



National Monitoring  
Centre for Drugs  
and Addiction

# **Gambling**

in the Czech Republic,  
Its Correlates  
and Consequences

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Gambling in the Czech Republic, Its Correlates and Consequences

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# Introduction and Acknowledgements

Commissioned by the Minister of Finance, the National Monitoring Centre for Drugs and Drug Addiction (the National Focal Point) conducted an analysis of gambling and its health and social consequences and correlates in the Czech Republic from March 2013 to March 2014. The Minister of Finance was delegated to charge the National Focal Point with "producing a report on social pathologies which gambling involves in the community and submitting such a report to the Government" on the basis of Government Resolution No. 655 dated 6 September 2012. The objectives of this report were to summarise information about gambling in the Czech Republic, including its problematic forms, the social, health, and other consequences and implications of gambling in terms of legal, regulatory, preventive, and therapeutic measures, and recommend further policy actions, as appropriate, to be taken by the Ministry of Finance and the Government in relation to the issue of gambling.

In order to facilitate the making of this analysis, the National Focal Point appointed a "broad" working group comprising representatives of the key stakeholders with relevance to gambling in the Czech Republic and a "core" team, who were responsible for the preparation of partial analyses.

**The core team members were** (in alphabetical order):

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**The members of the broad working group were** (in alphabetical order):

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- Markéta Grygarová – National Monitoring Centre for Drugs and Drug Addiction, Office of the Government of the Czech Republic
- Eva Heisslerová – Ministry of Labour and Social Affairs, Czech Republic
- Marek Herman – Association of Fixed-Odds Betting Operators
- Matěj Hollan – *Brnění*, a civic association
- Lukáš Carlos Hrubý – *Společnost Podané ruce*, public service company, nominated to represent the Association of Non-governmental Organisations
- Vojtěch Janouškovec, DiS. – Czech Association of Addictologists, a civic association
- Hynek Kalvoda – Association of Citizens' Advice Bureaux
- Ivo Kasal – Czech Chamber of Lottery Industry
- Vladimír Kermiet – Czech Statistical Office
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- > Jiří Novák – Ministry of Justice, Czech Republic
- > Marek Rojíček – Czech Statistical Office
- > Jan Řehola – Ministry of Finance, Czech Republic
- > Miroslava Sobková – Union of Towns and Municipalities of the Czech Republic
- > Martin Svoboda – Citizens against Gambling, a civic association
- > Jan Šnajdr – UNASO, Amusement Industry Association
- > Ivana Trávníčková – Institute for Criminology and Social Prevention
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- > Petr Vrzáň – Association of Operators of Central Lottery Systems and Other Games
- > Šárka Žižková – Ministry of Finance, Czech Republic

In the period 2013-2014 the working group convened three times in order to discuss the focus of the analysis and its interim and final results.

As part of the impact analysis of gambling in the Czech Republic, the National Focal Point managed to collect a considerable amount of information about different aspects of gambling in the Czech Republic, despite the fact that no institution had previously explored this issue on a systematic basis. The National Focal Point would like to express its gratitude to all the institutions and individuals who participated in the making of this analysis.



# **SUMMARY AND RECOMMENDATIONS**



# Summary of Findings

## Gambling Market

- Measured by the amount of money spent on them, electronic gaming/gambling machines (EGMs), especially video lottery terminals (VLTs), constitute the greatest share of the gambling market in the long term. According to the available data, their numbers grew dramatically between 2008 and 2012. In 2012 the money wagered in gambling in the Czech Republic reached CZK 135.5 billion<sup>1</sup> overall; CZK 103.7 billion was paid out as prize money, and the gambling revenue (the aggregate sum of money lost by players on gambling) amounted to CZK 31.8 billion. Playing EGMs, mostly VLTs (44%), accounted for the largest proportion of the total volume of wagers (73%).
- The gambling industry is a source of income for public budgets (CZK 7.7 billion overall in 2012), especially municipal ones, given the current regulation of contributions (transfer payments) from gambling (an estimated CZK 5.2 billion). The positive effects of gambling as reported by some municipalities have to do especially with these revenues for the budgets of the municipalities and the existence of employment opportunities.
- Measured by the accessibility of EGMs, the level of the availability of gambling in the Czech Republic is high, on both the European and, probably, the global scale, despite the lack of comprehensive and recent data that allows fully conclusive comparison. In 2013 there were 7.5 EGMs per 1,000 inhabitants in the Czech Republic, which, according to the available data, represented the greatest supply among the European countries under scrutiny (e.g. the neighbouring countries, Slovakia, Germany, Poland, and Austria, reported 3.7, 3.0, 0.6, and 0.3 EGMs respectively per 1,000 inhabitants).
- The supply of EGMs and the availability (density) of venues and establishments where people can engage in EGM gambling show uneven geographical distribution. The greatest supply is in the areas in the north and west of Bohemia (for example, in 2013 the Tachov district had 26 EGMs per 1,000 inhabitants) and in the south of Moravia (there were, for example, 16 EGMs per 1,000 inhabitants in the Znojmo district). In addition, a higher level of supply of EGMs and availability of gambling venues is commonplace in major cities (regional capitals) and tourist destinations in the Czech Republic.
- Online (remote) gambling is the segment of the gambling market that is experiencing the most dynamic development. In 2012 online gambling accounted for 10% of the market, with CZK 14 billion worth of wagers placed with operators licensed in the Czech Republic. The rates of Czechs' participation in gambling activities provided by websites that are licensed (as well as regulated and taxed) by the Czech authorities and those of foreign provenance (not subjected to regulation and taxation) are almost equal, and the prevalence of online gambling is currently on the rise.

## Gambling in the Population

- Approximately 60% of the Czech population aged 15-64 had engaged in some form of gambling activity at least once in their lifetime. 25-40% had gambled within the last year and about 15% in the last month.

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<sup>1</sup> Average exchange rates of CZK to € in individual years were as follows (CZK / 1 €): 1999: 36.882, 2000: 35.610; 2001: 34.083; 2002: 30.812; 2003: 31.844; 2004: 31.904; 2005: 29.784; 2006: 28.343; 2007: 27.762; 2008: 24.942; 2009: 26.445; 2010: 25.290; 2011: 24.586; 2012: 25.143; 2013: 25.974; 2014: 27.533.

- The most widespread gambling activities in the Czech Republic are numerical and instant lotteries (lifetime participation in those was reported by 50% and 15-30% of the adult population had engaged in those lotteries in the last year). EGM gambling comes second as far as lifetime gambling experience among the general population is concerned (reported by 16-18% of the people). Fixed-odds betting (pursued both in land-based outlets and online), followed by playing EGMs, ranks second as regards the past-year gambling experience. 4-6% of the adult population (5-8% of young adults in the 15-34 age category) reported having engaged in gambling activities other than lotteries and small bets in the last 30 days.
- A general population survey showed that every adult person in the Czech Republic spends an average of about CZK 1,500 annually on gambling. Gamblers who had played in the last 12 months gambled away an average of approximately CZK 6,000 per year.
- Men are more likely to engage in gambling activities (the past-year prevalence of gambling activities other than lotteries and small bets among men is 3-5 times higher than among women). The exception is the level of past-year participation in numerical and instant lotteries, which showed no significant gender-specific differences.
- While the level of participation in numerical and instant lotteries appears higher among 35+ age groups (approximately 20% in the last year), the levels of recent experience with playing EGMs and online gambling peak among the 15-24 age category (10-11% and 5-15%, respectively, in the last year).
- Only limited data is available as regards gambling by children and adolescents in the Czech Republic. In 2011 experience with playing EGMs was reported by 9.6% of 16-year-olds (their age implies rather recent experience). 3.1% of the 16-year-olds can be referred to as regular gamblers (playing once per month or more frequently). Despite its declining trend in the long term, this data suggests the relatively high prevalence of gambling in this age group, for which it is illegal to participate in gambling activities (EGMs in particular). Gambling opportunities should be totally unavailable to minors. Gambling is a part of the risk behaviour syndrome in adolescence. Evidence shows an association between EGM gambling on the one hand and smoking, drinking, and illicit drug use on the other hand.

## Problem and Pathological Gambling

- EGMs pose the highest risk for the development of problem and pathological gambling in the Czech Republic. EGM players account for by far the greatest percentage of pathological gamblers (83% of the people in treatment for pathological gambling in 2013). The available data further indicates that online gamblers are also at higher risk. Like EGM players, they show high average problem gambling scores and high average amounts of money spent on gambling.
- The higher risk posed by certain gambling activities ensues primarily from their "structural characteristics" and factors that relate to the setting where such activities are engaged in. These factors are conducive to a person being absorbed or excited by play, making quick and frequent bets, playing non-stop for a long time, exceeding the maximum amount which they originally intended to spend on gambling, etc. In this respect, EGMs and live betting pose a particularly high risk.
- The rate of people at risk of gambling-related problems is estimated at 4.5-5.0% of the general population aged 15-64, which is the equivalent of 325 to 364 thousand individuals. Problem gamblers (i.e. gamblers at higher risk of gambling-related problems) account for 1.7-2.3% of the adult population aged 15-64 (i.e. approximately 123-170 thousand individuals) in the Czech Republic, including 0.6-1.0% (i.e. approximately 40-80 thousand people) of those at high risk (of

the development of pathological gambling). Half of them fell into the 15-34 age category. Most of the pathological gamblers (ca. 85-90%) are men.

- A problem/pathological gambler who entered treatment in the Czech Republic in 2013 was typically a single or divorced man in his mid-thirties, with secondary education and slightly above-average socioeconomic status. The average age of the pathological gamblers in treatment has been rising recently.
- Pathological gamblers in treatment reported gambling venues, followed by special arrangements establishments and casinos, as the premises where they most frequently engaged in gambling. The past-12-month players from among the general population also reported having played most frequently in gambling venues, followed by special arrangements establishments and private settings. EGM gamblers were much more likely to report playing in gambling venues and special arrangements establishments.
- Some population groups are exposed to an increased risk of the development of problem gambling. For example, this concerns jobs with flexible or irregular working hours, not much supervision, and easy access to money. Individuals exposed to particular risk in this respect include those working in the gambling industry and in settings with an increased availability of gambling opportunities (including restaurants, bars, etc.) and professional athletes.
- A significantly higher prevalence of gambling is reported by prisoners. In comparison with the general population, the respective rates of experience with EGM gambling and fixed-odds betting among the prison population are approximately 10 and 3 times higher respectively.

## Health and Social Consequences

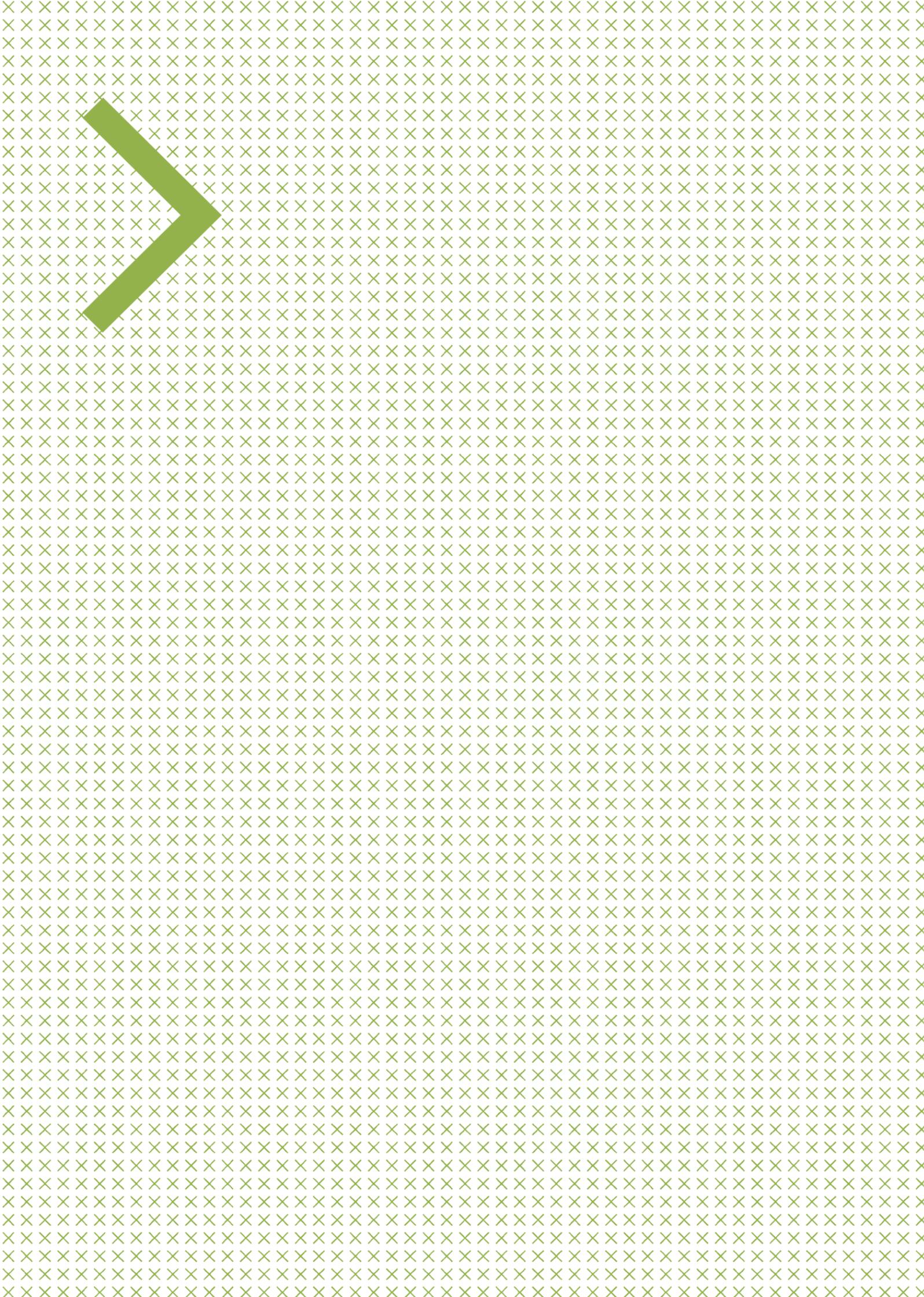
- The gambling supply appears to show statistically significant correlations with negative sociodemographic indicators such as the unemployment rate, low income, and population decline at the district level. At the municipal level, no relationship between the gambling supply indicators and negative social phenomena such as the rates of unemployment, distraint orders, and immediate emergency relief benefits was demonstrated.
- At the municipal level, an association between the operation of gambling in gambling venues on the one hand and elevated levels of public order disturbances, inebriety, and gambling by recipients of social security benefits on the other hand was observed. Gambling was also found to have negative effects on the community's infrastructure, tourism, sports and cultural activities, the appearance of public areas, the number of inhabitants, and the standard of leisure time activities in municipalities.
- Problem gamblers display poorer mental health than the general population and problem gambling is associated with increased comorbidity, pertaining particularly to psychiatric conditions, including neurosis, anxiety/depression, and personality disorders. 14% of the individuals showing signs of problem gambling are at risk of the development of (anxiety/depressive) mental disorders. Analysis of the mortality of people with a history of hospitalisations for pathological gambling shows that problem gamblers are generally at higher (approximately double) risk of death than the general population, including a significantly higher risk of completed suicides (approximately sevenfold).
- Problem gamblers also show a higher rate of concurrent substance use and substance use disorders. This involves the use of both legal substances (such as alcohol, tobacco, energy drinks, and pills) and illegal drugs, mainly cannabis and methamphetamine ("pervitin").

- Problem gamblers suffer from negative gambling-related social consequences, such as the disruption of family relationships and the breakup of the family, problems at work, being in and out of jobs, and indebtedness.
- Pathological gamblers experience a typical pattern of financial loss and debt: loss of personal resources and savings, using family money and property, later bank and consumer loans, loans from non-banking sector companies, and, eventually, even criminal offending, involving mostly theft, fraud, and embezzlement. One third of the pathological gamblers in treatment reported having committed theft as a result of gambling, 23% resorted to embezzlement, and 8% to robbery. Nevertheless, pathological gambling as a cause of indebtedness and crime is a hidden phenomenon, the actual scale of which is likely to be underreported by help programmes and official statistics provided by governmental agencies and institutions.
- Research results show that the total amount of money lost on gambling in a typical gambling month by pathological gamblers in treatment within the last year prior to entry into treatment was CZK 39,000 on average. The total amount of current debt because of gambling was reported to range from CZK 0.9 million (in a survey among gamblers in treatment) to CZK 3 million (in a qualitative study). In this respect there are major individual differences between players which make the amounts relative in terms of their actual impact on the gamblers and their families.
- After the results of the general population surveys on the adult population of the Czech Republic or the number of individuals who had engaged in gambling activities in the last 12 months have been extrapolated, the total amount wagered in the Czech Republic can be estimated at an annual CZK 12.9-20.9 billion. The data of the Ministry of Finance concerning the financial volume of the gambling market suggests that the money actually gambled away amounted to CZK 39.1 billion. The difference of CZK 18-26 billion (i.e. 33-53% of the gambling market) can be attributed to the following factors, or combinations thereof:
  - respondents in general population surveys dramatically underrated the amounts of money they had lost on gambling;
  - the difference is due to the gambling activities of problem (pathological) gamblers, who may be underrepresented in general population surveys;
  - part of the gambling market in the Czech Republic involves gambling activities engaged in by foreign nationals who are not captured by general population surveys at all.

## Regulation, Prevention, and Treatment

- The regulation of gambling in the Czech Republic has experienced frequent changes and twists. It provokes political tension and is a subject of demands and expectations on the part of both the professional community and the general public, including civil society initiatives. Last but not least, it attracts media attention.
- There is imbalance and tension between gambling-specific regulatory efforts at the national and municipal levels. As a consequence of the recent case law decisions passed by the Constitutional Court, in particular, municipalities proceeded to issue generally binding ordinances in order to change and set the rules for operating EGMs. This left the Ministry of Finance dealing with thousands of pending administrative actions, pursuant to the stipulations of Section 43 of the Lotteries Act, concerning EGMs, on the basis of which it revokes the previous licences in the event that these are found to be in conflict with the generally binding ordinances. Using these measures to exercise their self-government competences, municipalities compensate to a greater or lesser degree (depending on the degree of regulation adopted under their ordinances) for the lack of regulation aimed at preventing and protecting players from the development of problem gambling at the central level.

- Municipalities regulate gambling to various degrees and in various ways, which results in considerable local differences. In connection to these control efforts, local government representatives come under pressure from diverse advocacy groups, including civil society activists, gambling operators, sports unions and clubs, and providers of preventive and treatment services.
- Municipalities which embarked on regulation experienced improvements in terms of public nuisance related to gambling venues, gambling by children and adolescents, gambling by recipients of social security benefits, the standard of leisure time activities, the appearance of public areas, cultural and sports opportunities, tourism, and municipal infrastructure.
- Despite the existence of a relatively easily accessible network of addiction treatment services, the rate of problem gamblers in treatment is low (2.5-5% of their estimated number annually). This may be caused by factors such as the absence of specialised services for problem gamblers, the gambling problem being kept hidden from others, and low awareness about help and treatment options on the part of the gamblers and their families.
- There are still limitations and inconsistencies in the use of evidence-based and effective initiatives to prevent the development of problem gambling in the Czech Republic.



# Recommended Measures to Be Adopted in Relation to Gambling in the Czech Republic

## General Policy and Regulation Recommendations

1. It is recommended to adopt without delay new legislation which is to constitute a modern comprehensive framework for the operation of gambling and take full account of the recommendations described below. The measures, including those concerning the regulation of different types of gambling activities, should be consistent and in balance with each other. Given the dynamics of the gambling market, any isolated action could result in a problem only being moved to other areas of the market. The prompt adoption of a new law is also necessary with respect to proceedings for the Czech Republic's breach of the Treaty on the Functioning of the European Union initiated by the European Commission. In the event that the Czech Republic fails to take legislative action to remedy this state of affairs, it faces the risk of substantial financial sanctions from the EU.
2. As regards the prevention of problem and pathological gambling and the related health and social consequences, it is recommended to strengthen the control of the gambling market at the national level. In this respect, it is also recommended to extend the body of statutory obligations and measures aimed at reducing the risk of the development of problem and pathological gambling to apply to all types of gambling activities and settings.
3. It is recommended to articulate, maintain, and reasonably adjust a gambling policy and define specific regulatory measures. In this respect, it is recommended to develop a national strategy, or to elaborate on the subject of gambling in the existing National Drug Policy Strategy for the Period 2010-2018, which already incorporates principle of integration of policies towards various addictive substances and behaviours, and draw up an action plan for this area that deals specifically with the issue of gambling.
4. It is recommended to perform rigorous monitoring of any changes in the setting of regulatory parameters and evaluate their impact. The results of such evaluation should then be used as the basis for the modification of regulatory and preventive measures.
5. It is recommended to specify the role of municipalities in such a way as to maintain their opportunities to "fine-tune" the supply of gambling within their territories, i.e. to clarify the national rules with respect to the local situation. The role and responsibility of the regions remain to be resolved. They may be put in charge of the availability of effective prevention and treatment services.
6. Another priority area of growing importance is online (remote) gambling. While the operation of "domestic" internet gaming portals is regulated in the Czech Republic, foreign providers of online games available in the Czech Republic are beyond the reach of the Czech legislation (and the Czech tax administration). It is strongly advisable to determine and enforce unified requirements to protect Czech online players from the problem gambling risks posed by all internet portals accessible in the Czech Republic, irrespective of their provenance, while enabling foreign operators to enter the Czech market. Effective measures should be adopted in order to block access to websites offering online gambling without a licence.

7. Unified rules for the control of the advertising of gambling should be set and principles of “responsible advertising”, particularly with respect to the protection of children and adolescents, should be articulated.
8. Information, prevention, counselling, and treatment services, including helplines and web-based counselling, should be established and supported.
9. National and local authorities that regulate and enforce the terms and conditions under which gambling can be operated should be provided with methodological guidance and supported in increasing their competences.
10. Gambling operators and their staff should be trained and supported in improving their skills in relation to the prevention of gambling-related problems.
11. Part of the contributions from gambling should be designated by law for regulatory, preventive, treatment, and research activities and managed by a dedicated national fund or another mechanism. Similar procedures should be established to support sports, cultural, and other activities that benefit the public.
12. Given its pressing nature and dynamics, it is recommended that the phenomenon of gambling should be subject to continuous monitoring in the future. This task should be assigned to a competent governmental agency, such as the National Monitoring Centre for Drugs and Drug Addiction, which was commissioned by the Government to perform the ongoing monitoring of the drug situation.

## Recommendations for Changes in Gambling Operation Parameters and Conditions

### For gambling in general

1. To modify the technical parameters (i.e. the structural characteristics) of games, particularly to prolong the intervals between games or betting opportunities, adjust the amounts of the minimum and maximum wagers, losses, and wins and the ratios thereof, and slow down the game as the stakes rise in order to reduce the attractiveness of the game and its negative financial consequences, especially with respect to the riskiest gambling activities.
2. To determine a time limit for uninterrupted play in gambling activities where it is technologically feasible (for both online and machine-based gaming systems).
3. To require an operator to introduce features for self-exclusion and pre-commitment (e.g. on the basis of time or the maximum amount of stakes and/or losses) and set unified rules for these measures (self-exclusion/pre-commitment without a player being able to lift or change the restriction until a reasonably long time, e.g. seven days, has elapsed).
4. To enhance the practical enforceability of pre-commitment and self-exclusion by means of, for example, a centralised (computerised) system for the registration of self-excluded players shared by all gambling operators which prevents self-excluded individuals from playing and from the immediate early suspension of the restricting measure. Indeed, such measures become ineffective if they apply in one gambling establishment or on one website only while there are many other gambling opportunities elsewhere.
5. To consider the establishment of a central (computerised) registry of players for all or specific gambling activities with the purpose of making it possible to participate in such activities only for registered persons. The rationale for this facility is to apply preventive interventions to gambling in general if a person engages in multiple gambling activities at a time and to prevent gambling by vulnerable individuals or those who meet specific criteria (such as children

and adolescents, people in treatment for pathological gambling, people in debt, and those receiving subsistence allowances).

6. With regard to selected types of gambling activities, to require features that inform a player at regular intervals about the time spent on the current gambling session and the total amount of money lost (for them to be aware of the actual development of the game – how long they have been gambling, how much they have won, and how much they have lost). It should be required that a competent intervention is provided in the event that signs of problem gambling are identified.
7. To require information (“responsible gambling” principles) with contact details of helping organisations to be posted at each gambling station. Depending on the type of gambling activity, to prevent a player from starting the game without them becoming familiar with the basic instructions and/or passing a self-screening test for problem gambling.
8. To consider a ban on smoking and the consumption of alcohol in certain types of gambling establishments.

### **For electronic gambling machines and land-based establishments in particular**

In view of the fact that playing EGMs (especially IVTs) in brick-and-mortar gambling venues is currently the source of the most serious gambling-related problems in the Czech Republic, the final section of our recommendations addresses specifically the supply, the method of the operation, and the technical parameters of these gaming devices. A number of recommendations presented in the previous sections apply to this segment of the gambling market too. Depending on how quickly and to what extent the above recommendations are implemented in practice, it is recommended to consider the following specific measures:

1. to reduce the availability of gambling opportunities, e.g. by introducing a limit on the maximum number of gambling establishments and/or machines relative to the number of inhabitants, with variations that may be determined by the size of the municipality and/or the type of the locality. Limits on the number of outlets can be introduced specifically for certain types of establishments, i.e. separately for gambling venues, casinos, or other types of gambling settings;
2. to set strict minimum criteria for all types of establishments with grading depending on the type of venue. However, the obligation to implement the measures defined as preventing the development of problem gambling (see the recommendations above) must be fulfilled irrespective of the type of the establishment. Such criteria should ensure that a gambling venue-type establishment cannot be converted into a casino-type establishment without substantial structural and technical modifications;
3. to consider the prohibition of certain types of gambling settings, especially those providing “convenience gambling”; in the Czech Republic this concerns “special arrangements venues”;
4. in the period before a central (computerised) self-exclusion and pre-commitment registry is established (see above), to ensure that self-exclusion and pre-commitment can also be chosen in land-based establishments;
5. to designate risky areas and locations (such as socially excluded communities and residential areas) where gambling opportunities will not be available at all;
6. to impose restrictions on the operating hours of the establishments, especially gambling venues, as a way of preventing prolonged gambling binges (by limiting opening hours and requiring long enough breaks during the night) and to forbid nonstop gambling venues. A gambling venue should not be the only facility in a municipality with night-time operation where food and drinks are served.

7. To limit access to money (e.g. no ATMs in gambling establishments or in their vicinity) and forbid non-cash betting using bank cards in selected types of gambling activities.





A

# PART A

## Gambling and the Gambling Market



# 1 Definition, Policy, and Legislative Framework of Gambling

## 1.1 Background

### 1.1.1 Play

Play, in the broadest sense of the term, is omnipresent and forms a natural component of our world. Ever since the 19th century, play has become the subject of systematic research and various thinkers have associated meanings or motives in human behaviour, conduct, and sensation with play, and play has been seen as the expression of free human activity, of the excess of energy in one's free time, or one of the fundamental principles of mental development (Černý, 1968, Frouzová, 2003). Huizinga (1955) defines play as a voluntary activity or occupation that takes place within fixed limits of time and place according to rules which, while voluntary, are binding. The purpose of play lies in itself and play is accompanied by a feeling of tension, joy, and the consciousness that it is "different" from "ordinary life". Callois (1961) defines play as (1) a free activity into which a player cannot be forced unless they lose the will to play; (2) an activity separated from other activities by its own time and space boundaries; (3) an uncertain activity with a course and result that are not set beforehand; (4) an unproductive activity that generates no goods or wealth; (5) an activity governed by agreed rules, and (6) a make-believe activity with a specific awareness of a "second reality" or "free reality" in relation to ordinary life. He distinguishes between: (1) competitive games (e.g. sports); (2) games of chance, the result of which depends on fate or chance, and (3) role playing, in which illusions or a fictitious reality are temporarily accepted (e.g. the theatre), and games of which the substance is the joy of rotation, movement, or loss of stability (e.g. dancing, spinning around).<sup>2</sup>

### 1.1.2 Gambling

This report deals with gambling, gambling games, or gambling activities (in Czech *hazard, hazardní hry, hazardní hraní*<sup>3</sup>; the Czech gambling law uses terms *sázkové hry* and *loterie*, in English *betting games* and *lotteries*).

The Czech gambling law, the Act No. 202/1990 Coll., on lotteries and similar games, as amended ("the Lotteries Act"), which is the regulation that provides the legislative framework for gambling operations in the Czech Republic, uses the terms "betting game" and "lottery". Section 1(2) of the Lotteries Act defines a betting game as a game "... joined voluntarily by any individual who pays a deposit (wager), the return of which is not guaranteed to the participant. The win or loss is decided by chance or an uncertain circumstance or event that is listed by the operator in the terms and conditions of the game ("rules of the game"). It does not matter whether or not the game is played using mechanical, electro-mechanical, or electronic or similar devices."

<sup>2</sup> Callois (1961) also says that the boundaries between the types are not fixed and that many forms of play may also include more than a single principle. Even in a competitive match, where the level of skill is measured, chance may play a big part. Similarly, in a game of cards a certain role may be played by experience, knowledge of the card system, and the ability to deceive the opponent.

<sup>3</sup> In Czech "gambling" literally translates as "games of hazard". Generally, in the European languages, the term "hazard" dates back to the Middle Ages, to the Arabic name for dice, *الزه* (azzahr), which can literally be translated as "flower", referring to the symbol of gaming luck that was depicted on the dice.

The pivotal principle of gambling is thus a material or monetary wager on an event of which the result is uncertain in order to increase the value of the wager (to win), with chance being the (more or less) deciding factor. The key features thus include a wager (stake), wining, and chance.

Gambling is a social phenomenon that has been present in society since time immemorial, as has its regulation. For example, the Byzantine Emperor Justinian (527-565) prohibited gambling in both private and public houses.<sup>4</sup> This prohibition was probably influenced by Christianity, which brought about a lower level of tolerance to gambling than was the case during the Roman empire.

The current regulation of gambling stems from the understanding of gambling as an intrinsically immoral activity, a vice that was controlled by the state in a fashion similar to that in which drugs, including alcohol and tobacco, prostitution, etc. were combated. However, the attitude to controlling the phenomena mentioned above has recently seen differentiation, and the moralistic approach has been replaced by social and economic aspects (Samuelson and Norhaus, 2007).

Binde (2005) reports that in some societies, such as Arab countries, the availability of gambling has been minimal in the long term, while in other societies cycles of liberalisation and restriction take place. According to Binde, we have witnessed an increased availability of gambling and expenditure on it worldwide in the last 20-30 years. This has to do with the globalisation of the market and multinational forces that control the global development of gambling, as well as with the shift of a substantial part of the market segment to the online environment.

### 1.1.3 Types of Gambling

The games of chance currently present in the Czech Republic occur in a number of forms, which can be classified using various criteria. For the purposes of this analysis, a division into three basic categories has been selected, based on the legal regime applicable to operating and playing such games and also reflecting the nature of the games and the level of problems they pose:

- > minor (small-scale) unorganised gambling,
- > legally organised gambling,
- > illegally organised gambling.

This analysis predominantly focuses on legally organised gambling and, where applicable, on illegal gambling.

#### 1.1.3.1 Minor Unorganised Gambling

Unorganised gambling is represented by betting games played as a leisure or recreational activity, usually among acquaintances and friends, for whom it generally does not represent a systematic source of income. The rules of these games are decided on by agreement between the players, or the rules of an existing game are applied. Card games are particularly popular in this category (e.g. the traditional Czech card games *mariage*, *sedma*, pony, rummy, or poker, which has recently been on the rise in the Czech Republic). Players participate in this game for entertainment rather than for profit and, as the games are agreed among the players, there is no operator who would have a gaming advantage over the players. These types of games are regulated by the Civil Code,<sup>5</sup> according to which the wagers made in these games (unlike under other agreements) are unenforceable; for details see the chapter entitled **The Civil Code** on p. 25.

#### 1.1.3.2 Legally Organised Gambling

This group includes betting games and lotteries organised by their operators, which determine the rules of these games within the boundaries of the law. These rules must follow the applicable legislation, in particular, the Lotteries Act. The games are operated as a source of public or private income, depending on the legal status of the operator, rather than as a source of entertainment. It

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<sup>4</sup> <http://gamblinghistory.info/> [2014-03-17]

<sup>5</sup> I.e. before 2014 by Act No. 40/1964 Coll., which was replaced by Act No. 89/2012, effective from 1 January 2014.

is an important feature of these games that the operator has a statistical advantage over the players in the long term and the maximum level of this advantage is defined by the Lotteries Act for certain types of games.

Unlike in other countries in Europe and worldwide, where gambling is operated by (monopoly) entities governed by public law, private undertakings dominate in the Czech Republic. As of 31 January 2013, there were 79 betting game operators active in the Czech Republic (38 of which were based in Prague), all holders of a gambling operator's licence issued by the Czech Ministry of Finance. In addition, Ministry of Finance data indicates that there were 350 slot machine operators, whose activities are licensed by municipalities, in the Czech Republic as of 1 July 2013.<sup>6</sup>

Online betting is a relatively new method of gambling. Online gambling refers to services which involve wagering a stake with a monetary value in games of chance, including lotteries and betting transactions, that are provided at a distance, by electronic means, and at the individual request of a recipient of the services (Evropská komise, 2011). The definition provided above clearly shows that this gambling includes games that are provided via technologies such as the internet, mobile phones, or digital television (Chytka, 2013).

The importance of online gambling on the gambling market is increasing. Its nature and the internet environment pose new challenges in the area of the definition, enforcement, and control of regulatory measures. In addition to the licensed operators, international gambling operators who do not hold a licence issued by the Ministry of Finance also operate on the Czech market; for details see the chapter entitled **Online Gambling** on p. 32.

Gambling operated as a business can be divided into three groups:

1. in the first group of games, the operator only facilitates the meeting of the players and provides the equipment for the game for a fee (e.g. in a poker tournament or the so-called betting exchange);
2. in the second group, the players and the operator measure against one another their ability to predict future events. In this context, the law prohibits betting on events of which the outcome can be influenced by either the operator or the player (e.g. fixed-odds betting). The business plan of such games is based on the operator's ability to predict the outcome of the relevant event (typically, a sports contest) better than the average player;
3. in the third group, the odds of winning are set by the rules. In games which are based on the principle of a fixed probability of winning, the long-term ratio between the amounts wagered and the payout is set so as to be in favour of the operator (e.g. numerical lotteries, slot machines). This is the most common group of betting games in the Czech Republic.

### 1.1.3.3 Illegally Organised Gambling

Illegal gambling refers to betting games operated without a licence if such a licence is required by law in order for these games to be legally operated. Operating such games is considered an offence under Act No. 40/2009 Coll., the Penal Code. For the player the venue and the game itself may be nearly indistinguishable from legal games and gambling venues. Because of its illicit nature, illegal gambling is difficult to monitor. The illegal gambling venues of the *Život je hra* ("Life is a Game") civic association or the *Hraví dospělí* ("Playful Adults") civic association, which were run as members-only clubs, can be used as typical recent examples; for details see the chapter entitled **Illegal Gambling Venues** on p. 49.

Internet-based betting operated by foreign businesses in contravention of the Lotteries Act also happens outside the framework of legal gambling in the Czech Republic; for details see the chapter entitled **Online Portals** on p. 48. This area also includes unlicensed poker clubs, which abounded

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<sup>6</sup> The above-mentioned figures do not include raffle operators. In the area of electronic technology-based games, there is also the phenomenon of the licence holder sharing the profit from operating these machines with the owner of the property where the machines are placed, whereby the property owner, in fact, is also in the position of a gambling operator.

on the basis of the debatable legal opinion that as a game poker does not represent gambling. Even though they were banned by the law at the end of 2012, their representatives continue to promote this theory in order to legalise poker and remove it from the competence of the Lotteries Act.<sup>7</sup>

The so-called quiz machines are a current phenomenon of the illegal gambling market.<sup>8</sup> Playing quiz machines is, in fact, playing a video lottery terminal or a similar technical device, where a simple quiz question has to be answered in order to play.<sup>9</sup> According to the opinion of the Ministry of Finance, the Lotteries Act also applies to quiz machines, and operating such machines without a licence is an administrative or criminal offence.<sup>10</sup>

Illegal gambling plays an important part in debates on legal gambling because the operators and politicians alike often raise their concerns that the prohibition or restriction of legal gambling will result in the players moving towards the illegal market.<sup>11</sup> In their paper focusing on the development of illegal gambling in selected European countries, Verosta et al. (2013) also concluded that prohibition increases the size of the illegal market.

## 1.2 Gambling Policy and Strategy

The Lotteries Act is guaranteed and gambling is nationally controlled by the Ministry of Finance, Department 34 – State Supervision of Gambling and Lotteries, which performs a number of tasks in the area of monitoring, control, methodology, and standardisation; for more details see the chapters entitled **Legal Framework of Gambling** on p. 25 and **Regulation at the National Level** on p. 181.

The National Drug Policy Strategy for 2010-2018 and its Action Plan for 2013-2015 include the principles and activities of the so-called integrated drug policy, combining the areas of alcohol, tobacco, illicit drugs, and gambling (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2013). According to the Action Plan, the most efficient strategy in terms of the costs and benefits is to combine the individual intervention efforts into a single service and cooperation network. Such an integrated policy was formulated by Germany in its national strategy, for example.

In 2013, the Society for Addictive Diseases of the J.E. Purkyně Czech Medical Association introduced a policy document outlining a system of healthcare-specific addiction treatment services (Společnost pro návykové nemoci ČLS JEP and Klinika adiktologie 1. LF UK a VFN v Praze, 2013). It integrates services for the users of legal and illegal drugs and pathological gamblers and defines a network of specialised programmes. While representing the health services perspective, the concept embraced by this policy document underlines the necessity of the interdisciplinary nature of the services within the main relevant frameworks (i.e. health and social services), including their overlaps, the transformation of social services into healthcare facilities and vice versa, and the movement of services between the two frameworks. Thus, this policy document formally envisages the position of the existing addiction treatment practices, i.e. integrated care for individuals with (substance or non-substance) addiction problems, within a single network of addictology-specific and additional health and social services.

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<sup>7</sup> <http://aktualne.centrum.cz/ekonomika/penize/clanek.phtml?id=755229> [2014-01-23]

<sup>8</sup> <http://tn.nova.cz/zpravy/domaci/chytraci-obchazeji-zakaz-hazardu-do-automatu-pridali-kvizy.html> [2014-01-30]

<sup>9</sup> <http://www.ceskatelevize.cz/zpravodajstvi-brno/zpravy/265738-bobycentrum-se-bude-muset-obejit-bez-kasina/> [2014-03-10], <http://zpravy.aktualne.cz/ekonomika/kvizomaty-neprojdou-varuje-babis-pred-obchazenim-zakona/r~0aa2e586b5a611e39d8a0025900fea04/> [2014-04-02]

<sup>10</sup> <http://www.mfcr.cz/cs/soukromy-sektor/regulace/loterie-a-sazkove-hry/stanoviska/sdeleni-ministerstva-financi-k-tzv-kvizo-16525> [2014-04-02]

<sup>11</sup> For example, <http://www.parlamentnilisty.cz/zpravy/tiskovezpravy/SPELOS-Cerne-herny-rostou-jako-houby-po-desti-Stat-i-obce-zaplacou-nad-vydelkem-241814>, <http://zpravodajstvi.olomouc.cz/clanky/Radnice-chce-hazard-jen-omezit-zruseni-by-pry-podporilo-vznik-cernych-heren-19981> [2014-01-23].

One of the practical outcomes of these integration efforts was the allocation by the Government Council for Drug Policy Coordination of a funding envelope for prevention and treatment projects concerning pathological gambling in 2013. The subsidy was used both by the existing addiction services to promote and extend the services offered by them to problem gamblers and by new projects aimed at awareness building, prevention, and treatment in the area of gambling.

## 1.3 Legal Framework of Gambling

Gambling in the Czech Republic is mainly regulated by the following acts:

- the Civil Code (Act No. 89/2012 Coll., which replaced Act No. 40/1964 Coll. and came into effect on 1 January 2014),
- the Lotteries Act (Act No. 202/1990 Coll., on lotteries and similar games),
- the Penal Code (Act No. 40/2009 Coll., which replaced Act No. 140/1961 Coll. and came into effect on 1 January 2010),
- the Money Laundering Act (Act No. 253/2008 Coll., on selected measures against the legalisation of the proceeds of crime and the financing of terrorism).

### 1.3.1 The Civil Code

In principle, unorganised gambling is represented by property transactions among private individuals, which are regulated by private law. The Czech private law regulation of unorganised gambling is absolutely standard and corresponds to the legislation applicable in other countries.

The previous Civil Code (Act No. 40/1964 Coll.), which applied until the end of 2013, set out the binding nature of agreements, including those concluded informally, with a number of exceptions, including bets. Under Section 845, it was impossible to legally enforce or recover the winnings from bets and games or loans which were knowingly provided for the purpose of games and bets (unlike in organised gambling) and to validly secure such claims. However, if the winnings resulting from an informal bet were voluntarily paid out, the loser could not reclaim them.

The new Civil Code (Act No. 89/2012 Coll.), effective from 1 January 2014, provides for the possibility of a court reducing the winnings at the request of the losing party if the winnings were apparently exaggerated with regard to the circumstances of the case and the position and wealth of the parties (Sections 2873-2883). A new provision is that if the loser is apparently an individual with insufficient mental or intellectual capacity, such an individual or their legal guardian may recover the winnings even though they have already been transferred to the winner voluntarily. It is explicitly emphasised that the provision regarding games cannot be applied to transactions on the financial markets.

### 1.3.2 Lotteries Act

The key principle defined in Section 1(1) of the Lotteries Act (Act No. 202/1990 Coll.) is the prohibition of lotteries and similar games except in the cases specified by this act. It is one of the many cases where public law has an effect in the area of property relations among individuals, which is otherwise governed by public law, in order to protect the public interest. The list of games included in Section 2 of the Lotteries Act is incomplete and Section 50(3) of this act allows other games to be permitted, provided that all the terms and conditions under which such games are operated are specified in the relevant licence. Legally operating lotteries and similar games is defined as "an activity aimed at putting lotteries and other similar games into operation, including the intermediary, organisational, financial, technical, and other services associated with the operation of such games and their due completion and settlement. Operating lotteries also means meeting all the other responsibilities which are imposed upon the operator by other legal regulations."

The requirements the operators need to fulfil under the current legislation in order to obtain a licence include, in particular, the following:

- the operator must be a legal person with its registered office in the Czech Republic, owned by entities with no foreign capital participation (except in the case of casino operators). The opinion of the European Commission (“the Commission”) is that this requirement may be in contravention of EU legislation; see the chapter entitled **Gambling Legislation and Control in Europe** on p. 225;
- the operator must be a joint-stock company whose shares are registered, i.e. the owners can be traced; if it is owned by other joint-stock companies, their shares must also be registered. The law does not allow the anonymous ownership of the operators;
- a minimum mandatory amount of the registered capital of the operator is defined (between CZK 10 and 100 million, depending on the type of game) and it must be paid up in money prior to the submission of the application for the licence;
- the operator, its statutory bodies, and the shareholders and partners of the operator (individuals and legal persons) must have no criminal record. The act also defines the requirements for a criminal record;
- in order to secure any claims by the state and municipalities and those arising from the payment of the winnings, the operator must deposit a security in the amount of CZK 2-50 million, depending on the type of game, in a dedicated account. In order to give this security, the operator must not take out a loan and it must document the origin of the funds used as security (e.g. by providing a set of tax declarations);
- lottery operators must comply with other legal regulations, support public order, and the due course of their operation must be guaranteed, including through proper technical facilities.

