Národní monitorovací
středisko pro drogy
a závislosti

Gambling in the Czech Republic, Its Correlates and Consequences

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National Monitoring Centre for Drugs and Addiction

- Reitox NFP (EMCDDA)
- Established by Governmental Decree in June 2002
- To collect, analyze, report info on drug and gambling situation and to coordinate the data collection in the country
- Within the Secretariat of the Government Council for Drug Policy Coordination

Gambling in the Czech Republic, Its Correlates and Consequences: development of the study

2012

- Growing pressure of politicians, civil society and activists on gambling regulation
- The Government required a comprehensive study on socio-pathological consequences of gambling from Ministry of Finance

2013

- January 21, MoF officially asked the NMC to work on study of socio-pathological consequences on Czech society
- NMC established a wide working group consisting of members of various interest groups (ministries, governmental agencies, professional public and academic institutions, NGOs and players, gaming industry representatives etc.)

2014

- April – finalized outcomes of the study
- September – the Government of the Czech Republic debated the study
  - adopted its main conclusions and recommendations
  - assigned continuous monitoring and annual reporting to NMC

Drug and addiction policy: recent steps

2014

- National Drug Coordinator – was assigned to revise the National Drug Policy Strategy for the period 2010–2018 and to integrate the gambling policy into it
  (Governmental Resolution No. 746, from September 15)
  - integrating gambling into the Action Plan for the Implementation of the National Drug Policy Strategy according to its 4 pillars
- the Government approved the extension of GCDPC
  (Governmental Resolution No. 858, October 20)
- new law
  - bill in 2014, should be passed in 2015 and come into force 1. 1. 2016
  - the draft took into consideration the recommendations of the study

Chapters of the Report

Summary

Recommendations in the field of gambling

- For the policy and regulation
- To change parameters and conditions of gambling provision

