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14 December 2015

Sir Christopher Kelly
Chair
Responsible Gambling Strategy Board
RGSB Secretariat
Victoria Square House
Victoria Square
Birmingham
B2 4BP

Dear Sir Christopher,

Responsible Gambling Strategy Board (RGSB): proposed Strategy 2016-17 to 2018-19 Consultation Response.

Thank you for offering the Responsible Gambling Trust (RGT) the opportunity to respond formally to the above consultation. We attach our specific responses in the format requested.

In more general terms, and as I have previously communicated to you, we do have concerns about the tone of the document, and its implications for the governance arrangements which underpin the existing tripartite, voluntary system for Research, Education and Treatment (RET) in this field.

RGT is an independent charity and we must be careful not to undermine that by giving any impression that we are simply the delivery function of the RGSB or the Gambling Commission. RGT is primarily accountable to its trustees, and regulated by the Charities Commission. We see the RGSB and the Gambling Commission as our (key) partners not as our masters and I fear that the strategy as currently drafted implies that we will simply, and only, implement your strategy. It makes no attempt to recognise the independent nature of RGT as an active RET partner.

However, we do agree with you that the Strategy should be the industry's strategy, in the widest sense. We will therefore be guided by it as we form our own strategy, and we will continue to work in close partnership with you, but we will remain independent.

Whilst we will work in partnership with the Gambling Commission and the RGSB, we do feel the draft document's tone assumes too much. Indeed, some of the organisational structures which are developing in the context of this draft strategy's assumptions are at risk of compromising the existing statutory governance arrangements. There is a danger of them dis-empowering RGT and its trustees. This is not healthy and is not good governance.

For example, one specific assertion in the draft is that the RGSB should hold us to account. We do not believe this is your role, and your terms of reference do not specify this within them. Indeed, it is Ministers who are empowered to introduce the Statutory Levy at any point within the provisions of existing legislation, and are therefore in a position to hold us to account, and even then, only indirectly.

Advising the Government and Gambling Commission on the quantum of funding required on a three year rolling basis is explicitly within your terms of reference. However, we believe this should be done in cognizance of the current level of available funding, be based on robust evidence of need, and be clear about where RGSB expects the money to come from. Given that we operate within a voluntary system of funding, we also look to both the RGSB and the Gambling Commission to explain how they will help us raise the level of funding they recommend.

I trust that you will view this letter, and our more detailed comments, in the light in which they are meant. RGT is generally supportive of much of the sense of direction outlined in your strategy and we will continue to work with you as a positive and constructive partner. However, it would be remiss of me not to take this opportunity to reassert RGT's position as an independent and equal partner in the RET sphere.

In the spirit of transparency which we are all seeking to extend, we are publishing this letter and our detailed response on our website.

Yours sincerely

Neil Goulden
Chairman

Encs

Responsible Gambling Strategy Board (RGSB): proposed Strategy for 2016-17 to 2018-19

Consultation response

This template is provided for responses to the Responsible Gambling Strategy Board's consultation on its *proposed Strategy for 2016-17 to 2018-19*. Please use this template if possible.

The template leaves space for responses to all the questions asked in the consultation. However, we understand that respondents to the consultation may wish to answer only those questions which are relevant for their business, organisation or interests.

All responses should be sent by email to info@rgsb.org.uk by **Monday 14 December 2015.**

Alternatively, responses can be sent by post to:

RGSB Secretariat
Victoria Square House
Victoria Square
Birmingham
B2 4BP

Name:	**Neil Goulden**
Organisation:	**Responsible Gambling Trust**
Email address:	**info@responsiblegamblingtrust.org.uk**

If you are responding on behalf of an organisation, please indicate which type of organisation:

Industry body		Regulatory body	
Government body		Charity	✓
Local authority		Help group	
Academic institution		Faith group	
Other (please specify)			

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

Q1. VISION
Do you agree with the vision statement as set out on page four of the strategy? If not, what else would you expect to see there?

