MORI/International Gaming Research Unit, 2006) as there may be some implications for Blackpool. The survey's key results confirm almost all of the UK research findings over the last decade. Thus, fruit machines remain the most popular form of underage gambling nationally, with half of young people saying they have played on them in the past year.

The survey also assessed rates of problem gambling for two types of game using a youth-adapted gambling screen – playing of scratchcards and playing of fruit machines. Encouragingly, the prevalence of problem gambling decreased considerably from 4.9% in 2000 to 3.5% and this appears to be related to the fact that fewer adolescents are problem gamblers on either scratchcards or fruit machines. However, problem gambling amongst those who gambled remained the same as in 2000, with 6% classified as problem gamblers. To some extent this reflects the fact that gambling as a whole has declined in 2000-2006 but it also demonstrates the vulnerability of youth who actually gamble to develop gambling problems, and emphasises the importance of measures aimed at preventing youth gambling.

In specific relation to Blackpool, the general 'availability hypothesis' that increased access leads to increased problems (Griffiths, 2003) supports a concern that the prevalence of problem gambling amongst adolescents in Blackpool may be higher than the national average. As mentioned earlier in the report, adolescent gamblers who would otherwise be likely to give up their slot machine gambling are more likely to carry on playing if there are huge

unlimited prizes. In short, unlimited jackpot prizes are a feature that is likely to keep adolescents playing as they have been doing for a number of years on smaller sized jackpot machines.

Section 9: Blackpool as a 'test bed' pilot for regional casinos in the UK

As there is only going to be one licence given for a regional casino, there is a pressing need to ensure that the place given Britain's only regional casino is a good 'test bed' for monitoring the social impact. Whichever city is chosen to house the new casino, the CAP must be sure that the successful bidder has in place a delivery strategy and infrastructure to measure and evaluate the necessary policies to alleviate or minimise the harmful social impacts of any casino development. Furthermore, given that only one licence is to be awarded, the city chosen to house the casino should have a socio-economic profile that reflects the UK as a whole (or at least as near to it as possible). This includes unemployment rates, the population's ethnic origin, education and qualifications, etc., that should be in line with UK averages. Such a city would be a good environment in which to pilot a regional casino because the social and economic implications will be highly relevant to the UK population as a whole. On these grounds alone, Blackpool would be an unsuitable pilot especially as Blackpool is described as "*a seaside town and destination resort*" (Blackpool City Council, 2006; p.17). This is hardly a description of a typical British city in which to carry out a representative pilot study.

With regards to suitability for the regional casino pilot, what should differentiate one location from another is the depth of understanding of the positive and negative impacts and the robustness of its advanced preparations. This would be for both maximising positive impacts and mitigating the negative ones. Having read all eight short-listed applications, perhaps one of the best infrastructures in place is that of Sheffield which has its exemplar 'Sheffield Neighbourhoods Information System' (SNIS). The SNIS is a multiple domain, indicator-based index used to monitor changes in the city's 100 local neighbourhoods over time. The SNIS provides complete up-to-date profiles and 'health check' of all the city's neighbourhoods. The system has also been designed to evolve over time to allow further and more sophisticated analyses. Furthermore, the system will be able to examine positive and negative economic and social impacts of a regional casino. A system like SNIS can be expanded to accurately capture a robust baseline assessment of a city's gambling trends and provide a suitable baseline against which to measure increased gaming opportunities and impacts on quality of life. This would allow the lessons learned from the pilot to be disseminated nationally with more meaningful data. Other bids, while not as detailed as that of Sheffield's, did at least operationalise their monitoring and evaluation

framework via such bodies as a city council 'Responsible Gambling Unit' (e.g., Manchester's *Sportcity* bid).

Other short-listed bids were also more realistic and detailed in terms of identifying the negative social impacts. For instance, the Brent bid (at *Wembley*) developed a "*Gambling Vulnerability Index*" to highlight which groups of their local residents are more susceptible to problem gambling and to put in an infrastructure to help those at risk. The Brent bid is very explicit in highlighting that (i) proximity to the casino will increase the likelihood of negative impacts, (ii) it will directly increase levels of problem gambling, and (iii) the most affected are likely to be those with low incomes, and those with poorer than average qualifications. To address these (and other issues), they highlight five specific measures including employee training schemes, public awareness campaigns, exclusion schemes, immediate access to help (e.g., helpline), and appropriate 'best practice' licensing regulations.

In essence, any successful bidder needs to demonstrate an ability to robustly test social impact. Compared with other short-listed cities, Blackpool's bid was not as developed in terms of monitoring and evaluation infrastructure, and does not sufficiently acknowledge the high vulnerability to problem gambling that its local residents may face (in fact, a great majority of the bid is spent trying to say there is little to worry about in terms of their local residents).

One of the most worrying problems in relation to any site chosen as the 'test bed' for a new regional casino is that the Government's proposed prevalence study will be unlikely to analyse and monitor local scenarios. The current true baseline of gambling and problem gambling in Blackpool is, at present, unknown. The local impact given the demographic profile of the Inner Wards is a cause for concern when related to the high number of deprivation indicators (many of which are risk factors for developing problem gambling). Furthermore, given the high number of tourists predicted to access a regional casino, tracking the impact of one particular casino on problem gambling is likely to be difficult. A further confounding factor is the fact that Blackpool already has several regeneration projects underway (e.g., the town centre extension; development at the airport; the seafront improvements; environmental improvements to Seaside Way; Talbot Square; and Storm City, aka Second Gate). This is likely to pose difficulties in isolating and measuring the social impact of a single regional casino.

Perhaps of more concern is the claim made by Blackpool Council that the prevalence of gambling and problem gambling is in line with the national average, based on the IPSOS/MORI survey carried out. It could perhaps be argued that Blackpool is the most gambling orientated location in the UK.