In addition to the requirements the operator must meet in order to obtain the licence, the operation itself is subject to additional requirements:

- measures must be taken to prevent persons under the age of eighteen from playing the games. However, this does not mean that the operator has the obligation to check the identity cards of the players because the act only stipulates that the operator has the right to check the identity cards;
- the wager must be paid in advance.

A licence to operate lotteries and similar games may be revoked by the authority that issued it provided that “circumstances occur or come to light because of which the lottery or another similar game would not have been permitted or if the data on the basis of which the licence was issued is proved to be false”(Section 43(1)).

Before the current Lotteries Act came into force, lotteries and similar games were regulated by Act No. 37/1973 Coll., on public collections, lotteries, and similar games. Since private enterprise was prohibited before 1989, the legal forms of lotteries and similar games were used only as a source of income for the state budget.

The current Lotteries Act came into force on 18 May 1990 (upon its publication) and had been amended fifteen times before 8 September 2013, with a number of amendments being rather minor. The original act regulated lotteries, raffles, gaming machines, casino games, and state lotteries. However, the gambling market has changed dramatically as a result of technological development and the emergence of new technical devices. The original list of nine lotteries in Section 2 was gradually extended to include fourteen games.

The second amendment (by Act No. 149/1998) was crucial as it modified certain parts of the act concerning slot machines and betting games in casinos and significantly changed the system of contributions for purposes in the public interest. The amendment by Act No. 63/1999 Coll. brought about the current form of the regulation of betting on horse races and sweepstakes. Amendment No. 300/2011 Coll. (proposed by the MP Jan Farský, the so-called “Farský Amendment”), effective from 1 January 2012, mainly explicitly included games operated without a central lottery system

(typically, VLTs), a local lottery system (LLS), and card game tournaments in the list of betting games in Section 2, cancelled the ban on slot machines in the vicinity of specified facilities (while preserving the ban on operating nearly all betting games within specified facilities, e.g. schools, social and healthcare facilities, etc.), and explicitly prohibited anonymous ownership of the operators. At the same time, a temporary provision in this amendment in fact deferred the competence of municipalities to regulate VLTs and other technology-based games within their territory; for details see the chapter entitled **Regulation of Gambling** on p. 181. At the same time, Act No. 458/2011 Coll. on the amendment to the relevant acts in connection with the establishment of the single collecting point and other amendments to the tax and insurance laws came into effect, which introduced into the Lotteries Act contributions from lotteries and similar games instead of contributions for purposes in the public interest; for details see the chapter entitled **Contributions from Gambling** on p. 55. Act No. 215/2013 Coll., the most recent amendment, modifies the system of contributions and came into effect on 1 January 2014. The operators of lotteries and fixed-odds betting games now have the opportunity to reduce the contribution from lotteries and fixed-odds betting games from 20% to 15% by an amount provided as a monetary donation to the Czech Olympic Committee for sports purposes.

### 1.3.3 Penal Code and Money Laundering Act

The Penal Code (Act No. 40/2009 Coll.) contains two new types of offences with immediate relevance to gambling operations, i.e. operating fraudulent games and wagers (Section 213), which concerns the operation of bets which do not guarantee an equal chance of winning for all the participants, and unlicensed operation of a lottery or a similar game of chance (Section 252), which concerns gambling operations without a licence; for details see the chapter entitled **Gambling-related Crime** on p. 167.

Section 2 of the Money Laundering Act (Act No. 253/2008 Coll.) includes the operators of casino gambling games among the so-called "responsible persons". These responsible persons must, among others, follow specified procedures for identifying the clients, as well as for performing, recording, and reporting financial transactions, depending on the amount and signs of risk or suspicious transactions.

## 1.4 Types of Gambling Settings and Games

### 1.4.1 Types of Gambling Settings

The Lotteries Act defines three basic types of settings for operating mainly technology-based games and betting games in casinos:

- a so-called special arrangements venue, i.e. a restaurant or a similar establishment that allows access to persons under the age of eighteen but technology-based games must be located in a separate room or in a separate part of the establishment. No more than six machines may be placed in a single special arrangements venue, while there is no limit in casinos and gambling venues;
- a gambling venue is mainly intended for the operation of slot machines and other technology-based games (but it may still operate other gaming machines, as well as serving food and beverages). Persons under the age of eighteen are not allowed in gambling venues and no player records are kept. The law does not explicitly set the number of gaming machines per gambling venue. Gambling venues are operated in accordance with the rules of their games, approved by the Ministry of Finance;
- a casino is a venue that provides casino betting games in addition to games available in gambling venues and special arrangements venues. In particular, these games include live casino games such as card games or roulette. The strictest requirements apply to casino

operations, according to the law; in particular, this concerns registered capital of at least CZK 100 million. Special tokens are used in casinos instead of cash. Casinos keep records of the players and all players must identify themselves and be over eighteen. Employees are prohibited from participating in betting games operated in the casino where they are employed. Higher wagers and winnings are permitted in casinos for some types of technology-based games in comparison with the stakes and winnings allowed in gambling venues or special arrangements venues. Casinos must have a security and monitoring system.

In addition to the gambling settings specified above, ticket collection points are also typical of numerical lotteries and fixed-odds betting (e.g. sports betting shops; fixed-odds bets and horse-racing bets are also received by online terminals, which can also be used for live fixed-odds betting). The internet is a highly specific setting for engaging in a number of gambling activities.

### 1.4.2 Types of Gambling Activities

#### 1.4.2.1 Lotteries with Monetary or Tangible Prizes

The operator issues a predetermined number of sequentially numbered tickets in accordance with the rules of the game. If the tickets are divided into multiple series, each series must have the same number of tickets and each ticket must also identify the series in addition to the sequential number. Unlike in raffles, all the tickets issued are included in the draw. The probability of winning any prize in a lottery (not only the first prize) must not be less than 1 : 200. The deadline for claiming the prize must be at least 30 days and no more than 90 days from the date immediately following the day of the draw. Lotteries with tangible prizes with a total value of stakes of under CZK 200 thousand are to be permitted by municipal authorities. It is forbidden to organise lotteries with monetary or tangible prizes (as well as raffles – see below) to cover the cost of an event where no admission charge is paid. Similarly, lotteries or raffles with an indicative budget which shows an apparent lack of efficiency in the management of the gains cannot be permitted.

Sweepstakes<sup>12</sup> are generally prohibited by the Lotteries Act. Only sweepstakes with a total amount of non-monetary prizes of under CZK 200 thousand per calendar year and a maximum value of CZK 20 thousand per prize can be operated. Such sweepstakes are subject to notification to the competent tax authority.

#### 1.4.2.2 Raffles

The legal rules applicable to raffles are similar to those that apply to lotteries with monetary or tangible prizes in many ways; raffles with stakes with a total value of CZK 50 thousand and less are to be permitted by municipal authorities. Unlike in lotteries, only the tickets sold at the location of the draw and on the day of the draw are included in the draw.

#### 1.4.2.3 Numerical Lotteries and Instant Lotteries

Numerical lotteries are based on the guessing of numbers which are later drawn or randomly generated using a machine. In the Czech environment, these are the traditional lotteries such as the *Šťastných 10* ("Lucky 10") or *Sportka*. The draw must be public and under state supervision. In instant lotteries (typically, scratchcards), the participant can identify whether and how much they win immediately after revealing the information on the ticket.

#### 1.4.2.4 Bingo

Bingo is defined in Section 2(g) of the Lotteries Act. It is played using a special ticket and tokens numbered from one to ninety. The number of participants and the total amount of stakes are not determined in advance. The draw is made using a mechanical device.

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<sup>12</sup> I.e. lotteries for which participation is preconditioned by the purchase of goods, services, or other products and submission of the receipt to the operator, or by concluding a contract with the provider of goods, services or other products, or participation in a promotional or advertising event of the provider and/or operator.

#### 1.4.2.5 Fixed-odds, Horse-race, and Other Sports Betting

A licence to operate fixed-odds betting is issued by the Ministry of Finance for a maximum period of 10 years. Their legal regulation focuses on the application of measures to prevent conflicts of interest among the players. The persons authorised to receive the bets must not participate in betting with the operator for whom they receive the bets. The persons who determine the odds (bookmakers) must not bet with any betting operator. Coaches, players, referees, sports officials, and other persons participating in sports events must not participate in betting on the sports competitions they participate in. In addition, the operator must not accept bets on competitions which an animal or team owned by the operator or an employee of the operator participates in.

Horse-race betting represents bets on the place the horses finish a race in. The amount won depends on the ratio between the number of winners and the total amount of bets or the winning is proportionate to the odds at which the bet was accepted and the amount of the bet. In comparison with other games, horse-race betting is relatively associated with the lowest requirements for the amount of registered capital of the operator (CZK 10 million), and, together with raffles, no amount is required to be deposited as security.

“Pool games” under Section 2(f) of the Lotteries Act refer to betting games in which the win depends on successfully guessing the sports results or rankings in sports competitions or races, and the amount won depends on the ratio between the number of winners, the total amount of the bets, and the predetermined winning ratio. The bets are made on similar events as those bet on in fixed-odds betting. Unlike in fixed-odds bets, the operator’s game plan defines in advance what amount will be paid out in winnings. These types of lotteries or similar games have a negligible market share (e.g. the *Sazka* betting game).

Fixed-odds and sports betting operations have recently seen a shift to the internet environment. Live betting, i.e. fixed-odds betting on events which are currently in progress, is a new form of fixed-odds betting and only takes place online. In comparison with traditional fixed-odds betting, the frequency of betting opportunities is much higher. For details on online betting see the chapter entitled **Online Gambling** on p. 32.

#### 1.4.2.6 Gambling in Casinos

The regulation of this category of games does not include slot machines or other electronic or electromechanical devices but rather various types of games, including those played on machines.

According to Section 2(j) of the Lotteries Act, casino gambling includes roulette, dice, card games in which the player plays against the house, and other games approved in the rules of the game, as well as variations on these games. The list of games is extensive and open. The licensing authority, i.e. always the Ministry of Finance in the case of casinos, thus has a broad range of considerations when assessing the games. The games must be clearly specified in the licence application, including the rules of the game, and the applicant must submit the guest rules of the casino for approval. Any change after the issue of the licence must also be approved by the Ministry of Finance. The licence is issued for a maximum period of 10 years.

The legal standards governing the control of money laundering (see also the chapter entitled **Legalisation of the Proceeds of Crime** on p. 228) stipulate that betting games in casinos must not be played with cash and that, instead, only tokens for which cash is exchanged upon entering or before leaving the casino must be used.

#### 1.4.2.7 Betting Games under Section 2(j)

These games include lotteries and other similar games which are played using technical devices operated either directly by the player or played over the telephone and for which the number of participants and the total amount of the stakes are not known beforehand. The prize is calculated from the total amount of the stakes or in accordance with the terms specified in the rules of the game. This includes electronic dice, for example.

### 1.4.2.8 Slot Machines

A slot machine is usually a compact, functionally indivisible gaming machine which is not controlled centrally but rather by a device and software built into the machine itself. The screen of the machine most usually shows three reels containing various images (most typically, of fruit). Until 2008 it was the most common type of gaming machine in the Czech Republic.

Slot machines may be operated under the following conditions:

- slot machines may be placed in casinos, gambling venues, and special arrangements establishments;
- the payout ratio (i.e. the part of the stakes paid that is returned to the players) set on slot machines must be at least 75%. A single game (spin) must take at least one second. The law also regulates the amount of the maximum bet (CZK 2 in a special arrangements venue, CZK 5 in a gambling venue, and CZK 50 in a casino), the maximum hourly loss (CZK 1,000 in a special arrangements venue, CZK 2,000 in a gambling venue, and CZK 10,000 in a casino) and the maximum amount that can be won (CZK 300 in a special arrangements venue, CZK 750 in a gambling venue, and CZK 50,000 in a casino);
- in gambling venues and casinos, slot machines can be connected to a device that enables winnings to be accumulated (a jackpot), in the amount of up to CZK 10,000 in gambling venues and CZK 100,000 in casinos;
- each slot machine licence must specify the name of the persons responsible for preventing access by persons under the age of eighteen;
- licences to operate slot machines are issued by municipal authorities within the framework of delegated powers, regional authorities if the slot machines are to be operated by a municipality (a marginal group in practice), and the Ministry of Finance as far as slot machines in casinos are concerned. The licence is issued for a maximum period of one year and may also be issued repeatedly for the same venue and the same operator, which is the common practice. Municipalities may further regulate the operation of slot machines (as well as that of other similar machines – see below) within their territory by means of a generally binding municipal ordinance.

### 1.4.2.9 Betting Games Operated Through a Central and Local Lottery System

This includes technology-based games which, despite representing one of the most significant types of gambling in terms of market share in the long run (for details see the chapter entitled **The Gambling Market** on p. 35), were included in the list of betting games as late as 2012. Their licensing is not prescribed in detail and it takes place under Section 50(3) on the licensing of other similar games (i.e. those which are not licensed under Parts 1-4 of the Lotteries Act).<sup>13</sup> According to Section 2(l), these are games which are operated by means of a functionally indivisible machine with a central lottery system (CLS), which is an electronic system consisting of a central control unit, local control units, and an unlimited number of interactive video lottery terminals. The central control unit controls all the gaming processes, and the terminal is only used as the operating interface and display unit of the CLS. This includes an interactive video lottery terminal (IVT or VLT), electromechanical roulette, and other technical devices which are popularly known as “slots” or “machines” and which will be referred to in the report as electronic gaming/gambling machines (EGMs), a term which also includes slot machines.

The same types of games as those operated via a CLS can also be run on the principle of a local lottery system (LLS). Section 2(n) defines an LLS as a game operated by means of a machine that is an electronic system consisting of a control unit with three physically connected gambling points which are operated by the players and with which it forms a functionally indivisible system.

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<sup>13</sup> Section 50(3) has been present in the Lotteries Act ever since the conception of the Act (as Section 50(2) according to the original numbering).

With effect from 1 January 2009, the Ministry of Finance amended the technical standards from 2007, which govern the requirements for operating the two most commonly licensed types of gaming machines – VLTs and electromechanical roulette.<sup>14</sup> These standards mainly deal with the technical parameters of these machines and, most importantly, they set the maximum amounts of bets: CZK 1,000 for VLTs, CZK 1,000 for electromechanical roulette on a single number, and CZK 50,000 on a single game. These standards do not concern other EGMs in the Czech Republic.

The application of Section 50(3) to VLTs and other EGMs except for slot machines and the parameters set by the Ministry of Finance for these games has become a disputed and criticised issue.

In 2012, for example, the ombudsman provided his opinion and concluded that VLTs are machines which are so similar to slot machines that the legal requirement that the Ministry of Finance “reasonably” apply the existing provision of the law in the licensing of other betting games had not been fulfilled because, in the setting of the legal standards and licensing of VLTs, the Ministry of Finance had significantly exceeded the limits applicable to slot machines (up to 500 times more for the maximum bet) and the period of the licence (10 years in comparison with one year for slot machines), and, in some cases, EGM operation had been permitted in the vicinity of the buildings listed in the Lotteries Act, and the generally binding municipal ordinances regulating the operation of slot machines had not been respected. The ombudsman also criticised the fact that the Ministry of Finance, in its licensing procedure according to Section 50(3), had permitted the operation of certain machines which apparently met the legal definition of slot machines and should therefore have been licensed by municipalities, subject to the full scope of the provisions applicable to slot machines. In addition, civil rights activists were also critical of the situation.<sup>15</sup>

It must be noted that the conclusions of the ombudsman are only understood as a recommendation and that in this particular case the government rejected most of the ombudsman’s recommendations at the government meeting held on 16 May 2012. The ombudsman reacted to this by publishing the inquiry report and the final opinion with the proposed measures in full as a press release.<sup>16</sup>

For additional details regarding the control of gambling at the municipal level see the chapter entitled **Regulation of Gambling** on p. 181.

### 1.4.2.10 Card Games

Card games were included in the inconclusive list under Section 2 of the Lotteries Act by the so-called “Farský Amendment” of 2011. This in fact removed any doubt by stating that the applicable law considered organising card games, including poker, as gambling, which meant that these games could be legally operated only as card games in casinos, as online games, or as games on EGMs.<sup>17</sup> The Czech Poker Association disagrees with this step and is seeking to have this game removed from the list of gambling games.<sup>18</sup>

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<sup>14</sup> <http://www.mfcr.cz/cs/soukromy-sektor/regulace/loterie-a-sazkove-hry/technicke-standardy-zarizeni> [2014-01-23]

<sup>15</sup> For example, <http://hollan.blog.respekt.ihned.cz/c1-51775040-vyzvete-ministerstvo-financi-ke-zruseni-tisicovky-nelegalne-povolenych-hazardnich-pristroju> [2014-01-23].

<sup>16</sup> <http://www.ochrance.cz/tiskove-zpravy/tiskove-zpravy-2012/obce-se-proti-hazardu-uz-dal-musi-branit-samy/> [2012-05-30]

<sup>17</sup> Until then, dozens of civic associations had organised “poker clubs”, with millions of CZK in stakes, without holding a licence to operate gambling, including all the obligations arising out of such a licence. Poker club operators protested and continue to argue against the inclusion of poker among betting games (games of chance), claiming that poker is a game of skill. The representatives of the operators of fixed-odds betting objected to this interpretation. See <http://byznys.ihned.cz/c1-39527590-poker-neni-hazard-rika-zakon-stat-to-chce-zmenit> [2014-01-23].

<sup>18</sup> <http://www.pokerczech.cz/2012/tiskova-zprava-turnaj-poker-neni-zlocin/>, <http://www.pokerczech.cz/2013/asociace-ceskeho-pokeru-bilancuje-rok-2012/> [2014-01-23]

### 1.4.2.11 Online Gambling

Licences are also issued to the operators of betting games on the internet in accordance with Section 50(3) of the Lotteries Act. The permitted types of online gambling include fixed-odds betting, including live betting, and poker-type card games. Online forms of machine-based or technology-based games are not permitted in the Czech Republic. As in the case of other betting games and lotteries, online gambling operators must be based within the Czech Republic and the players must register at a land-based outlet of the operator (Section 4(4) and (5) of the Lotteries Act). The technical standard for online gambling operations was issued with effect from 27 December 2012 and states, among other requirements, that the operator's servers must be placed within the territory of the Czech Republic.<sup>19</sup> It contains mainly requirements of a technical nature, as well as requirements for certain measures to prevent the development of gambling-related problems ("responsible gambling"), such as the right of the player to set a financial limit and the possibility of self-limitation and self-exclusion,<sup>20</sup> the publication of a warning that participation in gambling may cause harm, an accessible and visible time indication in the game, the opportunity of a self-test for problem gambling, and the provision of contacts to helping organisations; for details see the chapter entitled **Introduction to Regulation and Prevention** on p. 175.

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<sup>19</sup> <http://www.mfcr.cz/cs/soukromy-sektor/regulace/loterie-a-sazkove-hry/technicke-standardy-zarizeni#III> [2014-01-23]

<sup>20</sup> Self-limitation means the voluntary setting of limits for the game (time, amount of stakes, amount of losses, etc.). Self-exclusion is a self-imposed restriction on access to gambling, including for a limited period of time (of up to several months). Self-exclusion can be applied both to online games and in land-based establishments. Self-exclusion can be lifted upon the player's request after a certain delay in order to prevent the immediate compulsive gambling of a problem gambler.



12

## 2 The Gambling Market

### 2.1 Background

The availability of gambling is a factor that is the precondition for the occurrence of the social consequences of gambling. There is evidence that the higher availability of gambling and the related changes in societal attitudes to gambling lead to an increase in both gambling as such and of problem gambling, including harmful health and social impacts such as debt; for details see the chapter entitled **Problem Gambling, Pathological Gambling, and Gambling-related Health Consequences** on p. 101. The availability of gambling is also a factor that complicates the treatment process in pathological gamblers. It appears that a major role is played by the physical availability of gambling opportunities (venues), rather than the density of gambling machines (Williams et al., 2012b, Abbott et al., 2013, Vasiliadis et al., 2013).

There are significant differences in the levels of risk involved in the games offered on the gambling market. According to the Ontario Problem Gambling Research Centre (Abbott et al., 2013) it is important to distinguish between games according to the frequency of play and level of arousal experienced by the players, the sociability factor, and the level of skill required for the game. From this perspective, EGMs carry a higher level of risk for some players, while for others it is card games or casino betting games. The settings in which the gambling activity is engaged in are another important factor. It is important whether or not the settings offer enough privacy, access to money, the opportunity of continuous play, the presence of visual and sound effects, the availability of alcohol, etc. (Abbott et al., 2004, Abbott et al., 2013).

The different risk of the occurrence of problems involved in various types of gambling also lies in their so-called structural characteristics, which influence the gamblers' attitude to playing and affect their gambling behaviour, including the associated risks. This concerns the technical parameters of the facility, as well as other parameters, such as (Parke and Griffiths, 2007, Abbott et al., 2013):

- > the size of the stake;
- > the frequency of consecutive play and the intervals between play;
- > the amount of money spent per time unit;
- > the structure of the winnings (number of wins and the amount won);
- > the probability of winning;
- > the size of the jackpot;
- > the number of near misses ("near wins");
- > the ability to place bets in cash or by non-cash means;
- > the possibility of playing without a wager (practice);
- > light and colour effects;
- > sound effects;
- > the difficulty of the rules of the game;
- > the (perceived) skill required for gaming success;
- > the social dimension of the games (individual vs. team games);
- > the accessibility of gambling opportunities (opening hours, requirements for entering a game, number of gambling venues);
- > local availability/location of the gambling venue;
- > type of gambling facility (gambling venue, casino, another type of venue);
- > advertising.

In particular, EGMs (slot machines, VLTs, and other gambling machines) feature unfavourable structural characteristics which tend to lead to the development of gambling-related problems more often than in other types of games. The high-risk gambling activities also include fixed-odds betting, in particular online and, especially, live betting, other online games, and casino games.

These games provide a high frequency of betting in quick succession, the opportunity of prolonged continued play, a specific setting in which the game takes place, or the possibility of high stakes in short succession and the resulting excitement derived from playing. As the chapters below suggest, these games represent the largest segment of the market in the Czech Republic and the risk involved in them for the players and the community is higher than that involved in numerical lotteries or scratchcards, in which the risk of addiction and the financially destructive potential is much lower. Gamblers involved in these games and, in particular, those engaged in gambling on EGMs account for a major or predominant group of individuals displaying gambling-related problems in many European countries (Parke and Griffiths, 2007, Livingstone et al., 2008, Griffiths, 2009, Williams et al., 2012b).

The supply of online gambling has also increased with the growing importance of the internet, communication via social networks, and online shopping in society in recent years. The internet offers gamblers the opportunity to play 24/7 from their home, place of employment, or a public place. Depending on the nature of the regulation in each country, the internet offers a wide range of gambling products, including sports bets, casino games, bingo, lotteries, and card games such as blackjack and poker. Gambling operators have more space to satisfy the demand for gambling on the internet. The wide range of available gambling products may be the most important factor in attracting participation in online gambling. In addition, gambling operators offer a number of auxiliary services in order to facilitate gambling or sway public opinion in their favour. This development is supported by new communication technologies such as Web 2.0, smartphones, and smart TV. Up to 40% of online gamblers visit forums or message boards to find out details, news, and information about special offers or the quality of the operators (eCOGRA, 2010).

According to the available data, online gambling was offered globally by over 400 companies on approximately 2,100 websites in 2010 (McMullan and Rege, 2010). The portal [online.casinocity.com](http://online.casinocity.com)<sup>21</sup> had as many as 2,949 websites offering an online casino or other gambling activities registered as of 4 March 2014. This figure mostly represents the licensed websites; the number of unregistered (illegal) portals is likely to be several times higher.<sup>22</sup> On the global scale, the most popular online gambling activities include online casinos, poker, bingo, sports betting, backgammon,<sup>23</sup> and games of skill. These websites can often be played on from the Czech Republic. However, only some of these sites offer a Czech version and the possibility of using the Czech crown to play; there were 49 such international portals in March 2014, according to [online.casinocity.com](http://online.casinocity.com). Most of the operators of online gambling are based in the Netherlands Antilles, Gibraltar, the United Kingdom, or Malta (Wood and Williams, 2009, Williams et al., 2012b).

The availability of gambling activities depends on a number of factors, ranging from the economic and socio-political environment of the state to the geographical distribution and density of gambling venues in the region to the physical characteristics of the gambling venues and the types of gambling products offered.

The socio-cultural factors determine the extent to which gambling activities are considered a legitimate product that is regulated, available, and socially acceptable, or whether the society disagrees with gambling activities because of their moral aspects or the damage caused.

Gambling has the effect of a so-called regressive tax – individuals with a lower income proportionally spend a higher part of their earnings on gambling in comparison with individuals with a higher income, and the adverse impacts of gambling are also more significant in the lower-income group; for details see the introduction to the chapter entitled **Social Consequences and Correlates of Gambling** on p. 147.

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<sup>21</sup> According to research studies aimed at online gambling (e.g. Wood et al., 2009), the data from this portal has been credible in the long term.

<sup>22</sup> The French institute CERT-LEXSI analysed 70 million websites in 2005 and found 14,823 websites offering online gambling. Only 2,005 of them were subject to a licence (European Commission, 2011. The Green Paper on online gambling. European Commission, p. 29).

<sup>23</sup> a traditional board game

Compared to other consumer products, the supply of legal gambling results from the regulatory measures rather than from purely economic factors to a great degree. However, political decisions are also subject to economic pressure and efforts to raise higher revenues from gambling are particularly apparent at the time of an economic recession. The gambling industry is the source of considerable revenues for public budgets. Contributions from gambling and other economic factors, including employment, are often used to counter the argument of the social harmfulness of gambling; in the Czech Republic, too, the initiative of the employees of the lottery industry to support gambling has also recently appeared in addition to the activities of the gambling operators.<sup>24</sup>

In the international context, the supply of gambling in the Czech Republic is extensive, which is particularly the case for EGMs (the data for other types of games is not available for the purposes of an international comparison). With its 7.47 EGMs per 1,000 inhabitants, the Czech Republic tops the list of European countries for which the relevant data is available. Italy has nearly the same supply (7.3), while the other countries in the comparison reported significantly lower figures; see Graph 2-1.

The data for the international comparison of the availability of gambling machines came from inquiries made by the Ministry of Finance directly to the European regulatory authorities in the area of lotteries and similar games; for Australia, the annual report by the Australian regulatory body was used.<sup>25</sup> The last group of data was obtained from a questionnaire completed by the individual states within the Gaming Regulators European Forum,<sup>26</sup> of which the Ministry of Finance is also a member. However, this data is not up to date as the questionnaire focused on 2011. The data concerns various types of EGMs referred to as electronic gaming machines, fruit machines, slot machines, one-armed bandits, video lottery terminals, amusement-with-price machine etc. It needs to be considered that the comparison does not include the structural characteristics of the games (see above), such as the maximum stakes and winnings, the interval between the games, the maximum hourly winnings, the settings, or the visual effects displayed by the machines.

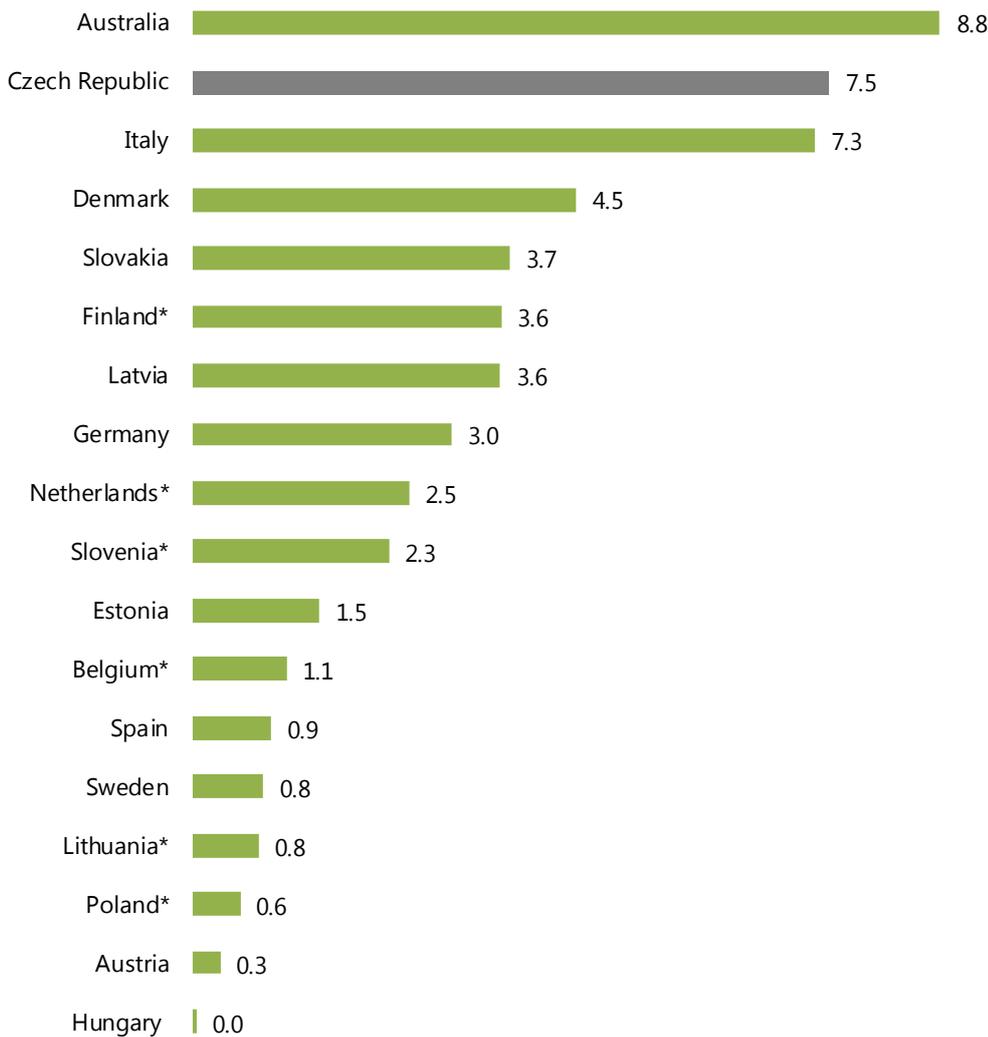
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<sup>24</sup> Svobodná volba, o. s. ("Free Choice", a civic association); for details see <http://www.ossvobodnavolba.cz/#/>, <https://www.facebook.com/O.S.SVOBODNAVOLBA> [2014-01-30].

<sup>25</sup> Australia is an example of a large country that is one of the few worldwide to post higher figures than the Czech Republic. For details see <https://www.austgamingcouncil.org.au> [2014-01-30].

<sup>26</sup> [www.gref.net](http://www.gref.net) [2014-01-30]

Graph 2-1: Number of electronic gaming machines per 1,000 inhabitants in European countries and Australia, 2013



Note: \*Only the data for 2011 is available. For details regarding the situation in some of the countries listed above see the chapter entitled **Outline of Gambling Regulations in Other Countries** on p. 228.

Source: Ministry of Finance (2013)

Ministry of Finance, Department 34 – State Supervision of Gambling and Lotteries, is the basic source of information about the gambling market in the Czech Republic. This department keeps long-term records of the number of the betting games, operators, and gambling venues in the Czech Republic which are issued a licence by this authority. The Ministry of Finance records do not include certain operators and their betting games licensed by municipalities (e.g. slot machines and raffles).

## 2.2 Electronic Gambling/Gaming Machines and Casino Gambling

In 2013, the Ministry of Finance started publishing general lists of the technical gambling devices which were licensed by the ministry in the Czech Republic. The lists are published on the website of the Ministry of Finance every three months and they provide the total number of EGMs (electromechanical roulette, VLTs, LLS, slot machines in casinos, etc.), including betting games in casinos, which are registered without a distinction being drawn between technical and other

devices.<sup>27</sup> For the purposes of this analysis, the Ministry of Finance provided detailed information about licences dating back to as far as 2009 to show the trends in the development of the gambling machines and betting games in casinos.

Between 2009 and 2012, the number of EGMs, in particular that of VLTs, continuously increased to reach more than double the original number (from 37,786 in 2009 to 82,525 in 2012). In 2013, the number dropped to approximately 60 thousand, i.e. the 2010 level. On the contrary, the number of slot machines licensed in the same period decreased. To a certain extent, slot machines were replaced with technologically more advanced devices, mostly VLTs.

The total number of games licensed by the Ministry of Finance (i.e. EGMs and casino games) reached 61,026 as of 31 December 2013. The most significant increase (more than twofold) in 2010-2012 was reported for the number of licences for VLTs. From 2012 to 2013 the number of VLTs decreased to 45,306 in year-on-year terms, but in 2013 it slightly increased, which is rather surprising given the strong regulatory tendencies in the form of municipal ordinances. We may speculate that, despite the decreasing number of gambling venues, the terminals are accumulated in the remaining gambling venues or that the gambling market is moving to those municipalities that do not regulate gambling. An alternative explanation may lie in the duration of the administrative process for revoking the licence, which may be further extended by appeals filed by the operators, which may actually postpone compliance with the municipal ordinances by as long as several months; see also the chapter entitled **Regulation of Gambling** on p. 181.

*Table 2-1: Number of licences for individual types of technical devices and betting games in casinos without distinction between technology-based and other games in 2009-2013, as of 1 January of each year*

<b>Games licensed by the Ministry of Finance</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2013*</b>
Electronic card tables	0	0	5	19	4	1
Electromechanical roulette	1,958	1,894	2,297	2,272	1,943	1,541
IVTs	29,594	46,572	62,926	64,188	45,306	48,461
LLS	3	17	3,953	5,696	4,227	2,713
Other EGMs under Section 50(3)	821	3,583	3,934	3,106	2,568	2,038
Casino games**	1,083	1,314	2,064	3,571	4,072	2,760
Lotteries played via technical devices under Section 2(j)	363	202	171	164	119	74
Slot machines***	3,964	4,270	3,973	3,509	2,424	3,438
<b>Total</b>	<b>37,786</b>	<b>57,852</b>	<b>79,323</b>	<b>82,525</b>	<b>60,663</b>	<b>61,030</b>

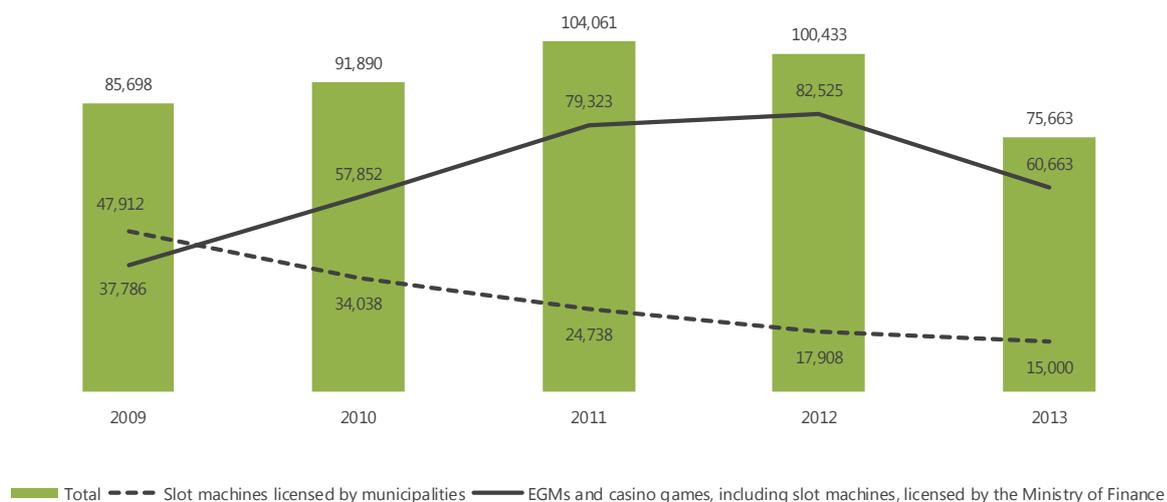
Note: \* Number as of 31 December 2013. \*\* Games for which no distinction is made in the Ministry of Finance records between live games (e.g. live roulette) and technology-based games (e.g. electronic cards). \*\*\* Devices which are licensed by the Ministry of Finance and are located in casinos in the Czech Republic.

Source: Ministry of Finance (2013), prepared by the National Focal Point

Slot machines licensed by municipalities represent a specific category. The data about these licences was provided by the Ministry of Finance, which oversees the licensing process. The data available for 2009 suggests that the number of slot machines in municipalities continues to decrease. While in 2009 they represented the dominant segment of the market (with 47,912 machines), their number had dropped to 17,908 by 31 December 2012. The total number of EGMs, casino gambling games, and slot machines is shown in Graph 2-2.

<sup>27</sup> <http://www.mfcr.cz/cs/soukromy-sektor/monitoring/prehled-povolenych-zarizeni/2014> [2014-01-24]

Graph 2-2: Number of slot machines and other technology-based games and casino games, 2009-2013

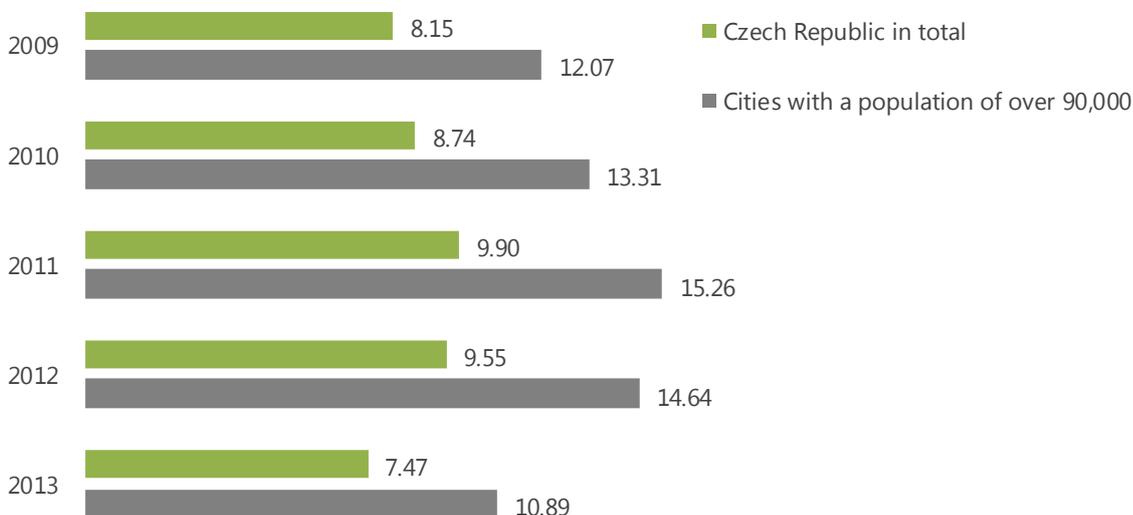


Note: The data on the number of slot machines is as of 31 December of each year; the data on the number of EGMs and casino games licensed by the Ministry of Finance is as of 1 January of each year. The number of slot machines licensed in 2013 is an estimate based on the current trend; information on the exact number of slot machines in 2013 will become available during 2014.

Source: Ministry of Finance (2013), prepared by the National Focal Point

The number of EGMs and casino games per 1,000 inhabitants peaked in 2011, when there were 9.9 devices per 1,000 inhabitants of the Czech Republic. In the long term, the supply has been higher in large cities; see Graph 2-3.

Graph 2-3: Number of EGMs per 1,000 inhabitants in the Czech Republic and in cities with a population of over 90,000, 2009-2013



Source: Ministry of Finance (2013), prepared by the National Focal Point

The situation in cities with a population of over 90,000 varies. Some cities, such as Ústí nad Labem and Hradec Králové, are at the level of, or slightly over, the national average. On the contrary, in Moravian cities such as Olomouc and Ostrava, the supply of technical devices per 1,000 inhabitants has been nearly double that for the Czech Republic as a whole in the long term; in 2011-2012 there were over 20 machines per 1,000 inhabitants. There was a steep decline in the number of machines in most cities in 2013. Even though Olomouc reported the most significant decrease, this city still tops the list of large cities with its 15.1 machines per 1,000 inhabitants. On the contrary, the number of machines stagnated or increased slowly in Ústí nad Labem in 2009-2013; while in 2009 there were only 8.0 machines per 1,000 inhabitants (the lowest number among large cities), there were

10.2 machines in 2013. In terms of the relative number of machines, Prague has reported some of the lowest figures among large cities but there is a great difference between the individual city districts; see Graph 2-4.

In addition, there are certain locations where the relative number of machines is a multiple of that reported by large cities. They are mainly small towns along the border with Germany and Austria (Rozvadov, Dolní Dvořiště, Chvalovice, Česká Kubice, and others), where the number of machines can be as high as in the hundreds per 1,000 inhabitants.

Graph 2-4: Number of EGMs per 1,000 inhabitants in cities with a population of over 90,000, 2009-2013

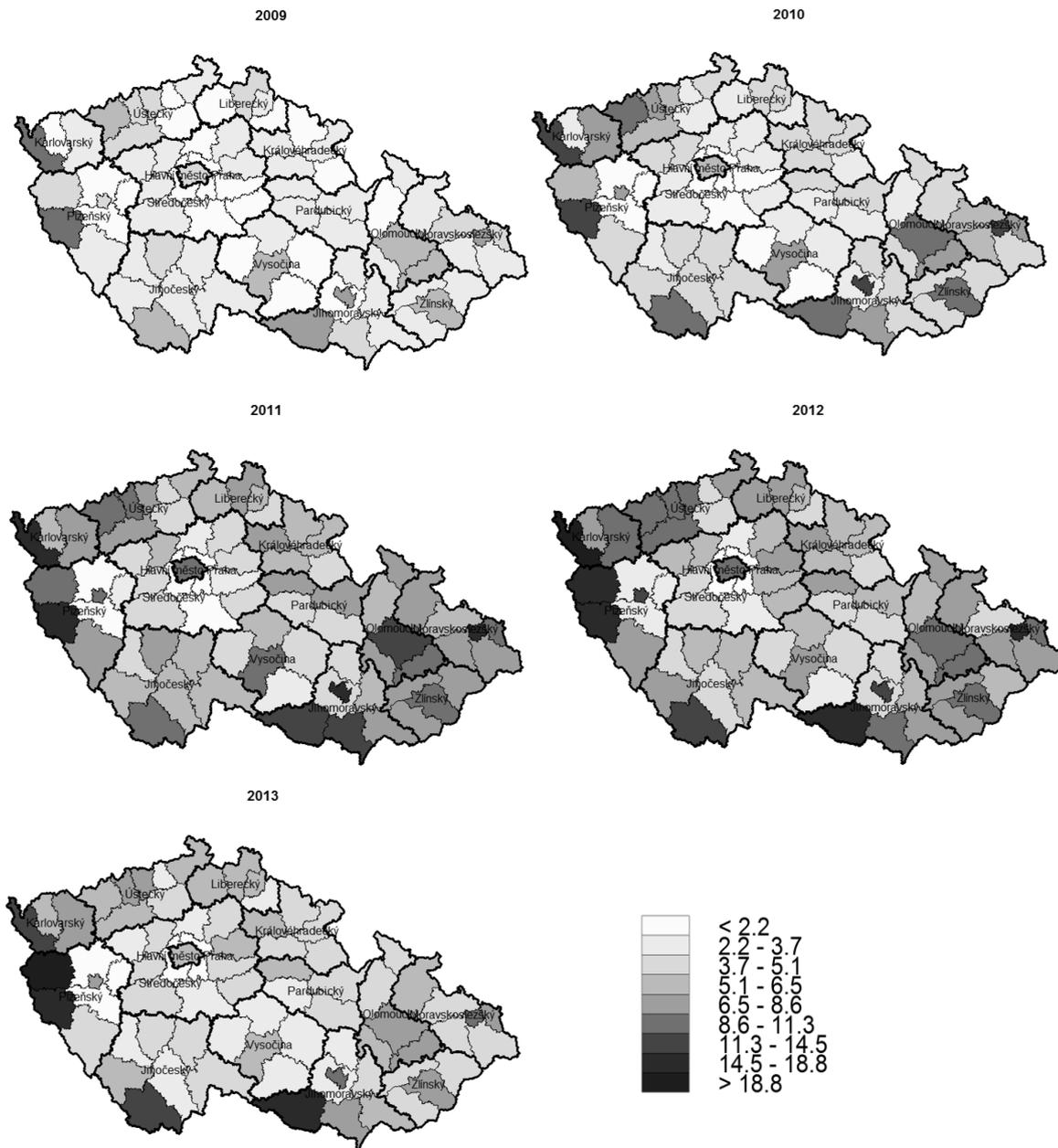


Source: Ministry of Finance (2013), prepared by the National Focal Point

### 2.2.1 Regional Difference in the Supply of EGMs

There are significant differences in the supply of technology-based games in the individual large cities. The supply in the individual regions can be shown by plotting the number of EGMs licensed by the Ministry of Finance and the number of slot machines licensed by municipalities onto a map of the districts of the Czech Republic. As regards EGMs licensed by the Ministry of Finance (mostly VLTs, electromechanical roulette, etc.), their supply increased in 2009-2012, mainly in the region along the border with Germany and Austria. The regions with the highest supply of gambling in recent years include those of Karlovy Vary, Pilsen, Ústí nad Labem, and South Moravia. A high supply can also be observed in districts that include a large city, such as Central Brno, Central Ostrava, Olomouc, Pilsen, and Prague. Conversely, the lowest supply figures have been reported by the districts in the Central Bohemia and Vysočina regions; see Map 2-1.