The vision is described titled as 'Our vision' and states 'This is ours', which can only be read at this early point in the document as meaning it is the vision of the RGSB. This does not align with the sentiments in paragraph 8 that it should be a jointly owned strategy. Perhaps the introductory line could state "Good strategies require a vision. We have worked with all stakeholders to develop a shared vision for the ideal future:"

There perhaps ought to be something said about the need for the State regarding its role and responsibilities; specifically, the need for it to be more directly involved with respect to research, harm prevention and treatment. We observe that Principle iii on page 12 notes that "Government has a responsibility…".

Ways this could be translated into action could be:

- All those in groups known to be more likely to have gambling problems receiving problem gambling screening, and referrals or interventions if required. Some target areas could be drug and alcohol treatment services, offender populations and debt management services. There could be some quick wins to build this into the existing national data sets – particularly for substance misuse and offender services.

On scope – we would not pigeon hole this as just a public health issue – it is wider than this. Addiction is an issue that can impact on health, social care and criminal justice and more. Solutions require multi-disciplinary responses including education, wider health buy-in (including primary care commissioned by CCGs, plus public health), social care and welfare, criminal justice, civil society etc. If this is just put as a public health issues it allows all the other key players off the hook. Furthermore public health is amongst the most financially challenged part of the public sector and just placing the responsibility for gambling interventions here – could be driving hopes of mainstreaming into the ground.

More could be said regarding the building of trust and positive engagement between all stakeholders on the basis of shared values. This goes further than simply a culture in which data may be shared, but is probably a requisite for such a culture to develop. It would also be remiss not to mention the work already done by many stakeholders to make progress towards this vision already – former members of the RGSB; operators within the industry, the RGT and its predecessor bodies. It is far too easy, and wrong, to push for change without acknowledging that we are on a journey and that much progress has already been made.

Q2. OBJECTIVES
Do you agree with the four objectives as set out on page five? Will they enable the achievement of the vision, or is there anything missing?

We think that the tone of the objectives is too negative. They make it sound as though we have no evidence and that little progress has been made. We would strongly dispute this.

We do agree that we should be ambitious about building an evidence-base but the tone and some of the content is in danger of taking us to a place where the strategy is in danger of throwing out the 'good enough' in pursuit of the perfect. The bar is being set too high; 'good enough' will more than suffice.

On objective i. we know a lot about addiction and this is just not recognised here. There is no reason why this would not apply to gambling as a behavioural addiction.

A better 'benchmarking' of expectations against other addictions and behavioural problems may help with this. For example, we have many theories about about why and how some people develop drug or alcohol problems and others do not: we have huge population level data sets and lots of very well constructed studies on this. But with all this data and research we still do not know

what the social and individual determinants of developing drug or alcohol addiction are beyond broad sweeping statements and theories. It is unrealistic for us to get beyond this in the gambling arena. However, we can learn from the work done on other addictions.

Objective ii is particularly negative. For example, actually there is some good evidence that some talking therapies help ameliorate problem gambling – particularly CBT programmes. We have consistent data from the providers of gambling treatment (funded by RGT – and other services in other countries including Spain and the USA) that gambling dependency (as measured by validated tools e.g. PGSI) reduces through treatment. There is an element of chasing an invisible goal here. Yes it would be good to have more, but we need to be careful about expectations. There is very consistent cross disciplinary evidence that a range of talking therapies can help addiction and mental health problems – however, there is also consistent evidence that and quality of the therapeutic relationship the client, the management of the services and staff competence has more impact than the particular model of talking therapy used. There is also good evidence from drug, alcohol and behavioural addictions that many people have a period of dependency but are able to overcome dependency through self-management techniques, support of significant other and mutual aid (such as the 12 step organisations including GA, and SMART recovery). The latter evidence was strong enough to be recommended by NICE guidelines on both drugs and alcohol so it is very reasonable to think that it is evidence-based practice for problem gamblers.

Objective iii. The area that has a much poorer evidence base than treatment is prevention interventions in addiction and other areas. There is evidence that some prevention campaigns can send behaviour 'the wrong way'. However, it is not a desert and bigger public health models such as nudge theory, brief interventions, and environmental adjustments are likely to be valid.

Objective iv would link to what we suggest is missing from the vision i.e. the role and responsibility of the State.