Gambling and the gambling market

Prevalence of gambling, its impacts and consequences

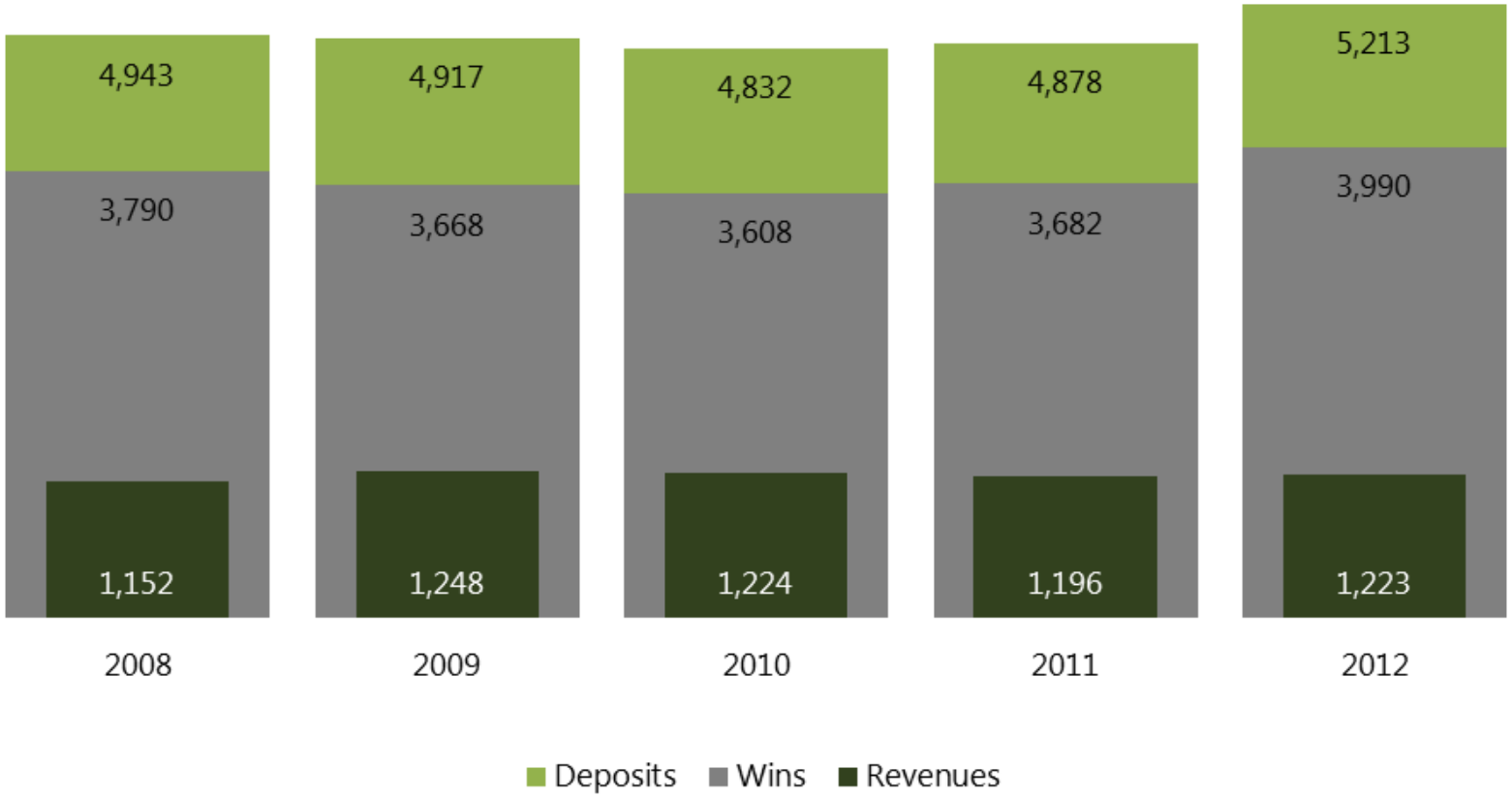
Regulation, prevention and treatment

Appendices

- Legislation and regulation of gambling in Europe
- Case studies