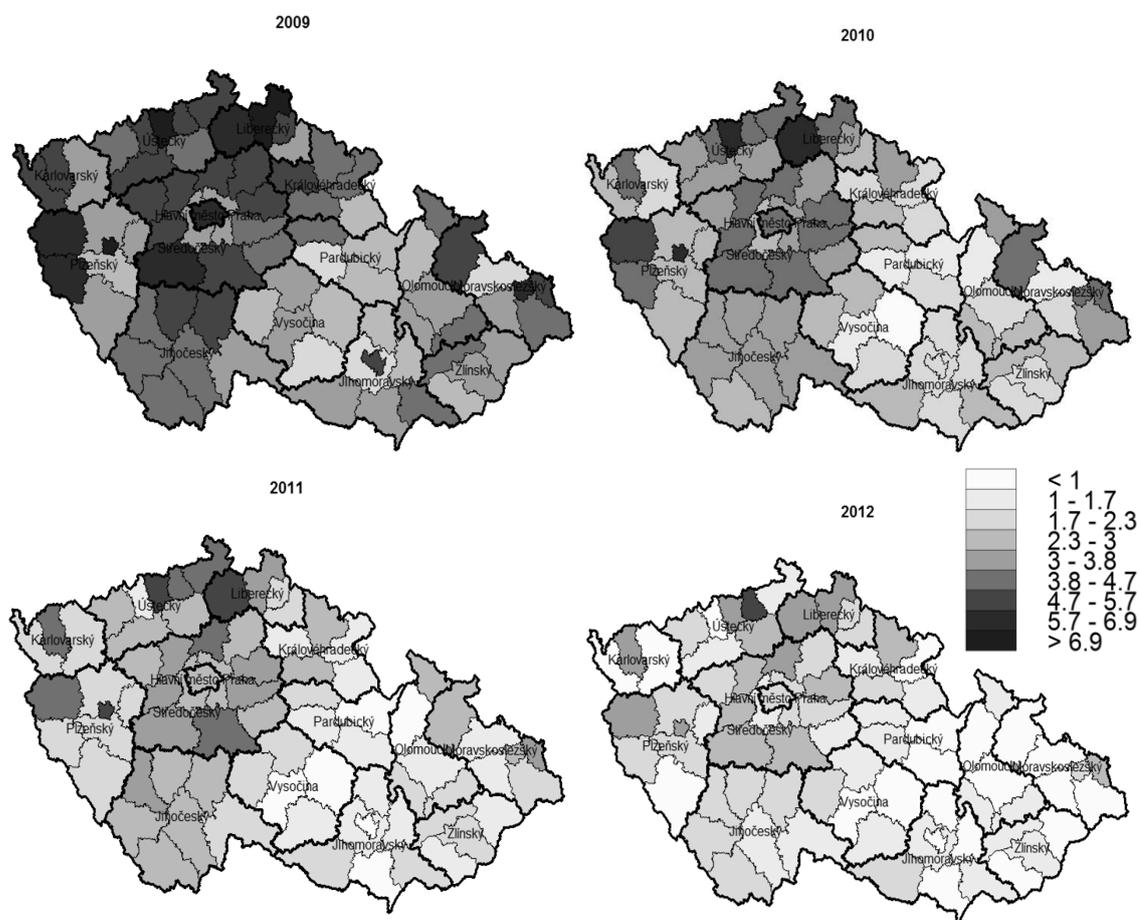
Map 2-1: Regional distribution of the number of EGMs per 1,000 inhabitants in the districts of the Czech Republic, 2009-2013



Source: Ministry of Finance (2013), prepared by the National Focal Point

The supply of slot machines licensed by municipalities, the number of which decreased in the period 2009-2013, is not as clearly concentrated along the border. As Map 2-2 shows, the highest supply of slot machines was available in Bohemia, in particular, in the border areas in North Bohemia (the Liberec and Ústí nad Labem regions), where it reached 7 machines per 1,000 inhabitants in 2009. While the supply of EGMs licensed by the Ministry of Finance in the Central Bohemia is among the lowest in the Czech Republic, the supply of slot machines licensed by municipalities is among the highest in the national comparison. The number of slot machines decreased in all the districts of the Czech Republic during the period under scrutiny.

Map 2-2: Regional distribution of the number of slot machines licensed by municipalities in the regions of the Czech Republic in the period 2009-2012, per 1,000 inhabitants



Source: Ministry of Finance (2013), prepared by the National Focal Point

## 2.3 Gambling Settings

The settings can play an important part in the level of participation in gambling and its harmful effects; for details see the introduction to the chapter entitled **The Gambling Market** on p. 35. For the purposes of this study, the monitoring particularly focused on establishments that offered EGMs, i.e. casinos, gambling venues, special arrangements venues, and online portals.

### 2.3.1 Special Arrangements Venues, Gambling Venues, and Casinos

The data on the number of venues located on the territory of the Czech Republic is based on the data regarding the number of technical devices in the Czech Republic, provided by the Ministry of Finance for the period 2009-2013. In order to identify the location and number of gambling venues in the individual municipalities it was necessary to sort the devices by location, i.e. whether they were placed in a casino or a gambling venue, and to exclude duplicate addresses. Also excluded from the statistics were venues that included only slot machines licensed by a municipality because there is no central list of these venues at the central level. In most cases, these included special arrangements venues (i.e. restaurants, bars, etc.), which can only operate a maximum of six machines. Their number has continuously decreased since 2009, along with the declining number

of slot machines licensed by municipalities; currently, between two and three thousand such establishments are estimated to be in operation.<sup>28</sup>

The number of venues that operated gambling machines licensed by the Ministry of Finance increased steadily between 2009 and 2011; see Table 2-2. In the period 2009-2013, the number of casinos continuously increased, reaching more than double the original figure (from 202 to 473). On the contrary, the number of gambling venues and special arrangements venues increased by 43% (from 5,595 to 8,024) between 2009 and 2011 and then started to drop, reaching 7,065 in 2013. The number of fixed-odds betting venues increased from 5,883 in the first reporting year, 2010, to 7,329 in 2013. Sports betting shops are often also places where numerical and instant lotteries can be played. The number of horse-race betting outlets has remained stable at around 360. There were nine licenses issued by the Ministry of Finance for the operation of an online betting portal.

Table 2-2: Number of establishments for gambling licensed by the Ministry of Finance, 2009-2013

Type of establishment/gambling activity	2009	2010	2011	2012	2013
Gambling venues and special arrangements venues*	5,595	6,863	8,024	7,856	7,065
Casinos	202	225	345	444	473
Fixed-odds betting	n/a	5,883	6,854	7,237	7,329
Horse-race betting	n/a	361	361	361	360
Online betting portals	5	n/a	n/a	9	9

Note: \* Establishments hosting at least one device licensed by the Ministry of Finance (VLTs, electromechanical roulette, etc.).  
Source: Ministry of Finance (2013), prepared by the National Focal Point

The highest number of establishments (gambling venues and special arrangements venues with EGMs licensed by the Ministry of Finance) per 1,000 inhabitants is reported from North and West Bohemia (the Karlovy Vary, Ústí nad Labem, Liberec, and Pilsen regions) and in South Moravia (the South Moravia and Zlín regions). The number of venues reached 1.0-1.3 per 1,000 inhabitants in these regions in the period 2009-2013; see Map 2-3. In absolute figures, the highest number of gambling establishments can be found in the Moravia-Silesia, South Moravia, and Ústí nad Labem regions; see Table 2-3.

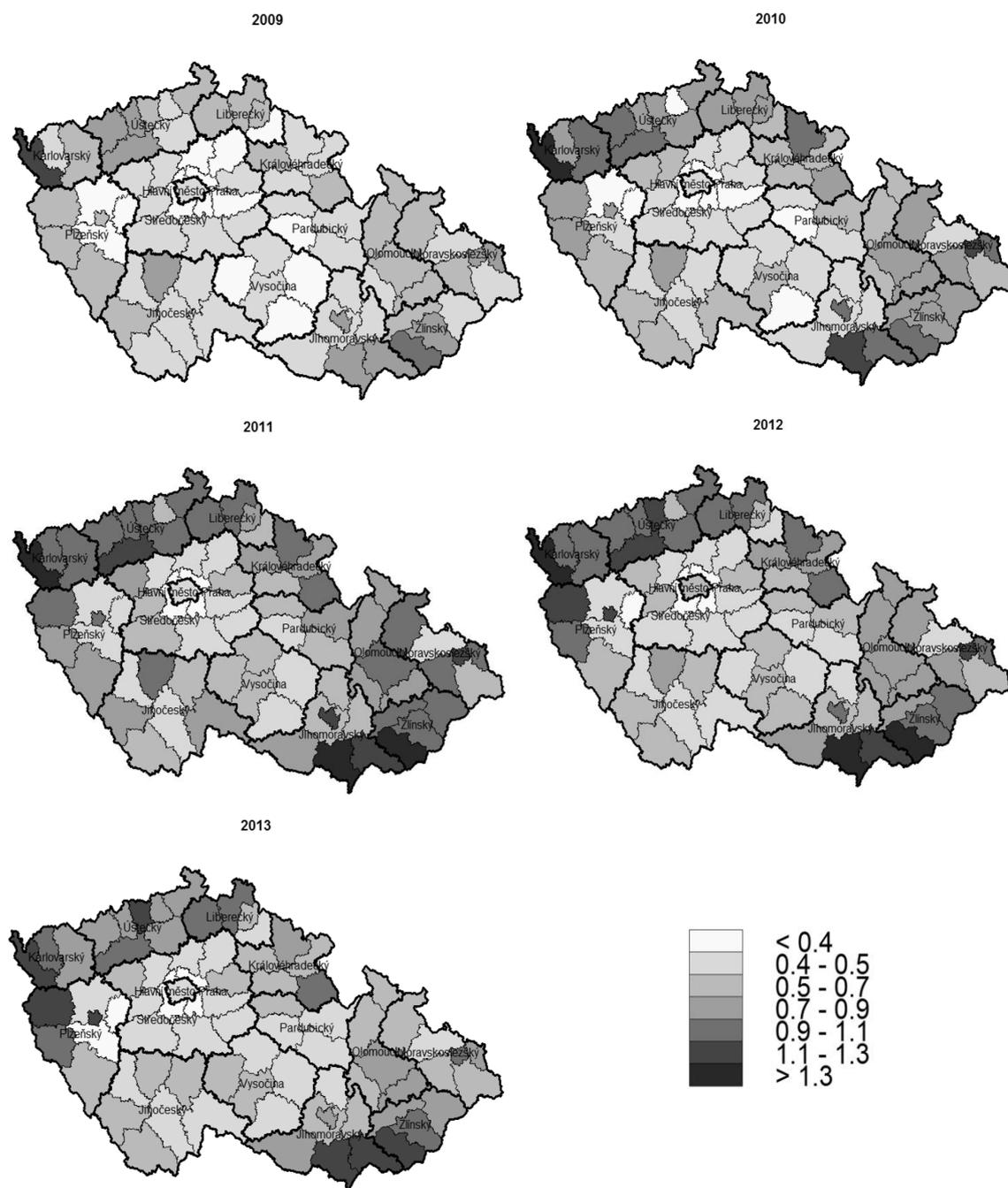
Table 2-3: Number of gambling venues and special arrangements venues in regions, 2009-2013

Region	2009	2010	2011	2012	2013
Prague	505	560	658	680	638
Central Bohemia	447	525	600	579	559
South Bohemia	324	359	410	354	333
Pilsen	286	354	412	469	455
Karlovy Vary	239	313	346	338	284
Ústí nad Labem	550	615	754	793	716
Liberec	268	337	406	366	354
Hradec Králové	254	371	425	397	371
Pardubice	237	257	301	276	261
Vysočina	204	253	302	312	277
South Moravia	735	908	1,108	1,102	961
Olomouc	375	465	520	489	446
Zlín	411	513	638	612	530
Moravia-Silesia	760	1,033	1,144	1,089	880
<b>Czech Republic total</b>	<b>5,595</b>	<b>6,863</b>	<b>8,024</b>	<b>7,856</b>	<b>7,065</b>

Source: Ministry of Finance (2013), prepared by the National Focal Point

<sup>28</sup> On the basis of the number of gambling venues operating games licensed by the Ministry of Finance and by applying the ratio of the number of gambling venues to the number of special arrangements venues, which was identified as 2.5:1 by a questionnaire survey conducted among the municipalities in the Czech Republic. See the chapter entitled **Questionnaire Survey on the Regulation of Gambling in Municipalities** on p. 188.

Map 2-3: Number of gambling venues and special arrangements venues per 1,000 inhabitants where devices licensed by the Ministry of Finance are present, 2009-2013



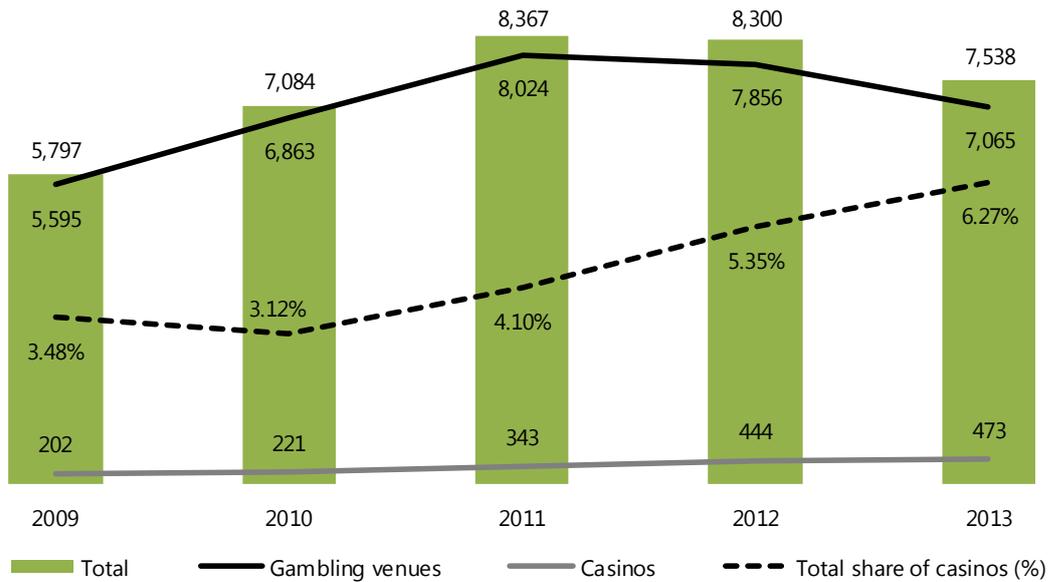
Source: Ministry of Finance (2013), prepared by the National Focal Point

The number of casinos has continuously increased in the Czech Republic, particularly in certain regions and cities. The share of casinos in the total number of venues increased from 3.5% to 6.3% between 2009 and 2013; see Graph 2-5. The increase may be caused by the formal change of the status from a gambling venue to a casino with a view to ensuring a better position for regulation at the municipal level.<sup>29</sup>

<sup>29</sup> <http://www.ceskatelevize.cz/ct24/ekonomika/257599-podle-kritiku-jsou-povolena-kasina-v-podstate-herny/> [2014-01-10]

## The Gambling Market

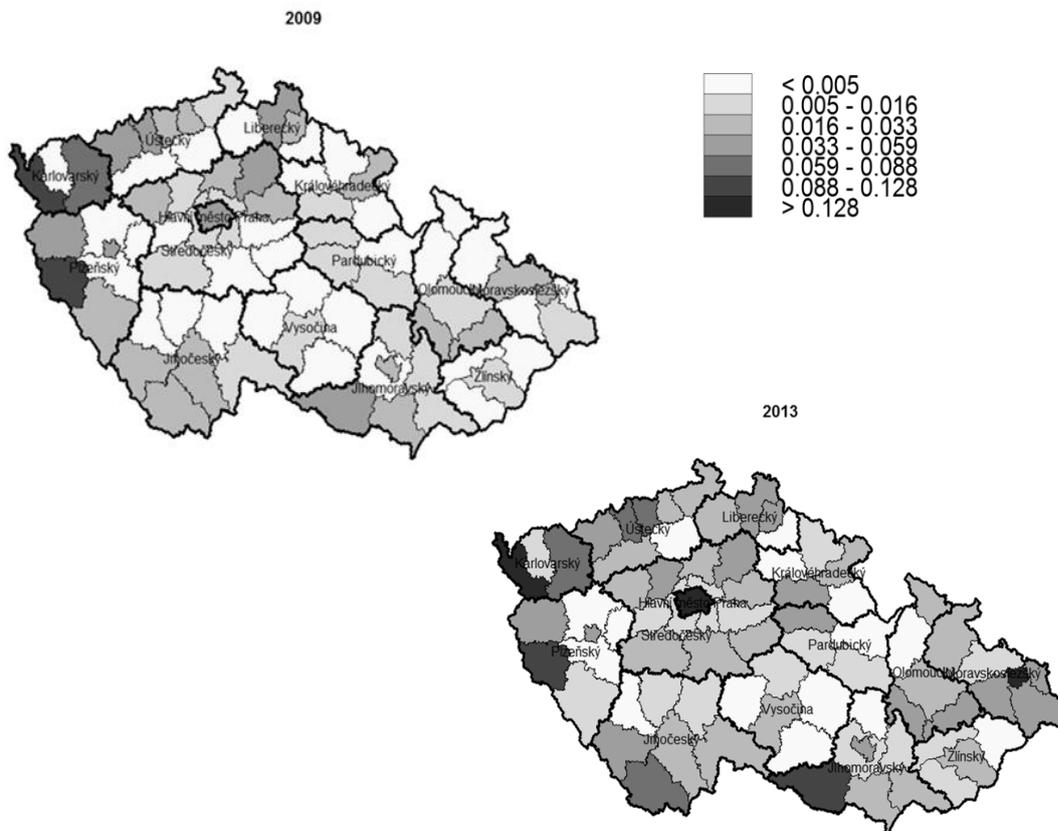
Graph 2-5: Number of gambling venues and casinos, 2009-2013



Source: Ministry of Finance (2013), prepared by the National Focal Point

In relative terms, the highest supply can be found in districts that include large cities (e.g. Prague and Ostrava) and in tourist destinations (Karlovy Vary). In these districts, there were more than 0.1 casinos per 1,000 inhabitants in 2013. The total number of casinos is shown in Table 2-4.

Map 2-4: Number of casinos per 1,000 inhabitants in 2009 and 2013



Source: Ministry of Finance (2013), prepared by the National Focal Point

Table 2-4: Number of casinos in regions, as of 1 January 2013

Region	2009	2010	2011	2012	2013
Prague	66	91	148	195	160
Central Bohemia	14	15	21	32	31
South Bohemia	7	11	11	16	15
Pilsen	20	19	25	28	20
Karlovy Vary	17	15	21	21	23
Ústí nad Labem	18	14	22	25	29
Liberec	8	7	11	14	13
Hradec Králové	4	5	6	12	12
Pardubice	4	3	3	7	8
Vysočina	1	2	5	4	3
South Moravia	20	17	28	34	41
Olomouc	8	7	7	9	14
Zlín	2	2	4	3	6
Moravia-Silesia	13	13	28	42	98
<b>Czech Republic total</b>	<b>202</b>	<b>221</b>	<b>340</b>	<b>442</b>	<b>473</b>

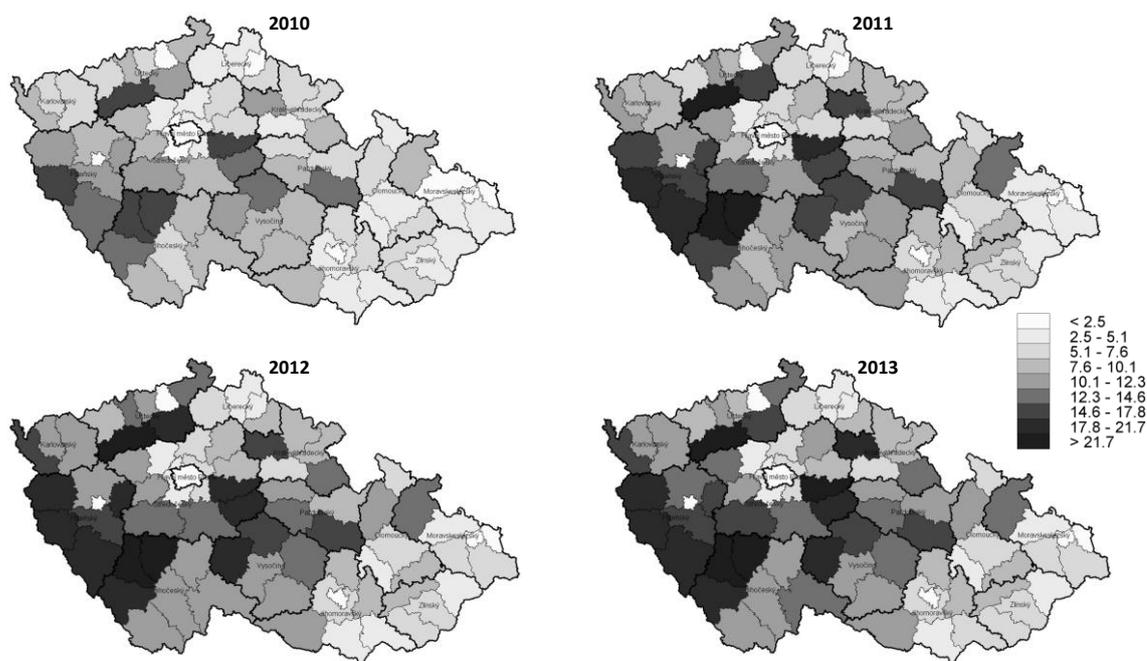
Source: Ministry of Finance (2013), prepared by the National Focal Point

### 2.3.2 Betting Shops and Horse-race Betting

The supply of establishments for fixed-odds betting is relatively high in the Czech Republic. Betting shops or places where a bet can be placed (e.g. the Sazka terminals at newsstands) are often the same places where numerical lottery tickets or scratchcards can be obtained. The number of places that accept fixed-odds betting has increased in the Czech Republic in recent years, despite the growing supply of betting opportunities on the internet. In 2013, a total of 7,329 places offering fixed-odds betting were in operation in the Czech Republic.

Maintaining a stable 360 outlets, TOTO.cz is the only company in the Czech Republic to offer horse-race betting.

Map 2-5: Number of shops offering fixed-odds betting by district, 2010-2013, per 1,000 inhabitants



Source: Ministry of Finance (2013), prepared by the National Focal Point

### 2.3.3 Online Portals

As of the end of 2013 there were nine operators licensed to offer betting games on the internet. Since 2009, when online betting also became legal in the Czech Republic for Czech operators, the product range has extended from fixed-odds betting to also include live betting and card games such as poker; see Table 2-5.

Table 2-5: Licensed online fixed-odds betting operators in the Czech Republic, as of 1 November 2013

Operator	Registered office
FORTUNA GAME, a. s.	Prague 1
CHANCE, a. s.	Beroun
NET and GAMES, a. s.	Brno-South
SAZKA sázková kancelář, a. s.	Prague 9
SLOT Group, a. s.	Karlovy Vary
SYNOT TIP, a. s.	Uherské Hradiště
TIPSPORT 02, a. s.	Beroun
Tipsport.net, a. s.	Beroun
Victoria-Tip, a. s.	Prague 1

Source: Ministry of Finance (2013)

A broader range of gambling activities is currently provided by foreign operators, who are active in the Czech Republic illegally because they do not meet the requirements imposed by the Lotteries Act; see also the chapter entitled **Online Gambling** on p. 32.

According to the analysis by Verosta et al. (2013), Czech gamblers are targeted by dozens of online casinos offering slots, simulators or live casino games, scratchcard simulators, fixed-odds betting, bingo, and other games that are not legal in the Czech Republic; see Table 2-6. The gaming environment (web interface) is in Czech, bets can also be placed in CZK, and customer support is also provided in Czech. These operators are most commonly based in Malta, Gibraltar, and Alderney, as well as other tax havens.

Table 2-6: Selected online portals offering gambling opportunities in Czech and rated by casino.cz, 2012-2013

www link	Registered office	Types of gambling offered
21nova.com	Gibraltar	fixed-odds betting, bingo, poker, casino, slots
888.com	Gibraltar	fixed-odds betting, poker, slots, casino, bingo
Bet365.com	Gibraltar	live casino, casino, slots
Bet-at-Home.com	Malta	fixed-odds betting, poker, slots, casino, live casino
Betsson.com	Malta	fixed-odds betting, scratchcards, casino, live casino, poker, slots
Betway.com	Malta	fixed-odds betting, live betting, poker, slots, casino
Cardcasino.com	Alderney	poker, casino, slots
Casino.com	Gibraltar	slots, casino
Casinoeuro.com	Malta	casino, live casino, poker, slots
CasinoOliver.com	Malta	live casino, casino, slots
Casinoriva.com	Malta	casino, slots
Doxxbet.com	Malta	fixed-odds betting, live betting, poker, casino, slots
Eucasino.com	Malta	slots, casino
Eurogrand.com	Gibraltar	slots, casino, live casino
Europacasino.com	Antigua and Barbuda	slots, casino, live casino
Expekt.com	Gibraltar	fixed-odds betting, live betting, poker, slots, casino, live casino
Ladbrokes.com	Gibraltar	live casino, casino, slots, poker
Sportingbet.com	Alderney	fixed-odds betting, live betting, poker, slots, casino, live casino
Unibet.com	Malta	fixed-odds betting, casino, live casino, poker, bingo, slots
WilliamHill.com	Gibraltar	fixed-odds betting, poker, slots, casino, bingo

Source: Verosta et al. (2013)

### 2.3.4 Illegal Gambling Venues

Illegal gambling venues mean establishments that offer gambling without a valid licence. Since illegal gambling is difficult to monitor, the information comes from the law enforcement authorities.

Information about the existence of illegal gambling venues can also be obtained from gamblers. For example, the general population study entitled National Survey 2012 found that 3.7% of gamblers had gambled in a restricted-access club in the previous month; 9.2% of the gamblers identified as problem gamblers in the same study reported having gambled in a restricted-access club. However, it is difficult to estimate whether or not or to what extent the gambling venues were illegal. In the questionnaire study entitled Pathological Gamblers in Treatment, 4.4% of the respondents reported having gambled in private unlicensed gambling venues; again, it is difficult to determine what types of illegal venues they were. More detailed information is provided by the chapters entitled **Patterns and Context of Gambling in the General Population** on p. 78 and **Characteristics and Patterns of Problem Gambling in the Czech Republic** on p. 114.

The activities of two civic associations (*Život je hra* and *Hraví dospělí*) which operated gambling venues with unregistered gambling machines in several Czech towns and cities attracted the attention of the media.<sup>30</sup> An extensive police raid focused on the activities of the *Život je hra* ("Life Is a Game") civic association in May 2013, resulting in the seizure of nearly 300 machines.<sup>31</sup>

## 2.4 Economic Indicators

The state pays particular attention to gambling operations because they both represent a source of significant direct and indirect revenues and cause social costs. The gambling industry has been one of the most rapidly growing industries in recent years in economic terms (Samuelson and Norhaus, 2007).

From the economic perspective, a balance needs to be found between free market forces and regulation by the state. Within the legislative framework of the EU, efforts aimed at responsible gambling are among the acceptable reasons for the national restriction of the free market and for interventions in the commercial activities of private companies; for details see the chapter entitled **Gambling Legislation and Control in Europe** on p. 225. There is therefore economic tension between the commercial reality of conducting business in the gambling industry and the effort to reduce the gambling-related harm done to individuals, families, and the wider society (Abbott et al., 2013).

The macroeconomic and microeconomic perspectives on the economic impact of gambling on society need to be distinguished. From the macroeconomic perspective, the influence of gambling on public budgets and on the economic situation of the country or region is observed. From the microeconomic perspective, the observation concerns the behaviour of specific individuals or families with regard to gambling and the subsequent effects on the market supply and demand.

The meta-analysis of the economic and social impacts of gambling has identified several basic factors that contributed both to the revenues and to the social costs (Williams et al., 2011). The most commonly mentioned positive impacts include<sup>32</sup> (Richard, 2010):

- > revenues for public budgets;
- > stimulation of economic growth and development of the region;

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<sup>30</sup> <http://www.osbrneni.cz/wp-content/uploads/2013/04/jak-se-zbavit-černých-heren.pdf> [2014-02-05]

<sup>31</sup> [http://byznys.lidovky.cz/policie-vtrhla-do-31-heren-v-cesku-odvezla-si-282-nelegalnich-automatu-1fi-/statni-pokladna.aspx?c=A130502\\_145836\\_statni-pokladna\\_spa](http://byznys.lidovky.cz/policie-vtrhla-do-31-heren-v-cesku-odvezla-si-282-nelegalnich-automatu-1fi-/statni-pokladna.aspx?c=A130502_145836_statni-pokladna_spa) [2013-05-02]

<sup>32</sup> The study is based on research conducted in the USA, where casinos are the predominant gambling setting. For that reason, the positive and negative impacts listed here can only be generalised to a certain degree.

- increased indirect taxes and prevention of the outflow of the revenues to companies established abroad;
- increased numbers of jobs;
- creating new infrastructure (new roads, hotels, restaurants, etc.);
- support for the emergence of catering establishments and stimulation of tourism.

On the other hand, gambling causes a number of costs which need to be considered in the quest for balance in the regulation of gambling (Williams et al., 2011). They are the following:

- regulation-related costs;
- costs related to the local infrastructure (creating police stations, public transport, electricity supply networks, etc.);
- negative impact on certain types of businesses;
- crime;
- economic impacts related to problem gambling (personal bankruptcy, divorce, loss of productivity as a result of sickness, death, criminal career, etc.).

The economic impacts of gambling are very complex and they always depend on the specific situation in the relevant society and the legal position of gambling, as well as on other factors that shape the conditions for gambling. A comprehensive analysis of the economic costs of gambling is yet to be conducted in the Czech Republic.<sup>33</sup> The available economic data on gambling is thus limited to general overviews of the revenues from the individual games, the total amounts bet, and the total payouts.

At the microeconomic level, the aspects that are monitored include the individual decision making and the resulting behaviour of consumers, which, in turn, affects the patterns of the market behaviour, in particular, the supply and demand. In their decisions regarding consumption, people proceed in an economically rational way so as to optimise the cost-benefit ratio. The economic decisions are made by including the financial costs and the cost of the loss of opportunity which are associated with the purchase of a product. An individual needs to measure the cost of gambling against the benefits obtained through that consumption, while also evaluating the alternative products that they could consume instead. In addition to tangible gains, the individual also considers the intangible benefits, which may be of both a cognitive and emotional nature (Williams et al., 2012b).

Gambling represents rational behaviour if the benefits outweigh the costs (e.g. the opportunity of a large prize for a low wager). However, the theory of rational choice, which is commonly applied in the area of addictions, can also be used to explain the patterns of behaviour in problem gambling, including repeated bets and deeper debt, which are often motivated by the so-called "loss-chasing". The term 'rational' in these theories does not mean 'reasonable' or 'sensible'; instead, it refers to the process of weighing various alternatives against one another and applying a rational analysis to select between them. The process of choice in addicts or in problem gamblers may thus result in the decision that certain behaviour (e.g. drug use or gambling) is worth the potential resultant damage (West, 2013).

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<sup>33</sup> The most recent study of the social costs (COI) in the area of addictive substances, i.e. tobacco, alcohol, and illicit drugs, was conducted in the Czech Republic for the year 2007 (Zábranský et al., 2011). The total social costs reached CZK 56.2 billion, of which tobacco accounted for CZK 33.1 billion, alcohol for CZK 16.4 billion, and illicit drugs for CZK 6.7 billion. The analysis included both the direct costs (i.e. the cost of the treatment of the illness itself, comorbidity, and law enforcement costs, in particular) and indirect costs (the loss of productivity resulting from illness, death, and a criminal career). With regard to the prevalence of the phenomena being monitored and the structure of the costs (e.g. nearly 90% of the cost for illicit drugs was represented by direct costs, most of which were attributed to law enforcement in connection with the tens of thousands of primary and secondary drug-related offences per year), the social cost of gambling in the Czech Republic can be expected to be significantly lower than the CZK 6.7 billion estimated for illicit drugs.

For example, the prospect theory assigns a higher perceived value to the losses that are averted than the equivalent value of the gains (Kahneman and Tversky, 1979). For instance, an individual is more motivated not to lose CZK 50 than to win CZK 50, and the perceived difference between CZK 50 and CZK 60 is higher than that between CZK 5,050 and 5,060. In loss-chasing, gamblers risk a high loss in the interest of minimising their overall losses. The way the decision is “framed” may thus influence the final nature of that decision. If the relevant alternative is framed with regard to the losses that can be prevented, it is of a higher subjective value than if it is viewed from the perspective of gaining an equivalent value (Tversky and Kahneman, 1986).

The temporal discounting theory expresses the tendency to assign greater value to events or rewards as they move closer to the present moment. In everyday life, this process is not irrational for consumers; for addictions, it explains why the addiction developed or how it is maintained. Studies have shown that addiction is associated with a preference for immediate rewards (Ainslie and Monterosso, 2003). Similar results were found for pathological gambling (Dixon et al., 2003). This shows, among other things, why it is important during the treatment and recovery of a pathological gambler for another person to manage the gambler's financial affairs as this other person can prevent the impulsive (immediate) spending of money that is intended for other (future) costs and debt repayment.

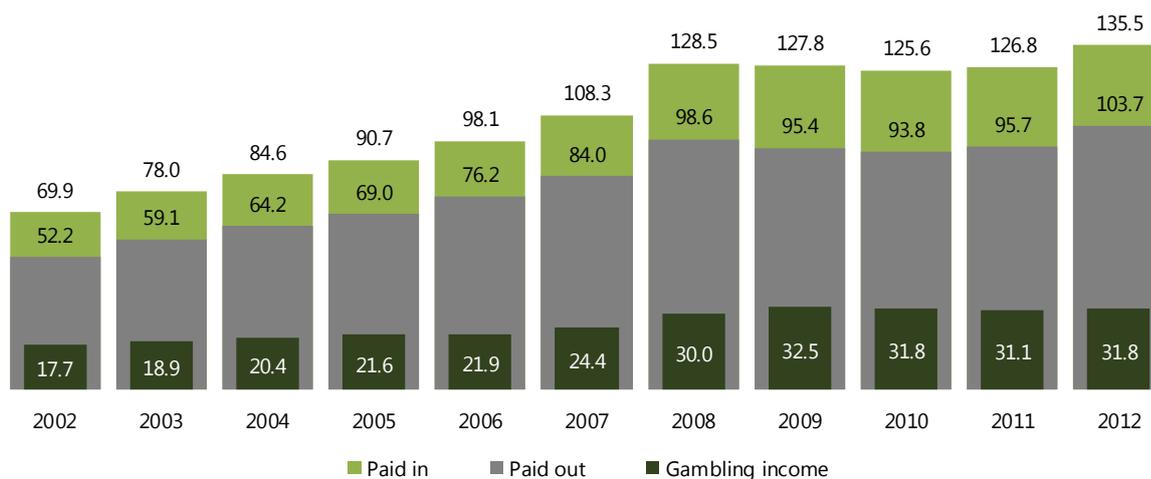
It is necessary to add to the allure of winning the opportunity of spending one's leisure time in an alternative way, having affordable fun, and enjoying refreshments, which may be attractive for individuals with a low income. Because of these factors, the supply of gambling activities is moving to more profitable locations, i.e. the socio-economically disadvantaged regions, thus maintaining the regressive effects of gambling. In this context, the term “regressive” means that individuals with a lower income spend a proportionally higher part of their earnings on gambling, compared to high-income earners. Similarly, they also have fewer financial resources to mitigate the adverse impact of gambling and are more likely to become pathological gamblers and experience all the related problems (Abbott et al., 2013).

### 2.4.1 Volume of the Gambling Market in the Czech Republic

In cooperation with the General Financial Directorate, the Ministry of Finance monitors the payments from gambling companies as a special tax that is paid by the industry to the municipalities and the state to cover the costs associated with gambling operations and their regulation. According to the data available from the Ministry of Finance, the gambling market in the Czech Republic can be divided into two stages in the period 2002-2012. In 2002-2008, the total amounts paid in and paid out grew consistently. However, the gambling income before tax and mandatory contributions increased sharply from CZK 24.4 billion to CZK 30.0 billion from 2007 to 2008. From 2008 to 2011 the gambling market stagnated or declined slightly; see Graph 2-6. In 2012 it reached its historical peak in terms of the amounts received and amounts paid out. To a certain degree, this development follows that of other market segments, which were affected by the economic recession, which manifested itself fully in the Czech Republic in 2009.

## The Gambling Market

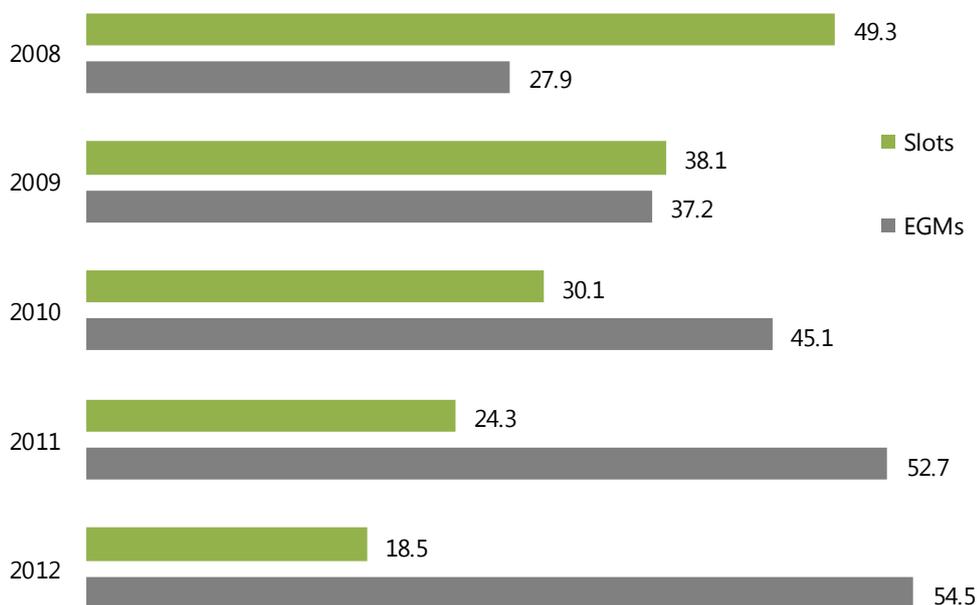
Graph 2-6: Total amount of bets, winnings, and gambling income (CZK billion), 2002-2012



Source: Ministry of Finance (2013)

The share of the individual gambling activities changed from 2002 to 2012. While slot machines dominated the market until before 2009, other EGMs, in particular, VLTs, started to rule the market in that year. While in 2008 slot machines accounted for 50% of the market, it was only 18.5% in 2012, while the share of bets on EGMs except slot machines increased from 28% to 54.5% in the same period; see Graph 2-7. The above-mentioned data regarding the amounts paid in and paid out concerns the actual bets paid in and the actual winnings paid out; the difference between those amounts is the gross income of the operators (and the total of the amounts lost by the gamblers).<sup>34</sup>

Graph 2-7: Percentage of slot machines and EGMs out of the total pay-in in gambling activities, 2008-2012



Source: Ministry of Finance (2013)

The market shares of the individual gambling activities are shown in Table 2-7. EGMs (IVTs, slot machines), internet gambling, and casino games hold the largest market shares. The share of online gambling could be expected to be much higher if bets placed with foreign operators were included.

<sup>34</sup> Other indicators, i.e. bet and win, also include money that is won by gamblers in the course of gambling but instead of cashing out the player keeps it as credit for future bets. The ratio of these indicators is referred to as the payout ratio, a parameter specified by the law for certain types of gambling activities.

## Gambling in the Czech Republic, Its Correlates and Consequences

Table 2-7: The amounts paid in and paid out and gambling income by type of gambling activity, 2012 (CZK million)

Type of gambling activity	Paid in	Paid out	Gambling income	Pay-out ratio (%)	Market share by the amount paid in (%)
IVTs	60,058.0	44,350.4	15,707.5	73.8	44.3
Slot machines in casinos	14,819.5	13,125.7	1,693.8	88.6	10.9
Online fixed-odds betting	14,004.1	12,148.4	1,855.7	86.7	10.3
Slot machines in municipalities	10,283.6	7,631.4	2,652.2	74.2	7.6
Casino gambling (live games)	9,674.4	8,008.4	1,665.9	82.8	7.1
Local lottery system	7,032.2	5,078.3	1,953.9	72.2	5.2
Electromechanical roulette	6,372.5	5,556.9	815.5	87.2	4.7
Numerical lotteries	5,979.1	2,783.7	3,195.4	46.6	4.4
Fixed-odds betting	5,936.6	4,112.5	1,824.1	69.3	4.4
Instant lotteries	651.1	337.9	313.2	51.9	0.5
Card tournaments	356.4	338.3	18.1	94.9	0.3
Other machine-based games	337.6	235.8	101.8	69.8	0.2
Sports betting (pools)	11.1	6.0	5.1	54.1	0.0
Bingo	20.4	14.3	6.1	70.1	0.0
<b>Total</b>	<b>135,536.6</b>	<b>103,728.0</b>	<b>31,808.3</b>	<b>76.5</b>	<b>100.0</b>

Note: The methodology for recording the amounts paid in and out and for reporting the annual balance for lotteries and other similar games was modified during 2014. The 2012 results were also revised. After this revision, the total amount paid in reached CZK 124,977.9 million, the pay-outs were CZK 95,662.6 million, and the income was CZK 29,316.5 million.<sup>35</sup>

Source: Ministry of Finance (2013)

Changes in the trends also occurred in other types of gambling activities in the period 2008-2012. During this period, the amount paid in fixed-odds betting dropped from CZK 11 billion to less than CZK 6 billion, and a decrease was also observed in the amounts spent on bingo and on slot machines in municipalities. An increase was observed mainly in technology-based games and online fixed-odds betting; see Table 2-8 and Graph 2-8.