Paragraph 10 refers to criticising us and operators and references in paragraphs 38 and 42 to holding others to account for actions are not obviously grounded in the RGSB's own terms of reference. RGSB has no locus or remit to do this, as its role is to provide advice. The Gambling Commission, as regulator, holds operators to account, and its own trustees hold the RGT to account. The Government holds the Gambling Commission to account. RGT's trustees are required to attend to the charity's objects first and foremostly.

Q3. PRINCIPLES
Do you agree with the eleven key principles that we have outlined on pages 11 and 12?

i. We would reframe this as "prevention is better than having to help individuals, families and society deal with the consequences of problem or dependent gambling". It is not just about funding treatment – it is about preventing harm and misery caused by harmful dependent gambling

ii. We agree but, many people who develop addiction, offending or other life problems have vulnerabilities and there is a wider responsibility on the state, families and communities to encourage health lifestyles including responsible gambling. This lays the foundation for inclusion of responsible gambling 'responsible behaviour' early interventions and education programmes

iii. We think this should be strengthened. We contend that more ought to be said regarding the role of the State in principle iii; is this the only basis upon which Government has a responsibility? Surely it must go further in terms of the wider social and economic costs and benefits of legalising a risky activity, and the further responsibilities that arise. Government has a responsibility for a number of reasons. They have all kinds of responsibility to promote healthy behaviour and ameliorate harm – from all kinds of addiction. They promote the national lottery – so they ARE industry, and they gain tax revenue from the industry. Please broaden in line with our earlier comments

vi. Yes but see our earlier comments. This is a wider issue than gambling in that some groups e.g. those who have been 'in care', had early life problems, who live in socially

deprived areas etc. are all more vulnerable to a range of 'life problems' including gambling. We therefore need to also get gambling build into larger studies of these health and social inequality impacts

vii. Yes we agree but see earlier comments – there is a lot of evidence around addiction and dependency in general that should not be ignored. We should also not demand a level of evidence that is not required in other areas. The evidence upon which some major drug and alcohol strategy elements were based was at time light – e.g. the arrest referral schemes – which actually successfully targeted and attracted to treatment thousands of heroin users. So yes, evidence but it needs to be 'good enough' not perfect.

viii We agree with this but perhaps simplify this into the product and its availability, the setting, and the individual. We note this is framed as a deficit approach. The national drug and alcohol strategies also recognise an asset-based approach – recognise the individual problem gamblers assets and help them build on them. Similarly using community assets to help ameliorate problems – such as mutual aid communities

ix Is this an evidence-based statement or speculation? Reframe as both aspects are likely to be important

xi. We would remove the word 'causation' from this – and say they may be related.

xii We would make this stronger – particularly around family and dependent children. Something about the impact on gambling problems on the partners, children, family, and friends can be devastating. It may also impact on employers and wider communities. This should be not overlooked in relation to gambling harms and the provision of interventions to ameliorate impact.

Q4. PRIORITIES

We have identified eighteen priority actions for the next three years. Do you think these are the right priorities? Is there anything missing? Has lead responsibility been correctly allocated? Do you have any views about the timescale in which it would be reasonable to expect each of them to be completed?

General

We think there are too many, too detailed priorities that are too directive about who should do what. The level of detail detracts from the priorities and means there are too many.

We also think that because they are so directive about who does what – and the tasks are largely inward looking towards industry and RGT, it risks creating a situation where other players – namely Government - are let off the hook. We think this approach could actively discourage other players for stepping up and contributing. We think this is a strategic and tactical error.

There are many ways that government and other bodies could contribute and add value, partnership, resources or resources in kind. E.g. Public Health England has 5,000 staff many of who undertake needs assessment and research and policy work – they could help with assessing need and harms, include gambling into their health inequality work etc.