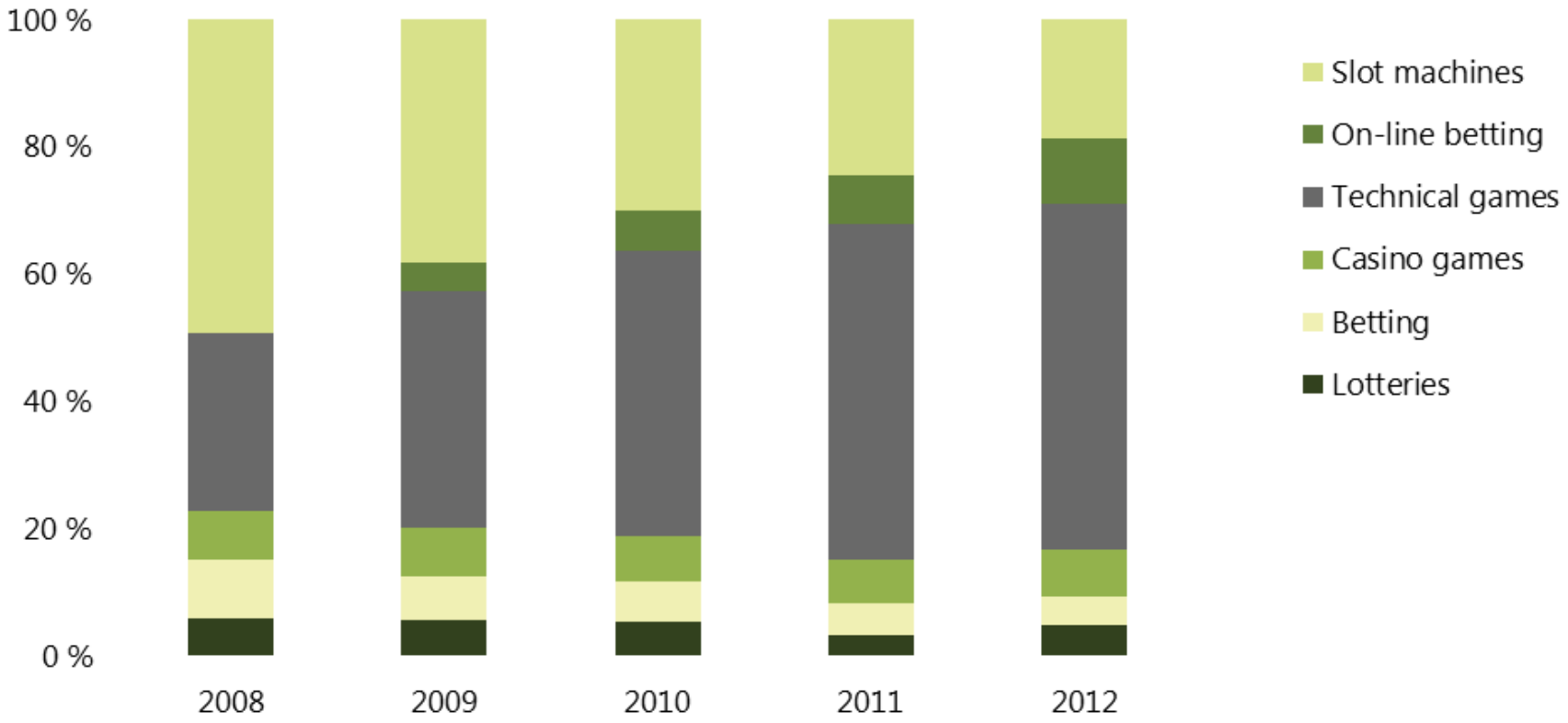
Economical analysis: the market

Total amount of deposits, wins and revenues in 2002–2012, in bil. Euro



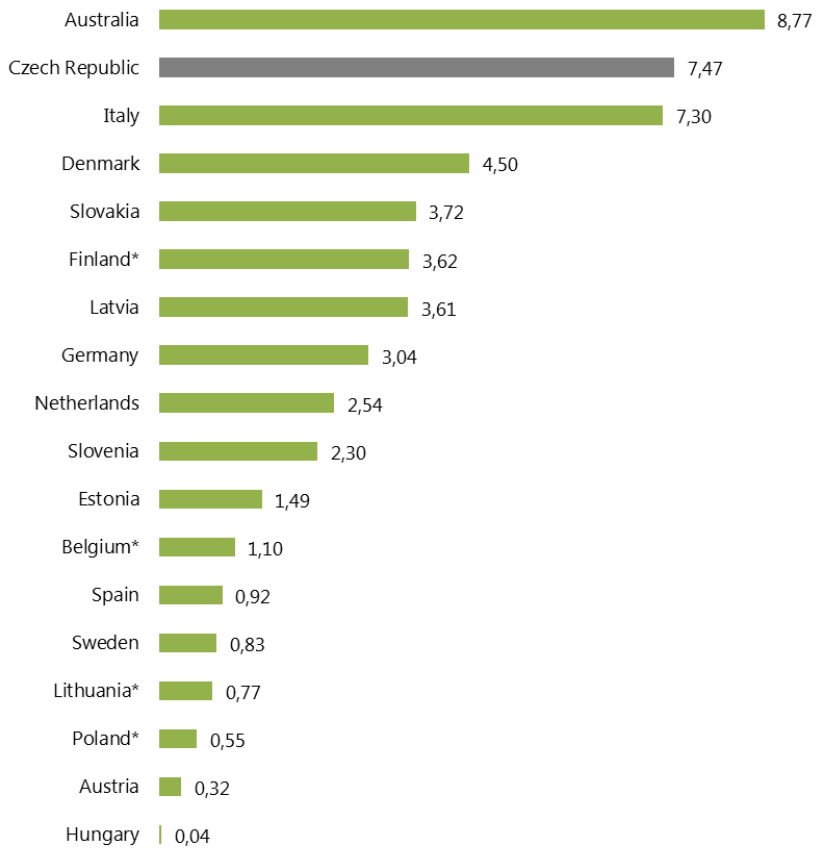
Economical analysis: proportion of types of games on the market