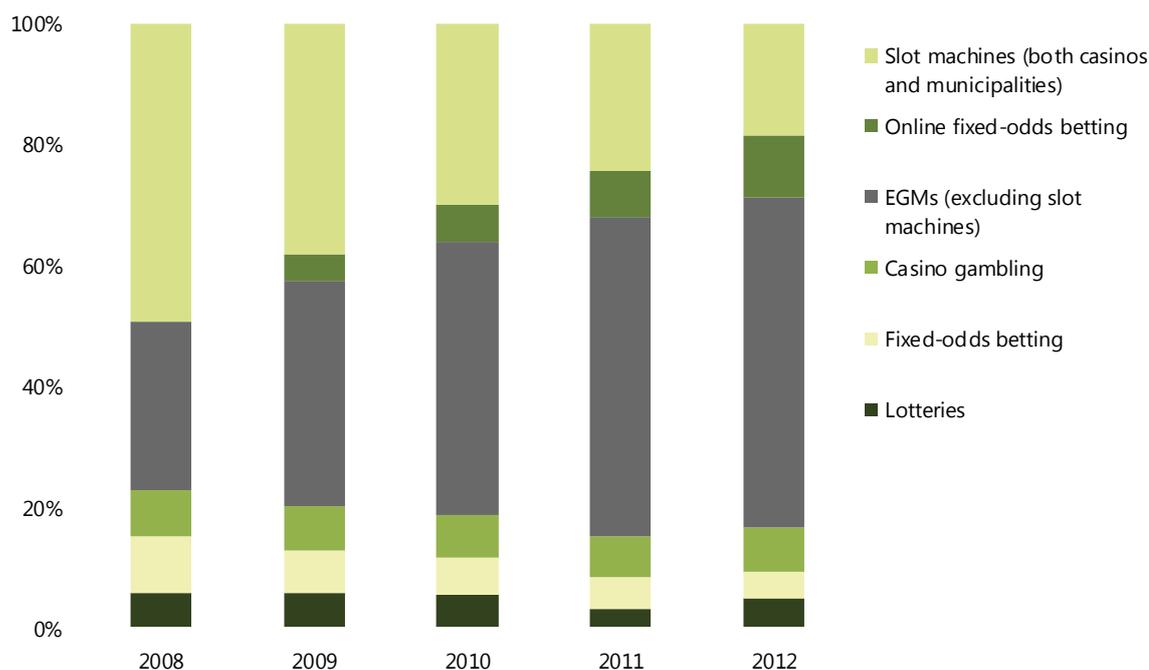
<sup>35</sup> <http://www.mfcr.cz/cs/soukromy-sektor/monitoring/vysledky-z-provozovani-loterii/2013/hodnoceni-vysledku-provozovani-loterii-18429> [2014-08-29]

Table 2-8: The amounts paid in and paid out and gambling income by type of gambling activity, 2008-2012 (CZK million)

Type of gambling activity	Paid in					Paid out					Gambling income				
	2008	2009	2010	2011	2012	2008	2009	2010	2011	2012	2008	2009	2010	2011	2012
Lotteries*	7,457	7,282	6,841	3,950	6,641	3,606	3,617	3,174	1,967	3,128	3,851	3,666	3,666	1,983	3,514
Fixed-odds betting	11,944	8,819	7,711	6,552	5,937	9,482	6,217	5,441	4,506	4,113	2,462	2,603	2,270	2,046	1,824
Bingo	92	28	21	20	20	65	20	15	14	14	28	8	6	6	6
Casino games	9,771	9,556	8,919	8,693	10,031	7,949	7,841	7,375	7,041	8,347	1,822	1,715	1,544	1,652	1,684
EGMs	35,905	47,579	56,668	66,863	73,800	27,711	35,997	42,064	49,474	55,221	8,194	11,582	14,604	17,389	18,579
> of which: VLTs	n/a	35,395	45,707	53,561	60,058	n/a	25,769	33,189	39,007	44,350	n/a	9,626	12,518	14,554	15,708
> of which: electromechanical roulette	n/a	10,997	7,978	7,412	6,373	n/a	9,398	6,842	6,421	5,557	n/a	1,599	1,136	991	816
> of which: LLS	n/a	n/a	n/a	5,741	7,032	n/a	n/a	n/a	3,941	5,078	n/a	n/a	n/a	1,800	1,954
> of which: other technology-based games	n/a	1,188	2,983	149	338	n/a	831	2,033	105	236	n/a	357	949	44	102
Online fixed-odds betting	–	5,837	7,663	9,880	14,004	–	5,104	6,674	8,563	12,148	–	733	989	1,317	1,856
Slot machines (casinos + municipalities)	63,346	48,729	37,813	30,864	25,103	49,743	36,575	29,068	24,157	20,757	13,603	12,153	8,745	6,708	4,346
<b>Total</b>	<b>128,515</b>	<b>127,831</b>	<b>125,634</b>	<b>126,822</b>	<b>135,537</b>	<b>98,556</b>	<b>95,370</b>	<b>93,812</b>	<b>95,722</b>	<b>103,728</b>	<b>29,959</b>	<b>32,460</b>	<b>31,822</b>	<b>31,100</b>	<b>31,808</b>

Note: The figures in the table were rounded to the nearest million; the "Total" is the rounded aggregate of the detailed unrounded figures. \* Including numerical and instant lotteries and pool betting. Source: Ministry of Finance (2013)

Graph 2-8: Gambling market share of the categories of gambling activities, 2008-2012 (%)



Note: The data in the graph does not include bingo.

Source: Ministry of Finance (2013), prepared by the National Focal Point

The Czech Statistical Office (CSO) regularly monitors the individual market segments and publishes annual market overviews in which it discloses the revenues and expenditures of the individual segments. According to the estimates by the CSO, the highest share of the costs of the gambling industry is associated with operating expenses, i.e. rent, utilities, maintenance and manufacture of the machines, etc. In 2010-2011 the costs did not include the mandatory contributions for purposes in the public interest, which totalled approximately CZK 3.5 billion. The net operating surplus (after the deduction of the amount of contributions for purposes in the public interest) was between CZK 2.5 and 3 billion in 2010-2011, according to the CSO. In 2012 the net surplus was only CZK 90 million; see Table 2-9. According to the CSO, this significant difference may have resulted from a different calculation method, which, in 2012, directly included the contributions and payments from lotteries and other similar games as well as (an innovation in 2012) the income tax. The CSO estimates are based on the combination of data and forecasts with various levels of quality and reliability and must therefore be considered as only being indicative.

Table 2-9: Selected expenditures of the gambling industry, 2010-2012 (CZK million)

Type of expenditure	2010	2011	2012
Operating costs	20,491	20,742	21,265
Wages and salaries	2,778	2,714	2,843
Welfare allowances from employers	887	862	902
Other production taxes	1,779	2,111	1,304
Other production subsidies	-5	-9	-150
Consumption of fixed capital	1,617	1,759	1,780
Net operating surplus	6,682	5,997	90
Net mixed income	287	263	273
Gross value added	14,025	13,697	7,042
Production	34,516	34,439	28,307

Source: CSO

### 2.4.2 Contributions from Gambling

Contributions from gambling operators to public budgets are among the main arguments in favour of tolerating gambling in society. The nature of these contributions is that of a special tax intended

to cover the increased social costs and expenditures associated with the operation and impacts of gambling. However, unlike in some states, the law does not define the purpose of these contributions. In Poland, for example, the shares of the taxes collected from gambling operators are precisely specified in terms of their purpose and they are intended to be used for sports, culture, and a special fund intended for combating gambling-related problems; for details see the chapter entitled **Poland** on p. 233.

Before 1 January 2012, the income of gambling operators was exempt from income tax. Instead, the operators were obliged to make so-called contributions at the level of 6-20% of the net revenues of the lottery (the system was progressive in that higher revenues meant a higher percentage) for purposes in the public interest such as social, environmental, cultural, or other purposes in the public interest, without the beneficiary being specified in any detail.

This system was subjected to discussions about the purpose of the actual use of these contributions<sup>36</sup> and about changing the system to actual taxation. The main arguments voiced in favour of taxation instead of contributions for purposes in the public interest concerned the lack of transparency in the distribution of the funds<sup>37</sup> or the fact that the non-profit sector should not depend on such an immoral source<sup>38</sup> of funding as the resources obtained from gambling represented for the party making the argument. On the contrary, at the time when the proposal for the taxation of gambling was discussed, the initiative *SOS Neziskovky* ("SOS NGOs") called for the contributions for purposes in the public interest to be preserved and cautioned against the potential void in the funding of the NGO sector and against corruption, clientelism, and incompetence at the municipal level, where most of the contributions from gambling were newly directed.<sup>39</sup>

The taxation of lotteries came into force on 1 January 2012 by virtue of Act No. 458/2011 Coll. on the amendment to the relevant acts in connection with the establishment of the single collecting point and other amendments to the tax and insurance laws. This act cancelled the contributions for purposes in the public interest and the exemption of gambling operators from income tax. Contributions from lotteries and other similar games at the level of 20% of the gambling income were introduced. For EGMs, another CZK 55 is to be paid for each day of the licence for each machine. In principle, this contribution has the economic character of a special tax on gambling (even though it may not be referred to as such). Its specific nature lies in the fact that a part of the contribution goes to the state budget and the other part is intended for the municipalities in which the relevant gambling establishment that is subject to this contribution is operated. Specifically, this share allocated to the municipalities is 80% of the contribution for EGMs and 30% for other gambling activities.

### 2.4.2.1 Contributions before 2012

According to the data from the Ministry of Finance, the total amount of contributions for purposes in the public interest increased before 2008 to reach CZK 3.6 billion; in the subsequent years, when the market stagnated, it was between CZK 3 and 4 billion; see Table 2-10.

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<sup>36</sup> From 2009 to 2012 the *Hospodářské noviny* daily published a series of investigative articles presenting cases in which the operators fulfilled this obligation in a manner that contradicted the purpose of the law. For details see <http://zpravy.ihned.cz/tagy/penize-z-hazardu-245543> [2014-02-10].

<sup>37</sup> For example, <http://dialog.ihned.cz/c1-53062230-jiri-leschtina-ministerstvo-hazardu> [2014-02-10].

<sup>38</sup> For example, <http://hollan.blog.respekt.ihned.cz/c1-54168360-je-cesky-neziskovy-sektor-zavisly-na-hazardu> [2014-02-10].

<sup>39</sup> The proclamation of *SOS Neziskovky* can be found at <http://www.nrzp.cz/images/PDF/Vyzva%20Inicativy%20SOS%20neziskovky.pdf> [2014-02-10].

Table 2-10: Amount of contributions for purposes in the public interest, 2006-2011

Year	Contribution (CZK '000)	Year-on-year difference (CZK '000)	Year-on-year index (%)
2006	2,419,446	–	–
2007	2,720,610	301,164	112
2008	3,619,223	898,613	133
2009	3,361,292	–257,931	93
2010	3,688,195	326,903	110
2011	3,462,393	–225,802	94

Source: Ministry of Finance (2013)

Table 2-11 shows that the operators made the highest share of the contributions to sports. In the period 2006-2011 they made 50-60% of all the contributions to sports, except in 2008, when the share of the contributions made to sports was 45%. Contributions to municipalities dropped continuously, from 34% in 2006 to 12.2% in 2011. On the contrary, contributions to the non-profit sector, culture, and social affairs increased.

Table 2-11: Purpose of the use of funds contributed to purposes in the public interest, 2006-2011 (%)

Year	Environment	Culture	Foundations	Municipalities	Social affairs	Sports	Education	Healthcare
2006	0.0	2.0	2.4	33.8	1.2	59.1	0.5	1.0
2007	0.8	2.5	6.7	32.0	0.8	55.6	0.4	1.4
2008	0.6	3.6	8.4	37.5	2.1	45.0	0.6	2.2
2009	1.1	6.8	10.2	21.9	4.1	52.4	0.7	2.9
2010	0.8	5.6	12.9	14.6	4.1	58.9	1.1	1.9
2011	0.4	7.3	12.1	12.2	5.3	59.7	1.3	1.7

Source: Ministry of Finance (2013)

### 2.4.2.2 Contributions since 2012

Since the start of 2012, the contributions have been made on a quarterly basis and are monitored by the General Financial Directorate. In 2012 they totalled CZK 7.7 billion, including the administrative charges. According to the General Financial Directorate, a total of CZK 3.58 billion from the operation of EGMs and CZK 385 million from the operation of other lotteries was distributed among the municipalities during the first three quarters of 2012. In the next two quarters (at the end of 2012 and beginning of 2013), a total of CZK 2.2 billion from EGMs and CZK 337 million from other lotteries was paid to the municipalities. Altogether, the municipalities received CZK 5.2 billion (i.e. 68% of the total of CZK 7.7 billion) in 2012.<sup>40</sup>

The average income for Q1-Q3 of 2012 was CZK 117 per capita, with significant regional differences (e.g. CZK 531 per capita in Prague). The highest income was reported by several towns located along the border (Rozvadov, Dolní Dvořiště, Česká Kubice, Domažlice, and Hodonín) and certain municipalities near the D1 motorway, where the income reached over CZK 10,000 per capita.

Since 2012, municipalities have been able to control the purposes for which the contributions from gambling operations are used because the resources become a part of the municipal budget and the municipality manages them at its own discretion. A questionnaire survey regarding regulation

<sup>40</sup> This amount includes contributions under the Lotteries Act, i.e. the contribution of 20% of the gambling income and the gambling station charges. The above-mentioned data on the revenues of public budgets does not include the income tax and value-added tax. In addition, the payments of social security and health insurance contributions for the employees (unverified estimates mention up to several tens of thousands of employees) can also be considered a part of the income of off-budget public resources.

in municipalities (for details see the chapter entitled **Questionnaire Survey on the Regulation of Gambling in Municipalities** on p. 185) suggests that the structure of expenditures for which the contributions from gambling are used reflects the situation applicable at the time when the gambling companies themselves made the contributions for purposes in the public interest. The list is topped by sports (50%), followed by culture (15%). In comparison with the previous years, when the operators made the contributions for purposes in the public interest themselves, the share of expenditure on social affairs, healthcare, and education has increased.

*Table 2-12: Average share of expenditure (weighed by the amount of resources) covered from the gambling contributions to municipal budgets in 2013, by purpose*

<b>Area (purpose)</b>	<b>Percentage</b>
Sports	47.3
Culture	15.0
Education	12.7
Social affairs	12.4
Healthcare	5.4
Preventing and combating socially negative phenomena	3.3
Other purpose	4.0
<b>Total</b>	<b>100.0</b>

*Source: Národní monitorovací středisko pro drogy a drogové závislosti (2013a)*





**B**

## **PART B**

# The Prevalence of Gambling and Its Correlates and Consequences

3

## 3 Gambling in the Population

### 3.1 Background

In the majority of European countries lotteries are the most popular gambling activity, or the gambling activity which has been tried or is currently engaged in by the largest proportion of the European population. However, the countries differ in both the prevalence of people's engagement in various types of gambling activities and the share which such activities represent in the overall gambling market. Measured by their prevalence in the general population (also referred to as gambling participation), the most popular gambling activities in Germany are lotteries and electronic gaming machines (EGMs), in France lotteries and casino games, in Italy and the United Kingdom sports betting and lotteries, and in Spain EGMs. In terms of market share, the most significant gambling activities in the individual countries are sports betting, EGMs, and lotteries (in Sweden, for example). Sports betting and EGMs have the largest market share in the United Kingdom (Griffiths, 2009).

Lifetime prevalence reaches a level that is up to several dozen per cent and, in some cases, up to 90% (e.g. in the Netherlands). Equally, gambling in the last 12 months can be experienced in some countries by a major part of the population – up to 60-70% (in Belgium, Finland, Estonia, the United Kingdom, and Iceland, for example). While the high rate of gambling participation applies especially to lotteries, if other types of games (e.g. EGMs) are readily available, the level of experience with those is also elevated among both adults and adolescents. Men tend to show higher prevalence rates of gambling, but gender-specific differences in the prevalence of gambling are insignificant; depending on cultural specifics, women seem to prefer lotteries, scratchcards, and bingo, while men are inclined to opt for fixed-odds betting, horse racing, and cards, in addition to lotteries (Griffiths, 2009).

For example, the level of gambling among the general population is high in the United Kingdom, where recently up to 58% of the population reported having engaged in gambling in the last 30 days. The most popular gambling activity there is the National Lottery, which had been participated in in the last 30 days by 47% of the respondents, followed by other lotteries (13%) and scratchcards (11%). Some other form of gambling activity had been participated in in the last 30 days by less than 4% of the respondents. 15% of the respondents had gambled online in the last 30 days. Such activities typically involved sports betting, spread betting,<sup>41</sup> and casino games (Gambling Commission, 2013).

An analysis of online gamblers in Canada, Spain, and the United Kingdom examined by studies conducted in 2002, 2005, and 2007 was published in 2012 (Humphreys and Perez, 2012). UK internet gamblers were mostly men, while in Canada and Spain both genders were represented more evenly, with a slightly higher percentage of males. The rates of online gamblers with both higher-level education (50-60% were college/university graduates) and employment (70-80%) were high in all the countries. While the gamblers in the United Kingdom were 40 years old on average, their Canadian and Spanish counterparts were 10 years younger on average, which probably reflects the later emergence of the online gambling market in these countries. The types of gambling activities pursued on the internet vary according to the measures used to regulate the gambling market in each country: in Spain, for example, where the level of online gambling is relatively high, lotteries can be participated in via mobile phones. The available data suggests that the population's participation in internet gambling in all three countries surveyed by the studies is currently on the rise.

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<sup>41</sup> Wagering on the outcome of an event, where the pay-off is based on the accuracy of the wager. The bet is whether the outcome will be above or below the spread, i.e. a range of outcomes offered by a bookmaker.

Before 2012 no study aimed at estimating the level of gambling activities or problem gambling among the general population had been undertaken in the Czech Republic. Some gambling-related estimates were available from the European School Survey Project on Alcohol and Other Drugs (ESPAD), conducted every four years since 1995, which also enquired among 16-year-old students about their experience with playing slot machines. The results of the ESPAD in 2003 were also one of the sources of the estimated levels of problem/pathological gambling in the Czech Republic; for details see the chapter entitled **Estimated Level of Problem Gambling in the Czech Republic** on p. 106.

The prevalence of gambling among the general population of the Czech Republic was looked into more thoroughly for the first time in 2012 by means of three general population surveys which were primarily concerned with the extent of substance use. They were the 2012 National Survey on Substance Use (Národní monitorovací středisko pro drogy a drogové závislosti and SC&C, 2013, SC&C, 2012), which incorporated a module dedicated to the degree of the population's experience with gambling, and two omnibus surveys – The Prevalence of Drug Use among the Population of the Czech Republic 2012 (Národní monitorovací středisko pro drogy a drogové závislosti and ppm factum research, 2013) and the Survey on Czech Citizens' Opinions about and Attitudes to the Issues of Health and Healthy Lifestyles (Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES, 2013b), the purpose of which was to verify the results of the 2012 National Survey on population samples that were compiled using a different methodology.

Towards the end of 2013 gambling among the general population was addressed by two omnibus surveys, The Prevalence of Drug Use among the Population of the Czech Republic 2013 (Národní monitorovací středisko pro drogy a drogové závislosti and ppm factum research, 2013) and the 2013 Survey on Czech Citizens' Opinions about and Attitudes to the Issues of Health and Healthy Lifestyles (Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES, 2014), conducted by *ppm factum research* and INRES-SONES. In comparison to the previous years, these surveys focused more on the issue of online betting and playing electronic gaming machines in general.

## 3.2 Gambling in the General Population

### 3.2.1 2012 National Survey

In the autumn of 2012 the Czech National Monitoring Centre for Drugs and Drug Addiction (the National Focal Point), in association with the SC&C agency, carried out a general population survey, entitled the 2012 National Survey on Substance Use (the 2012 National Survey), using a representative sample of the population aged 15-64. A total of 6,210 households was addressed as part of the survey. The final sample comprised 2,134 respondents, with intentional relative overrepresentation of individuals falling into the 15-34 age category (after the exclusion of households and respondents that did not meet the criteria for inclusion in the study, the response rate was 62%). A four-level stratified sampling procedure was used.<sup>42</sup> The data was collected by means of personal interviews with the respondents using a paper questionnaire (pen-and-paper interview, PAPI).

The study was primarily focused on the extent of the use of both legal and illegal addictive substances among the general population. The questionnaire included a set of 24 items concerning gambling activities and the patterns and context of gambling, including a scale to screen for problem gambling (the Problem Gambling Severity Index – PGSI); for details see the chapter entitled **Problem Gambling, Pathological Gambling, and Gambling-related Health Consequences** on p. 101. The questionnaire was based on a form used for the British Gambling

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<sup>42</sup> The first and second levels involved the selection of municipalities from 23 strata according to the number of inhabitants and the random sampling of streets (a total of 177 initial points) respectively. In the third step, households were randomly selected during a walk. The fourth level involved the selection of respondents using Kish tables.

Prevalence Survey, conducted in 2010 (Wardle et al., 2011), with its items being adapted to the Czech setting (particularly as regards the types of gambling activities) and, in association with the Ministry of Finance, Department 34 – State Supervision of Gambling and Lotteries, extended to reflect the distinctive features of gambling in the Czech Republic.

The gambling activities scrutinised as part of the 2012 National Survey included the playing of slot machines, video lottery terminals (VLTs), and other EGMs (such as electromechanical roulette or electronic card tables), casino gambling (such as live roulette, card games, and dice), and non-casino card tournaments (involving games such as poker and *mariage*). Fixed-odds betting (such as that on sports contests and horse races) in land-based betting outlets, online fixed-odds betting with seven selected (i.e. licensed in the Czech Republic at the time) operators – *Fortuna*, *Chance*, *Sazka*, *Synot Tip*, *Tipsport*, *Victoria-Tip*, and *SLOT Group*, online fixed-odds betting with other operators (with the respondents being asked to specify the operator), and engagement in other online betting games (such as online poker or roulette) were also looked into. In addition, the survey followed people's participation in numerical lotteries (such as *Sportka*, *Lucky 10*, *Euromillions*, and *Lotto*), instant lotteries (e.g. scratchcards), and small money bets with friends or family. The respondents were allowed to give multiple answers, which made it possible to perform a more thorough analysis of different types of gambling. Some types of gambling activities were aggregated to create broader gambling categories:<sup>43</sup>

- gambling in total – a category encompassing persons engaged in any gambling activity from the inventory under study,
- gambling excluding lotteries and small bets – a subcategory comprising persons engaged in any gambling activities from the inventory under study, excluding those who reported having participated in numerical or instant lotteries and small bets with friends only,
- electronic gaming machines (EGMs) – a subcategory comprising individuals playing slot machines, VLTs, and other EGMs,
- online gambling – a subcategory comprising individuals participating in online fixed-odds betting with operators licensed both in the Czech Republic and elsewhere or other online gambling (e.g. poker or casino games),
- lotteries only – a subcategory consisting only of participants in numerical and/or instant lotteries, excluding those who had engaged in any other gambling activity from the inventory under scrutiny (with the exception of small bets with friends).

The study looked into participation in selected gambling activities in three time frames – at least once in a respondent's lifetime (i.e. lifetime prevalence) and in the last 12 months and last 30 days. While the individual types of gambling games were surveyed in terms of the respondents' lifetime experience and participating in them in the last 12 months, the last 30 days were examined for gambling on aggregate. If a respondent reported having experience with any gambling activity in their lifetime, they proceeded to answer the question about how old they were when they gambled for the first time. If a respondent reported having gambled in the last 12 months, they were then asked to answer additional specific questions concerning the amounts wagered, the frequency of playing in the last month, the time spent gambling in the last month, and whether they had borrowed money for gambling and, if so, from whom. If a respondent stated that they had never engaged in any of the gambling activities under consideration, they would automatically skip the module with questions on gambling and proceed to the questions from the next module of the 2012 National Survey.

The survey showed that at least one of the gambling activities under scrutiny had been participated in at some point in their lifetime by a total of 58.2% of the respondents (63.0% of the men and 53.5% of the women). The gambling activities reported with the highest frequency were numerical lotteries (40.6%) and instant lotteries (33.6%), followed by playing slot machines (15.4%), small bets

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<sup>43</sup> The prevalence rates of these broader categories are not simple summations of the prevalence rates of the individual types of gambling, as a respondent may have engaged in multiple gambling activities in the given timeframe.

with friends (11.7%), fixed-odds betting in the brick-and-mortar outlets of betting operators (8.1%), and online betting with Czech operators (7.3%). Experience with other forms of gambling activities was reported by less than 5% of the respondents; see Table 3-1. Higher levels of experience with gambling, as regards all the gambling activities under consideration, excluding instant lotteries, were reported by the men. In all the forms of gambling, gender-specific differences turned out to be statistically significant (at the 95% level of significance,  $p \leq 0.05$ ).

When participation in numerical and instant lotteries and small bets with friends or family were disregarded, lifetime gambling was reported by 24.9% of the respondents (36.4% of the men and 13.7% of the women). Playing EGMs was reported by 16.5% of the respondents and engagement in online gambling by 8.8% (14.3% of the men and 3.4% of the women); see Table 3-2.

25.5% of the respondents (31.1% of the men and 21.0% of the women) reported having participated in the gambling activities under study in the last 12 months, with a quarter of them stating that they had gambled once in the last year, while three quarters had done so repeatedly. Gambling, excluding lotteries and small bets, had been engaged in by 9.4% of the respondents overall (16.2% of the men and 2.8% of the women) in the last 12 months, of whom 3.7% (6.3% of the men and 1.1% of the women) had played EGMs and 3.8% (7.0% of the men and 0.7% of the women) had participated in online gambling; see Table 3-2.

Both lifetime and past-12-month gambling, irrespective of the type of game, were reported most frequently by respondents falling into the 35-44 and 45-54 age categories. When participation in numerical and instant lotteries and small bets with friends or family was excluded, the respondents aged from 25 to 34 years were those who most frequently reported lifetime gambling, while current gambling (in the last 12 months) was reported with the highest frequency by the respondents aged 15-24. The respondents in the youngest age group were more likely than the older respondents to report the playing of EGMs and online betting games, in particular. Conversely, the older age groups showed greater levels of participation in lotteries (both numerical and instant); see Graph 3-1.

The estimates of the prevalence of problem and pathological gambling and the characteristics of problem gamblers yielded by this study are specified in the chapter entitled **Problem Gambling, Pathological Gambling, and Gambling-related Health Consequences** on p. 101.

Table 3-1: Gambling in the general population by the type of gambling – 2012 National Survey (%)

Type of gambling	Gender		Young adults	Total
	Men (n=1,056)	Women (n=1,072)	15-34 years (n=824)	15-64 years (N=2,134)*
<b>Lifetime prevalence</b>				
Slot machines	22.2	8.7	22.7	15.4
Video lottery terminals (VLTs)	5.3	0.8	4.6	3.0
Other electronic/mechanical gaming devices	6.2	1.6	7.8	3.9
Casino games	4.6	1.3	4.1	2.9
Non-casino card tournaments	7.5	1.9	8.7	4.6
Fixed-odds betting in land-based outlets	13.2	3.1	10.6	8.1
Online fixed-odds betting – selected operators	11.8	2.8	8.6	7.3
Online fixed-odds betting – other operators	1.5	0.1	1.0	0.8
Other online gambling games (such as online poker and roulette)	3.0	0.5	3.5	1.7
Numerical lotteries	43.4	37.9	28.6	40.6
Instant lotteries (such as scratchcards)	30.2	37.0	28.8	33.6
Small bets with friends	15.5	8.0	16.5	11.7
None of the gambling activities on the list	37.0	46.5	46.2	41.8
<b>Prevalence in the last 12 months</b>				
Slot machines	5.4	1.0	5.8	3.2
Video lottery terminals (VLTs)	1.4	0.3	1.5	0.8
Other electronic/mechanical gaming devices	1.1	0.2	1.1	0.6
Casino games	0.9	0.1	0.9	0.5
Non-casino card tournaments	3.1	0.8	4.5	1.9
Fixed-odds betting in land-based outlets	5.8	0.9	4.3	3.3
Online fixed-odds betting – selected operators	5.8	0.7	3.8	3.2
Online fixed-odds betting – other operators	1.1	0.0	0.6	0.5
Other online gambling games (such as online poker and roulette)	1.3	0.0	1.4	0.6
Numerical lotteries	19.1	15.3	9.8	17.2
Instant lotteries (such as scratchcards)	5.6	8.2	5.3	6.9
Small bets with friends	3.1	1.6	2.9	2.3

Note: \* Six respondents did not indicate their gender.

Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

Table 3-2: Gambling in the general population, summary data – 2012 National Survey (%)

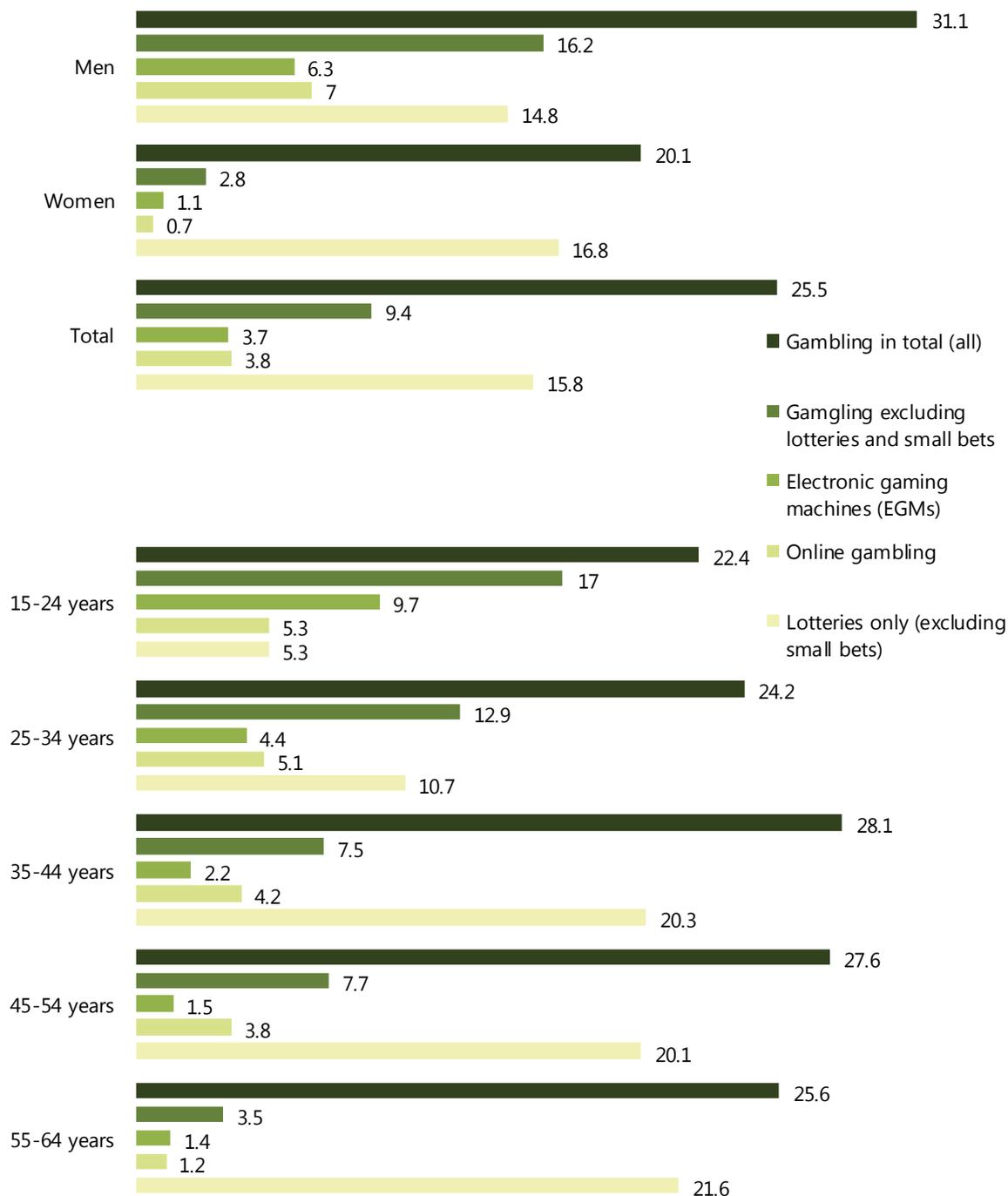
Prevalence	Gender		Young adults	Total
	Men (n=1,056)	Women (n=1,072)	15-34 years (n=824)	15-64 years (N=2,134)*
<b>Lifetime prevalence</b>				
Gambling in total (all)	63.0	53.5	53.8	58.2
Gambling excluding lotteries and small bets	36.4	13.7	33.9	24.9
EGMs	24.1	9.0	24.5	16.5
Online gambling	14.3	3.4	11.5	8.8
Lotteries only (numerical and instant)	49.9	49.3	38.9	49.6
<b>Prevalence in the last 12 months</b>				
Gambling in total (all)	31.1	20.1	23.9	25.5
Gambling excluding lotteries and small bets	16.2	2.8	15.1	9.4
EGMs	6.3	1.1	6.9	3.7
Online gambling	7.0	0.7	5.3	3.8
Lotteries only (numerical and instant)	14.8	16.8	8.5	15.8
<b>Prevalence in the last 30 days</b>				
Gambling in total (all)	17.5	8.5	11.2	13.1

Note: \* Six respondents did not indicate their gender.

Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

## Gambling in the Population

Graph 3-1: Prevalence of past-12-month gambling by gender and age groups – 2012 National Survey (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

### 3.2.2 The 2012 Survey on the Prevalence of Drug Use among the Population of the Czech Republic

In December 2012 the National Focal Point, in association with the *ppm factum research* agency, conducted a research study titled “The Prevalence of Drug Use among the Population of the Czech Republic”. Using a single question, this omnibus survey of the general population also sought to identify the level of experience with gambling among the respondents above 15 years of age. The gambling activities under survey did not include participation in numerical and instant lotteries and small bets with friends and family. A total of 976 persons over 15, out of whom 854 fell into the 15-64 age category, were contacted as part of the survey. The respondents were selected using quota sampling in such a way as to represent the population of the Czech Republic in terms of their age, gender, and education and the region and size of the place of their domicile. The data were collected using computer-aided personal (face-to-face) interviews (CAPI).

Lifetime gambling (excluding lotteries and small bets) was reported by a total of 23.9% of the respondents aged 15-64 (34.1% of the men and 13.5% of the women), gambling in the last 12 months by a total of 11.7%, and gambling in the last 30 days by a total of 4.3% of the respondents; see Table 3-3.

Table 3-3: Gambling in the general population (excluding lotteries and small bets) – the 2012 Prevalence of Drug Use among the Population of the Czech Republic study (%)

Prevalence	Gender		Young adults	Total
	Men (n=432)	Women (n=422)	15-34 years (n=345)	15-64 years (N=854)
Lifetime gambling	34.1	13.5	30.9	23.9
Gambling in the last 12 months	17.4	5.8	15.4	11.7
Gambling in the last 30 days	7.8	0.7	4.9	4.3

Source: Národní monitorovací středisko pro drogy a drogové závislosti and ppm factum research (2013)

### 3.2.3 2012 Citizen Survey

Furthermore, at the turn of November and December 2012, the National Focal Point worked with the INRES-SONES agency on collecting data about the extent of gambling as part of the Survey on Czech Citizens’ Opinions about and Attitudes to the Issues of Health and Healthy Lifestyles (the 2012 Citizen Survey). In its section covering health and healthy lifestyles, this omnibus survey incorporated a question enquiring about the level of experience with gambling (excluding lotteries and small bets) among the respondents over 15 years of age. A total of 1,802 individuals over 15, of whom 1,466 were in the 15-64 age group, were addressed as part of the survey. The respondents were recruited using quota sampling in such a way as to represent the population of the Czech Republic in terms of their age, gender, and education and the region and size of the place of their domicile. The data was collected by means of face-to-face interviews with the respondents using paper questionnaires (PAPI). The response rate was 82.5%.

Some experience with gambling (excluding lotteries and small bets) was reported by a total of 21.1% of the respondents aged 15-64 (29.8% of the men and 12.2% of the women). Gambling in the last 12 months was reported by 13.2% of the respondents overall and past-30-day gambling by a total of 5.7% of the respondents; see Table 3-4.

Table 3-4: The extent of gambling activities in the general population (excluding lotteries and small bets) – 2012 Citizen Survey (%)

Prevalence	Gender		Young adults	Total
	Men (n=742)	Women (n=724)	15-34 years (n=565)	15-64 years (N=1,466)
Lifetime gambling	29.8	12.2	27.3	21.1
Gambling in the last 12 months	18.9	7.5	19.1	13.2
Gambling in the last 30 days	8.2	3.0	7.6	5.7

Source: Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES (2013b)

### 3.2.4 The 2013 Survey on the Prevalence of Drug Use among the Population of the Czech Republic

Questions focusing on the occurrence of gambling among the general population were also incorporated into the 2013 round of the Prevalence of Drug Use among the Population of the Czech Republic omnibus study (for details about the survey in 2012 see **The 2012 Survey on the Prevalence of Drug Use among the Population of the Czech Republic** on p. 69). Again, the study was conducted by the National Focal Point in collaboration with the *ppm factum research* agency, in December 2013. Each of the following gambling activities was looked for:

- gambling activities involving the playing of slot machines, roulette, and other electronic/mechanical or live games in a business outlet, gambling venue, or a casino (EGMs and casino games),
- fixed-odds betting (such as that on sports contests and horse races) in betting shops,
- gambling or fixed-odds betting or live betting on the internet (online gambling).

Apparently, experience with lotteries and small bets was not covered by the survey. Altogether, 1,005 respondents above 15 years of age were contacted, with 868 of them falling into the 15-64 age category.

Experience with at least one of the gambling activities under scrutiny (lifetime gambling) was reported by 28.4% of the respondents (44.3% of the men and 12.6% of the women). The most popular form of gambling among the respondents was fixed-odds betting pursued in betting shops (20.6%); gambling involving slot machines, roulette, or other games played in a gambling venue or casino was reported by a total of 18.1% of the respondents. Men reported experience with fixed-odds betting most frequently, while women's most common gambling experience was of playing slot machines and engaging in betting games in gambling venues and casinos; see Table 3-5. Online gambling at any point in their lifetime was admitted by 6.1% of the respondents (11.2% of the men and 1.0% of the women).

Table 3-5: Gambling in the general population – the 2013 Prevalence of Drug Use among the Population of the Czech Republic study (%)

Type of gambling activities	Gender		Young adults		Total
	Men (n=439)	Women (n=429)	15-34 years (n=308)	15-64 years (N=868)	
<b>Lifetime prevalence</b>					
All gambling (excluding lotteries and small bets)	44.3	12.6	37.0		28.4
EGMs and casino games	28.0	8.1	26.2		18.1
Fixed-odds betting in betting shops	35.3	5.7	24.3		20.6
Online gambling	11.2	1.0	8.2		6.1
<b>Prevalence in the last 12 months</b>					
All gambling (excluding lotteries and small bets)	24.2	4.1	19.8		14.1
EGMs and casino games	9.4	1.9	10.5		5.7
Fixed-odds betting in betting shops	21.8	2.8	16.3		12.4
Online gambling	5.7	0.2	4.9		3.0
<b>Prevalence in the last 30 days</b>					
All gambling (excluding lotteries and small bets)	11.2	0.2	6.3		5.7
EGMs and casino games	2.4	0.0	1.5		1.2
Fixed-odds betting in betting shops	10.0	0.2	6.2		5.2
Online gambling	1.4	0.0	1.1		0.7

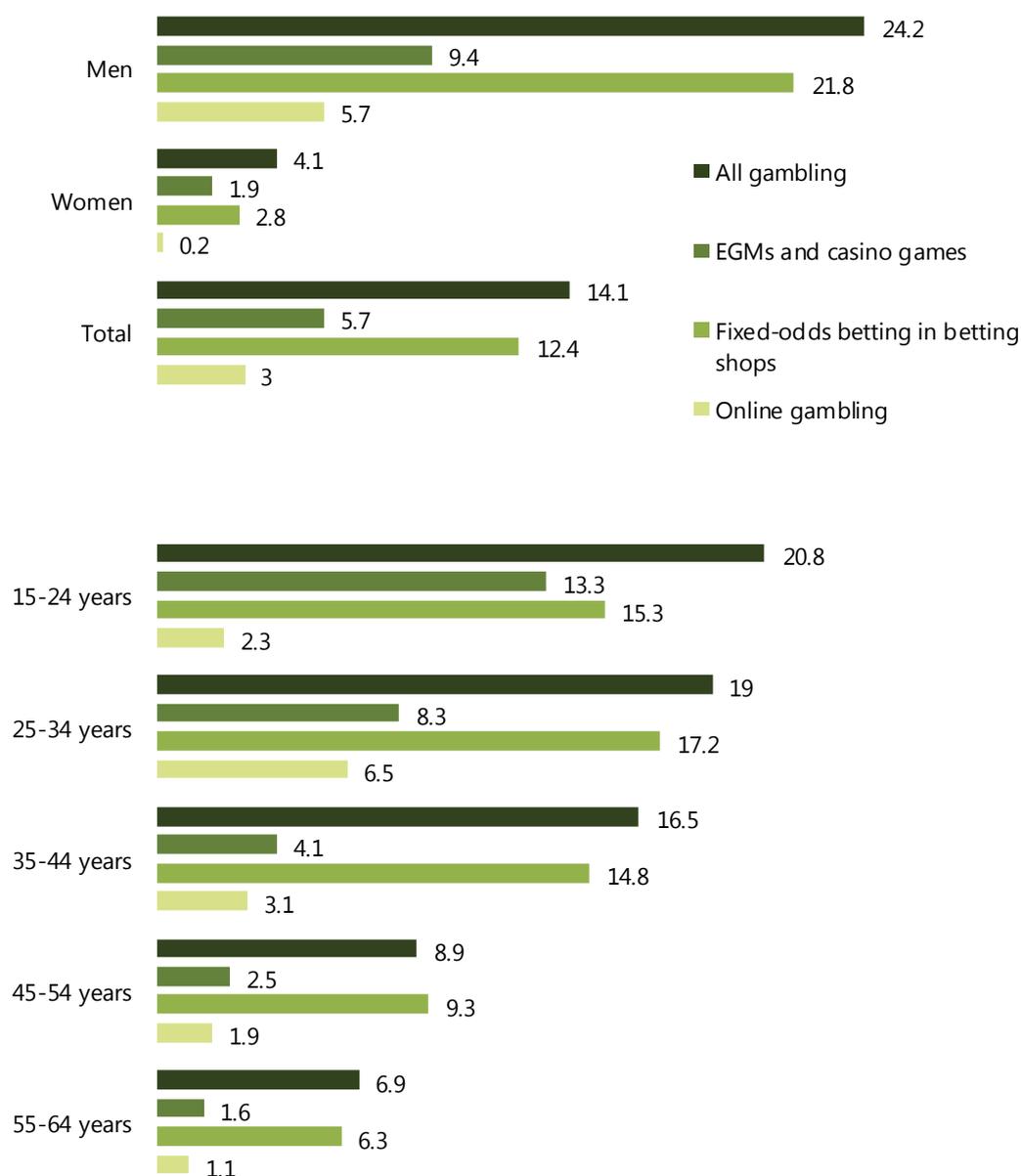
Source: Národní monitorovací středisko pro drogy a drogové závislosti and ppm factum research (2014a)

A total of 14.1% of the respondents (24.2% of the men and 4.1% of the women) reported having engaged in at least one of the gambling activities under scrutiny in the last 12 months; the majority of the positive answers (12.4%) referred to fixed-odds betting in betting shops. In the last 30 days at least one of the types of gambling had been participated in by a total of 5.7% of the respondents, with men accounting for the vast majority (11.2% versus 0.2% of the women).