The four priority areas

You have four headings but two are concerned with increasing evidence and one is about ensuring evaluation. Only one is about building capacity and only one third of this is increasing capacity for treatment. **We find these priorities very unbalanced. It reads like gambling research strategy priorities.**

They are very out of kilter with the national drug strategy or the national alcohol strategy

The majority of the money raised from industry goes to providing interventions and treatment: this is good and positive one of the major work streams. We just do not understand why the continued provision of treatment is not a strand on its own – with recognition that the excellent work that is being done should be continued. This approach is taken in the national drug strategy, with a large stand on treatment and recovery. Other strands are on education and prevention, and supply restriction of drugs (it could be responsible supply of gambling opportunities in this strategy).

We strongly recommend a strand on continuing to build the capacity and quality of treatment and interventions for problem gamblers, we would recommend it contained recommendations that were built on and were in line with our knowledge and learning from other areas of addiction:

- We should be helping expand the capacity of treatment and brief interventions e.g. by securing extra resources and strategically commissioning a national system of gambling interventions.
- We can have a national quality assurance programme including a benchmarking of gambling treatment utilisation rates and recovery outcomes against other similar types of provision
- We should be exploring how to help the spread of mutual aid and aftercare support for problem gamblers as this is recommended by NICE for other addictions
- We should be providing brief interventions for those who need low intensity support to help them overcome gambling
- We should be exploring on-line and new technology solutions to provide treatment, brief interventions and mutual aid particularly to rural communities, and groups shown to utilise these methods more – including women and young people.
- We should work strategically with government, commissioners and local providers of substance misuse, mental health and offender care services to mainstream screening, referral and interventions into mainstream services to increase the capacity and reach of treatment and brief interventions
- We should work to ensure the families and significant others of problem gamblers receive the support they need from mainstream services or specialist carers organisations.

xi. The current text on the effectiveness of treatment is very negative. We know a great deal about those who present to treatment and each service collects extensive demographic and assessment data. We also know the impact based on validated outcome measures (PGSI) and in-session improvements via core. This is comparable with drug and alcohol treatment in England – in Scotland and Wales they cannot provide this information as yet. Some of the other bullets that have been carried over from previous strategies under this heading are major research questions e.g. are people in the right level of treatment and detailed treatment effectiveness. RGT are doing work on all these but the strategy is unhelpful in its directiveness – a more general and supportive objective concerning that welcomes the progress made in implementing a national core data base and wants RGT to build on this and explore the impact of treatment on different groups and how the quality and effectiveness of brief interventions and treatment can be improved.

Similarly we would recommend a strand on education and prevention initiatives including many of the industry initiatives:

- Environmental factors and how risk can be ‘designed out’
- Industry messaging
- Self exclusion
- Wider education strategies
- Interventions to deter underage gambling
- Etc.

We think a strategic priority should be working strategically in partnership to government and health, social care, criminal justice, universities etc. to mainstream reducing gambling harm into its work. Some e.g. could be

- Working with public health England to look at the need for interventions to reduce gambling harm
- Work with universities to build better relationships and develop a cohort of interest in gambling research and seek additional funding
- Work with drug and alcohol services to ensure all those with addiction and mental health problems are screened for gambling problems and offered or referred for treatment
- Working with government to secure funding from the big lottery for gambling interventions
- Etc.

The whole programme of addressing gambling related harm should be structured, evidence based and not be dominated by prevailing media of political moral panic. However, the strategy claims that the scope is aimed at all forms of gambling, but that a "significant part of the focus in the immediate future will inevitably be on machine gambling in LBO's" (point 4). The priorities should make it clear when it is focusing specifically on this area.

For example, priority Paragraph 42(iii) talks of the possible need for DCMS to consider imposing account based play, although there is no direct reference to evidence in support of this. That is clearly not a measure yet required for machines other than B2's in bookmakers (by default, the text would suggests it would apply to Cat C and D). References to "the gambling industry" should therefore be more defined when it is referring to specific sectors or products. If the strategy is significantly loaded towards one product (Gaming Machines), this is unhelpful in that it suggests bias.

Under objective 2, it might be worth looking at the work Drinkaware has done in this area with young people. They can demonstrate that the age at which children first try alcohol has increased.