Proportion of types of games on the gambling market in 2008–2012, in %



Offer of games in the international context

Number of technical games per 1000 citizens in European countries and Australia in 2013



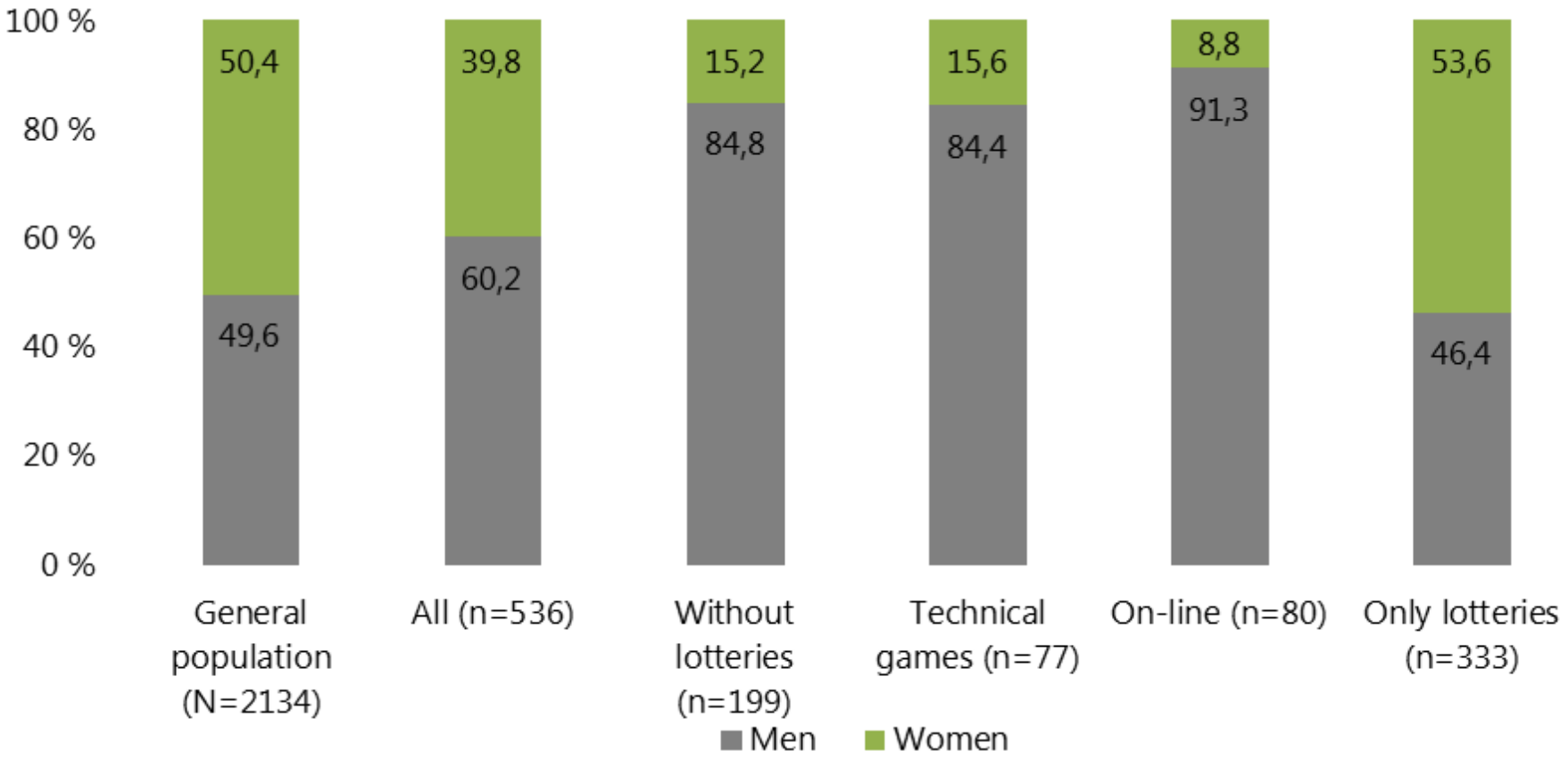
Note.: * Newest data only from 2011.