Given this availability of gambling opportunities and based on the 'availability hypothesis' (Griffiths, 2003), the prevalence of problem gambling may therefore be higher among Blackpool residents than almost anywhere else in the UK. As Blackpool Council claim this is not the case, this implies that the residents of Blackpool (as a whole) must have a set of 'protective' factors not found amongst other vulnerable populations. If there is something special or unique about Blackpool residents that makes them more invulnerable to problem gambling, then Blackpool certainly would not be the best place for a 'test bed' pilot as the results would be skewed and unrepresentative.

Alternatively, it may be the case that the methodology used in the IPSOS/MORI survey sample was not large enough to give a statistically robust problem gambling prevalence (as admitted by Blackpool Council in their submission). If Blackpool residents do in fact have a higher problem gambling prevalence rate compared to other populations around the UK, then again this would not be a good population to carry out a 'test bed' pilot study as the results would again be skewed and unrepresentative.

Conclusions

It is concluded that for a range of interlocking reasons Blackpool is not the best possible test of social impact. In reaching this conclusion, it was pertinent to consider a prospective regional casino's 'resident' and 'visitor' markets. In summary:

Blackpool Residents:

- (1) **Blackpool is an area of high resident vulnerability to problem gambling:** In specific relation to Blackpool residents, social deprivation, poverty (i.e., low socio-economic status), low educational attainment, and high crime levels, all known demographic risk factors associated with problem gambling, are all prevalent in the area. Furthermore, compared with the other seven locations that have applied for regional casino status, Blackpool is one of the most highly deprived areas – particularly in relation to education and economic inactivity. In more general terms, in so far as the incidence of these factors is out of kilter with national averages or the levels existing in the large urban conurbations likely to attract any later regional casinos permitted, Blackpool cannot be said to be "*the best possible test-bed*". These factors also make the specific location of the prospective regional casino, in Blackpool, especially critical. The analysis pointing to this high resident vulnerability is in Section 3 of this report.

- (2) **Blackpool residents, as compared to those in the areas surrounding the location of other bids, will be especially vulnerable with regards the psychosocial impact of Category A (unlimited jackpot) machines:** It is clear that Category A type gaming machines will almost certainly have negative social consequences by increasing problem gambling rates. Huge jackpot prizes help facilitate 'chasing' behaviour among gamblers. Furthermore, chasing losses is one of the biggest risk factors in the development of problem gambling. The greatest risks are likely to occur in those places where the prospective casino's Category A slot machines are most accessible to vulnerable individuals at risk from developing problem gambling. Blackpool is just such a place. The particular characteristics of these machines are explained in Section 6 of this report, but Sections 3 and 4 also inform this conclusion.
- (3) **The unique, existing, prevalence of slot-machine gaming in Blackpool, combined with a wide range of other gambling opportunities raises concerns about the baseline against which the impact of a regional casino could be judged and/or the suitability of Blackpool's resident population as a test-bed of social impact:** Given the availability of gambling opportunities, the prevalence of problem gambling may therefore be higher among Blackpool residents than almost anywhere else in the UK. Based on a recent survey by IPSOS/MORI, Blackpool Council claim this is not the case. This implies that the residents of Blackpool (as a whole) must have a set of 'protective' factors not found amongst other vulnerable populations. If there is something special or unique about Blackpool residents that makes them more invulnerable to problem gambling, then Blackpool certainly would not be the best test-bed as the results would be skewed and unrepresentative. On the other hand, if, as I would expect to find from a more robust survey, Blackpool residents do in fact have a higher problem gambling prevalence rate compared to other populations around the UK, then again the population would be unsuitable as a test-bed as the results would again be skewed and unrepresentative. The bid document's Endnote 37, indeed, confirms that the "*... survey sample is not large enough to give a statistically robust gambling prevalence*", although the study appears to have been the Council's starting point in their assessment of prospective social impact. These conclusions draw from sections 6, 7 and 8 of this report.

Blackpool Visitors

- (1) **The visitor market for a regional casino in Blackpool is unlikely to be representative:** The socio-economic profile of Blackpool's current visitors will inevitably, at least, influence the profile of the regional casino's customers. But the extent of that influence cannot, in the absence of any UK precedent, be accurately estimated. While no two regional casinos are likely to be identical, there are likely to be greater similarities between, for instance, the profile, useage and visitation patterns of urban regional casinos than will be the case by comparing a regional casino in Blackpool with one based in an urban conurbation like Manchester, Sheffield or Brent.
- (2) **The visitor market, to the extent that it will remain seasonal, will be un-representative:** To expand, while Blackpool already has a longer season than other British seaside towns, and the Council hope that a regional casino would further extend that season, useage of a regional casino in Blackpool would still be likely to be seasonal in a way that would not apply in, for instance, Glasgow or Cardiff. This would affect the pattern of visitation and most probably the spending patterns of players. Put simply, those on holiday will exhibit different spending patterns as compared to those visiting on the basis of a different pattern of use. That would not necessarily be decisive, in social impact terms, but for the difficulty that would arise in using Blackpool's patterns of visitation, play and spending as the basis for assessing the likely impact of a regional casino in a large urban setting.
- (3) **Blackpool's reliance on "... more than 90%" of the casino visitors being generated from outside the area, makes monitoring of the main customer base almost impossible:** Similarly, in so far as 'educational programmes' and other steps aimed at the alleviation of problem gambling caused by the regional casino, may be concomitant to its development, monitoring the efficacy or otherwise of those steps on customers living far from Blackpool in many different parts of the country would present considerable difficulties.

Without effective monitoring, research and actions based on the results of Blackpool's regional casino experiment will be at best flawed and, more likely, ineffective.

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Appendix 1: 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*".