It ought to be noted that despite RGT's best efforts the current LCCP do not specifically identify RGT as the recommended recipient of industry donations to meet the obligation to financially contribute to RET. RGSB might think to advise the Gambling Commission that this is unhelpful in light of the expectations this Strategy places on RGT in terms of delivering the activities that flow from it. If the current tri-partite arrangement forms the basis of the current voluntary system of donations it must be right for the 'partners' in the arrangement to mutually and explicitly support each other in terms of maximising the funds available to deliver this and subsequent strategies. Otherwise, the Gambling Commission and RGSB must identify what other sources of funds might be made available.

Also, from time to time, the Commission agrees financial arrangements with operators in lieu of formal financial penalties. It would be helpful if the RGSB would support the principle that such funds should usually be given to the RGT to ensure (i) that they are spent in line with the agreed strategy, (ii) that the spending is professionally managed (iii) that the activities funded are independently and rigorously supervised and (iv) to smooth the flow of income from a source which is by its nature stochastic, allowing for longer term planning of, for example, harm minimisation programmes, rather than one-off interventions.

More generally the strategy would be improved by the addition of a structured annual review process to change and re-order priorities**.**

Q5. FACILITATING FACTORS
Do you agree with our assessment of the factors which will influence the success or otherwise of the strategy? Have we overlooked anything?

Yes – with regard to the quantum resource to deliver the strategy. This should not just about money. Prioritisation of this area or resources in kind particularly from government or statutory bodies can be just as important. Again, just looking at industry funding, we think is a tactical error. We think the strategy should explicitly try and lever government and statutory body partnerships and resources.

The positioning of footnote 25 implies the IGRG is "finding funding difficult". This may significantly undermine the financial viability of that organisation and in turn its ability to enter into commercial arrangements. We are not aware of the detailed financial arrangements in support of the IGRG, and RGSB may be better placed to comment on them than we are. It is worth acknowledging that IGRG is attempting to be a single body and does have the participation of all trade bodies. It is

understood that the claim in point 43 that they are finding funding difficult is not actually true.

Paragraph 40 i – While we accept criticism as healthy, it would be more accurate to suggest that the work on the extent of treatment and its adequacy has not been completed because other work needed to precede this before it could be done properly.

Paragraph 40 iii - There is recurrent reference in the draft about RGT having insufficient resources. Clearly it may be good to have more, but some projects are not pursued for other reasons that have nothing to do with funding, and in fact, there are few if any recent examples where money has been the reason we did not pursue any particular project.

This also lacks ambition. A culture change was achieved from the last drug strategy by adopting a recovery and asset based approach. This was a big shift – with many positive impacts. We would not want to inhibit such a shift in gambling treatment.

A big facilitating factor could be to form strategic partnerships with others outside the industry and RGT as outlined above.

In terms of research – partnership with the Society for the Study of Addiction and the EMCCDA will be crucial. At their European conference there was a full strand of presentations of gambling research – every day for 3 days. It was all good stuff. Let's not duplicate the work going on – we can contribute

Paragraph 40 iv – We appreciate that the document specifically supports the Trust's governance arrangements and want to acknowledge this.

Q6. MEASURING IMPACT

Do you any views on what would constitute appropriate success measures either for the strategy as a whole or for the individual priority actions?

This is always difficult but it should aspire to define measurable, unambiguous, desired outcomes.

Some very clear measures please e.g.

- number receiving structured treatment
- geographic spread of commissioned providers
- % of treatment penetration
- mean drop in problem gambling scores at treatment completion
- No of brief interventions delivered
- How much £ received
- % of industry demonstrating social responsibility according to set criteria
- some measure of concrete government partnership initiatives

ANY OTHER COMMENTS

We would welcome any more general comments that you have on the strategy as it is currently drafted.

It is positive that the Strategy Board has accepted that current Government policy is to position gambling as a main stream legitimate leisure activity – that said, the narrative appears to depart from a clear evidence base into areas of theoretical risk and this could conflict with the "aim to permit" principle as expounded in the Act. This is not a good position because it creates a potential divide where RGSB strategy is at odds with the law.