Past-12-month gambling was mostly reported by the respondents falling into the youngest age categories, i.e. 15-24 and 25-34 years. Playing slot machines, roulette, or other games played in gambling venues or casinos was admitted with the highest frequency by the respondents aged 15-24, while the respondents aged 25-34 were those who most frequently reported fixed-odds betting in land-based outlets and online gambling; see Graph 3-2.

## Gambling in the Population

Graph 3-2: Prevalence of past-12-month gambling by gender and age groups – the 2013 Prevalence of Drug Use among the Population of the Czech Republic study (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and ppm factum research (2014a)

Online gamblers mostly did their betting through operators registered in the Czech Republic: *Fortuna* (22.1%), *Tipsport* (17.2%), *Sazka* (7.8%), and *Chance* (6.9%). Other operators (e.g. *Betwin*, 2.6%, *sportingbet.cz*, 2.0%, *Betandwin*, 1.9%, and also *Bet 365* and *Betino*) were named with much lower frequency.

### 3.2.5 2013 Citizen Survey

In 2013 the National Focal Point extended the omnibus Survey on Czech Citizens' Opinions about and Attitudes to the Issues of Health and Healthy Lifestyles, carried out by INRES-SONES, to include a module of questions enquiring about gambling and the playing of computer games. Overall, 2,089 randomly selected individuals were contacted. The study sample comprised 1,797 respondents (86.0%) over 15, including 1,456 persons in the 15-64 age category. The methodology of the survey was similar to that applied in the previous year; see the section entitled **2012 Citizen Survey** on p. 69.

The module of questions about gambling and computer gaming consisted of five items concerning people's experience with engaging in selected types of gambling activities (EGMs, fixed-odds betting, casino gambling, numerical and instant lotteries, and online gambling, broken down into six types of gambling activities pursued on the internet); experience with small-scale betting was not looked for. Moreover, the playing of computer games and video games and stock and commodity trading were followed. What types of electronic devices the players use were also investigated.

The questionnaire further incorporated a five-item module on dissociative symptomatology<sup>44</sup> and the two-item Lie/Bet scale used to screen for the symptoms of problem gambling – for more details about the methodology and results of this component see the chapter entitled **Estimated Level of Problem Gambling in the Czech Republic** on p. 106.

In the last 12 months, at least one of the forms of gambling activity had been participated in by 38.8% of the respondents in the 15-64 age category. The highest prevalence (28.7%) was recorded for lottery playing (other than online). The past-year prevalence of gambling, excluding lotteries (including all remote gambling excluding lotteries), reached 18.5%, EGM gambling 6.3%, playing online, including so-called "practice sessions", 18.0%, and playing online for money 12.5%.

The highest levels of experience with online gambling by individuals aged 15-64 were reported for lotteries (5.6%) and fixed-odds betting (4.9%). The highest level of experience with "practice sessions" (i.e. not for money) was recorded in poker (5.7%), while practice sessions for other online gambling activities did not exceed the 1.6% prevalence rate.

3.2% of the Czech population in the 15-64 age category had traded on the stock exchange or in commodities, currencies, gold, energies, etc. within the last 12 months.

44.0% of the Czech adult population had played computer games or video games (played on a mobile phone, tablet, computer, or a PlayStation-type console) of any kind (including Adventure, Arcade, Racing, Education, Fighting, Platform, Puzzle, Cards, and sports strategy simulations) within the last 12 months.

45.2% of the respondents use their personal electronic devices such as mobile phones, tablets, computers, playing consoles, and smart TV sets to engage in gambling and/or computer games, with computers and mobile phones being by far the most frequently used for this purpose.

Gambling was found to be more widespread among the men. The smallest difference between the males and females was observed in relation to their experience with numerical and instant lotteries. A higher rate of engagement in gambling activities was found among the respondents in the youngest age categories. However, there were dramatic differences between the individual forms of gambling: while lotteries were the most popular among the people of middle and older ages, online and electronic games were preferred by the youngest age groups. Those individuals aged 15-24 showed even lower levels of experience with lotteries than that with other (mainly online) forms of gambling. Lotteries predominated among the respondents over 64. It was found, though, that this oldest age group, too, had engaged in other gambling activities – e.g. online gambling (8%) or fixed-odds betting in land-based outlets (5%) – to an extent which is not negligible.

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<sup>44</sup> Dissociation refers to the insufficient integration of thoughts, feelings, and experiences which leads to the impairment of perceptions of time and the environment, as well as disruptions of memory, consciousness, and identity.

## Gambling in the Population

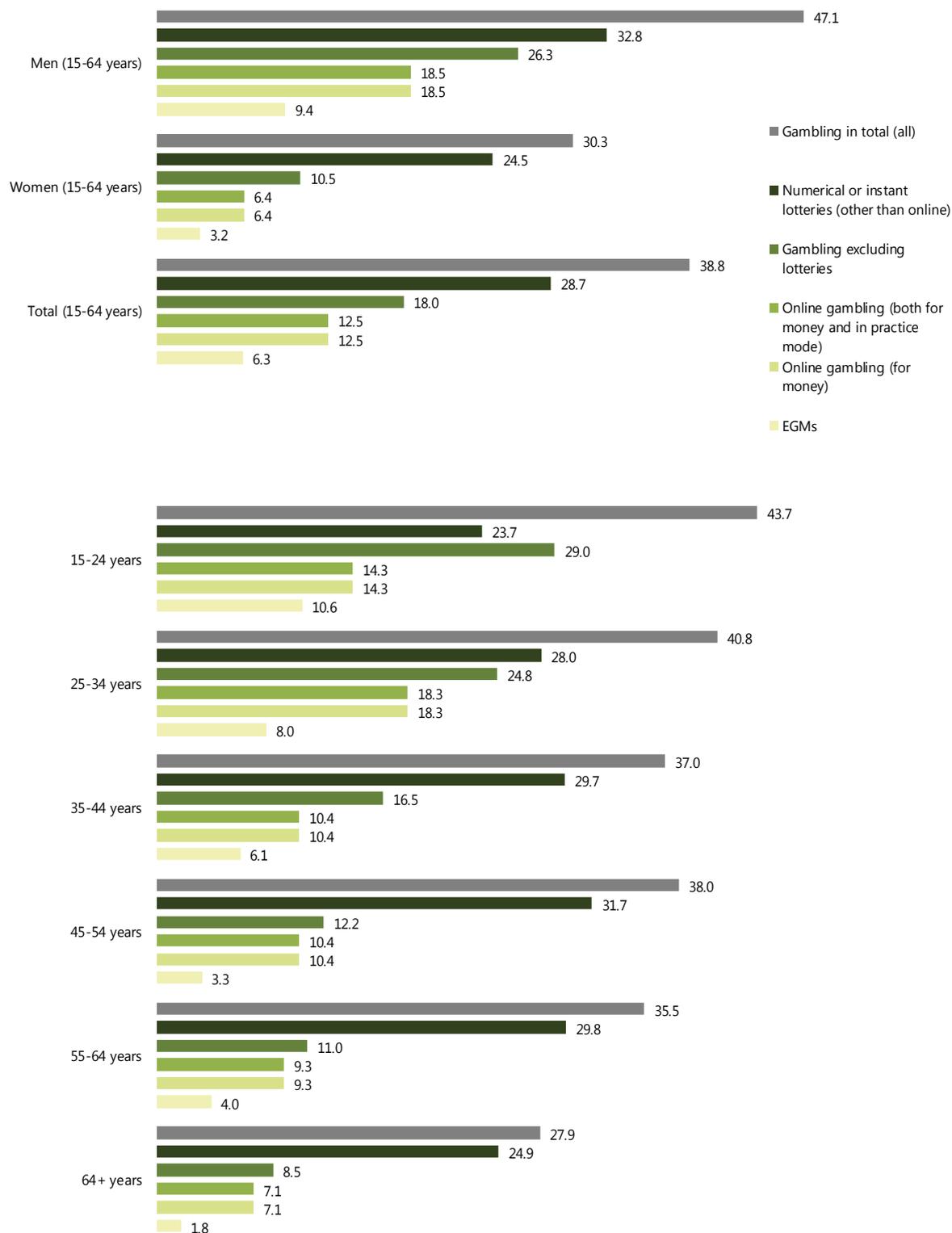
Table 3-6: Gambling in the general population aged 15-64 in the last 12 months – 2013 Citizen Survey (%)

Prevalence	Gender		Young adults	Total
	Men (n=734)	Women (n=722)	15-34 years (n=559)	15-64 years (N=1,456)
<b>Selected land-based gambling activities</b>				
Gambling machines (such as slot machines and video lottery terminals)	8.3	2.6	8.2	5.5
Other gaming technologies (such as electromechanical roulette, electronic card tables, and electronic dice)	3.4	0.8	3.0	2.1
Fixed-odds betting (such as that on sports contests and horse races) in betting shops	11.9	3.0	10.0	7.5
Casino gambling (such as live roulette, card games, and dice)	3.1	1.0	3.0	2.1
Numerical lotteries (such as <i>Sportka</i> , <i>Lucky 10</i> , <i>Euromillions</i> , and <i>Lotto</i> ) or scratchcards	32.8	24.5	26.1	28.7
<b>Online gambling by type (playing for money)</b>				
Fixed-odds betting (such as that on sports contests and horse races)	8.3	1.4	7.7	4.9
Live betting (such as that on sports contests)	6.9	0.8	5.9	3.9
Poker	4.1	0.8	5.0	2.5
Casino games (such as roulette, bingo, and blackjack)	2.3	0.4	2.0	1.4
Slot machine-type gambling	3.7	0.8	2.9	2.3
Numerical lotteries	7.5	3.7	5.0	5.6
<b>Gambling categories</b>				
Gambling in total (all excluding small bets)	47.1	30.3	42.0	38.8
Gambling excluding lotteries and small bets	26.3	10.5	26.7	18.5
EGMs	9.4	3.2	9.1	6.3
Online gambling (for money and/or in practice mode)	24.4	11.5	24.3	18.0
Online gambling (for money)	18.5	6.4	15.0	12.5
Online gambling (practice mode only)	5.9	5.1	9.3	5.5
Lotteries only	27.2	22.0	21.0	24.3
<b>Other gambling-like activities</b>				
Stock exchange trading or trading in commodities, currencies, gold, energies, etc.	3.5	2.8	2.7	3.2
Computer or video gaming	49.2	38.6	65.1	44.0

Source: Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES (2014)

## Gambling in the Czech Republic, Its Correlates and Consequences

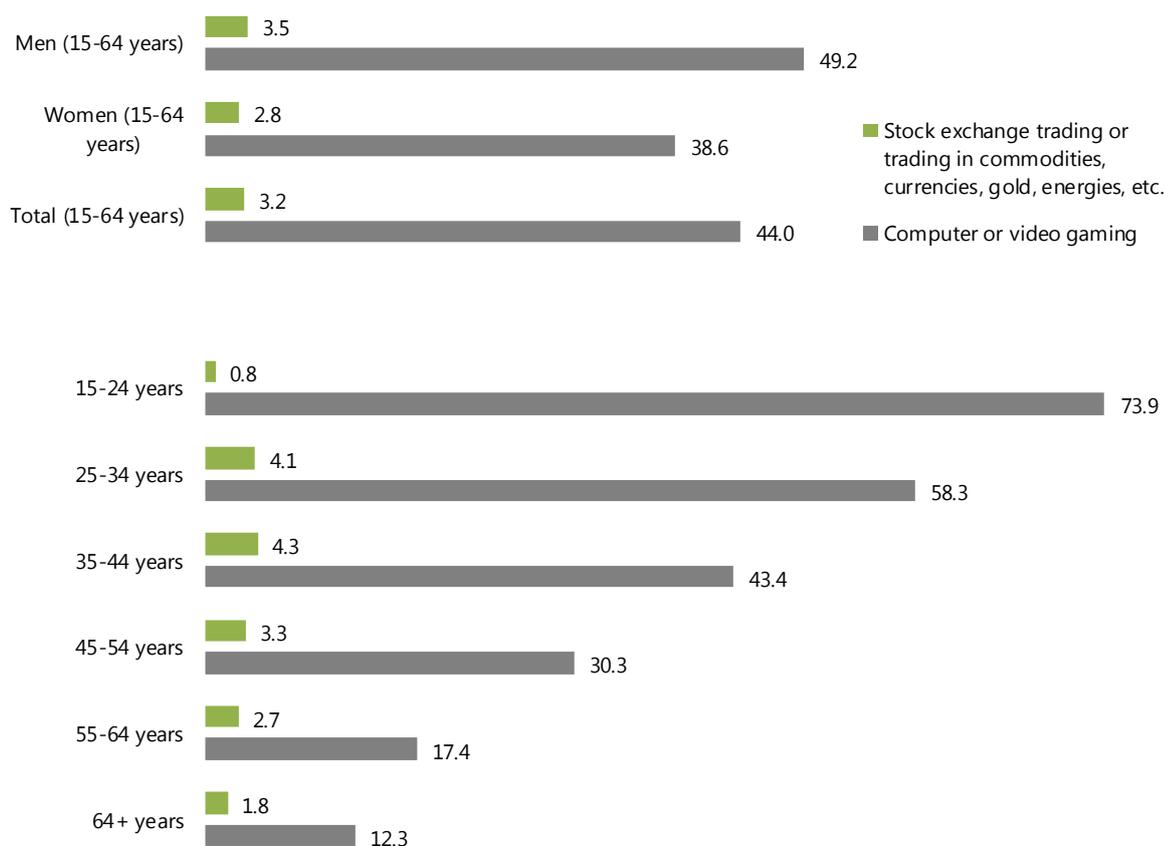
Graph 3-3: Gambling in the last 12 months by gender and age groups – 2013 Citizen Survey (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES (2014)

## Gambling in the Population

Graph 3-4: Other gambling-like activities in the last 12 months by gender and age groups – 2013 Citizen Survey (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES (2014)

In 2013 the question about online gambling asked whether the respondents preferred gambling with Czech operators (for which prior registration at a brick-and-mortar betting outlet is required) or with foreign operators (where registration takes place via the internet only). A predominance of the foreign operators of gambling websites was observed regarding poker, casino games, and slot machine-like online games. The reliability of the responses concerning gambling with either Czech or foreign operators is disputable, however, as lotteries, casino games, and slot machine-like gambling are not in fact offered by Czech online portals. It may be difficult for the respondents to distinguish a licensed portal from an unlicensed one if there is a Czech version of the web interface.

Table 3-7: Preference for online gambling through portals operated by Czech and foreign entities among the group of respondents who had played online for money in the last 12 months (%)

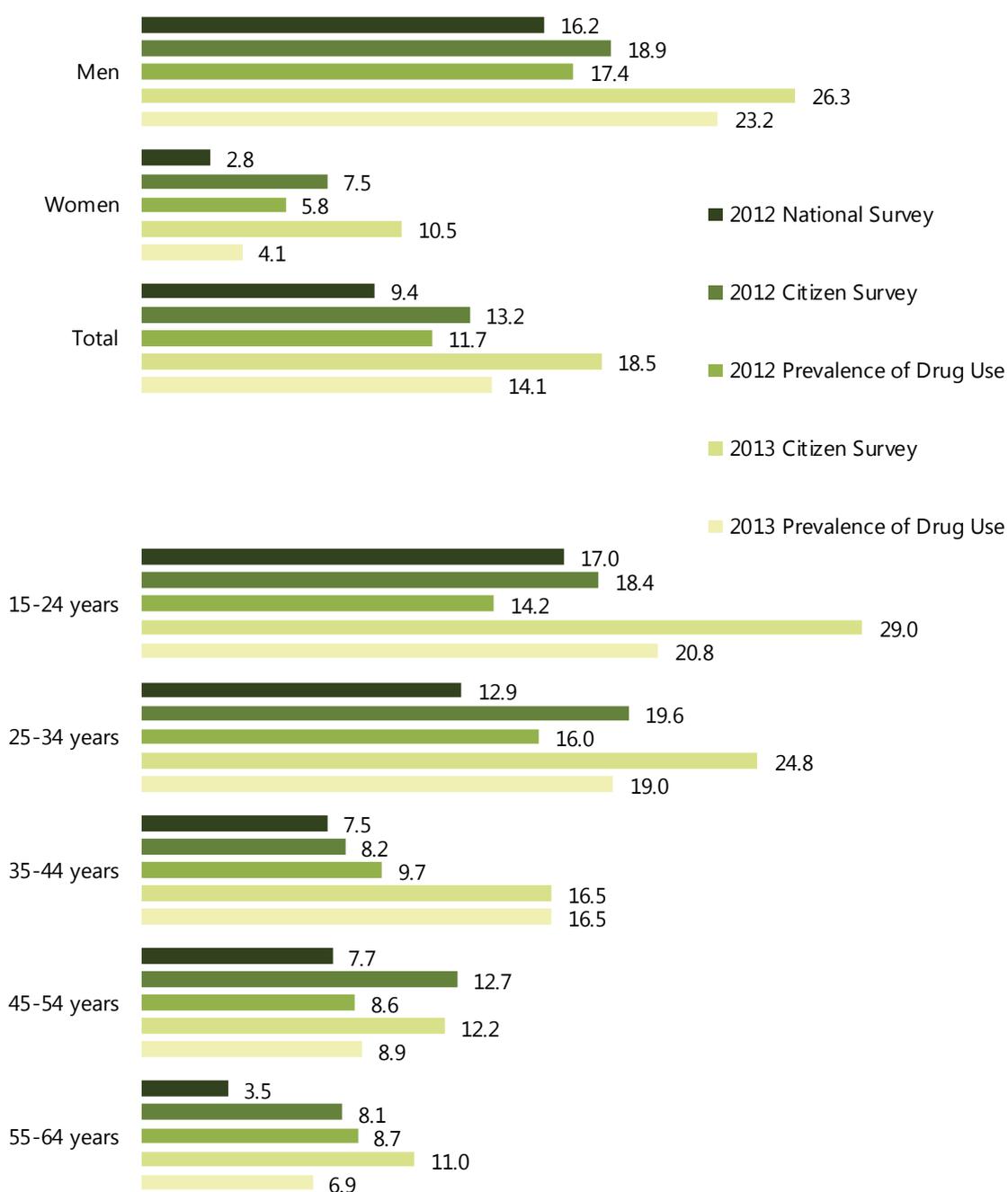
Type of gambling	With registration at a land-based outlet (i.e. with Czech operators)	With online registration (i.e. with foreign operators)
Fixed-odds betting (such as that on sports contests and horse races)	45.7	54.3
Live betting (such as that on sports contests)	50.0	50.0
Poker	33.3	66.7
Casino games (such as roulette, bingo, and blackjack)	36.4	63.6
Slot machine-type gambling	41.7	58.3
Numerical lotteries	53.2	46.8

Source: Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES (2014)

### 3.2.6 Comparison of Studies

All the studies that were conducted revealed that gambling is more common among males. While the 2012 National Survey found the highest prevalence of gambling among the 15-24 age category, the omnibus studies conducted in 2012 showed a higher rate of participation in gambling activities among individuals aged from 25 to 34 years. In 2013, again, it was the 15-24 age category that included the largest proportion of gamblers. The studies carried out in 2013 also indicated a 2.5-5% increase in the prevalence of gambling in the last 12 months. This trend could be attributed to both the real increase in the extent of gambling (especially online) in the Czech Republic and the inclusion of questions articulated in such a way as to yield more thorough information about different types of gambling activities, which could generally result in higher figures; see Graph 3-5.

Graph 3-5: Prevalence of gambling in the last 12 months (excluding lotteries and small bets) – comparison of studies (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013), Národní monitorovací středisko pro drogy a drogové závislosti and ppm factum research (2013), Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES (2013b), Národní monitorovací středisko pro drogy a drogové závislosti and ppm factum research (2014a), Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES (2014)

### 3.3 Patterns and Context of Gambling in the General Population

The patterns and context of gambling were examined in greater detail by the 2012 National Survey, specifically among the respondents who reported having engaged in any of the gambling activities under scrutiny within the previous 12 months. The frequency of gambling in the last year and the last month, the amount of money involved in past-month gambling, the highest amount with which

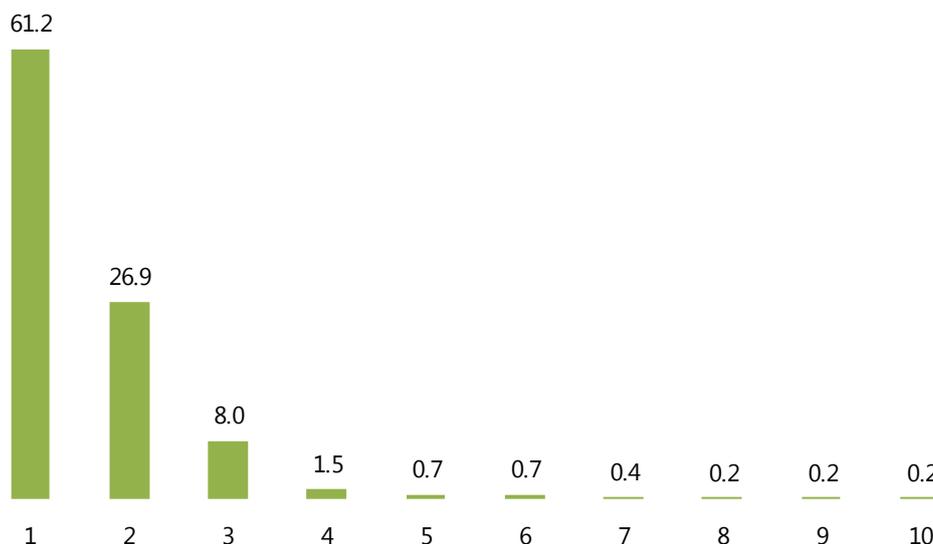
the person had ever played, the average time spent gambling in the last month, and the settings in which the respondents played were also studied. Special attention was also focused on the aspects of gambling which may indicate problem/pathological gambling; for more details see the chapter entitled **Problem Gambling, Pathological Gambling, and Gambling-related Health Consequences**, p. 101.

The patterns and context of gambling vary significantly with the type of gambling activity. To make the comparison more straightforward, the following categories will be used further in the text to assess specific patterns of gambling among the general population in the last 12 months:

- > gambling in total – a category encompassing persons engaged in any gambling activity from the inventory under study (n = 536 respondents),
- > gambling excluding lotteries and small bets – a subcategory comprising persons engaged in any gambling activities from the inventory under study, excluding those who reported having participated in numerical or instant lotteries and small bets with friends (n = 199),
- > EGMs – a subcategory comprising individuals playing slot machines, VLTs, and other EGMs (n = 77),
- > online gambling – a subcategory comprising individuals participating in online fixed-odds betting with operators licensed both in the Czech Republic (*Fortuna, Chance, Sazka, Synot Tip, Tipsport, Victoria-Tip, SLOT Group*) and elsewhere or other online gambling, such as poker and casino games (n = 80),
- > lotteries only – a subcategory consisting only of participants in numerical and/or instant lotteries, excluding those who had engaged in any other gambling activity from the inventory under scrutiny, with the exception of small bets with friends (n = 333).

61.2% of the past-12-month gamblers reported having engaged in only one of the gambling activities under study. Two forms of gambling were reported by 26.9% and three by 8.0% of the gamblers. Having engaged in more than three types of gambling activities in the last 12 months was reported by a very small number of the respondents.

Graph 3-6: Proportions of past-12-month gamblers by the number of different gambling activities they had engaged in (%)

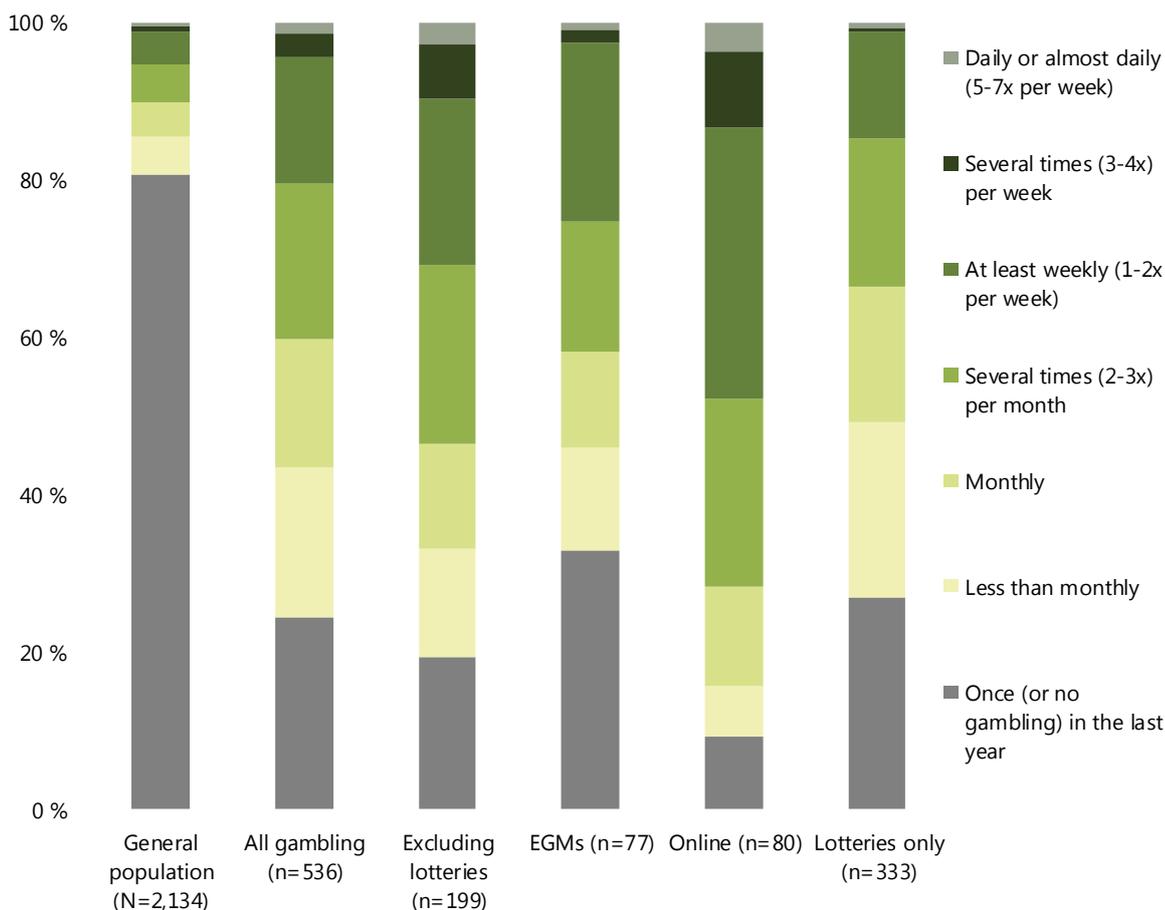


Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

The graphs below present comparisons of the gambling categories defined above. Details of various aspects of gambling according to the individual types of gambling activities are then compared in Table 3-8. These results, however, need to be interpreted in the light of the low number of respondents/individuals participating in the selected types of gambling activities.

According to the 2012 National Survey, 80.7% of the persons in the general population had engaged in none, or only one, of the gambling activities under study in the last year; another 4.7% of the respondents had gambled with a frequency of less than once per month. 10.2% of the respondents had gambled at least several times per month, while 1.1% of the respondents had engaged in gambling three times per week or more often. Among the respondents who reported gambling within the last 12 months, 20.4% had engaged in gambling once per week or more. A higher frequency of gambling was recorded in the group of respondents who reported engaging in gambling activities other than lotteries and small bets and among the respondents who reported playing online; see Graph 3-7.

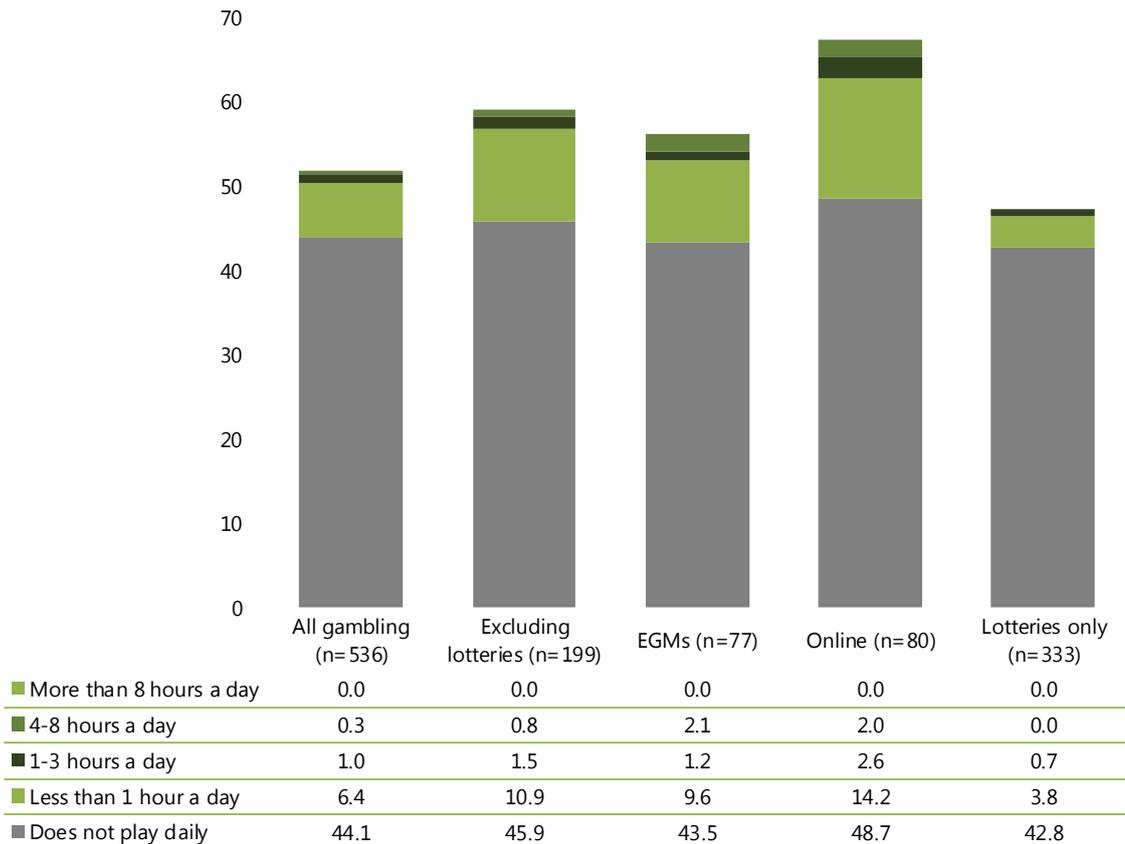
Graph 3-7: Frequency of gambling in the general population in the last 12 months (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

Approximately half of the past-12-month gamblers had also gambled in the last 30 days. Of these respondents, daily gambling was reported by 7.7% of those participating in all the gambling activities, 13.2% of those participating in gambling activities other than lotteries and small bets, 12.9% of the EGM gamblers, and 18.8% of the online gamblers; see Graph 3-8. The gamblers mostly reported spending less than an hour per day gambling. However, a relatively greater representation of those who spent more time gambling was found among the EGM players and online players (3.3% and 4.6% respectively).

Graph 3-8: Time spent gambling in the last 30 days among past-12-month gamblers (%)



Note: The remainder up to 100% comprises persons who had not gambled in the last 30 days.

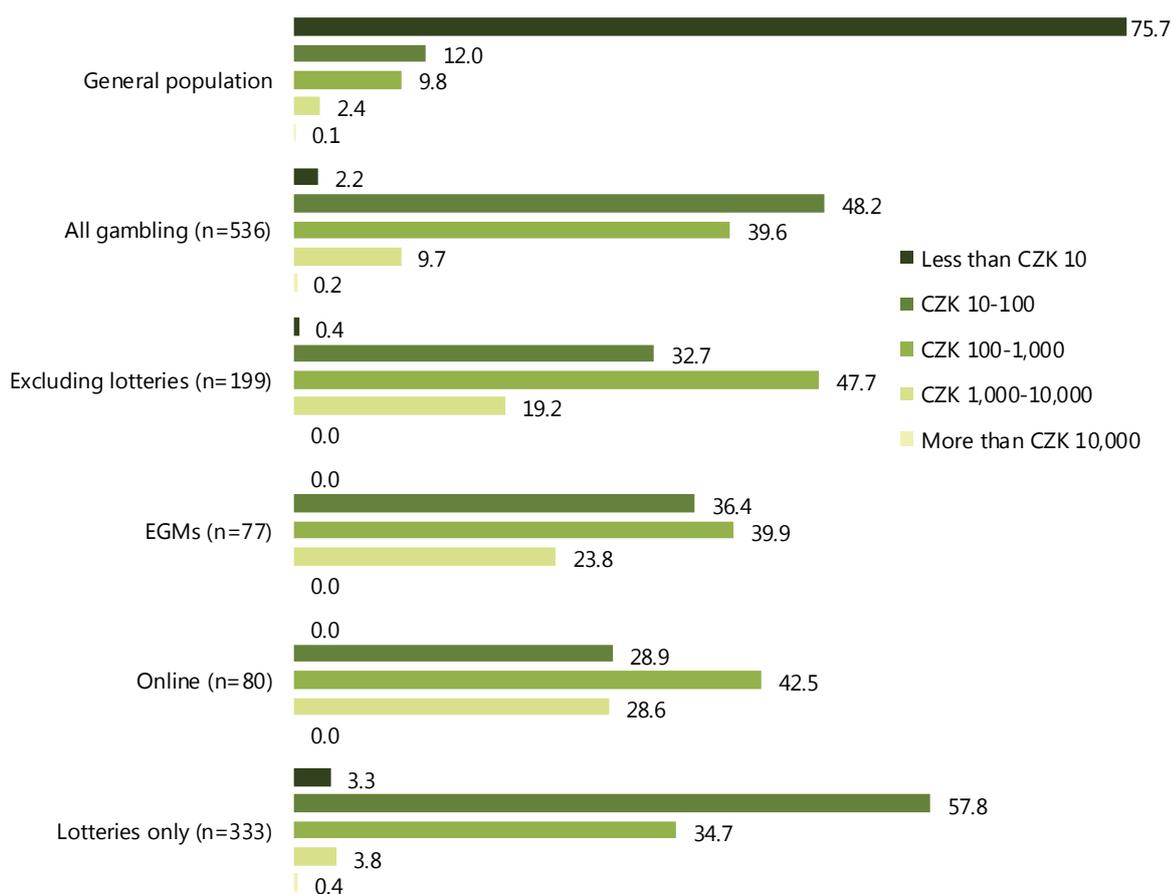
Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

On average the respondents (the general population) wagered CZK 123 per month on gambling activities. Those engaging in gambling activities in the last 12 months spent approximately CZK 500 per month on gambling. The amounts wagered differed dramatically with the type of gambling activity; see Table 3-8. The lottery players wagered an average of CZK 166, the EGM players an average of CZK 2,026 per month, and the respondents from among the online gamblers spent CZK 1,954 on average. 55% of this amount was used by the online gamblers to make bets with selected operators of online betting games (*Fortuna, Chance, Sazka, Synot Tip, Tipsport, Victoria-Tip, and SLOT Group*) and 45% with online gambling operators that are not registered in the Czech Republic. Those people engaging in fixed-odds betting in land-based outlets of betting agencies spent a monthly average of CZK 2,052. It should be borne in mind that as a significant proportion of gamblers participate in multiple gambling activities at a time, the amounts refer to the aggregate bets wagered in all the gambling activities the respondents had engaged in.

In 2012, overall, 12.3% of the persons in the general population spent more than CZK 100 on gambling daily, with 2.5% wagering more than CZK 1,000 on a single day. The persons who had engaged in at least one of the gambling activities in the last year included a significantly greater proportion of the respondents who had wagered an amount exceeding CZK 1,000 on a single day – the latter accounted for 9.9% of the individuals engaging in all the gambling activities, 19.2% of those participating in all the gambling activities excluding lotteries and small bets, 23.8% of the EGM players, and 28.6% of the online gamblers; see Graph 3-9. Among the lottery participants, nevertheless, 0.4% of the respondents reported wagering more than CZK 10,000 on a single day.

## Gambling in the Population

Graph 3-9: Amounts wagered by respondents on a single gambling day (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

A total of 17.1% of the respondents had played in a publicly accessible place designated as gambling premises (such as a gambling venue, casino, or betting shop), 5.6% of the respondents reported gambling in a publicly accessible place (a restaurant, for example) where gambling facilities are a supplementary service only, 1.0% reported having gambled in a restricted-access club, and 5.5% in privacy. The majority of the past-12-month gamblers (67.8%) reported gambling in a place designated as gambling premises, 22.2% of those interviewed reported having gambled in a publicly accessible place where gambling facilities are a supplementary service only, 3.7% had gambled in a restricted-access club, and 21.9% reported gambling in privacy.

Among the online gamblers (n = 80), there were 67 individuals (83.5% of the respondents) who reported participating in online fixed-odds betting with selected operators, i.e. registered in the Czech Republic, 11 respondents (14.4%) who reported engaging in online fixed-odds betting with other operators, and 13 respondents who reported having engaged in other online gambling activities (such as online poker or roulette). If gambling through operators other than those on the list was indicated, the respondents were asked to specify the website used; see Table 3-8.

Table 3-8: Context of gambling in the last 12 months by gambling activities – 2012 National Survey (%)

Indicator	Slot machines (n=67)	Video lottery terminals (VLTs) (n=17)	Other electronic/mechanical gaming devices (n=12)	Casino gambling (n=10)	Non-casino card tournaments (n=39)	Fixed-odds betting in brick-and-mortar outlets (n=69)	Online fixed-odds betting – selected operators (n=67)	Online fixed-odds betting – other operators (n=11)	Other online betting games (such as poker and roulette) (n=13)	Numerical lotteries (n=361)	Instant lotteries (such as scratchcards) (n=145)	Small bets with friends (n=49)
<b>Prevalence of gambling in the last 12 months</b>	3.2	0.8	0.6	0.5	1.9	3.3	3.2	0.5	0.6	17.2	6.9	2.3
<b>Gambling setting</b>												
> publicly accessible place designated as gambling premises (such as a gambling venue, casino, or betting shop)	46.3	73.4	83.9	76.9	34.2	81.5	75.5	45.2	36.5	77.8	74.1	49.7
> publicly accessible place where gambling is a supplementary service only (i.e. special arrangements venues or any service outlet with a betting terminal)	66.1	64.7	34.7	42.1	40.1	34.7	30.9	51.9	12.0	16.2	18.9	29.7
> restricted-access club	13.3	19.5	16.0	23.7	15.6	9.4	6.5	13.8	17.7	1.5	1.5	10.4
> privacy	16.5	19.2	52.8	21.4	53.3	23.0	37.8	28.4	62.4	16.8	27.4	75.1
<b>Monthly gambling expenditure (average)</b>	<b>2,239</b>	<b>6,882</b>	<b>2,632</b>	<b>3,519</b>	<b>1,200</b>	<b>2,052</b>	<b>2,233</b>	<b>9,644</b>	<b>8,034</b>	<b>294</b>	<b>175</b>	<b>383</b>
<b>Daily amount</b>												
> up to CZK 10	0.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	2.9	1.2	3.4
> from CZK 10 to CZK 100	39.8	23.3	7.3	15.6	23.6	19.1	29.2	22.7	17.1	47.8	63.6	40.1
> from CZK 100 to CZK 1,000	36.1	22.3	51.5	50.0	53.2	51.2	45.1	28.5	21.2	43.0	30.8	46.7
> from CZK 1,000 to CZK 10,000	24.1	54.4	41.2	34.3	21.2	29.7	25.7	48.8	61.7	6.0	4.4	9.9

Indicator	Slot machines (n=67)	Video lottery terminals (VLTs) (n=17)	Other electronic/mechanical gaming devices (n=12)	Casino gambling (n=10)	Non-casino card tournaments (n=39)	Fixed-odds betting in brick-and-mortar outlets (n=69)	Online fixed-odds betting – selected operators (n=67)	Online fixed-odds betting – other operators (n=11)	Other online betting games (such as poker and roulette) (n=13)	Numerical lotteries (n=361)	Instant lotteries (such as scratchcards) (n=145)	Small bets with friends (n=49)
> more than CZK 10,000	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0
<b>Frequency of gambling in the last 30 days</b>												
> no past-30-day gambling	43.1	29.9	25.8	11.3	39.6	28.2	28.3	16.8	39.2	46.2	50.7	38.3
> daily or almost daily (5-7 times per week)	3.5	13.4	5.7	0.0	1.8	8.1	6.9	21.5	12.0	0.9	0.5	1.4
> several times (3-4 x) per week	5.3	13.7	24.4	23.2	11.7	14.5	11.3	27.8	22.1	2.0	0.4	2.5
> at least weekly (1-2 times per week)	20.8	18.2	5.3	14.2	16.4	22.6	32.0	22.1	5.7	22.2	19.5	22.5
> less than weekly	27.3	24.8	38.9	51.2	30.5	26.5	21.5	11.8	21.0	28.7	28.8	35.3
<b>Time spent gambling per day</b>												
> no gambling in the last 30 days	43.1	29.9	25.8	11.3	39.6	28.2	28.3	16.8	39.2	46.2	50.7	38.3
> does not play daily	44.8	29.1	44.2	58.8	50.7	49.6	50.5	42.0	40.7	48.3	43.6	54.2
> less than 1h/day	8.2	31.7	30.1	29.9	9.7	18.1	17.0	9.3	8.1	5.3	4.0	3.9
> 1-3 h/day	1.4	0.0	0.0	0.0	0.0	1.7	1.8	18.1	0.0	0.2	1.7	3.6
> 4-8 h/day	2.4	9.3	0.0	0.0	0.0	2.3	2.4	13.8	12.0	0.0	0.0	0.0
> more than 8 h/day	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Prevalence of gambling in the last 30 days</b>	56.9	70.1	74.2	88.7	60.4	71.8	71.7	83.2	60.8	54.1	49.3	61.7

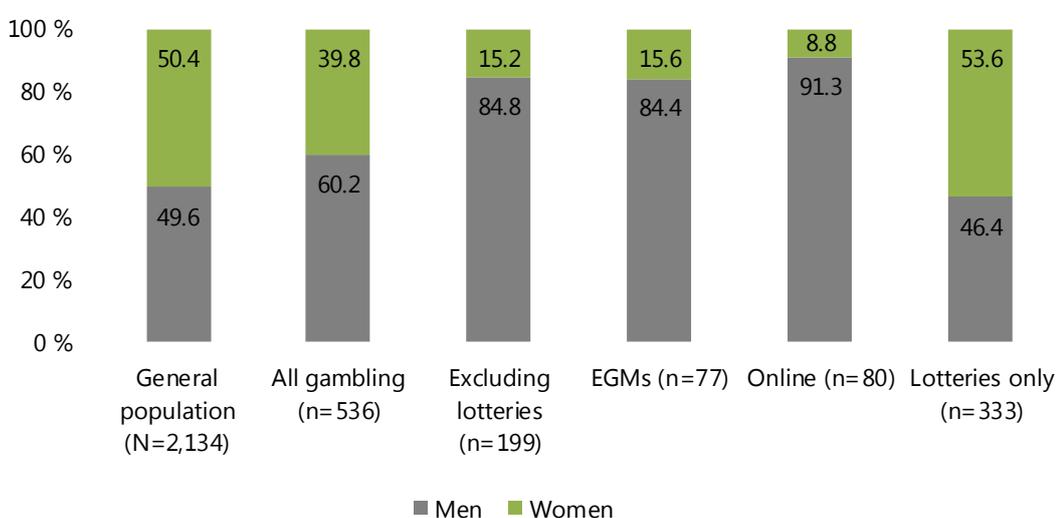
Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

### 3.4 Sociodemographic Characteristics of People Engaging in Gambling Activities

The surveys conducted in 2011-2012 indicate a higher prevalence of past-12-month gambling among men, mostly those aged 15-24 or 25-34, depending on the study. Furthermore, a detailed analysis of the sociodemographic characteristics of the respondents to the 2012 National Survey who reported gambling in the last 12 months is presented.

