

Letter to the Casino Advisory Panel from Professor Corinne May-Chahal, Lancaster University.

Dear Panel members,

Re: Blackpool EIP Social Impact Assessment

I was unable to attend the EIP in person as I was participating in an International Gambling Think Tank in Auckland, New Zealand. Several items raised in reports submitted to the EIP at Blackpool on 8 September have been passed to me for further consideration. I would particularly welcome the opportunity to comment on mention of Lancaster University's Social Impact Assessment in the documents prepared by League Notion, Mark Griffiths and NERA.

The main issues appear to be a challenge to our reliance on the IPSOS/MORI survey for primary data on problem gambling in Blackpool, a potential conflict of interests, our failure to consider the impact of Category A machines and our approach to problem gambling in general. For the benefit of the panel I consider each of these in more detail.

a) The IPSOS/MORI Prevalence Survey

To my knowledge, this survey of gambling attitudes and behaviours is the first local adult gambling prevalence study to be conducted in the UK in the last decade. In my opinion, the design and methodology were both appropriate and rigorous, comparing well with similar studies in other countries such as the US, Canada, Australia and China. No doubt IPSOS/MORI will be compiling their own response to the challenges concerning sampling and reliability. I was not involved in any way in the design and data collection for the study. I merely had access to the findings, some of which I drew on in the paper referred to by Mark Griffiths (with the prior permission of Blackpool Borough Council). This paper was concerned with exploring the findings on E-gambling and was unrelated to the casino impact assessment report (May-Chahal, 2006). At the GREGRI conference in Amsterdam I stated quite clearly that I had only been involved in reviewing the findings and deny that I 'intimated I had been part of the research advisory team'. Indeed I had no knowledge that there was such a team.

I will, however, say something on the methodology since many of Mark Griffiths' comments come back to this. I conducted the first national random probability study on child rearing and the prevalence of child maltreatment in the UK (with the NSPCC) and am familiar with the issues. In designing that study we gave considerable thought to the type of sampling required and investigated quota sampling as an option. Whilst it is not perceived as being as robust as probability sampling, several studies have shown that results from quota samples may not be that dissimilar depending on what data you want your survey to collect (Survey Methods Centre, 1994). In particular, I note that quota sampling is an appropriate method for collecting data on vulnerable populations, where there may be a higher rate of vulnerability in a specific geographical area. Random probability samples are not always the best method of picking up local variations of prevalence. The Blackpool study deliberately over-sampled from what might be termed the 'vulnerable areas' i.e. those which included people with possible risk factors for problem gambling. Thus, it is noteworthy that the levels of problem gambling appear to be broadly comparable to the national average and it would have been remiss not to have considered this information in our impact assessment.

b) A potential conflict of interest

Blackpool Council, commissioned us to conduct an independent academic assessment of social impacts drawing upon resources available to them from a local academic institution where expertise in social impact assessment existed. Since initiating research development in the gambling field two years ago a coherent research group has formed with interests in young people and gambling, gambling debt and help 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, involving six members of staff.

I have personally conducted research with local authorities, regional and national organisations using a range of research methodologies. At local authority level I have conducted impact and evaluation research involving both quantitative and qualitative methods (including participatory community research) on the implementation of new local authority (social care) practices (in the UK and Western Australia) and implementation of government policy (Children's Fund). The Applied Social Science Unit for Research and Evaluation (ASSURE) in which most of this research is based also works closely with local authorities, the police and criminal justice organisations, health and voluntary organisations on research and evaluation projects, including evaluating local programmes in the drug and alcohol sector.

Blackpool Borough Council had no involvement in the drafting of or the conclusions of the Social Impact Assessment, which remained solely a matter for me and my team.

Two areas of research involvement are commented on, both by Blackpool Borough Council and by Mark Griffiths/League Notion: a treatment study and a gambling observatory. The claim is that I would not be disinterested in the outcome of the Blackpool proposal because I, and my University, potentially stand to gain from it. It is also claimed that for this reason the report we provided is not independent. I strongly contest both claims.

As Associate Dean for Research in the Faculty of Arts and Social Sciences at Lancaster I have been closely involved in developing our Code of Practice on Ethics in Research. This Code of Practice quite clearly states that where there is a conflict of interests this should be declared and I would have been remiss not to do so. This allegation therefore reflects on my personal and professional conduct and is not to be taken lightly.