A comment on Paragraphs 22 -24 about industry willingness: It is perhaps a little disingenuous to suggest that a) "some operators showed, at best, a grudging acceptance of the need to recognise social responsibility obligations...". That may be the case, but it tars all with the same brush when much of the industry has done the opposite. Point 39(vii) refers to this in "panic reactions" but, in doing so, implies this applies across the industry.

By contrast, the casino sector's creation of Playing Safe (which is not acknowledged anywhere in the document) before the Gambling Commission applied pressure via the LCCP consultation, and in actually putting a national self exclusion scheme into operation in August 2015 of its own volition (again, starting the work long before the Gambling Commission stipulated date of April 2016 was conceived) only passing, implied, mention in point Paragraph 24 only and not at all in Paragraph 39(ii), which suggests no such scheme has actually been implemented. This is an example of the industry pro-actively engaging in the same vision, of its own free will, and thus should be drafted as a more positive message.

There is, in fact, a subliminal message underlying the strategy document that only the Gambling Commission and RGSB's efforts will make any of this happen. It does not credit the industry with sufficient recognition that it has been doing much of this work on its own and, indeed, was responsible for RGT and RGSB and its predecessor structures RIGT and GREaT. The drafting should acknowledge progress, and while we all accept we cannot achieve perfection, we should continue to call for more to be done.

Paragraph 28 ii – technically remote gambling 'always' rather than 'mostly' requires some form of identification the document makes the same comment in 40 vi). i.e. it's all account based play. A lot of the land-based industry is very nervous about extending account-based play and if possible it would be good to seek some balance on that issue. The truth is that there are strengths to the way that both remote and non-remote operators approach social responsibility which are appropriate to their sectors. In some areas online is stronger and in some land-based has more strengths.

Whilst a shift towards gambling by mobile phone might make it easier to detect problematic patterns of play, a bit like sales of alcohol in the off-trade, it is not something necessarily to be encouraged. Arguably it is better to be somewhere where they can be watched like a betting shop or club.

A strategy designed at reducing harm should beware of depicting theoretical risk as evidence of harm. For example, paragraph 32 has moved away from evidence of harm to 'risk' of harm which again leaves potential for conflict in that theoretical risks become confused with or are used to be a proxy for 'real' gambling related harm. A partnership approach is, therefore, far less likely.

Card use is mentioned and you cannot help conclude that a conclusion has been reached before the evidence has been properly analysed. As a general precautionary note, we do not think that the flagging of potential solutions (or prejudices) without quoting evidence has any place in a strategy document of this nature.

We agree with the statements that it would be helpful to be able to assess gabling related harms to individual's families and societies. This has been done in the drugs and alcohol worlds by short studies – normally by health economists, using data taken from studies of users. This is always a bit of a guestimate – we have previously commissioned this kind of work.

On whose strategy – this is a chance to push the social responsibility of all parties including government. We should not accept that they think the gambling industry should bear the full weight of social responsibility when government commission the national lottery and also collect vast amount of tax from the gambling industry. We would even go as far as saying that some of the national lottery funding – via Big Lottery should pay for gambling education, prevention and treatment. Tax should pay for gambling research. We should not let government of the hook here.

We think that the section on developments should be much more positive about achievements. It is more positive about the gambling industry progress – which is appropriate. The Industry is engaged and has responded and has given a significant amount. Yes there is more to do but being positive about this will encourage more involvement.

On technology – yes this is challenging. RGT is already funding treatment that is provided

remotely by Skype-like means (group and individual) and via the internet. It is particularly welcomed by women and young people. This can be built on. There are also opportunities for more self-screening, self-management, guided self-help and mutual aid using technological solutions.

This section is really missing a section on treatment. Thousands of people have received treatment over the last year and this is a significant achievement. Not to recognise this is to do a great disservice to the treatment providers, the service users themselves who have overcome problems, and to RGT as a commissioning body. Furthermore the treatment services outcome monitoring data shows that treatment has a significant impact – which is comparable to or better than similar talking therapy services in addiction and mental health. We think you should include a paragraph on how many have been helped and the average improvement in gambling problem. Also the helpline is very well utilised – and provides many problem gambler, their family members and professionals with assistance in this area.