Men and women accounted for 60.2% and 39.8% respectively of players of all types of betting games, with men accounting for 84.8% of the individuals participating in gambling activities excluding lotteries and small bets. In addition, men comprised 84.4% of the EGM gamblers and as much as 91.3% of the online gamblers. On the other hand, there was a slight predominance of women (53.6%) among lottery participants and those engaged in small bets; see Graph 3-10.

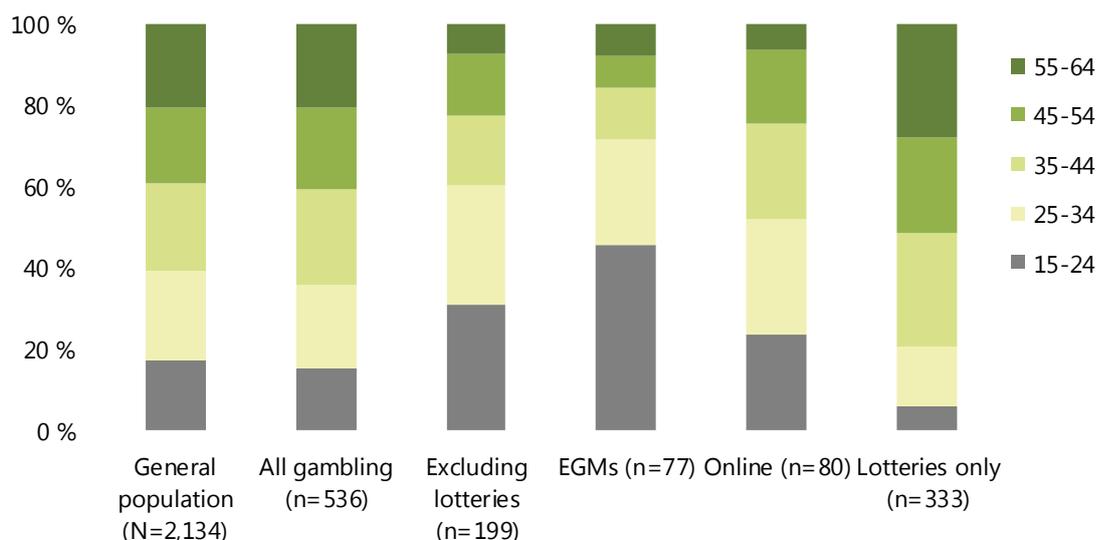
Graph 3-10: Structure of people's participation in different gambling activities by gender (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

While the age structure of the individuals engaged in gambling activities in the last 12 months was no different from that of the general population, the younger age categories had significantly greater representation among those engaged in all gambling but lotteries and small bets, EGM gamblers, and online gamblers. On the other hand, the lottery participants showed a significantly greater representation of older age groups, particularly a larger proportion of respondents aged from 55 to 64 years; see Graph 3-11.

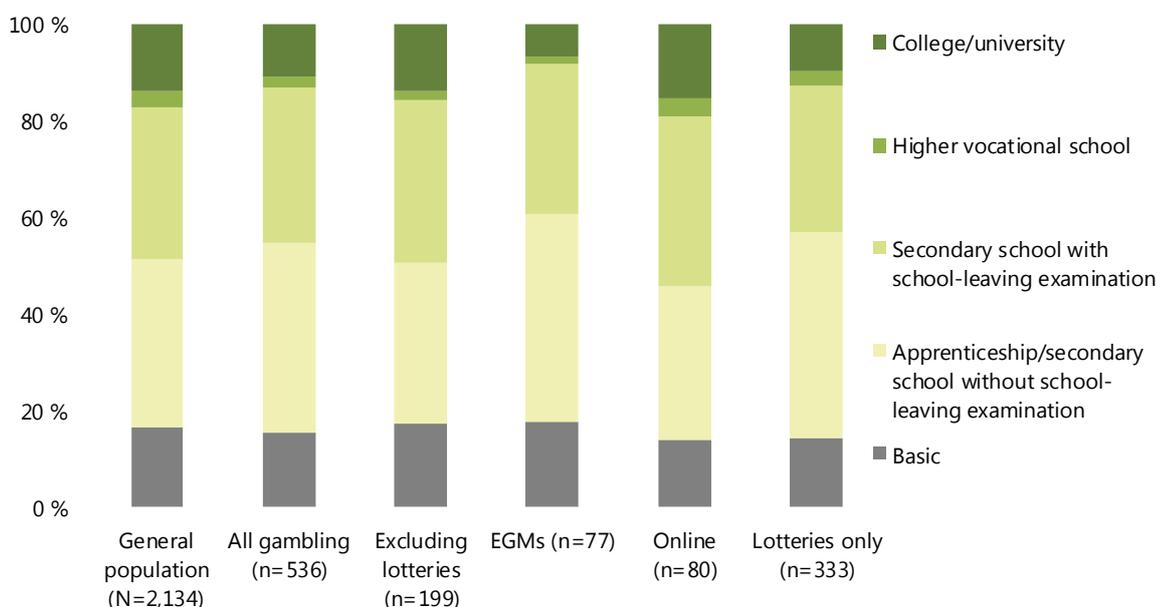
Graph 3-11: Structure of people's participation in different gambling activities by age groups (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

There were no major differences between the individuals engaging in gambling activities as a whole and the general population in terms of marital status. Higher rates of singles were recorded among those engaging in gambling activities other than lotteries and small bets and among EGM players and online gamblers (51.8%, 66.2%, and 41.8%, respectively, in comparison to 32.5% of singles in the general population). Neither did education seem to be associated with any major differences between gamblers and the general population on the one hand and between the different categories of gambling activities on the other hand. Nevertheless, a slightly higher rate of respondents with basic and secondary vocational (without the school-leaving examination) education was identified among the EGM players and people with a college/university degree or higher vocational education had greater representation among online gamblers; see Graph 3-12.

Graph 3-12: Structure of people's participation in different gambling activities by education (%)

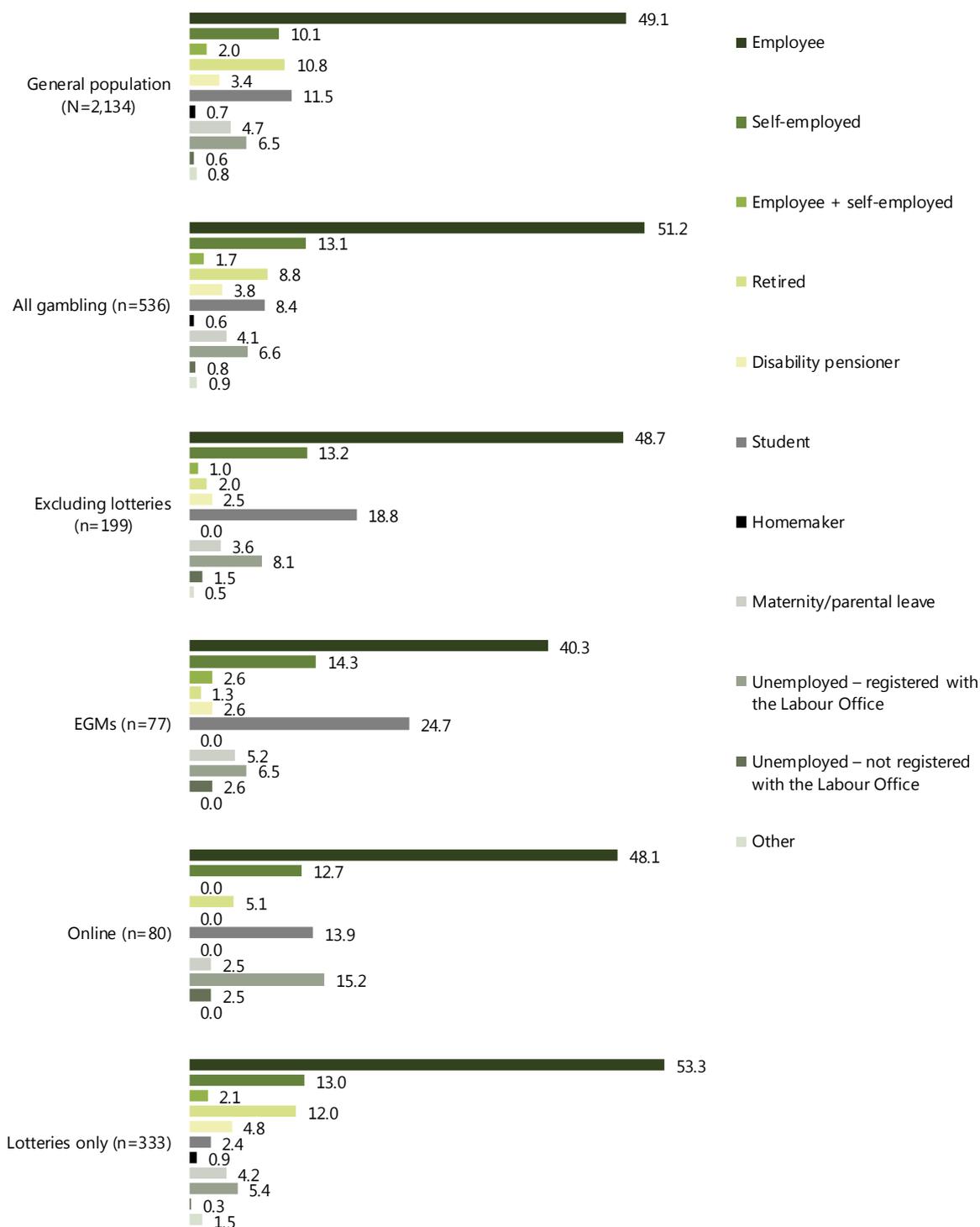


Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

As for their occupational status, the gamblers showed no major differences from the general population as a whole either: there was only a greater representation of students among those individuals who participated in gambling activities other than lotteries and among the EGM gamblers (18.8% and 24.7%, respectively, against 11.5% in the general population) and the online

gamblers featured a larger proportion of the unemployed (17.7% vs. 7.1% in the general population); see Graph 3-13.

Graph 3-13: Structure of people's participation in different gambling activities by occupational status (%)

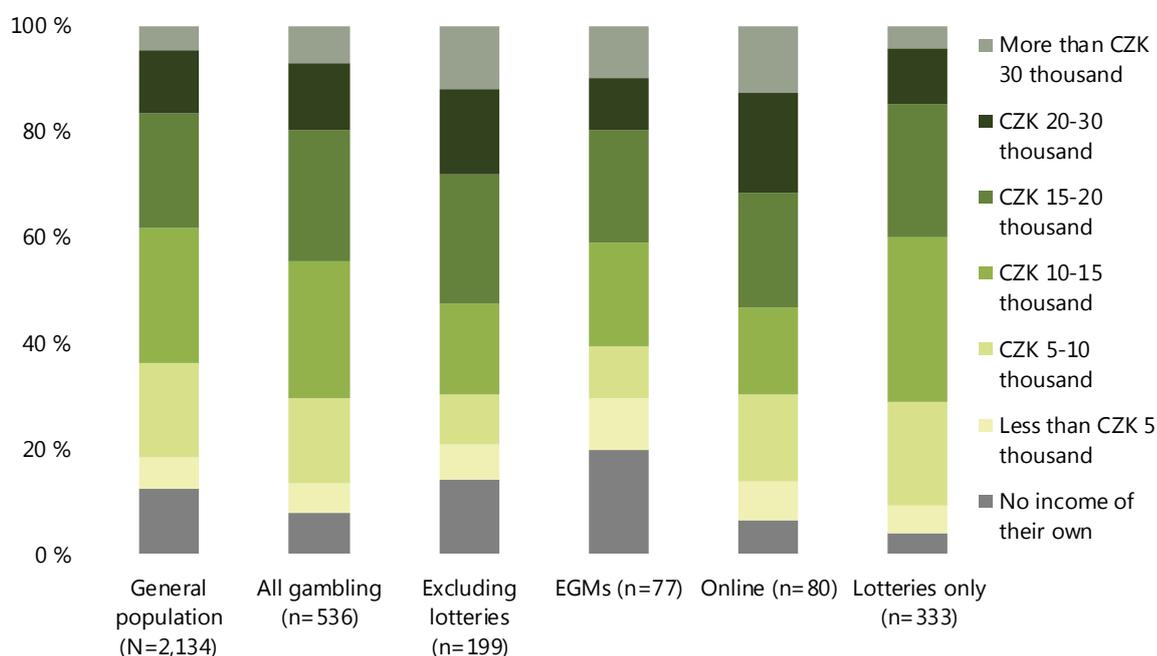


Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

Certain differences between the groups of gamblers were found in terms of the respondents' net monthly incomes. The players engaging in gambling activities other than lotteries and small bets and online gamblers included a significantly greater proportion of respondents with a net monthly income exceeding CZK 15,000 (52.6% and 53.2% respectively). The players engaging in all gambling activities but lotteries and small bets and, in particular, the EGM players comprised larger

proportions of respondents with no income of their own (14.0% and 19.7% respectively) or earning less than CZK 5,000 per month (6.8% and 9.9% respectively); see Graph 3-14.

Graph 3-14: Structure of people's participation in different gambling activities by respondents' net monthly income (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

## 3.5 Substance Use among Gamblers

The 2012 National Survey also makes it possible to follow the extent of substance use among individuals participating in gambling activities.

### 3.5.1 Smoking, Drinking, and the Use of Other Legal Addictive Substances

While smoking in the last 30 days was reported by a total of 34.4% of the respondents from among the general population, 43.9% of the gamblers (i.e. the individuals who reported having participated in any of the gambling activities under scrutiny in the last 12 months) had smoked within the last month and daily smoking was reported by 23.3% of those engaged in gambling activities; see Table 3-9.

69.9% of the general population and up to 78.3% of the gamblers aged 15-64 had used alcohol in the last 30 days. After the exclusion of persons reporting participation in lotteries and small bets only, the percentage of past-30-day alcohol users from among the gamblers rose to 87.4%; past-30-day alcohol users accounted for the absolute majority among the online gamblers (94.0%). Overall, 12.8% of the population engages in regular heavy drinking (i.e. five or more drinks on a single occasion, at least once per week). The rate of regular heavy drinkers among those individuals engaging in gambling activities is nevertheless almost double (21.2% among all the participants in gambling, but as much as 32.1% and 37.0% among the EGM and online players).

According to the 4-item CAGE test used to screen for at-risk and harmful or problem drinking among the general population (Bühler et al., 2004, Bradley et al., 1998), 17.0% of the respondents (21.6% of the men and 12.4% of the women) ranked among at-risk alcohol users (responding positively to at least one of the CAGE questions), with 8.2% of the population (11.8% of the men and 4.6% of the women) falling into the harmful or problem drinking category (two or more positive answers) (Mravčík et al., 2013). However, problem alcohol users were represented among

the gamblers to a much greater degree: the criteria for at-risk drinking were met by 25.3% of the persons engaged in all the gambling activities under scrutiny, 35.9% of those participating in gambling activities other than lotteries and small bets, no less than 43.8% of the EGM gamblers, and 38.6% of the online gamblers; see Table 3-9.

The category of harmful or problem alcohol use according to the CAGE screening tool fits 14.7% of the gamblers (31.0% of the electronic gaming machine players and 20.6% of the online betters).

In addition, those people engaged in gambling activities were more likely to report higher levels of the use of psychoactive medication (including painkillers and sedatives) in the last 12 months and in the last 30 days; the highest prevalence rates of the use of psychoactive medication were reported by the EGM players. Higher levels of the prevalence of experience with inhalant use were also observed among the gamblers (2.2% versus 0.9% of the general population).

Table 3-9: Prevalence of smoking, drinking, and the use of other legal addictive substances among gamblers – 2012 National Survey (%)

Prevalence	General population (15-64 years)  (N=2,134)	Past-12-month gamblers				
		All (n=536)	Excluding lotteries and small bets (n=199)	EGMs (n=77)	Online gambling (n=80)	Lotteries and small bets only (n=333)
Smoking in the last 30 days	34.4	43.9	56.1	63.5	58.7	37.0
Daily smoking in the last 30 days	23.1	29.3	34.9	35.9	34.0	25.7
Drinking in the last 30 days	69.9	78.3	87.4	88.8	94.0	72.8
Regular alcohol use (5 or more drinks at least weekly in the last 30 days)	12.8	21.2	32.7	32.1	37.0	14.4
At-risk drinking (CAGE score 1+)	17.0	25.3	35.9	43.8	38.6	17.9
Harmful drinking (CAGE score 2+)	8.2	14.7	21.1	31.0	20.6	10.5
Total use of psychoactive medication in the last 12 months	7.8	10.9	8.9	12.0	8.2	11.5
Total use of psychoactive medication in the last 30 days	4.7	6.3	4.5	7.8	5.5	7.0
Lifetime inhalant use	0.9	2.2	3.5	6.5	2.0	1.4
Inhalant use in the last 12 months	0.2	0.9	0.8	2.1	2.0	1.0
Inhalant use in the last 30 days	0.1	0.3	0.8	2.1	2.0	0.0

Sources: Chomynová (2013), Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013), Mravčík et al. (2013)

### 3.5.2 Illicit Drug Use

The prevalence of illicit drug use among gamblers is significantly higher than that recorded among the general population (15-64 years). While in the general population cannabis had been used at least once by 27.9% of the respondents, 38.8% of the gamblers reported lifetime cannabis use. When participants in numerical and instant lotteries were disregarded, lifetime cannabis use was reported by 61.7% of the gamblers, with 68.5% of the EGM gamblers and 68.0% of the online gamblers among the respondents reporting lifetime cannabis use. The EGM and online gamblers reported dramatically higher levels of experience with the use of all the illegal drugs under consideration, as regards both the past-12-month and past-30-day time frames; see Table 3-10. Moreover, the EGM and online gamblers were much more likely to report the use of substances which are rare among the general population (including methamphetamine, cocaine, and heroin).

Table 3-10: Prevalence of drug use among gamblers – 2012 National Survey (%)

Prevalence	Drug type	General population (15-64 years)	Past-12-month gamblers				
			All	Excluding lotteries and small bets	EGMs	Online gambling	Lotteries and small bets only
		(N=2,134)	(n=536)	(n=199)	(n=77)	(n=80)	(n=333)
Lifetime prevalence	Cannabis	27.9	38.8	61.7	68.5	68.0	25.0
	Ecstasy	3.6	6.7	13.2	19.5	17.4	2.6
	Methamphetamine or amphetamines	2.5	5.6	11.0	16.5	10.3	2.3
	Cocaine	2.3	3.5	5.7	10.5	7.5	2.3
	Heroin	0.6	0.9	1.6	4.3	3.2	0.5
	LSD	2.8	4.9	9.0	10.6	10.5	2.4
	Hallucinogenic mushrooms "New drugs"	5.3 1.1	7.9 1.4	15.6 3.1	21.1 5.1	14.9 4.5	3.7 0.5
Prevalence in the last 12 months	Cannabis	9.2	17.5	35.1	47.0	31.8	7.3
	Ecstasy	0.6	1.8	4.3	9.6	5.1	0.3
	Methamphetamine or amphetamines	0.4	1.2	3.4	8.1	2.0	0.0
	Cocaine	0.4	0.8	2.2	5.6	3.7	0.0
	Heroin	0.2	0.3	0.8	2.1	2.0	0.0
	LSD	0.2	0.5	1.0	1.8	0.0	0.0
	Hallucinogenic mushrooms "New drugs"	0.7 0.4	1.1 0.7	3.4 1.4	8.6 3.8	2.7 3.5	0.0 0.2
Prevalence in the last 30 days	Cannabis	4.4	9.2	17.8	26.3	14.3	4.1
	Ecstasy	0.1	0.4	1.2	3.1	2.9	0.0
	Methamphetamine or amphetamines	0.2	0.5	1.2	3.3	2.0	0.0
	Cocaine	0.2	0.6	1.5	3.8	3.0	0.0
	Heroin	0.2	0.3	0.8	2.1	2.0	0.0
	LSD	0.1	0.1	0.4	0.9	0.0	0.0
	Hallucinogenic mushrooms "New drugs"	0.2 0.1	0.6 0.3	2.1 0.8	5.4 2.2	2.7 2.1	0.0 0.0

Source: Chomynová (2013), Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013), Mravčík et al. (2013)

In comparison with the general population, those persons engaging in gambling activities were much more likely to report the regular use of illegal drugs (i.e. using them at least once per week or more often in the last 12 months). Again, the highest rate of regular illicit drug use in the last year was reported by the EGM and online gamblers; while cannabis use was the most common, regular users of ecstasy, methamphetamine, cocaine, and new (synthetic) drugs also had a higher representation among this group of gamblers (about 2%); see Table 3-11. Daily cannabis use was reported by 1.7% of the people who had engaged in gambling activities in the last 12 months; after lotteries and small bets and online gamblers had been excluded, this proportion rose to about 3%, and up to 8% for the EGM players.

The questionnaire form used for the 2012 National Survey incorporated a brief (6-item) screening tool, the Cannabis Abuse Screening Test (CAST), used to assess problem or risky cannabis use (Piontek et al., 2008, Beck and Legleye, 2008, Legleye et al., 2007). According to the CAST, approximately 2.8% of the general population (4.5% of the men and 1.2% of the women) (Mravčík et al., 2013) fell into the risky cannabis use category. As for the population of gamblers, the criteria for the risky cannabis use category were met by a total of 5.9% of the respondents, with 3.0% of them falling into the moderate or medium risk category (2-3 points on the CAST scale) and another

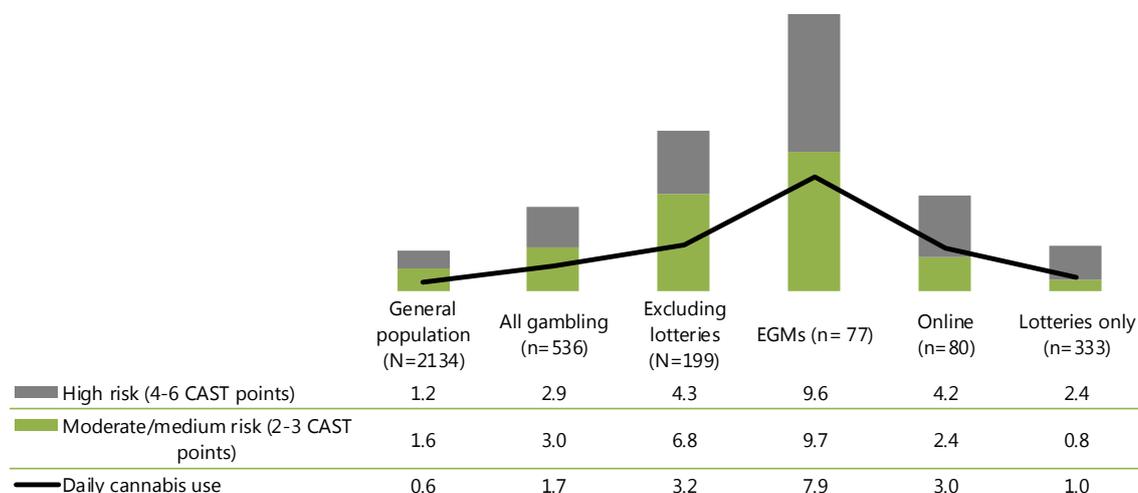
2.9% found as being at high risk of cannabis-related problems (4 or more CAST points). After lotteries and small bets had been excluded, the proportion of risky cannabis users among the gamblers was significantly higher (11.1%); there were some 6.6% and as much as 19.3% of problem cannabis users among the online gamblers and EGM players respectively; see Graph 3-15.

Table 3-11: Regular use (i.e. at least once per week or more frequently in the last 12 months) of illicit drugs among gamblers – 2012 National Survey (%)

Prevalence	General population (15-64 years) (N=2,134)	Past-12-month gamblers				
		All (n=536)	Excluding lotteries and small bets (n=199)	EGMs (n=77)	Online gambling (n=80)	Lotteries and small bets only (n=333)
Cannabis	2.3	5.0	9.4	16.3	10.6	2.7
Ecstasy	0.1	0.3	0.8	2.3	2.1	0.0
Methamphetamine or amphetamines	0.2	0.3	0.8	2.2	2.0	0.0
Cocaine	0.1	0.3	0.8	2.1	2.1	0.0
Heroin	0.1	0.0	0.0	0.0	0.0	0.0
LSD	0.0	0.0	0.0	0.0	0.0	0.0
Hallucinogenic mushrooms	0.1	0.5	1.4	3.6	2.0	0.0
“New drugs”	0.1	0.3	0.8	2.1	2.0	0.0

Source: Chomynová (2013), Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013), Mravčík et al. (2013)

Graph 3-15: Problem cannabis use (according to the CAST) among gamblers (%)



Source: Chomynová (2013), Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013), Mravčík et al. (2013)

For details on substance use among problem gamblers see the chapter entitled **Illicit Drug Use**, p. 135.

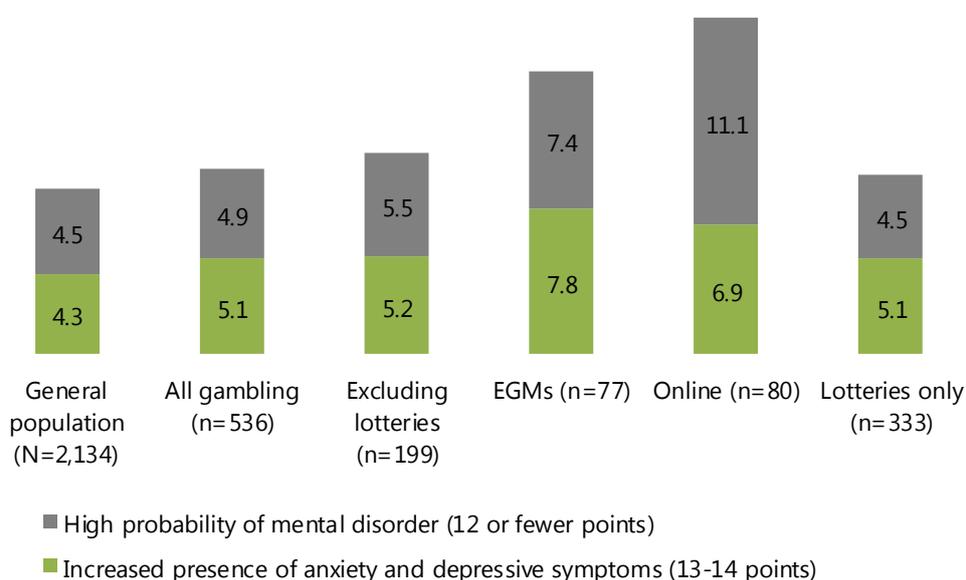
### 3.6 Gambling and Mental Health

In addition, the 2012 National Survey included the Mental Health Inventory (MHI-5) (např. Ware et al., 1993, Rumpf et al., 2001, Berwick et al., 1991, Cuijpers et al., 2009, Kelly et al., 2008), a short 5-item screening test intended to assess mental health. Consisting of questions asking the respondents how much of the time lately they had felt nervous, downhearted, pessimistic, and sad, or happy, peaceful, and calm, the scale is designed to screen for any psychological problems in a person. The final score may range from 5 to 25 points, with 15 or more points indicating good

mental health with no major signs of depression and anxiety, 13-14 points an increased level of anxiety and depressive symptoms, and 12 points or less the high probability of a mental disorder.

The results of the Mental Health Inventory (MHI-5) screening test among the general population showed that 91.2% of the respondents were found to be in good mental health, while 4.3% of the respondents displayed increased levels of anxiety and signs of depression and another 4.5% of the respondents fell into the category associated with a high probability of a mental disorder. The population of people who had engaged in all the gambling activities in the last 12 months showed a distribution of the final score similar to that found among the general population. The rate of individuals found to be at risk of a mental disorder was slightly higher among people participating in gambling activities other than lotteries and small bets (5.2% showed an elevated level of anxiety and symptoms of depression and 5.5% showed signs of mental disorders). Among the electronic gaming machine players, however, the proportion of individuals at risk of a mental disorder reached 15.2% (in comparison to 8.8% recorded in the general population) and among the online gamblers as much as 18.0%, of whom 11.1% of the respondents fell into the category associated with a high probability of the impairment of their mental health; see Graph 3-16.

Graph 3-16: Mental disorders among gamblers according to the MHI-5 (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

For details on the occurrence of mental disorders among problem gamblers as identified by the MHI-5 screening tool, see the chapter entitled **Problem Gamblers’ Substance Use and Mental Health according to a General Population Study**, p. 134.

## 3.7 Gambling in Specific Populations

### 3.7.1 Extent of Gambling among the Prison Population

The year 2012 witnessed the second wave of the questionnaire survey of drug use among people serving a prison sentence (Národní monitorovací středisko pro drogy a drogové závislosti and Generální ředitelství Vězeňské služby ČR, 2013). The survey was conducted by the National Monitoring Centre for Drugs and Drug Addiction (National Focal Point) in cooperation with the General Directorate of the Prison Service of the Czech Republic and the *ppm factum research* agency, which was responsible for the data collection process.

The sample consisted of 2,000 individuals serving their prison sentences. The respondents were randomly selected from a total of 20,716 individuals serving their prison sentences in all the

36 prisons in the Czech Republic as of the date of sampling. A total of 1,641 questionnaires were returned, providing a response rate of 82%. The questionnaires were administered in groups. The questionnaire used in the first round of the study in 2010, modified with regard to the current trends and experience obtained from the previous study, was applied to collect the data. It contained 33 items divided into several subject areas. In addition to the demographic characteristics, the survey concerned areas such as the respondent's criminal career, experience with addiction treatment, prevalence of drug use, including problem drug use and drug use before and after entering prison, engagement in gambling activities, and the availability of drugs in prison. Gambling was addressed by seven items in the questionnaire.

Participation in gambling activities at least once in their lifetime was reported by 59% of the respondents (969 persons). The most common forms of gambling included playing slot machines, scratchcards, and numerical lotteries. More than 35% of the respondents (580 persons) had engaged in at least one type of gambling game within the last 12 months prior to starting their current prison sentence; playing on slot machines and video lottery terminals were the most frequent types of gambling stated by these respondents. Numerical lotteries were the third most frequently reported gambling activity. Almost 19% of the respondents (310 individuals) had engaged in gambling activities, mainly playing slot machines, within 30 days prior to starting their current prison sentence; see Table 3-12.

Table 3-12: Prevalence of gambling among the population of offenders serving a prison sentence, 2012 – adjusted for gender and age of the general Czech population aged 15-64

Type of gambling	N	Lifetime prevalence		Prevalence in the last 12 months		Prevalence in the last 30 days		No gambling ever	
		Number	%	Number	%	Number	%	Number	%
Slot machines	844	330	39.1	206	24.5	102	12.1	513	60.9
Video lottery terminals	757	153	20.2	111	14.7	60	8.0	604	79.8
Electromechanical roulette, electronic card tables	751	156	20.8	92	12.3	36	4.8	595	79.2
Casino games, such as live roulette, cards, and dice	747	111	14.9	58	7.7	31	4.1	635	85.1
Non-casino card tournaments	736	89	12.0	55	7.5	26	3.6	648	88.0
Fixed-odds betting in betting shops	739	125	16.9	77	10.4	23	3.2	615	83.1
Online fixed-odds betting	751	174	23.1	66	8.8	26	3.4	577	76.9
Online fixed-odds betting with other operators	735	58	7.9	42	5.7	15	2.1	677	92.1
Other online gambling	726	89	12.2	52	7.2	28	3.9	637	87.8
Numerical lotteries	755	283	37.5	110	14.6	39	5.2	472	62.5
Small bets with friends/family	748	153	20.5	84	11.3	42	5.6	594	79.5

Source: Národní monitorovací středisko pro drogy a drogové závislosti and Generální ředitelství Vězeňské služby ČR (2013)

In comparison with the general population, prisoners show a higher level of experience with gambling, especially playing EGMs; the only exception is numerical lotteries.

Table 3-13: Comparison of gambling among the general and prison populations (adjusted for the age and gender of the general population), by gambling type – lifetime and 12-month prevalence

Type of gambling	Lifetime prevalence		Prevalence in the last 12 months	
	General population	Prisoners	General population	Prisoners
Slot machines	15.4	39.1	3.2	24.5
Video lottery terminals	3.0	20.2	0.8	14.7
Electromechanical roulette, electronic card tables	3.9	20.8	0.6	12.3
Casino games, such as live roulette, cards, and dice	2.9	14.9	0.5	7.7
Non-casino card tournaments	4.6	12.0	1.9	7.5
Fixed-odds betting in betting shops	8.1	16.9	3.3	10.4
Online fixed-odds betting	7.3	23.1	3.2	8.8
Online fixed-odds betting with other operators	0.8	7.9	0.5	5.7
Other online gambling	1.7	12.2	0.6	7.2
Numerical lotteries	40.6	37.5	17.2	14.6
Small bets with friends/family	33.6	20.5	6.9	11.3

Source: Národní monitorovací středisko pro drogy a drogové závislosti and Generální ředitelství Vězeňské služby ČR (2013), Mravčík et al. (2013)

### 3.7.2 Extent of Gambling among the School Population

Information about gambling among the school population is available from the European School Survey on Alcohol and Other Drugs (ESPAD). Taking place every four years since 1995, the survey incorporates a question asking 16-year-old students about their experience with slot machine gambling and the usual frequency with which they play on gambling machines, defined as those where money can be won.

ESPAD is an international project, the main objective of which is to undertake the regular monitoring of the extent of the use of legal and illegal drugs among the general population of adolescents in the European context, as well as looking for developmental trends and analysing contextual correlates pertaining to the specific indicators of adolescent behaviour (Csémy et al., 2009).

The fifth and most recent wave of the study was conducted in 2011 (Csémy and Chomynová, 2012). An international team is currently preparing a questionnaire for the 2015 ESPAD survey, which is to include a special module focusing on gambling.<sup>45</sup>

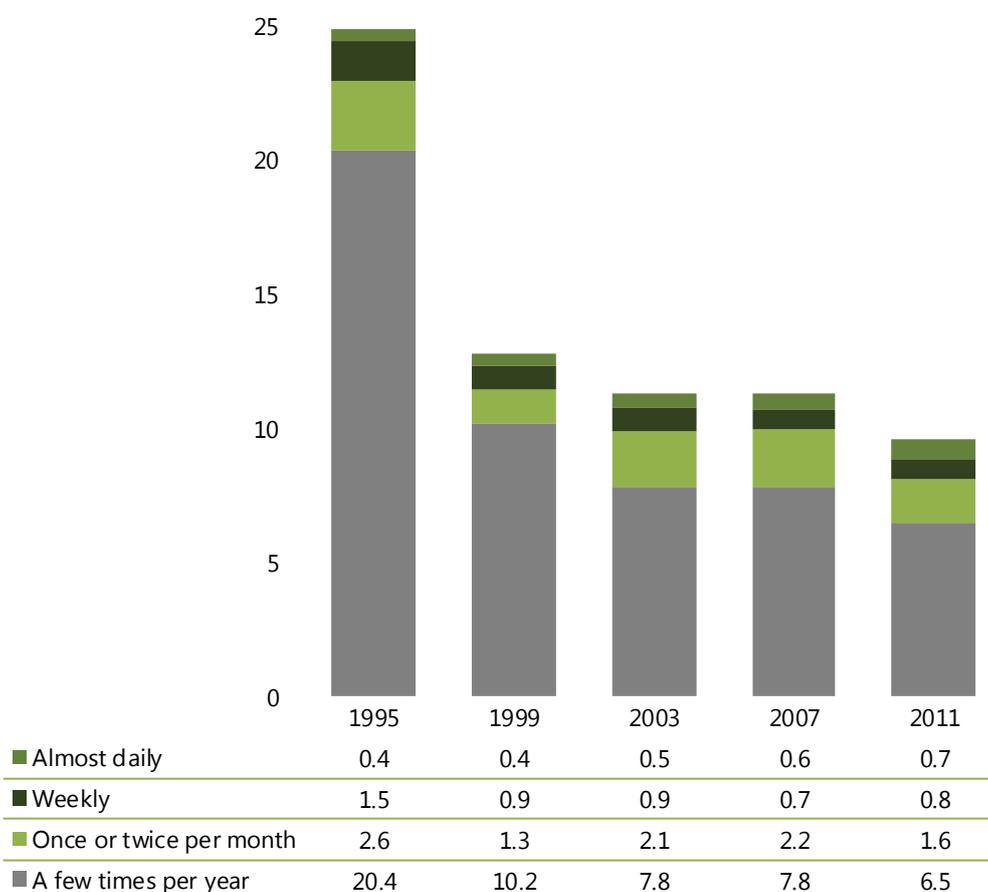
In 2011 a total of 3,913 respondents were interviewed as part of the Czech part of the ESPAD survey. This cohort comprised students who had turned 16 in the year of the collection of the study data, i.e. young people born in 1995. The selection included ninth-graders (middle school) and first-year students of all types of secondary schools to ensure that the sample was representative of the Czech Republic on a national level. Using pen-and-paper questionnaires, the data was collected in selected classes by research assistants in order to maintain the respondents' anonymity.

The playing of electronic gaming machines (i.e. those on which money can be won) with a frequency of a few times per year or more often was reported in 2011 by a total of 9.6% of the respondents (15.0% of the boys and 4.4% of the girls), of whom 3.1% (5.0% of the boys and 1.2% of the girls) reported having gambled once per month or more. The proportion of students reporting EGM gambling has been dropping since 1995: while in 1995 EGM gambling was reported by 25.0% of the students, in 1999 12.8% of the students had engaged in this type of gambling, and since 2003 the rate of students reporting EGM gambling has oscillated around 10%; see Graph 3-17. The

<sup>45</sup> Besides playing slot machines, the ESPAD study will look into online games where money can be won. In addition, those respondents who admit to playing for money in the last 12 months will be asked further about the frequency of their gambling, the time spent playing for money on a typical gambling day, and the frequency with which they play for money for a time period exceeding two hours on a single occasion.

rate of students reporting EGM gambling with a frequency of once per week or more has stabilised around 1.5% in the long term. When extrapolated to the general population of the Czech Republic aged 15-19, this figure is the equivalent of a little less than eight thousand people.

Graph 3-17: Usual frequency of slot machine gambling among the 16-year-olds, ESPAD survey (%)

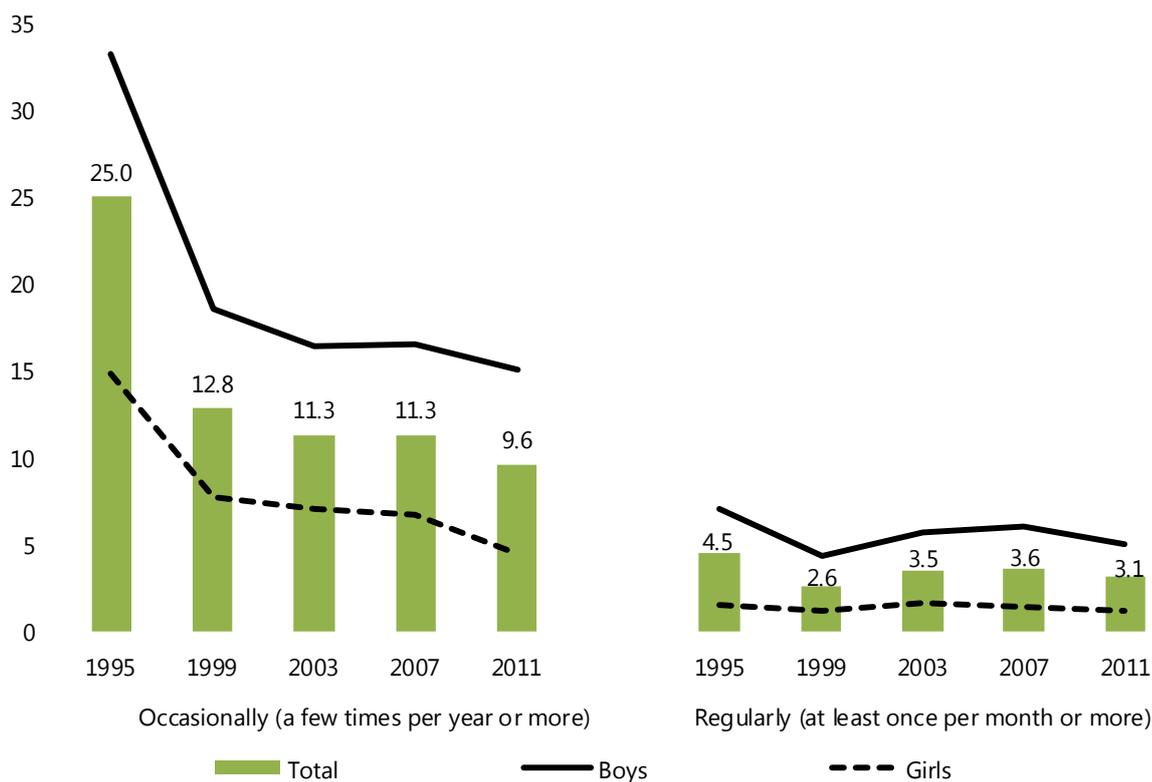


Note: Numbers of respondents in the years under study: 1995 N=2,962, 1999 N=3,579, 2003 N=3,172, 2007 N=3,901, 2011 N=3,913.

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014a)

The trends in the development of the occasional playing of gambling machines (i.e. gambling less than a few times per year) and regular gambling (at least monthly or more) among boys and girls are identical. In the long term, the rate of regular gambling among boys is four times higher than among girls; see Graph 3-18.