Prevalence of gambling in the population

- Adult population in CZ aged 15–64:
  - Lifetime prevalence approx. 60 %
  - Last year prevalence 25–40 %
  - Last month prevalence approx. 15 %
- Lotteries are the most frequent (lifetime 50 %, last year 15–30 % of adult population)
- Except lotteries, 4–6 % of adult population gambled in last month (5–8 % of young adults aged 15–34), mostly betting and technical games
- Playing lotteries is higher in age groups over 35 (approx. 20 % in last year), playing technical games or on-line is highest in age group 15–24 (10–11 %, resp. 5–15 % in last year)

Gambling in the past 12 months by gender

Structure of players of various types of games by gender, in %

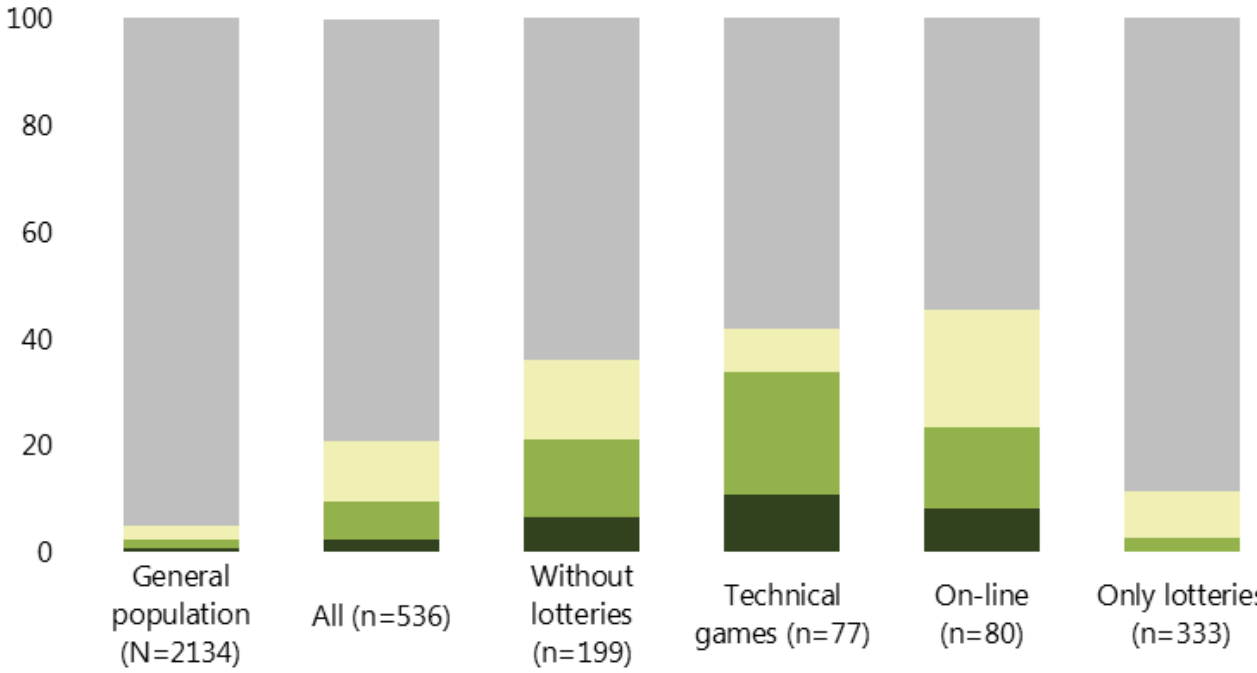


Problem gambling

- In risk: 4,5–5,0 % of adult population (325 to 364 thousand people aged 15 to 64)
- Problem gambling (in higher risk of problems): 1,7–2,3 % (123–170 thousand people aged 15–64)
- Problem gambling in high risk (i.e., in risk of pathological gambling): 0,6–1 % (40–80 thousand people)
  - Half of them are aged 15–34, mostly men (approx. 85–90 %)
  - A typical problem/pathological gambler who went into treatment in 2013 is a single or divorced man around 35 years of age with secondary education and slightly above the average financial situation