On the current strategy: successes and disappointments (reword this title to something more neutral such as 'progress made'

On progress

iv. This really downplays the success. Thousands of people have been treated, we have evidence that treatment is successful, this means that thousands of lives have been improved – of the problem gamblers themselves and their families and significant others. Please add in some data from RGT and celebrate this more. There is also the core data set (call it this for plain English reasons). This is already showing outcomes. The DRF will yield information on the impact of the overall system and the commissioned providers – which is a major step forward. However, the current system has grown organically and a lot of different talking therapies and other interventions provided by multiple subcontractors. DRF alone will not deliver the relative strengths, weaknesses, and impact of different forms of 'talking therapies' there is a better description of what is being delivered and a fully commissioned system is in place. This should not be framed in a negative way. RGT have made great strides on this in a short time and RGT and the providers are all working hard to implement systems and get consistent data. It will take time.

On 'less satisfactory progress

i. We do not agree that RGT has not made progress on assessing the full need for treatment for those who need it across all types of provider – so a judgement can be made about its adequacy. The adequacy of treatment and its consistency across the country is all work in progress. RGT know how many are in treatment and what the outcomes are. Furthermore there are good and statistically sound estimates of problems gamblers. RGT also now the geographical spread of their commissioned services and how many are treated in each region. This is comparable to what happens in drug and alcohol treatment. Going beyond this is a difficult task to do and may not be realistic – it is only recently done in drugs and alcohol services with significant resource implications. To compare, drug dependency treatment is relatively well funded. The need for drug treatment is assessed by a research team undertaking a capture/recapture study every few years on the number of problem heroin and crack users and then local areas set a target on 'treatment penetration'. This is done nationally but only for certain types of drug users. This is not even attempted for other types of problem drugs users (e.g. cannabis) as it is too challenging. There is no way of assessing how many problem gamblers are seen by non-commissioned services. Proxy measures would normally be used based on small studies of generic services e.g. mental health – but this is a research task. We think this section should be less critical and recognise the progress made in a short time.

ii. **Gambling related harm as a public health issue.** we agree that gambling harm is partially a public health issue but it is also wider than this – it is a health issues, and communities and leisure issue, criminal justice issue etc. we think it should be framed as **a cross government issue** (like drugs and alcohol) and then the strategy should talk about responsibilities of different departments. we really think that the strategy is

shooting itself in the foot if it pigeon-holes itself into PH – not least because this is locating the issue in local authorities, away from health and the NHS and clinical commissioning groups and primary care, and will let all other government departments of the hook. It is also locating gambling with THE most challenged part of health and social welfare system and in a place that is facing savage cuts – so we will get immense resistance to trying to get any resources or priority via this route. This approach risks driving this part of the strategy into the long grass for the next 5 years. Tactically, please reframe as a cross government issues – like drugs and alcohol and gambling harm as a HEALTH issue, including public health.

iii. **Targeting.** These are difficult tasks to charge RGT with – there is no recognition of this. Why doesn't the strategy ask government to help with this rather than RGT commissioning small projects?

iv. **The research issues came up at the conference.** Most universities will not apply for RGT money as it is seen as 'dirty' and there are perceptions that industry will unduly influence the results. This should be said more clearly here – with call for a solution through partnership with universities and a call for more independent research funding in this area

v. **We think it is interesting that these are framed as false starts.** The pilots are not false starts they are pilots with the courage not to fund if they didn't work. We don't think this is a false start or a negative. We would reframe this. The RCGP work itself on developing the e-learning is positive. The reality is that GPs need to be incentivised to do these courses. With the RCGP drugs and alcohol courses – GPs are either paid to do them or they are required before they get extra £ for providing brief intervention of treatment. Again we don't think it was a false start.

We don't think partnership is always about funding. It is about common goals, sharing resources, etc.

Please note that responses may be made public or published in a summary of responses of the consultation unless you state clearly that you wish your response or name to be treated confidentially. Confidential responses will be included in any statistical summary of numbers of comments received. If you are replying by email or via the website, unless you specifically include a request to the contrary in the main text of your submission, we will assume your consent overrides any confidentiality disclaimer that is generated by your organisation's IT system.