Graph 3-18: Occasional and regular slot machine gambling among students, by gender (%) (ESPAD)

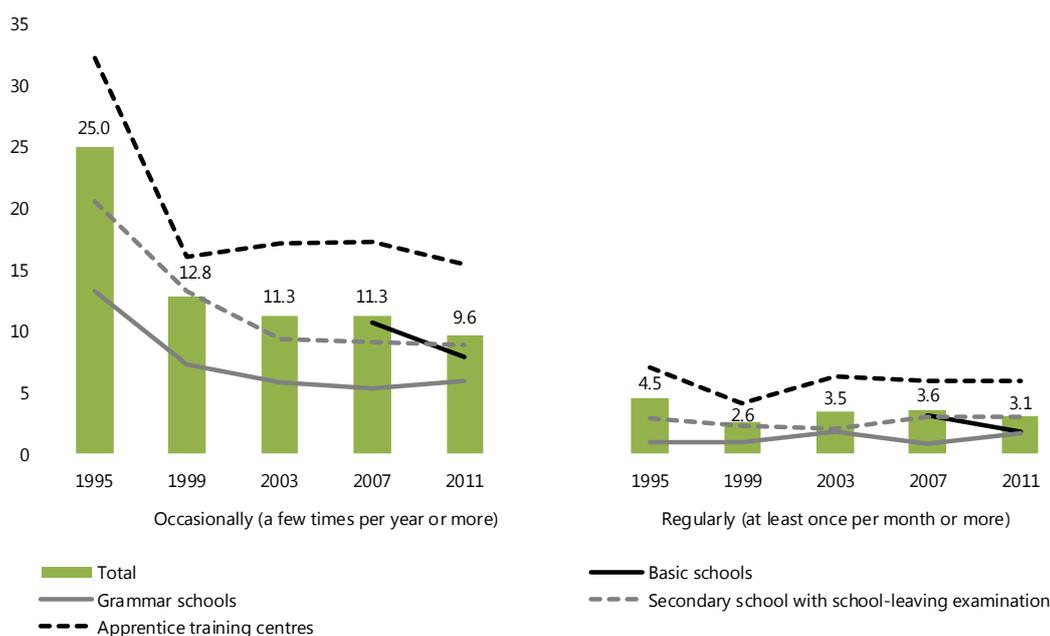


Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014a)

The levels of both occasional and regular EGM gambling among students vary dramatically with the type of school they attend. Slot machine gambling for money was reported the most frequently by students at apprentice training centres (15.5% of those who were interviewed reported gambling at least once or more in the previous year and 6.0% had gambled regularly on a monthly basis or more often), while grammar school students were the least likely to play slot machines (6.0% occasionally and 1.7% regularly). While the rate of EGM gambling among students at basic schools,<sup>46</sup> secondary schools completed with the school-leaving examination (*maturita*), and apprentice training centres recorded a gradual decline, the latest wave of the survey, carried out in 2011, identified a slight increase in the occurrence of both occasional and regular gambling among grammar school students; see Graph 3-19.

<sup>46</sup> Nine-grade schools, encompassing both the primary and middle school levels.

Graph 3-19: Occasional and regular slot machine gambling among students, by type of school attended (%) (ESPAD)



Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014a)

A more thorough analysis of the 16-year-old students' addictive behaviour showed that the students who had occasionally or even regularly engaged in slot machine gambling were also more likely to report regular daily and heavy smoking, frequent episodes of heavy drinking, and higher rates of lifetime illicit drug use in comparison with their non-gambling peers. The students who had played slot machines also reported higher levels of perceived availability of both legal and illegal drugs and lower levels of perceived harm associated with substance use.

Table 3-14: The prevalence of substance use among students with regard to the frequency with which they gambled on slot machines – ESPAD (%)

Prevalence of substance use	Slot machine gambling			
	ESPAD	No	Occasionally	Regularly
	total	gambling	(a few times	(monthly or
	(N=3,913)	ever	per year or	more)
		(n=3,527)	more)	(n=120*)
Daily smoking in the last 30 days	25.6	22.4	55.9	64.2
Heavy smoking (11 cigarettes or more per day) in the last 30 days	8.2	6.3	25.5	36.7
Frequent heavy episodic drinking (5 drinks or more on a single occasion three times or more in the last 30 days)	21.2	18.2	50.3	57.6
Drunkenness three times or more in the last 30 days	5.0	3.5	24.3	28.4
Lifetime cannabis use	42.2	38.9	73.5	78.2
Cannabis use in the last 12 months	29.7	26.3	62.3	65.3
Cannabis use in the last 30 days	14.7	12.2	37.8	38.5
Lifetime ecstasy use	3.3	2.5	11.0	13.3
Lifetime heroin use	1.4	1.0	5.4	5.8
Lifetime methamphetamine use	1.9	1.2	9.1	13.3
Lifetime LSD use	5.1	4.2	14.3	16.8
Lifetime use of hallucinogenic mushrooms	7.0	5.3	23.2	21.8
Lifetime inhalant use	7.8	7.0	16.1	19.2
Lifetime use of sedatives	10.1	9.2	18.3	22.5

Note: \* A subgroup within the group of 373 respondents who reported having gambled on EGMs a few times per year or more frequently.

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014a)

In the 2011 ESPAD study, daily smoking was reported by 25.6% of the 16-year-old students who were interviewed, but more than half of the respondents who had engaged in EGM gambling were also daily smokers. Heavy smoking (more than 11 cigarettes per day) was reported by 8.2% of all the students and 36.7% of the regular EGM gamblers (i.e. those who had gambled at least once per month or more). Frequent heavy episodic drinking was reported by 21.2% of all the students and 57.6% of the regular gamblers. Regular EGM gamblers are also 3-4 times more likely than their peers in the general adolescent population to have used illicit drugs; see Table 3-14.

### 3.8 Online Gambling on Foreign Portals

In the 2012 National Survey, 0.5% of the population aged 15-64, i.e. approximately 36,000 people, reported having participated in gambling activities on foreign (unlicensed in the Czech Republic) gambling portals in the last 12 months. However, the data provided by the respondents in relation to national and foreign portals may be grossly inaccurate, as in both cases the playing environment uses the Czech language, which may mean that the respondents are unaware of the true origin of the website.

A year later, the 2013 Citizen Survey found the past-year prevalence of (any) online playing for money to be 12.5%, which is the equivalent of approximately 900,000 people. This figure, however, reflects gambling on both domestic and foreign internet portals. Assuming that the proportions of people's participation in gambling on domestic and foreign portals are more or less in balance (according to the 2013 Citizen Survey, the ratio is roughly 1:1), we can estimate that some 450 thousand players use foreign portals.

A questionnaire survey among individuals in treatment for their pathological gambling (for details see the chapter entitled **Pathological Gamblers in Treatment Questionnaire Study**, p. 121)

indicates that 48 out of the total of 229 persons had played on foreign gambling portals, with only 17 of them being able to specify them (mostly *Bwin*, *Bet365*, and *Bet-at-home*); for more details see Table 4-15, p. 124.

The information provided by *Betfair*, a U.K.-based online gambling operator, shows that in 2013 3,480 people from the Czech Republic were actively involved in gambling through their website, with approximately two thirds doing so on a monthly basis. Sports betting accounted for about 85% of such activities, with the remaining percentage being evenly split between poker and casino games. *Betfair* was not indicated by any of the pathological gamblers in treatment. Given the frequency and distribution of answers recorded in the study of pathological gamblers in treatment, it can be assumed that *Betfair's* share of the market constituted by foreign operators in the Czech Republic is no greater than 3%. On this basis, the number of gamblers in the Czech Republic who play on foreign portals can be estimated at approximately 116 thousand, or, with the assumption of a 2% market share, at about 175 thousand.

The above information suggests that the number of Czechs engaging in gambling activities on foreign internet portals is difficult to estimate, given the lack of good-quality data. Moreover, it is assumed that the online gambling market is expanding, which may further complicate the estimates. Nevertheless, the existing estimates suggest that foreign portals are currently used for gambling by 2-6% of adults in the 15-64 age category, which corresponds to some 120-450 thousand individuals.

4

# 4 Problem Gambling, Pathological Gambling, and Gambling-related Health Consequences

## 4.1 Background

### 4.1.1 Conceptual Framework and Definitions

Both researchers and practitioners use various terms – such as excessive gambling, irresponsible gambling, harmful gambling, habitual or compulsive gambling, problem gambling, addictive gambling, or pathological gambling – to refer to problematic forms of gambling. While generally overlapping, these categories may differ in their emphasis on a certain aspect of the gambling phenomenon, as well as reflecting a varying extent of gambling-related problems or degree of the development of problem or pathological gambling (Abbott et al., 2013, Vacek, 2014a, Williams et al., 2012b).

Neal et al. (2005) defined problem gambling as behaviour characterised by difficulties in limiting the time and money spent on gambling which lead to adverse consequences for the gamblers, other people, and the community. A problem gambler plays excessively, fails to control their gambling behaviour, and experiences adverse consequences ensuing from such behaviour (serious financial problems and damage to their physical, mental, and social health); their behaviour continues despite such consequences. The negative consequences also affect the gambler's family, their social environment, and the community. According to its severity, problem gambling can be divided into mild, moderate, and severe, the last of which is also referred to as pathological gambling.

In the 10<sup>th</sup> Revision of the International Classification of Diseases (ICD-10), pathological gambling is a nosological unit ranked under habit and impulse disorders (dg. F63.0). The disorder consists of frequent, repeated episodes of gambling that dominate the person's life to the detriment of social, occupational, material, and family values and commitments (WHO and ÚZIS ČR, 2008).<sup>47</sup> In the Diagnostic and Statistical Manual (DSM-IV), pathological gambling is defined by five or more of the following criteria being met by the person (American Psychiatric Association, 2000):

1. is preoccupied with gambling (e.g. preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble),
2. needs to gamble with increasing amounts of money in order to achieve the desired excitement,
3. has made repeated unsuccessful efforts to control, cut back, or stop gambling,
4. is restless or irritable when attempting to cut down or stop gambling,
5. gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g. feelings of helplessness, guilt, anxiety, or depression),
6. after losing money gambling, often returns another day to get even ("chasing" one's losses),
7. lies to family members, therapists, or others to conceal the extent of their involvement with gambling,

<sup>47</sup> Excluding excessive gambling by manic patients (dg. F30), gambling and betting that are not specified (dg. Z72.6), and gambling in dissocial personality disorder (dg. F60.2).

8. has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling,
9. has jeopardised or lost a significant relationship, job, or educational or career opportunity because of gambling,
10. relies on others to provide money to relieve a desperate financial situation caused by gambling.

Problem gambling is generally defined by at least three of the above DSM-IV criteria being met. It is thus apparent that problem gambling is associated with a number of symptoms of varying degrees of severity, which makes it difficult to determine exactly at which point gambling is no longer “merely problem gambling” but becomes “pathological”. Therefore, the terms “problem gambling” and “pathological gambling” are often used interchangeably in this report.

ICD-10 and DSM-IV classify problem/pathological gambling among the impulse and control disorders. In the Fifth Edition of the DSM, however, given the features, including neurobiological ones, that it has in common with substance dependence, pathological gambling has been placed under a new section, “Substance-related and Addictive Disorders”, which was created by expanding the substance-related disorder category to include gambling (American Psychiatric Association, 2013b, American Psychiatric Association, 2013a).

### 4.1.2 Etiology of Problem Gambling

The probability that an individual will seek to gamble, or that they will develop problem gambling, is determined by a number of individual, interpersonal, and social factors and by environmental influences, including gambling opportunities (Johansson et al., 2009, Williams et al., 2012b, Abbott et al., 2013, Vacek, 2014a).

Men are three to five times more likely than women to show the symptoms of pathological gambling. Younger individuals are more likely to engage in gambling and slip into problem gambling. The onset of gambling at a young age also correlates with a higher probability of the occurrence of pathological gambling at an older age. If games of chance are common in the family, at a workplace, or among schoolmates, an individual is more likely to engage in gambling. Nevertheless, there is a complex relationship between the factors of personal development during one’s lifetime and gambling. The availability of time and disposable earnings changes over the course of one’s life, and this may affect people’s inclination to gambling and the risk of harmful gambling.

Problem gambling (as well as substance use) is generally associated with asocial and emotionally unstable personality disorders which are characterised by irresponsibility, impulsiveness, recklessness, instability, and unpredictability. Gamblers typically show high levels of impulsiveness (i.e. acting on a sudden internal drive without reasoning), a proneness to seeking novelty, greater irritability, the need for more excitement to achieve gratification, and a tendency to easygoingness and social disinhibition. When strongly accentuated, such a temperament may evolve into a personality disorder (a psychiatric disorder featuring persistent character anomalies leading to an unbalanced abnormal personality).

In addition to biological and psychological factors, the development of problem gambling may also be influenced by the immediate environment and the overall societal configuration. Games are an integral part of human society. They reflect the cultural values and lifestyles of both individuals and the community. People have a natural tendency to play games, take risks, and compete (např. Goffman, 1967). There is also the principle of the social reinforcement of the behaviour by the fact that certain social groups show appreciation for the risk the gambler takes (Griffiths and Delfabbro, 2001). Typically, this applies to betting on sports or card games. A deeper insight into gamblers’ social norms and the role of the gambling-related social setup in socialist Czechoslovakia was provided by Horáček (2012) in his retrospective anthropological study.

In addition to social factors, gambling involves a significant spiritual dimension (např. Binde, 2007). Some traditional cultures worship special gods to whom the power to influence the outcome of a game of chance is attributed and a win is considered a sign of their favour. As a result of their

strong involvement with the game, problem gamblers experience dissociative states similar to the trances and ecstasy observed in religious rituals (such as the loss of a sense of time, immersion in a game, and the disintegration of the boundaries of the self) and the illusion of the game being controlled (by God or fortune) caused by cognitive distortion; for more details see the chapter entitled **Comorbidity Associated with Pathological Gambling**, p. 105, and the introduction to the chapter entitled **Treatment and Other Specialised Services**, p. 207.

The etiology of pathological gambling can be summarised in the so-called bio-psycho-socio(-spiritual) model of addiction, which integrates individual (physical and psychological), social, and gambling-specific factors (Kalina, 2003, Kudrle, 2003b, Kudrle, 2003a, Nábělek and Vongrej, 2003). The biological level includes genetic and other biological influences and the presence of any other (somatic) comorbidity. The psychological level encompasses the influences and processes pertaining to the individual's mental life, the presence of psychopathologies, and developmental factors. The social dimension includes interpersonal relationships (with the family, friends, peers, colleagues, etc.) and socioeconomic factors at the individual, family, and ecological levels.

The application of the integrative bio-psycho-social model to pathological gambling served as the basis for the development of a pathways model of pathological gambling (Blaszczynski and Nower, 2002), which distinguishes three model situations in the etiology of pathological gambling (Blaszczynski and Nower, 2002):

1. behaviour conditioning – prompted by biological and psychological factors and the availability of gambling in the person's environment, the excitement of gambling, compounded with cognitive distortions, develops into habituation (gambling becomes incorporated into the life of the individual and patterns of habitual gambling are established) and problem gambling, which is aggravated in repeated efforts to win back the money that has been lost (loss-chasing);
2. manifestation of emotional vulnerability – the development of pathological gambling follows a similar process to that described in the previous model pathway, but there is an additional element of pre-existing anxiety, depression, negative experiences, poor coping skills, and adverse family and developmental factors;
3. impulsivity in a disturbed personality prompted by dysfunctional neurochemical processes – gambling is one of the signs of personality disorder and a factor which further contributes to the development of the condition; in addition to symptoms of impulsivity, attention deficit is common and the entire spectrum of the individual's psychosocial functioning is impaired.

The development of pathological gambling, as well as substance dependence, is explained by another integrative model of addiction, the excessive appetites theory, which highlights the role of an "acquired emotional regulation cycle" (Orford, 2001).

The finding that emotional balance is a salient aspect of the gambling phenomenon is also supported by Licehammerová (2013b), who conducted a meta-synthesis of 14 qualitative analyses from Europe, Canada, and Australia that looked into individual gambling-related processes and experiences. The analysis included individual cases and samples of more than 20 respondents; both gamblers and people close to them were studied. Gambling is a response to a loss of emotional balance, while constantly disrupting the balance in gamblers' lives at the same time. This creates a cycle of the balance being constantly lost and sought again, a cycle which brings thrills and excitement, but is also a source of problems. In their effort to compensate for their low self-esteem, individuals may feel a strong urge to experience the joy of winning, which encompasses the feeling of reward. Within a group of people, gambling enables individuals to stand out and gain prestige. Gambling episodes are more likely to occur in periods of depression and anxiety. Problem gamblers tend to respond to adverse circumstances by escaping and emotional coping without addressing the problem in itself. For some players, the urge to gamble is driven by the high it produces, which may be both stimulating and relaxing. Some engage in gambling to escape uncomfortable

emotional states; gambling may often be triggered by an interpersonal conflict or stressful situation. The causes of excessive gambling can thus be divided into two intertwined categories: gambling as escape and gambling as therapy. In both cases, the behaviour is motivated by the search for balance.

Rational choice theories are also applied to pathological gambling. The term 'rational' in these theories does not mean 'reasonable' or 'sensible'. It merely refers to a process whereby individuals weigh alternative courses of action against each other and seek to apply reason and analysis to choose between them, a decision-making process which may be subject to cognitive and emotional biases (biased choice). These theories are used to explain some behavioural patterns which are typical of pathological gamblers, such as 'loss-chasing', where further risks are taken and financial losses aggravated in an effort to win back the money that has already been lost, or 'temporal discounting', where greater utility is assigned to the vision of an instant win in the present rather than to savings for the future (např. West, 2013).

### 4.1.3 Levels and Patterns of Problem Gambling

A number of standard instruments (with some of them offering adolescent-specific versions) are used to assess and screen for problem and pathological gambling. The most commonly used measures include the SOGS-R, i.e. the Revised South Oaks Gambling Screen (Lesieur and Blume, 1987, Lesieur and Blume, 1993), DSM-IV (American Psychiatric Association, 2000), and the Canadian Problem Gambling Index (the CPGI), or its abridged version, the PGSI – the Problem Gambling Severity Index (Ferris and Wynne, 2001).

Recent systematic reviews (Stucki and Rihs-Middel, 2007, Griffiths, 2009, Sassen et al., 2011, Williams et al., 2012a) show that estimated levels of problem and pathological gambling vary dramatically from country to country.

Globally, the prevalence rates of problem gambling and pathological gambling among the adult population range from 0.1 to 4.5% and from 0.02 to 2.0%, respectively. The comparability of estimates across different studies and countries is limited because of the differences in the study methodologies, sampling procedures, data collection, inclusion criteria, recall periods, instruments used, and cut-off scores for problem or pathological gambling in the same scales (Sassen et al., 2011, Williams et al., 2012a).

In his European overview, Griffiths (2009) reports the prevalence rates of problem gambling (including pathological gambling) across different countries as typically ranging from 0.5-2%, with some countries (such as Estonia, Finland, and Switzerland) reaching a level above 3%. The rates for pathological gambling are reported to range from 0.1 to 0.6%.

It has been shown that different screening tools yield different estimates of the prevalence of problem gambling in the population: a meta-analysis by Stucki and Rihs-Middel (2007) arrived at a weighted average of a 3.0% prevalence of problem and pathological gambling (on aggregate) when using the SOGS-R (problem gambling 1.2%, pathological gambling 1.8%), 3.3% when using the CPGI (2.4% and 0.8%), and 3.1% when using DSM-IV (1.9% and 1.2%).

EGM gamblers account for a major or predominant proportion of problem gamblers in a number of European countries (Griffiths, 2009), as playing EGMs seems to be more likely than other gambling activities to result in gambling-related problems; for more details see the chapter entitled **The Gambling Market**, p. 35.

Evidence from Europe and North America indicates that problem gambling is more prevalent among adolescents than adults (např. Shaffer et al., 1999a, Griffiths, 2009, Sassen et al., 2011) and that EGMs are the main type of gambling among young problem gamblers (Griffiths, 2009).

It has also been shown that men are at much greater risk of the development of problem gambling (např. Johansson et al., 2009) and that there are gender-specific differences in the patterns of gambling: men are more likely to engage in all types of gambling activities, with something of

a preference for betting on sports, cards, dice, and EGMs, while women prefer lotteries, scratchcards, and bingo (např. Griffiths, 2009); nevertheless, increased rates of EGM playing among female problem gamblers in treatment have also been reported (Grant and Kim, 2002). Studies from abroad suggest that the numbers of female gamblers may be underestimated, as women seem not to seek treatment as often as men (Mark and Lesieur, 1992, Lesieur and Blume, 1991).

Some occupational groups may be at greater risk of the development of problem or pathological gambling (Abbott et al., 2013). This applies to individuals who work in the gambling industry, for example. While the staff members of US casinos, especially those of younger age and working there for a short time, showed higher rates of pathological gambling (Shaffer et al., 1999b, Shaffer and Hall, 2002), the results of studies among the staff members of Asian casinos were not so conclusive in this respect (Wu and Wong, 2008, Lee et al., 2008). In addition, higher rates of problem gambling were identified among salespeople with flexible working hours, little supervision, and substantial amounts of cash at hand (Abbott et al., 2013). Athletes and sports fans are also exposed to a higher risk of pathological gambling, particularly in relation to sports and fixed-odds betting (např. Nelson et al., 2007).

### 4.1.4 Comorbidity Associated with Pathological Gambling

Biological and social factors that are conducive to pathological gambling may be involved, either individually or in combination with pathological gambling, in the development of other problems, such as substance addiction, mental health disorders, the deterioration of interpersonal and family relationships, unhealthy lifestyles, poor health, problems at school or work, and antisocial behaviour, including criminal offending (Petry et al., 2005, Petry, 2007, Rush et al., 2008, Williams et al., 2012b, Abbott et al., 2013). These factors also complicate attempts at abstinence, prolong the condition, complicate treatment, and contribute to relapse.

Frequent health complications related to pathological gambling include psychiatric comorbidities, such as substance use and addiction, mood disorders, neurotic and psychosomatic disorders, psychotic disorders, eating disorders, and personality disorders (např. Petry et al., 2005, Park et al., 2010, Ferentzy et al., 2013).

A meta-analysis of population studies focusing on pathological gambling and related comorbidities (Lorains et al., 2011) indicates that tobacco addiction (60.1%), substance-related problems (57.5%), mostly attributed to alcohol, but also to other drugs (17.2 %), mood disorders (37.9%), and anxiety disorders (37.4%) are common among gamblers.

In a review of clinical studies of pathological gamblers (Crockford and el-Guebaly, 1998) substance use disorders were present in 25-63% of the subjects (conversely, 9-16% of drug addicts have a concurrent gambling problem), depression in 75%, and anxiety disorders in 10-30% of them; only a small proportion of gamblers were diagnosed with personality disorders. It was found that there are gender-specific differences in both the patterns of gambling (např. Johansson et al., 2009, Grant and Kim, 2002) and the type of psychiatric comorbidity. While the general level of psychiatric comorbidity seems to be similar, men show higher rates of substance use, personality disorders, and impulsivity, and women are more likely to experience affective and anxiety disorders and physical abuse; women are also more likely to use psychopharmaceuticals (Toneatto and Skinner, 2000, Westphal and Johnson, 2003, Grant and Kim, 2002, Ibanez et al., 2003, Echeburua et al., 2011).

Gamblers regularly show cognitive distortions (including superstition, illusory control, illusory correlations, anthropomorphism, selective memory, rationalisation of losses, etc.) which help them believe that they can explain, control, or predict the course and outcome of the game (Toneatto et al., 1997, Johansson et al., 2009).

Originating from the perception of the situation (particularly in relation to indebtedness) as hopeless, suicidal ideations, tendencies, and attempts are very common among gamblers (Crockford and el-Guebaly, 1998, Hansen and Rossow, 2008, Ledgerwood and Petry, 2004, Blaszczynski and Farrell, 1998, Wong et al., 2010a, Wong et al., 2010b). Evidence shows that up to

80% of pathological gamblers experience thoughts of suicide, with 20-30% having attempted suicide, and that pathological gamblers may account for 10 to 20% of all successful suicides (although the specific sociocultural features of different countries need to be taken into consideration).

## 4.2 Estimated Level of Problem Gambling in the Czech Republic

Using the data from the ESPAD survey, the information about the number of pathological gamblers in treatment, and the evidence from abroad, Nešpor and Csémy (2005) estimated the prevalence of problem (pathological) gambling in the Czech Republic to be at least 0.5-1% of the population, which corresponds to some 50 to 100 thousand gamblers. On the basis of international data, Verosta (2012) estimated the prevalence of problem gamblers in the Czech Republic at approximately 3% of the population, which is the equivalent of some 300 thousand people.

### 4.2.1 Problem Gambling according to the 2012 National Survey

In the autumn of 2012 the Czech National Monitoring Centre for Drugs and Drug Addiction (the National Focal Point), in association with the SC&C agency, carried out a general population survey, titled the 2012 National Survey on Substance Use (the 2012 National Survey), using a representative sample of the population aged 15-64. A total of 6,210 households was addressed as part of the survey. The final sample comprised 2,134 respondents. For more details see the chapter entitled **Gambling in the Population**, p. 63.

The Problem Gambling Severity Index (PGSI)<sup>48</sup> (Currie et al., 2010, Holtgraves, 2009, Currie et al., 2013) was used to estimate the level of problem gambling in the general population for the purposes of the 2012 National Survey. This nine-item scale is derived from the original 31-item tool, the CPGI – the Canadian Problem Gambling Index<sup>49</sup> (Ferris and Wynne, 2001, Bagby et al., 2012, Svetieva and Walker, 2008). The PGSI comprises the following questions administered to respondents who reported gambling within the last 12 months:

1. Have you bet more than you could really afford to lose?
2. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?
3. Did you go back another day to try to win back the money you lost?
4. Have you felt that you might have a problem with gambling?
5. Has gambling caused you any health problems, including stress or anxiety?
6. Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
7. Has your gambling caused any financial problems for you or your household?
8. Have you felt guilty about the way you gamble or what happens when you gamble?
9. Have you borrowed money or sold anything to get money to gamble?

The respondents rated each question on a scale from 0 = never to 3 = almost always. Arrived at by adding up the ratings for each item, the total PGSI score ranges from 0-27, where 0 points indicate no gambling problem, 1-2 points suggest a low level of gambling-related risk, 3-7 points a moderate level of risk with some negative gambling-related consequences, and 8 or more points indicate a high level of gambling-related risk, i.e. a risk of pathological gambling with negative consequences and a loss of control (Maitland and Adams, 2007). The PGSI is not intended to be used as a tool for the clinical assessment of patients. It was developed to screen for any gambling-related problems in the general population (Currie et al., 2010, Currie et al., 2013).

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<sup>48</sup> <https://www.problemgambling.ca/en/resourcesforprofessionals/pages/clinicaltoolsproblemgambling.aspx> [2014-01-07]

<sup>49</sup> <http://www.ccg.ca/canadian-problem-gambling-index-cpgi/> [2014-01-07]

The respondents who had engaged in gambling in the last 12 months were those most likely to report that other people had criticised their gambling (10.4 %), bet more money than they could afford to lose (8.4 %), or felt guilty about the way they gambled or what happened when they gambled (7.7%). A total of 6.8% of the players reported that they had gone back the next day to win back the money they had lost, and the same proportion stated that they felt that they might have a problem with gambling; see Table 4-1.

The PGSI results showed that 20.8% (24.9% of the men and 14.6% of the women) of those reporting gambling in the last 12 months were at gambling-related risk, with 9.6% (14.0% of the men and 3.0% of the women) at moderate or high risk in relation to gambling; see Table 4-2. There was no case of a female respondent being classified as being at high gambling-related risk on the basis of the PGSI scores.

*Table 4-1: Responses to the PGSI items by past-12-month gamblers and the general population (%)*

Positive responses to the PGSI items	Individuals who gambled in the last 12 months			General population		
	Men	Women	Total	Men	Women	Total
Betting more than they could really afford to lose	10.4	5.4	8.4	3.2	1.0	2.1
Needing to gamble with larger amounts of money to get the same feeling of excitement	8.7	1.0	5.7	2.6	0.2	1.4
Going back another day to try to win back the money they lost	9.6	2.5	6.8	2.9	0.5	1.7
Feeling that they might have a problem with gambling	9.6	2.4	6.8	2.9	0.5	1.7
Gambling caused them any health problems, including stress or anxiety	6.5	3.4	5.2	2.0	0.7	1.3
People have criticised their betting	14.7	4.0	10.4	4.4	0.8	2.6
Gambling caused financial problems for them or their household	6.8	2.0	4.9	2.1	0.4	1.2
Feeling guilty about their gambling or what happens when they gamble	10.4	3.5	7.7	3.1	0.7	1.9
Borrowing money or selling something to get money to gamble	5.2	0.5	3.3	1.6	0.1	0.8

*Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)*

Table 4-2: PGSI results and risky gambling among the past-12-month gamblers and the general population (%)

PGSI	Men	Women	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	Total 15-64	15-34 years
<b>Past-12-month gamblers (n = 536)</b>									
No risk (0 points)	75.1	85.4	63.6	78.1	79.5	87.0	82.4	79.2	72.9
Low risk (1-2 points)	11.0	11.6	22.1	10.5	6.8	7.0	13.7	11.2	15.0
Moderate risk (3-7 points)	10.0	3.0	13.0	5.7	9.4	6.0	2.9	7.2	8.6
High risk (8 or more points)	4.0	0.0*	1.3	5.7	4.3	0.0	1.0	2.4	3.5
<b>General population (N = 2,134)</b>									
No risk (0 points)	92.6	97.2	92.1	94.9	94.6	96.6	95.7	95.0	93.7
Low risk (1-2 points)	3.3	2.2	4.8	2.5	1.8	1.8	3.3	2.7	3.4
Moderate risk (3-7 points)	3.0	0.6	2.8	1.3	2.5	1.6	0.7	1.7	2.0
High risk (8 or more points)	1.2	0.0*	0.3	1.3	1.1	0.0	0.2	0.6	0.8

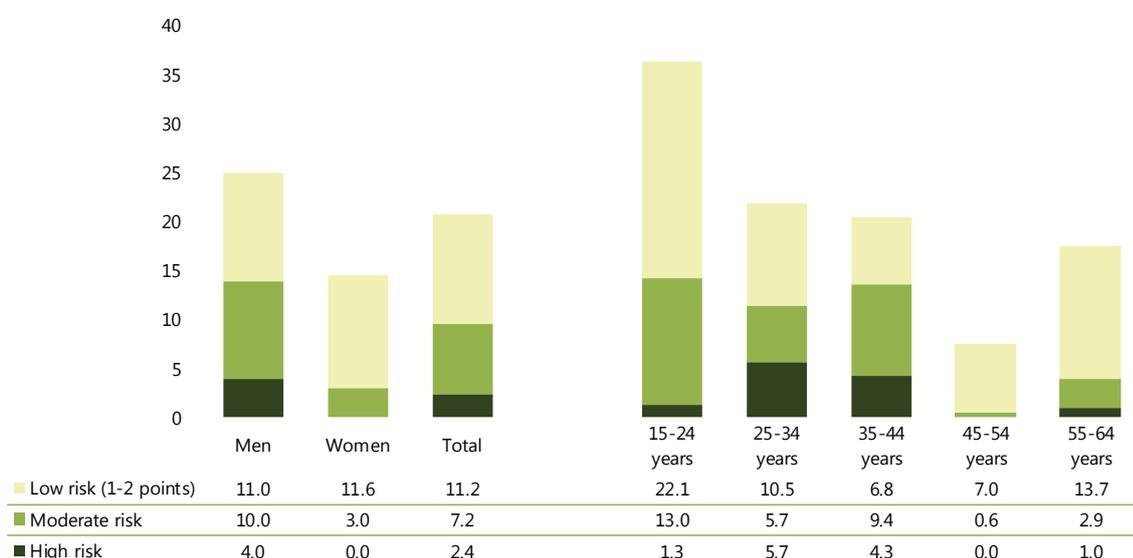
Note: \* The sample did not include any women at high risk.

Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

Higher rates of problem gambling were observed among the respondents in younger age groups: 14.3% of the persons aged 15-24, 11.4% of persons aged 25-34, and 13.7% of those aged 35-44 fell into the moderate- or high-risk category; see Graph 4-1.

The proportion of individuals at risk of gambling-related problems corresponds to 5.0% of the general population in the 15-64 age category (7.9% of the men and 2.8% of the women), with 1.7% of the population (3.0% of the men and 0.6% of the women) being at moderate risk and another 0.6% (1.2% of the men and 0% of the women) at high risk.

Graph 4-1: Risky gambling among past-12-month gamblers by gender and age groups (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

When extrapolated to the Czech population aged 15-64, the rate of people at risk of gambling-related problems was equivalent to some 364,000 (253,000-477,000) individuals, of whom approximately 196,000 (144,000-264,000) fell into the low-risk category, 126,000 (87,000-166,000) into the moderate-risk category, and 42,000 (22,000-65,000) into the high-risk category in relation to gambling. The high-risk category included approximately 25,000 young adults aged 15-34 (men only); see Table 4-3.

Table 4-3: Problem gambling in the general population – the 2012 National Survey results extrapolated to the population of the Czech Republic

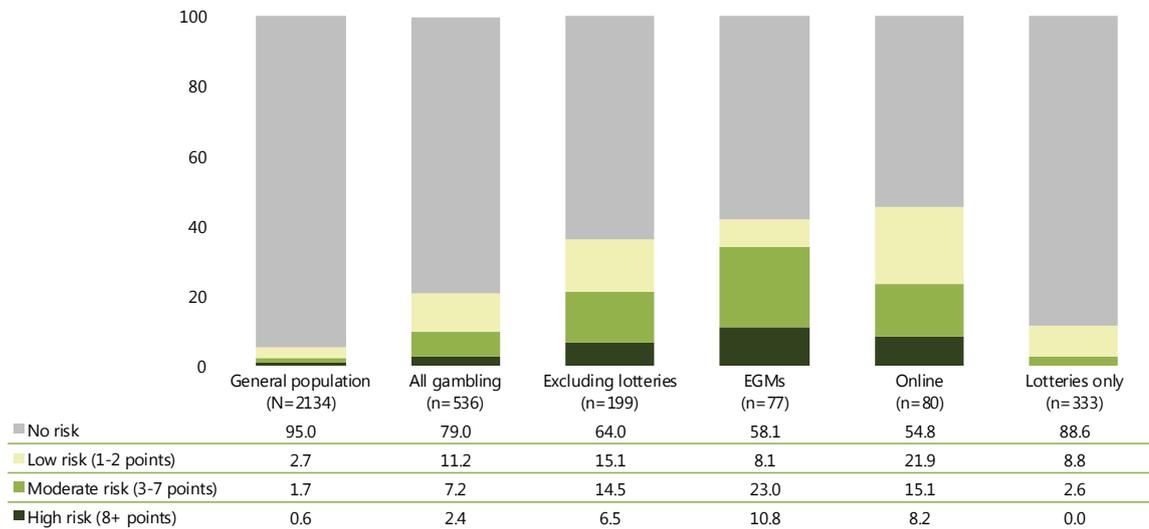
PGSI	Gender		Young adults		Total	95% CI lower bound	95% CI upper bound
	Men	Women	15-34 years	15-64 years			
No risk (0 points)	3,293,300	3,566,600	2,651,700	6,859,800	6,602,900	7,115,800	
Low risk (1-2 points)	115,600	80,600	98,900	196,200	144,500	245,600	
Moderate risk (3-7 points)	105,100	21,000	56,500	126,100	86,700	166,200	
High risk (8 or more points)	42,000	0*	24,700	42,000	21,700	65,000	

Note: \* The sample did not include any women at high risk.

Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

The occurrence of problem gambling varies with the type of betting game. While 9.6% of all the past-12-month players showed moderate- or high-risk gambling behaviour, it was 21.0% after the exclusion of numerical and instant lotteries and small bets, 33.8% among EGM players, and 23.3% among gamblers who engaged in online betting. In addition, the largest proportion of persons exposed to both the highest risk (10.8%) and moderate risk (23.0%) of gambling-related problems is among EGM players, while the low-risk category has a greater representation among online gamblers; see Graph 4-2.

Graph 4-2: Occurrence of problem gambling among different groups of gamblers (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

Closer examination of the individual types of gambling activities reveals that the greatest percentage of past-12-months gamblers at moderate or high risk (3 or more points on the PGSI scale) was among VLT players (52.9%), followed by EGM players (36.9%), online players of betting games operated by entities registered outside the Czech Republic (36.4%), and casino players (30.0%); see Table 4-4. However, the low absolute numbers of cases in some of the categories need to be taken into consideration.

Table 4-4: Problem gambling by type of gambling (%)

Gambling type	Number of respondents	No risk (0 points)	Low risk (1-2 points)	Moderate risk (3-7 points)	High risk (8+ points)	Moderate or high risk (3+ points)
Slot machines	67	55.4	7.7	24.6	12.3	36.9
VLTs	17	35.3	11.8	29.4	23.5	52.9
Other EGMs	12	61.5	15.4	23.1	0.0	23.1
Casino gambling	10	60.0	10.0	30.0	0.0	30.0
Non-casino card tournament	39	68.4	13.2	13.2	5.3	18.5
Fixed-odds betting in brick-and-mortar outlets	69	66.2	14.7	13.2	5.9	19.1
Online fixed-odds betting – selected operators	67	54.2	22.0	15.3	8.5	23.8
Online fixed-odds betting – other operators	11	54.5	9.1	18.2	18.2	36.4
Other online betting games (such as poker and roulette)	13	50.0	28.6	7.1	14.3	21.4
Numerical lotteries	361	84.0	10.5	4.5	0.9	5.4
Instant lotteries (such as scratchcards)	145	79.9	11.9	7.5	0.7	8.2
Small bets with friends	49	69.4	16.3	14.3	0.0	14.3
<b>All gambling in the past 12 months</b>	<b>536</b>	<b>79.2</b>	<b>11.2</b>	<b>7.2</b>	<b>2.4</b>	<b>9.6</b>

Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

#### 4.2.2 Problem Gambling according to the 2013 Citizen Survey

In 2013 the National Focal Point included in the omnibus Survey on Czech Citizens' Opinions about and Attitudes to the Issues of Health and Healthy Lifestyles, carried out by the INRES-SONES agency (see also the chapter entitled **2012 Citizen Survey**, p. 69), a module of five questions aimed at dissociative symptoms. It consists of four questions according to Jacobs (1988), extended, as proposed by Gupta and Derevensky (1998), to include a fifth question concerning losing track of time.

Dissociation refers to the lack of normal integration of thoughts, feelings, and experiences which involves impaired perceptions of time and the environment, as well as disruptions of memory, consciousness, and identity. Dissociative disorders generally include depersonalisation, derealisation, and identity confusion and alteration. Clinical and research evidence suggests that dissociative phenomena are often present in pathological gamblers and that the extent and depth of being absorbed or "carried away" by a game depend on the structural characteristics of gambling activities (Allcock et al., 2006, Parke and Griffiths, 2007, Livingstone et al., 2008).

The dissociative symptomatology module consists of five questions:

1. After gambling, have you ever felt as if you had been in a trance?
2. While gambling, did you ever feel as if you had taken on another identity?
3. Have you ever felt as if you were outside yourself – watching yourself gambling?
4. Have you ever experienced a memory blackout for a period when you have been gambling?
5. Have you ever lost all track of time while gambling?

The respondents rated them on a scale ranging from “never” (0 points) to “all the time” (4 points). The aggregate of the points yielded a dissociation score of 0 to 20 points.

In addition, the Lie/Bet questionnaire (Johnson et al., 1997) was used. This tool, designed to screen for problem gambling, consists of two questions:

1. Have you ever had to lie to people who are important to you about how much you gambled?
2. Have you ever felt the need to bet more and more money?

The respondents were asked to answer either “Yes” (1 point) or “No” (0 points) to each question. Obtained by the points being added up, the final Lie/Bet score can thus be up to two points, with at least one positive answer indicating a risk of problem gambling.

3.8% of the population over 15 years fell into the category of a low risk of gambling-related problems (1 point) and 1.7% were found to be at risk of the development of problem gambling (2 points). As for the 15-64 age group, 4.3% (95% CI: 3.3-5.4%) were at low risk of problem gambling and 1.8% (95% CI: 1.1-2.5%) at risk.

When these figures are extrapolated to the population of the Czech Republic aged 15 or more, about 490,000 individuals are at risk of problem gambling, with approximately 150,000 people falling into the high-risk category (2 points). 441,000 individuals from the 15-64 age category are at risk of gambling-related problems (95% CI: 318,000-581,000 people).

After the sample has been narrowed down to individuals who had engaged in gambling (excluding lotteries) in the last 12 months, 325,000 persons were identified as being at risk of the development of problem gambling (95% CI: 246,000-405,000), including 123,000 (95% CI: 72,000-166,000) individuals falling into the high-risk range (a two-point score on the Lie/Bet scale). Men accounted for about 80% of them and half of the sample were in the 15-34 age category; see Table 4-5.

Table 4-5: Problem gambling in the general population according to the 2013 Citizen Survey and the extrapolation of its results to the number of inhabitants of the Czech Republic aged 15-64

Lie/Bet score	Gender (15-64 years)		Young adults (n=551)	Total (N=1,438)	95% CI lower bound	95% CI upper bound
	Men	Women	15-34 years	15-64 years	15-64 years	15-64 years
<b>Rate (%)</b>						
No risk (0 points)	90.1	97.6	90.9	92.7	91.3	94.0
At risk	9.9	2.4	7.8	6.2	4.9	7.4
> 1 point	6.9	1.8	5.4	4.3	3.3	5.4
> 2 points	3.0	0.6	2.3	1.8	1.1	2.5
<b>Rate of past-12-month gamblers (all gambling) at risk (%)</b>						
At risk	9.0	1.7	6.9	5.4	4.2	6.5
> 1 point	6.1	1.1	4.5	3.6	2.7	4.6
> 2 points	2.9	0.6	2.4	1.7	1.1	2.4
<b>Rate of past-12-month gamblers (excluding lotteries) at risk (%)</b>						
At risk	7.6	1.4	6.4	4.5	3.4	5.6
> 1 point	4.8	0.8	4.0	2.9	2.0	3.7
> 2 points	2.8	0.6	2.4	1.7	1.0	2.3
<b>At-risk gamblers (excluding lotteries) extrapolated to the entire Czech population</b>						
At risk	278,000	49,900	175,200	325,100	245,600	404,600
> 1 point	175,600	28,500	109,500	209,500	144,500	267,300
> 2 points	102,400	21,400	65,700	122,800	72,200	166,200

Source: Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES (2014)

6.7% to 9.5% of the sample gave positive answers (with the frequency of occurrence ranging from rarely to all the time) to the first four questions concerning the symptoms of dissociation

(gambling-specific trance-like states, depersonalisation, and amnesia). The fifth question, about losing track of time, was answered positively by 25.7% of the sample.

The first four questions were answered "Yes" by 23.5-29.7% of the Lie/Bet score 1 subsample and the fifth question by 72.1% of the subsample. All five questions were answered positively by 53.3-86.7% of the Lie/Bet score 2 subsample.

Statistically significant correlations were found between the Lie/Bet score and the dissociation scale and the level of both online and land-based gambling; the weakest association was recorded for land-based lotteries. Equally, the Lie/Bet score and the dissociation scale are positively associated with computer gaming. Correlations were found among various gambling games mutually and between gambling and computer gaming.

On the other hand, online stock and commodity trading was not associated with the level of the Lie/Bet score, the degree of dissociation, and gambling or computer gaming.