  - Average age of treated pathological gamblers has been rising in the few past years

Problem gambling by type of game

Problem gambling by type of games, in %



	General population (N=2134)	All (n=536)	Without lotteries (n=199)	Technical games (n=77)	On-line (n=80)	Only lotteries (n=333)
No risk	95,0	79,0	64,0	58,1	54,8	88,6
Low risk (1-2 points)	2,7	11,2	15,1	8,1	21,9	8,8
Moderate risk (3-7)	1,7	7,2	14,5	23,0	15,1	2,6
High risk (8+)	0,6	2,4	6,5	10,8	8,2	0,0

Patterns and context of pathological gambling

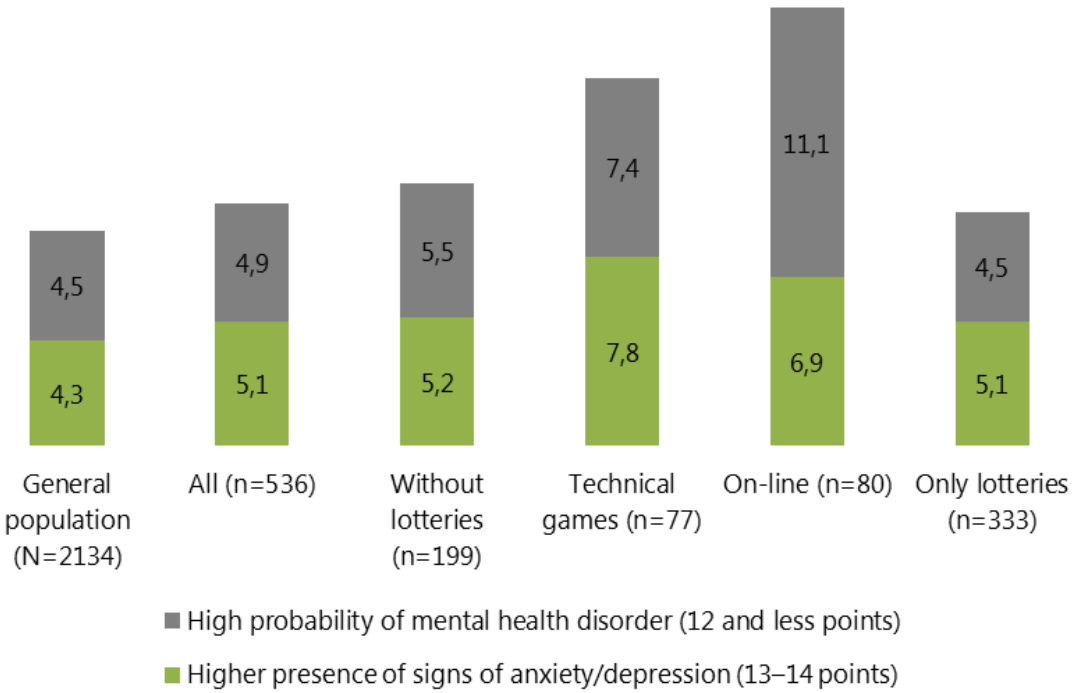
- Slot machines and technical games cause the most problems (up to 90 % of gamblers in treatment)
- Vulnerable groups: people with easy access to money, with free or flexible work time and higher stress levels
- Psychiatric comorbidities, suicidides, legal and illegal drug use
- Family problems, problems at work (many gamblers in treatment are unemployed), debts
- 1/3 of gamblers in treatment say they have committed theft, 23,1 % misappropriation and 8 % robbery
- Total monthly balance in a typical month before treatment was −1400 Euro
- Current debt due to gambling was 40 to 120 thousand Euro on average