With reference to the first research area referred to, the treatment study was not a Blackpool specific study. I, with Barry Tolchard at Essex University, and in partnership with GamCare, tendered for an ESRC/RIGT programme grant to conduct a randomised clinical trial on gambling specific cognitive behavioural and solution focused therapy with both adults and young people in two British locations (Southend and Blackpool). These sites were selected because of the gambling opportunities available, their lack of BreakEven services at the time (2004) and the researcher's access to the Trusts in both areas. The national treatment arm was to be provided by GamCare. The study was intended to form part of an international RCT study involving teams in New Zealand, Australia, Canada and the US. One of the reasons that I went to New Zealand in September was to progress a revised proposal for a new research design with colleagues from these other countries. We could quite easily pursue this research in another location in Britain and I am not committed to conducting the study in Blackpool, although there does not seem to be a good reason for not doing so. Blackpool expressed an interest to be involved as a way of developing evidence based treatment services and I consider that any disinterested person would see that as beneficial to the public interest. The progress of this study is in no way contingent on or related to Blackpool (or any other local authority) being successful in their Casino bid.

The second issue concerns Blackpool's support for the Gambling Observatory. I have previously worked with WHO on their public health approach to violence and thought that it would be helpful to promote the development of an international gambling observatory based on the WHO regions. I have discussed the observatory with regulators in the UK, Europe, Australia and New Zealand and researchers from various countries the majority of whom are supportive of such a development. As with the treatment study this is deliberately intended to be international in scope, partnering with several other countries. In this case, I intend to seek European funding, of which I have considerable experience. I did mention to Blackpool that I was intending to progress the development of a gambling observatory and Blackpool did indicate to me that they were supportive of this idea. However, as with the treatment study,

the progress of the observatory is in no way contingent on or related to Blackpool (or any other local authority) being successful in their Casino bid since it is beyond their scope. I have not discussed the framework for the observatory with Blackpool and so I can only assume that they have misunderstood their role here.

c) Failure to consider the impact of Category A machines

Category A machines have not previously been available in the UK and so there is no literature specific to UK impact. In compiling our report we reviewed impact assessments and relevant research from other jurisdictions, including those which have high stake payout machines. We have referenced and included some of this literature in our report. A problem with the research literature is that it generally does not disaggregate the impacts of such machines from the impacts of a casino more generally. There may be a considerable difference, for example, between the impacts of gaming machines in clubs or other very localized settings (as is the case in Australia and New Zealand where much of the research has been conducted) and the impacts of such gaming machines when they are restricted only to casinos. There is some research that suggests that the situation and environment of gaming machines has an effect on problem gambling impact, such as machines in unsupervised locations (see for example Abbot, 2006) but this is a developing research area.

d) Understanding of the potential impact on problem gambling

Mark Griffith's discussion of psycho-social impact focuses wholly on problem gambling as the social impact issue. We proposed a broader framework for the assessment of social impact derived from the Whistler Symposium which involved all the key researchers in the gambling impact field and, despite being over 5 years old, remains the standard against which debates on measuring impact are judged. Key research areas were identified which indicate some of the difficulties in finding certainties in this field, including:

- The difficulty in establishing causality of drivers and impact outcomes with perhaps four to five different views of what causality is;
- The need for transparency of data, funding sources and methods;
- Avoiding rejecting a factor just because it can't be easily measured;
- The need to have an inter-sectoral or multi-disciplinary approach to impact studies;
- The importance of quality of life measures;
- Understanding concurrent disorders—gambling disorders do not come alone but are associated with other social problems that are not necessarily psychologically based;
- The issue of high-risk populations;
- The need to consider a continuum of gambling behaviours, not just problem gambling;

(Wynne & Anielski, 2000)

In addition we were mindful of the most significant review of the problem gambling literature for the UK (Abbott et.al., 2004) which confirms that despite agreement that problem gambling exists there is 'conceptual confusion' in relation to the measurement of problem gambling. This same report advocated a public health approach to gambling that addresses gambling harm, including but not solely that of problem gambling. From this perspective, new gambling opportunities will impact at the individual, family, community and societal level both positively and negatively. Health, quality of life, cultural, crime, economic, relational *and* individual impacts should be identified, not all of which will originate from problem gambling. We have tried to reflect some of this breadth in our report and consider it is one of the first to do so. It therefore comes from a different perspective to that of Mark Griffiths and others who focus only on impact relating to problem gamblers.

We in no way wish to minimize problem gambling as an important issue and it is equally essential that assessment of the impact of new opportunities consider this area of

vulnerability. There is, however, a great deal of data lacking concerning specific aspects of vulnerability and there is still a lack of consensus on what makes one individual more vulnerable than another, or what makes one community more vulnerable than another. This is the case even where they share similar characteristics such as those measured by deprivation indices; hence the proposal by Whistler for the need to study 'at risk' populations in more detail.

In conclusion, Lancaster's perspective to this field is one that builds on international research in the area of public health. This development has begun to challenge many who have been researching gambling only in relation to problem gambling. We do not attempt to minimize that problem at all but we do attempt to put it in context. We hope that our work is helping to take the whole agenda of gambling and social impacts into new and productive territory (i.e. understanding and mitigation) and away from opposition based on moral imperatives or narrowly focused research.

I would be pleased to supply further information if the panel requires it.

Yours sincerely

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References:

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