Gambling and mental health

Screening scale Mental Health Inventory (MHI-5)

- 15 and more – good mental health without any sings of depression and/or anxiety,
- 13–14 points – higher presence of sings of depression and/or anxiety,
- 12 and less – high probability of a mental health disorder.

Prevalence of mental health disorders in gamblers according to MHI-5 screening, in %



Comorbidity and mortality in patients with dg. F63.0

- 87,2 % of secondary diagnoses fall into mental and behavioural disorders (especially addictions – alcohol)
- 45 % of lethal causes fall into the category „injuries, poisoning and other external causes“, of which more than half comprises „intentional self-harm“
- 6–7 times higher risk of suicides in patients with dg. F63.0 than in general population

Secondary diagnoses in mental and behavioural disorders in treated patients with primary dg. F 63.0 according to basic diagnostic groups

Secondary diagnoses in F00-F99	**Count**	**%** (N=996)
Mental and behavioural disorders due to use of alcohol (F10)	384	38,6
Mental and behavioural disorders due to psychoactive substance use (F11-F19)	253	25,4
Disorders of adult personality and behaviour (F60-F69)	226	22,7
Neurotic, stress-related and somatoform disorders (F40-F48)	148	14,9

Drug use while gambling in pathological gamblers in treatment

Drug use while gambling

Drug	Very often (%)	Often (%)	Sometimes (%)	Never (%)	N
Tobacco	61,3	11,1	8,0	19,6	225
Alcohol	33,3	16,4	29,8	20,4	225
Coffee	23,5	15,5	26,1	35,0	226
Energy drinks	20,1	13,8	20,5	45,5	224
Methamphetamin	14,5	2,7	7,2	75,6	221
Cannabis	9,9	8,1	15,3	66,7	222

Economical impacts on the individual and their families

Typical development of acquiring resources to finance gambling, debts and efforts to settle them



- Salary
- Extra income
- Pledge
- Savings

- Loans
- Gits

- Credits
- Overdraft
- accounts
- Credit card

- Consumer loans
- Doubtful ads

- Theft
- Misappropriation
- Tax evasion

Social consequences of gambling and regulation

- On municipal level, accessibility of gambling was in connection with higher rate of public nuisance, ebriety, and gambling of people who receive social subsidies
- The impact of gambling on the municipal infrastructure, turism, sports and cultural life, public space, number of citizens and free time was seen as rather negative
- Employment and municipal incomes were seen as positive
- The number of municipal decrees to limit gambling has increased

Summary

- Approx. 150 thousand problem gamblers, of which 40–80 thousand are pathological gamblers
- Technical bases present the most serious problem; on-line gambling and live bets are rising
- Comorbidity of gamblers: mostly mental disorders, drug use, suicides
- Association with negative social phenomena: unemployment, low wages, decrease of population
- Negative social impacts: family break-ups, problems at work, job loss, indebtment
- Low rate and coordination of preventive measures
- Non-existing specialized service network
- Positives: municipal incomes, job positions
- Disbalance between municipal and state regulations
- Differences in municipal regulations
- Need for a complex policy and modern regulation

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