Table 4-6: Distribution of responses to questions concerning the symptoms of dissociation – Lie/Bet score 2 subsample

Dissociation module questions	Never		Rarely		Occasionally		Frequently		All the time		Total	
	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)
1. After gambling, have you ever felt as if you had been in a trance?	6	20.0	8	26.7	11	36.7	5	16.7	0	0.0	30	100.0
2. While gambling, did you ever feel as if you had taken on another identity?	11	36.7	9	30.0	5	16.7	3	10.0	2	6.7	30	100.0
3. Have you ever felt as if you were outside yourself – watching yourself gambling?	14	46.7	9	30.0	5	16.7	1	3.3	1	3.3	30	100.0
4. Have you ever experienced a memory blackout for a period when you have been gambling?	13	43.3	7	23.3	4	13.3	5	16.7	1	3.3	30	100.0
5. Have you ever lost all track of time while gambling?	4	13.3	6	20.0	8	26.7	9	30.0	3	10.0	30	100.0

Source: Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES (2014)

Table 4-7: Lie/Bet scores, scores reflecting answers to the questions, and the total score for the dissociation module (average values)

Type of gambling activity	Lie/Bet score	1. After gambling, have you ever felt as if you had been in a trance?	2. While gambling, did you ever feel as if you had taken on another identity?	3. Have you ever felt as if you were outside yourself – watching yourself gambling?	4. Have you ever experienced a memory blackout for a period when you have been gambling?	5. Have you ever lost all track of time while gambling?	Total dissociation score
Gambling machines (such as slot machines and video lottery terminals)	0.69	0.87	0.73	0.61	0.52	1.61	4.34
Other gaming technologies (such as electromechanical roulette, electronic card tables, and electronic dice)	0.68	1.06	0.79	0.74	0.68	1.79	5.06
Fixed odds betting (such as that on sports contests and horse races) in betting shops	0.48	0.59	0.45	0.40	0.35	1.08	2.87
Casino gambling (such as live roulette, card games, and dice)	0.50	0.76	0.65	0.62	0.53	1.79	4.35
Numerical lotteries (such as <i>Spportka</i> , <i>Lucky 10</i> , <i>Euromillions</i> , and <i>Lotto</i> ) or scratchcards	0.15	0.20	0.17	0.13	0.17	0.70	1.37
Fixed-odds betting (such as that on sports contests and horse races) online	0.51	0.52	0.40	0.25	0.32	1.12	2.60
Live betting (such as that on sports contests) online	0.45	0.55	0.47	0.33	0.39	1.36	3.09
Online poker	0.79	0.95	0.67	0.46	0.79	1.90	4.77
Online casino games (such as roulette, bingo, and blackjack)	0.86	0.77	0.55	0.77	0.82	1.68	4.59
Slot machine-type gambling online	0.61	0.83	0.81	0.58	0.50	1.69	4.42
Online numerical lotteries	0.27	0.35	0.38	0.28	0.30	0.78	2.09
Stock trading	0.06	0.23	0.29	0.06	0.15	0.69	1.42
Computer or video gaming	0.13	0.30	0.28	0.21	0.25	1.13	2.16
<b>Total</b>	<b>0.07</b>	<b>0.15</b>	<b>0.13</b>	<b>0.10</b>	<b>0.12</b>	<b>0.48</b>	<b>0.99</b>

Source: Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES (2014)

### 4.2.3 Problem Gambling in the Survey among Czech Physicians

The regular omnibus sociological survey among physicians in the Czech Republic was conducted by INRES-SONES in November and December 2012. On the initiative of the National Focal Point, a module with questions concerning problem drug use was included in the survey again, to be answered only by general practitioners for adults and general practitioners for children and adolescents (Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES, 2013a). The survey included 341 GPs for adults and 210 paediatricians who register their patients for the purpose of capitation payments from the health insurance system. As each person residing in the Czech Republic (and covered by health insurance) is registered with one physician, the entire population is basically divided along the different medical practices.

As part of the module dedicated to drug use, the physicians were asked about the estimated number of their patients with gambling-related problems. Specifically, the question referred to the number of "pathological gamblers or persons with serious problems related to betting (gambling)

games such as those involving slot machines, other casino games, or betting (including online betting)", i.e. generally very problematic or pathological gamblers.

The results were extrapolated to both the total population of the Czech Republic and the total number of general practitioners and outpatient paediatricians in the Czech Republic (Chudobová, 2013, Marková, 2013). Estimates for the entire Czech Republic reached 88,732 (95% CI: 69,727 - 107,736) and 83,088 (95% CI: 65,617-100,559) persons, respectively, which is equivalent to 1.2% (95% CI: 1.0-1.5%) and 1.2% (95% CI: 0.9-1.4%), respectively, of the population in the 15-64 age category; see Table 4-8.

Table 4-8: Estimates of the number of problem gamblers in the Czech Republic based on the 2012 survey among physicians

Specialisation	Estimate	Extrapolation to the number of inhabitants	Extrapolation to the number of physicians
General practitioner for adults	Mean value	80,471	72,198
	95% CI – lower bound	64,975	59,158
	95% CI – upper bound	95,967	85,239
General practitioner for children and adolescents	Mean value	8,261	10,889
	95% CI – lower bound	4,753	6,459
	95% CI – upper bound	11,769	15,319
<b>Total</b>	<b>Mean value</b>	<b>88,732</b>	<b>83,088</b>
	95% CI – lower bound	69,727	65,617
	95% CI – upper bound	107,736	100,559

Source: Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES (2013a)

## 4.3 Characteristics and Patterns of Problem Gambling in the Czech Republic

### 4.3.1 Patterns and Context of Problem Gambling according to a General Population Study

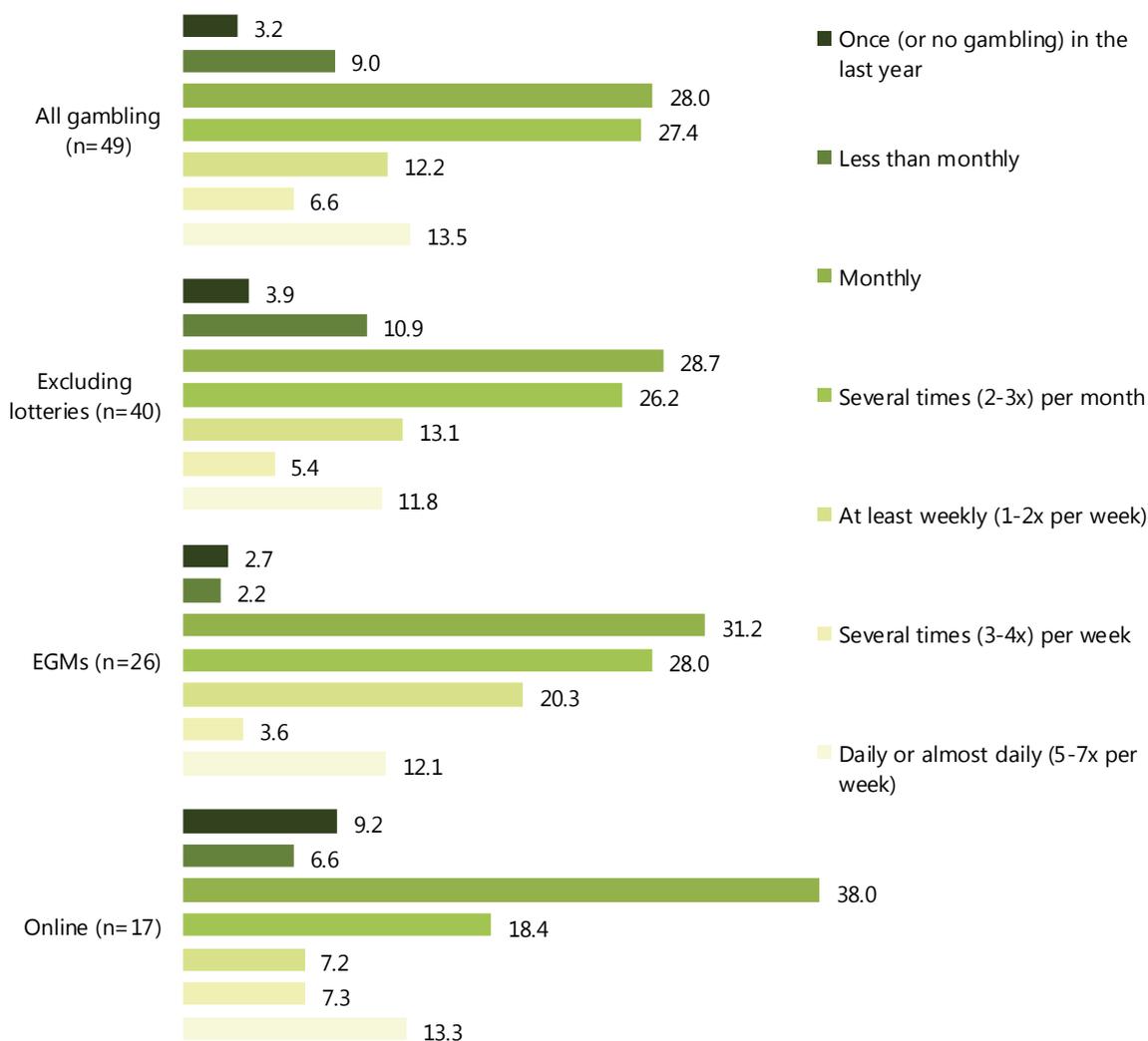
The problem gamblers in the sample of the 2012 National Survey (i.e. those 49 individuals who reported gambling in the last 12 months and were categorised as being at moderate or high risk of gambling-related problems according to the PGSI scale, i.e. scoring three or more points) were further examined for the frequency of their gambling in the last year and last month, the amount of money involved in their gambling in the last month, and the highest amount with which the person had ever played. Furthermore, the average time spent gambling in the last month and the setting in which the respondents played were looked into.

The patterns and context of problem gambling vary significantly with the type of gambling activity. To make the comparison more straightforward, the following categories will be used further in the text to assess specific patterns of gambling in the general population: gambling in total, gambling excluding lotteries and small bets, electronic gambling (EGMs), and online gambling; for details see the chapter entitled **2012 National Survey**, p. 64. A comparison of the indicators under scrutiny with the general population (i.e. with the 2012 National Survey sample) is provided in the chapter entitled **Patterns and Context of Gambling in the General Population**, p. 78. When interpreting the results, however, the small number of problem gamblers captured by the study, particularly in relation to some forms of gambling, needs to be taken into account.

A total of 32.3% of the respondents categorised according to the PGSI as being at moderate or high risk reported having engaged in gambling weekly or more frequently, with 13.5% of them

reporting gambling daily or almost daily in the last 12 months. The highest rates of gambling were reported by problem EGM gamblers; see Graph 4-3.

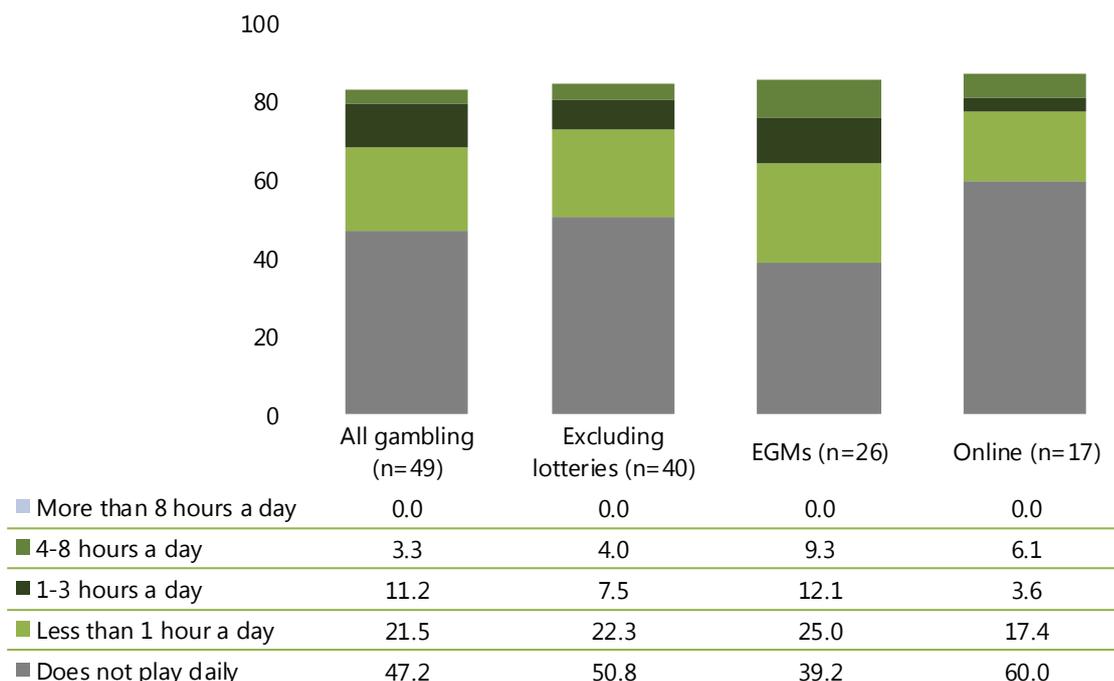
Graph 4-3: Frequency of gambling in the last 12 months among problem gamblers (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

A total of 83.1% of the problem gamblers who had played in the last 12 months had also played in the last 30 days, with 35.9% of the latter reporting daily gambling. 46.4% of the problem EGM players were daily gamblers, with a total of 9.3% reporting having spent more than four hours a day gambling in the last 30 days. Daily gambling was reported by 27.1% of the problem online gamblers who were interviewed, with a total of 6.1% of the players spending more than four hours a day gambling; see Graph 4-4.

Graph 4-4: Time spent gambling per day by problem gamblers in the last 30 days (%)

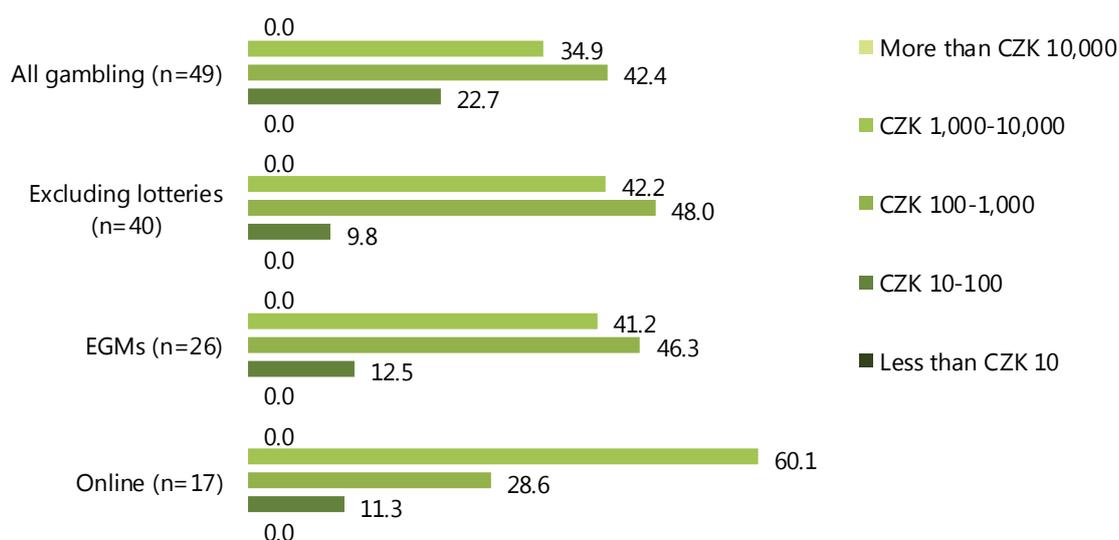


Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

The problem gamblers were also asked about the approximate amount of money invested in gambling per month. They wagered an average of CZK 2,617 per month. After participants who engaged in lotteries and small bets had been excluded, it turned out that the average amount wagered in gambling by the problem gamblers reached CZK 3,127 per month, with the EGM players wagering an average of CZK 4,163 and the (problem) online gamblers CZK 6,060.

The study also enquired about the largest amount ever wagered on a single day. The problem gamblers most frequently mentioned sums ranging from CZK 100 to CZK 1,000 (42.4%). Playing with amounts from CZK 1,000 to CZK 10,000 was reported by 41.2% of the problem EGM players and 60.1% of the problem online gamblers; see Graph 4-5.

Graph 4-5: Amounts wagered by respondents (problem gamblers) on a single gambling day (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

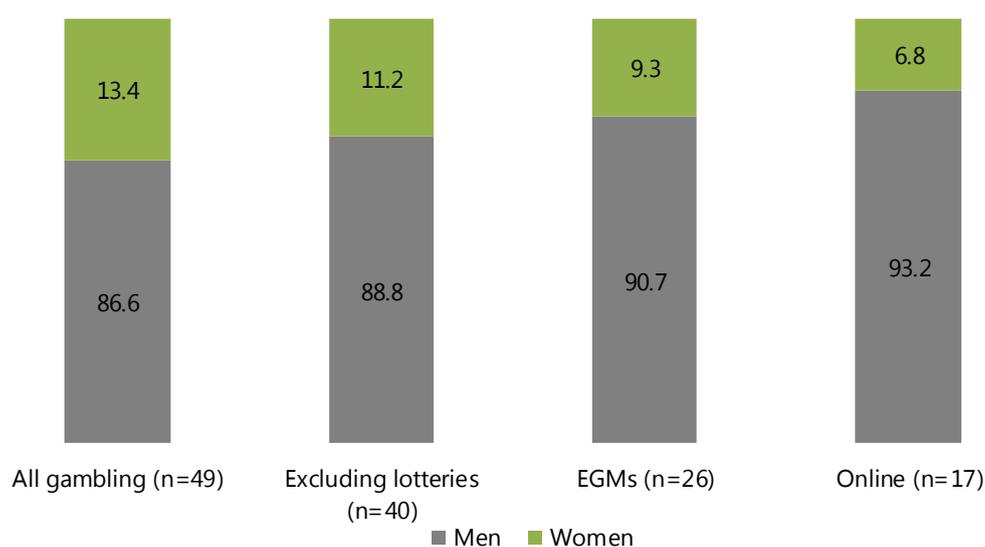
The respondents were also asked to indicate the setting in which they had gambled within the last 12 months. They mostly reported playing in a publicly accessible place designated as gambling

premises (71.8%) and in a publicly accessible place where gambling facilities are a supplementary service only, e.g. in a restaurant (56.5%). Gambling in a restricted-access club was reported by 9.2% of the (problem) gamblers and gambling in privacy by 14.5%. EGM gamblers were much more likely to play in a publicly accessible venue where gambling facilities are a supplementary service only (reported by 82.7% of the respondents). In comparison to other gamblers, individuals engaging in online betting games comprised a significantly higher proportion of those who played in privacy (30.4%).

#### 4.3.1.1 Sociodemographic Characteristics of Problem Gamblers

In the 2012 National Survey, men and women accounted for 86.6% and 13.4% respectively of problem players of all types of betting games. After the exclusion of people engaging in lotteries and small bets, 88.7% of them were men. Men accounted for 90.7% of the EGM gamblers and as much as 93.2% of the online gamblers; see Graph 4-6.

Graph 4-6: Structure of problem gamblers by gender (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

Younger age categories had significantly greater representation among problem gamblers in comparison to the sample as a whole: 46.1% of the gamblers fell into the 15-34 age category. After the exclusion of people engaged in lotteries and small bets with friends, gamblers aged 15-34 accounted for a total of 52.8%, as much as 60.8% of the players on electronic gaming machines, and 53.2% of the online gamblers; see Graph 4-7. In comparison to the other categories of gamblers, a higher proportion of persons aged 55-64 years was also observed among the EGM players.

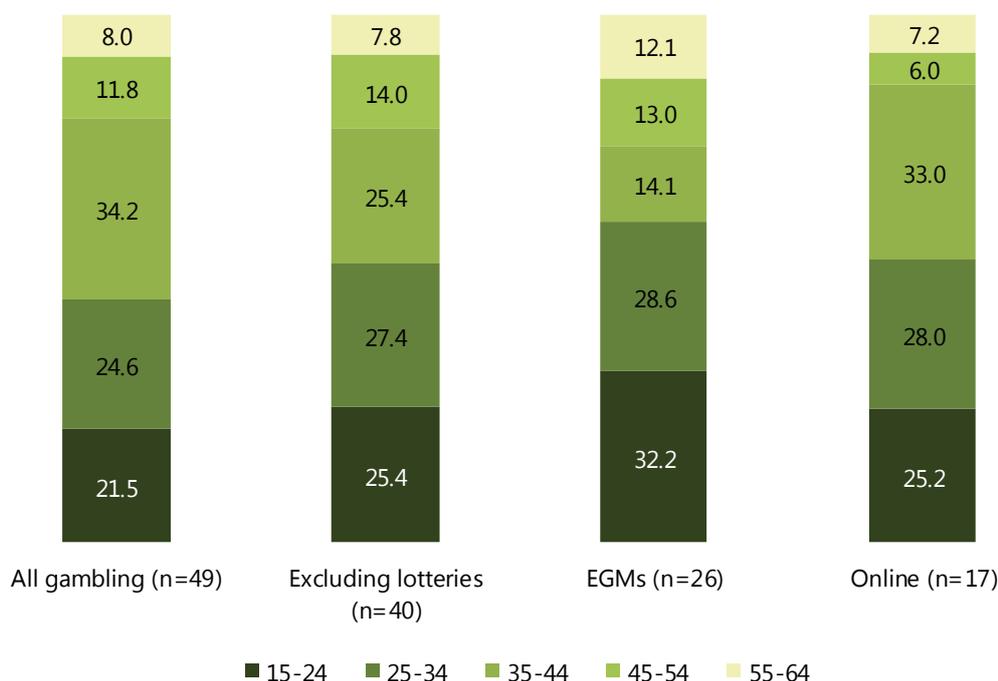
While the average age of all the problem gamblers was 36.0 years, both the EGM and online problem gamblers were 34.5 years old on average. The average age of the problem gamblers was lower than both the average age of the entire sample of the 2012 National Survey (40.1 years) and the average age of the respondents who stated that they had engaged in gambling in the last 12 months (40.9 years); see Table 4-9.

Table 4-9: Problem gamblers' average age

(Sub)population	Average age	
General population (N=2,134)	40.1	
Past-12-month gamblers	All (n=536)	40.9
	Excluding lotteries (n=199)	33.5
	EGMs (n=77)	30.2
	Online (n=80)	35.5
	Lotteries only (n=333)	45.4
Problem gamblers (PGSI score 3+)	All (n=49)	36.0
	Excluding lotteries (n=40)	35.0
	EGMs (n=26)	34.5
	Online (n=17)	34.5

Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

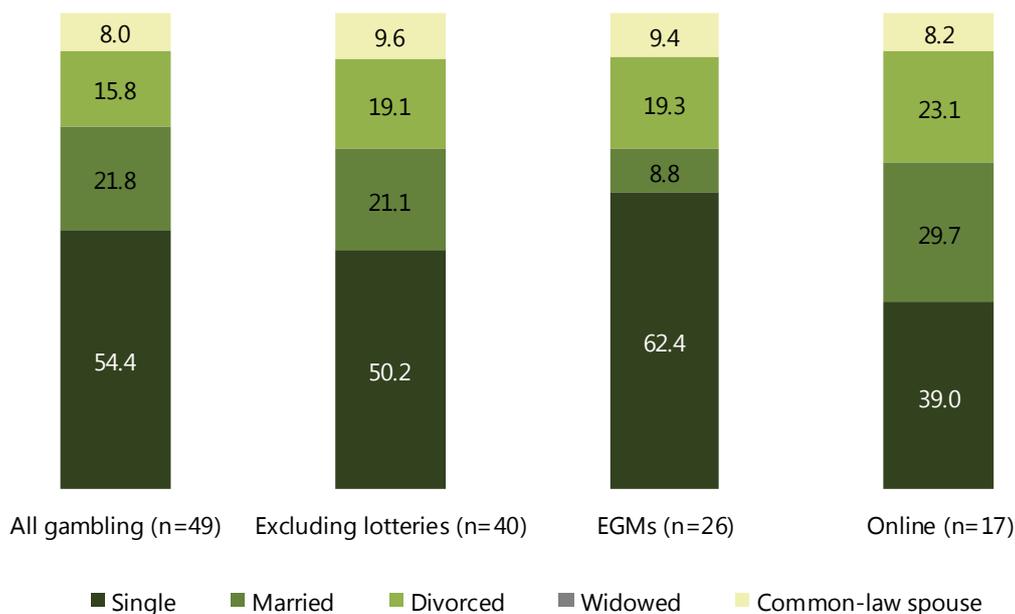
Graph 4-7: Structure of problem gamblers by age groups (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

The problem gamblers mostly reported being single (54.4%), but also married (21.8%) and divorced (15.8%). A significantly greater representation of single people was observed among the EGM players, which, to a large extent, corresponds with the previously mentioned younger age of this group of gamblers. Married and divorced individuals made up significant proportions of the online players at risk of gambling-related problems (29.7% and 23.1% respectively); see Graph 4-8.

Graph 4-8: Structure of problem gamblers by marital status (%)



Note: The Widowed group has a zero value in all the categories.

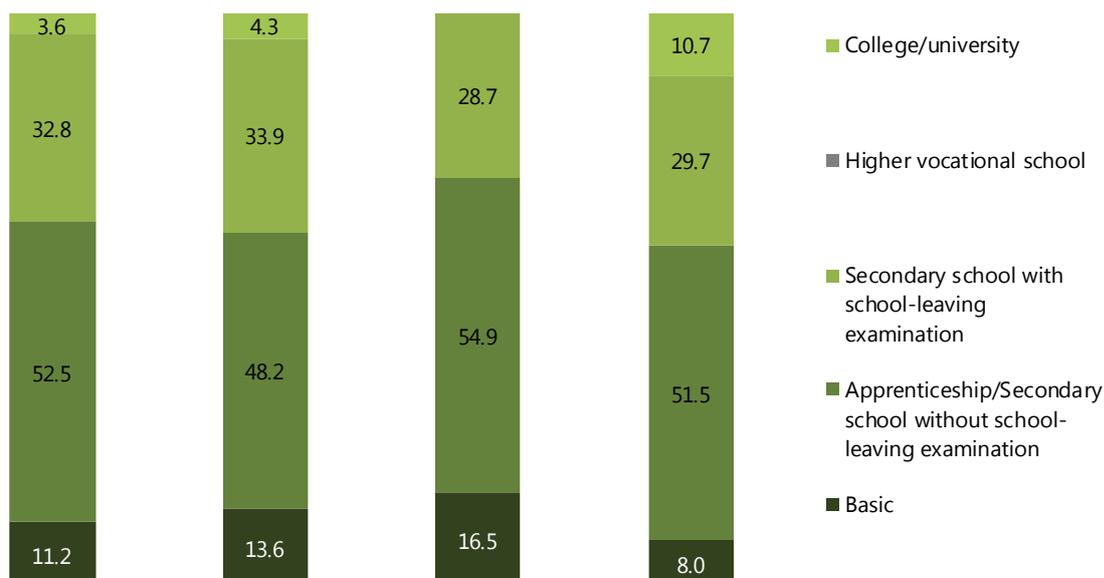
Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

In comparison to the sample as a whole, the group of problem gamblers showed a much higher rate of people with secondary education without the school-leaving examination (“*maturita*”) or with certificates of apprenticeship (52.5% versus 34.8% in the general population) and a much lower rate of persons with a college/university degree or with higher-level vocational education (3.6% versus 17.4% in the general population). A substantial representation of college/university graduates was recorded only among online gamblers (10.7%); see Graph 4-9.

As for the structure of the respondents by the type of employment, the unemployed were more represented among problem gamblers (15.4% versus 7.1% in the general population). 21.4% of the problem EGM gamblers were unemployed, as were as many as 34.5% of the problem online gamblers.

In comparison to the general population, the problem gamblers were more likely to report living alone (19.1%), with parents (29.1%), or friends or other persons (11.3%), while living with children (without a partner) or with a partner (with or without children) was indicated less frequently. Among the problem EGM gamblers, there was a greater representation of respondents who shared a household with their parents or non-relatives. Among the problem online gamblers, on the other hand, there were many more of those who were living on their own (31.2%); see Graph 4-10.

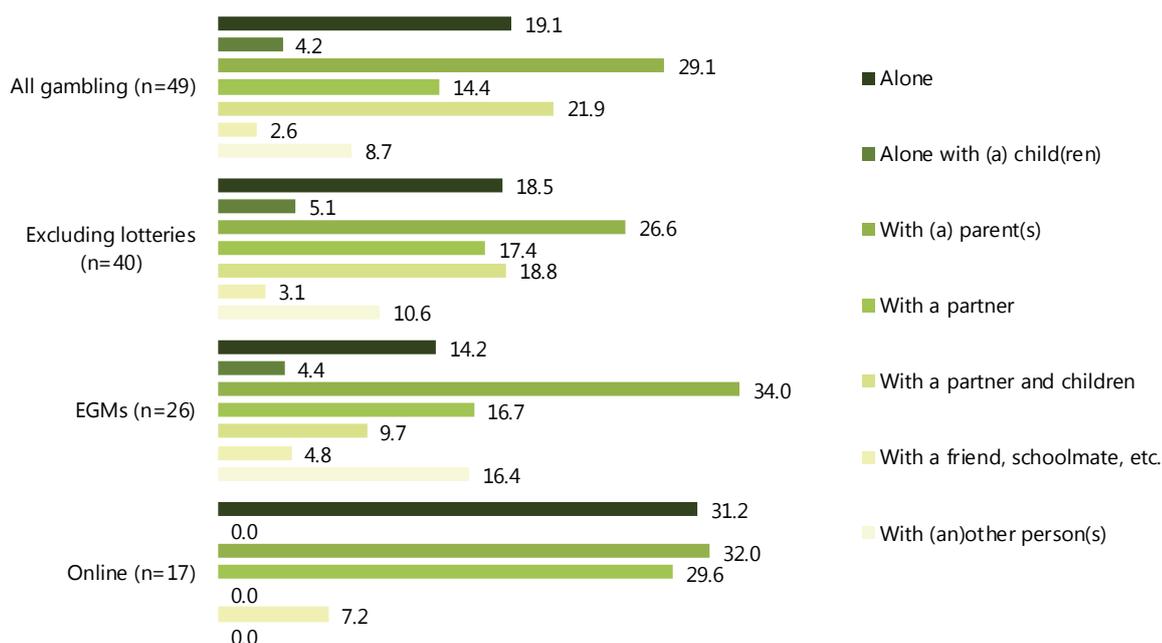
Graph 4-9: Structure of problem gamblers by education (%)



Note: The Higher vocational school group has a zero value in all the categories.

Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

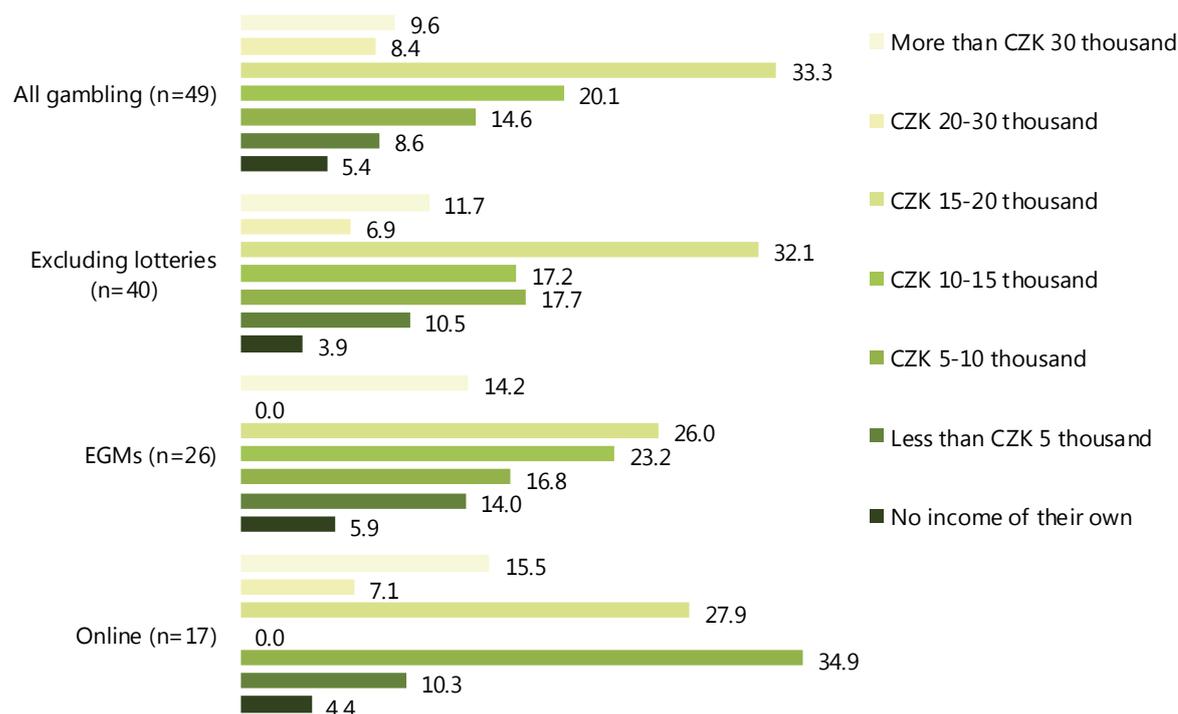
Graph 4-10: Structure of problem gamblers by household arrangement (%) (Národní monitorovací středisko pro drogy a drogové závislosti and SC&C, 2013)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

In comparison to the general population, those respondents with net monthly incomes exceeding CZK 15,000 had a significantly greater representation among the problem gamblers (51.3% versus 38.2% in the general population). However, there were major differences in the categories of gamblers. While the respondents with net monthly incomes below CZK 15,000 predominated among the problem EGM player group (59.9%), just over half of the problem online gamblers reported incomes in excess of CZK 15,000 per month (50.5%); see Graph 4-11. When compared to the general population, both groups also showed a greater representation of respondents with net monthly incomes above CZK 30,000 (14.2% and 15.5% respectively).

Graph 4-11: Structure of problem gamblers by respondents' net monthly income (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

### 4.3.2 Pathological Gamblers in Treatment Questionnaire Study

In cooperation with *ppm factum research s.r.o.*, in 2013 the National Focal Point conducted a questionnaire survey among pathological gamblers in treatment (Pathological Gamblers in Treatment). Working with a sample of individuals undergoing treatment primarily for their gambling-related problems at the time of the data collection, this cross-sectional study sought to identify the social, economic, and health correlates and consequences of gambling in relation to this target group, as well as defining the risk factors pertaining to their gambling careers. Of the 105 treatment facilities across the Czech Republic that were contacted, 27 participated (Národní monitorovací středisko pro drogy a závislosti, 2014b).

The study included persons who were being treated for pathological gambling (dg. F63.0 according to ICD-10) or met the criteria for the F63.0 diagnosis, with gambling as their primary problem, who had attended the facility at least once in the last 12 months and who were reasonably expected to attend the facility again within the upcoming month of the study.

The data was collected from August to November 2013 using pen-and-paper personal interviews (PAPIs). Designed by the National Focal Point specifically for the purposes of this study, the questionnaire comprised a total of 73 questions. The questionnaire incorporated the 2-item Lie/Bet screening test (Johnson et al., 1997) and the 9-item PGSI to assess the level of problem gambling.

Altogether 229 interviews were administered in the 27 facilities, with a minimum of one interview and a maximum of 52 interviews per facility (Bohnice Psychiatric Hospital); the second largest number of interviews (19) took place at the Opava Psychiatric Hospital. The distribution by regions is outlined in Table 4-10. No facilities from the Central Bohemia and Pilsen regions participated in the study.

Table 4-10: Pathological Gamblers in Treatment – study sample by regions

Region	Facility		Respondents	
	Number	Rate (%)	Number	Rate (%)
Prague	4	14.8	74	32.3
Central Bohemia	0	0.0	–	–
South Bohemia	1	3.7	15	6.6
Pilsen	0	0.0	–	–
Karlovy Vary	1	3.7	7	3.1
Ústí nad Labem	2	7.4	16	7
Liberec	1	3.7	6	2.6
Hradec Králové	2	7.4	8	3.5
Pardubice	1	3.7	6	2.6
Vysočina	1	3.7	12	5.2
South Moravia	5	18.5	28	12.2
Olomouc	4	14.8	11	4.8
Zlín	1	3.7	18	7.9
Moravia-Silesia	4	14.8	28	12.2
<b>Total</b>	<b>27</b>	<b>100.0</b>	<b>229</b>	<b>100.0</b>

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

The sample contained 214 men (93.4%) and 15 women (6.6%) with an average age of  $33.7 \pm 9.8$  years (men  $35.0 \pm 13.1$  and women  $32.9 \pm 10.5$ ). A major part of the sample, both men and women, fell into the 20-39 age range; see Table 4-11.

Table 4-11: Pathological Gamblers in Treatment – study sample by gender and age

Age	Men		Women		Total	
	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)
15-19	3	1.4	0	0.0	3	1.3
20-24	36	16.8	4	26.7	40	17.5
25-29	44	20.6	4	26.7	48	21.0
30-34	39	18.2	2	13.3	41	17.9
35-39	35	16.4	2	13.3	37	16.2
40-44	19	8.9	0	0.0	19	8.3
45-49	16	7.5	2	13.3	18	7.9
50-54	11	5.1	0	0.0	11	4.8
55-59	6	2.8	1	6.7	7	3.1
64+	1	0.5	0	0.0	1	0.4
Not known	4	1.9	0	0.0	4	1.7
<b>TOTAL</b>	<b>214</b>	<b>100.0</b>	<b>15</b>	<b>100.0</b>	<b>229</b>	<b>100.0</b>

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

When compared to the adult population of the Czech Republic of similar age (20-39 years) or the economically active population of the Czech Republic on the basis of demographic data obtained from the sources used by the Czech Statistical Office (Český statistický úřad, 2012b, Český statistický úřad, 2012a) or to the population of similar age from the representative sample of the Czech adult population used in the 2012 general population study focused on substance use (Chomynová, 2013, Národní monitorovací středisko pro drogy a drogové závislosti and SC&C, 2013), the pathological gamblers in the sample of the study discussed in this section were much more frequently single or divorced and were more likely to have completed secondary education and much more likely to be unemployed. Pathological gamblers in treatment also appear to have a higher rate of experience with working in the service sector, particularly in catering (as waiters, bartenders, etc.). More than half of the sample performed jobs which were identified as associated with an increased risk of the development of pathological gambling, such as working in gambling establishments (11 persons, i.e. 4.8%) or being croupiers (three persons, i.e. 1.3%) or professional athletes (17, i.e. 7.4%). 37 individuals (16.2%) had an employment history of working in catering. In

comparison with the general population, among the pathological gamblers in treatment there was a larger proportion of people with incomes of CZK 20-30 thousand and a smaller proportion of people earning CZK 5-10 thousand per month; the percentages of other groups, including the no-income and CZK 30,000+ group, were similar.

The vast majority, i.e. 189 pathological gamblers in treatment (82.9%), reported electronic gaming machines (EGMs) as being responsible for their pathological gambling. Online fixed-odds betting (5.3%) and other online games (4.4%) were reported as the primary problem by 22 respondents (9.7%) and fixed-odds betting in land-based betting outlets by nine respondents (3.9%). The remaining gambling games (casino games or non-casino card games) were reported as their primary problem by eight respondents (3.5%). In fact, this distribution coincides with the level of the respondents' experience of various types of gambling activities prior to treatment: over 93.9% of the respondents had played on electronic gaming machines before they entered treatment, with 74.2% of the respondents doing so daily or almost daily.

The most common ways in which the initiation into gambling occurred included slot machines, lotteries, and fixed-odds betting (all more commonly than small private bets or lotteries). The average age of the first gambling experience (with the exception of small bets) was  $19.7 \pm 6.73$  years.

The age of the first involvement with the problem game ranged from 8 to 65 years, an average of  $23.6 \pm 8.9$  years; the duration of the regular playing of the problem game ranged from 0 to 30 years, an average of  $7.1 \pm 5.5$  years.

*Bwin.com* was the foreign portal that was reported as being visited the most frequently.

The first visit to a gambling establishment or gambling setting was generally motivated by a chance of winning, curiosity, or the intention to have fun or dispel boredom; these reasons were reported by 29.3-56.3% of the respondents. 23.1% of the respondents stated that their first gambling experience was associated with gambling facilities being easily available.

*Table 4-12: Gambling activities primarily responsible for the seeking of professional help (the development of pathological gambling)*

Type of gambling activity	Number	Rate (%)	Valid responses Rate (%)
Slot machines	121	52.8	53.1
VLTs	61	26.6	26.8
Other EGMs (such as electromechanical roulette and electronic card tables)	7	3.1	3.1
Casino gambling (such as live roulette, card games, and dice)	5	2.2	2.2
Non-casino card tournaments (poker, <i>mariage</i> , etc.)	3	1.3	1.3
Fixed odds betting (such as that on sports contests and horse races) in land-based betting outlets	9	3.9	3.9
Online fixed-odds betting operated by <i>Fortuna, Chance, Sazka, Synot Tip, Tipsport, Victoria-Tip</i> , and <i>SLOT Group</i>	9	3.9	3.9
Online fixed-odds betting operated by other entities	3	1.3	1.3
Online live betting operated by various entities	2	0.9	0.9
Other online betting games (such as online poker and roulette)	8	3.5	3.5
<b>Valid responses in total</b>	<b>228</b>	<b>99.6</b>	<b>100.0</b>
No responses	1	0.4	-
<b>Total</b>	<b>229</b>	<b>100.0</b>	-

*Source: Národní monitorovací středisko pro drogy a závislosti (2014b)*

Table 4-13: Gambling activities primarily responsible for the seeking of professional help – by category and gender

Primary problem gambling activity – category	Men		Women		Total	
	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)
EGMs (slot machines, VLTs, electromechanical roulette, etc.)	176	82.6	13	86.7	189	82.9
Casino gambling (such as live roulette, card games, and dice)	4	1.9	1	6.7	5	2.2
Non-casino card tournaments (poker, <i>mariage</i> , etc.)	3	1.4	0	0.0	3	1.3
Fixed-odds betting (such as that on sports contests and horse races) in land-based betting outlets	9	4.2	0	0.0	9	3.9
Online fixed-odds betting in total	12	5.6	0	0.0	12	5.3
Other online games	9	4.2	1	6.7	10	4.4
<b>Total</b>	<b>213</b>	<b>100.0</b>	<b>15</b>	<b>100.0</b>	<b>228</b>	<b>100.0</b>

Note: In one case, the respondent did not indicate their sex.

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

Table 4-14: The first gambling activity ever participated in

First ever gambling activity	Number	Rate (%)
Slot machines	111	48.5
Video lottery terminals (VLTs)	14	6.1
Other electronic/mechanical gaming devices (such as roulette and card tables)	4	1.7
Casino games	7	3.1
Non-casino card tournaments (poker, <i>mariage</i> , etc.)	6	2.6
Fixed-odds betting in land-based outlets	20	8.7
Online fixed-odds betting with Czech operators	9	3.9
Online live betting with various operators	2	0.9
Other online betting games (such as online poker and roulette)	2	0.9
Numerical lotteries ( <i>Sportka</i> , <i>Lucky 10</i> , etc.)	22	9.6
Instant lotteries (such as scratchcards)	11	4.8
Small bets with friends/relatives	9	3.9
No response	12	5.2
<b>Total</b>	<b>229</b>	<b>100.0</b>

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

Table 4-15: Websites operated by non-Czech entities which had been visited by those who engaged in online fixed-odds betting with non-Czech operators

Operator	Number (N=48)	Rate (%)
Bwin	8	16.7
Bet365	5	10.4
bet-at-home	3	6.3
Bet and Win	2	4.2
Sportingbet	1	2.1
Pokerstars	1	2.1
Pinnacle Sports	1	2.1
Betway	1	2.1
No response / Does not know / Does not remember	31	64.6

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

The most commonly visited gambling establishments were dedicated gambling venues (50.4% of the respondents), other facilities offering EGMs (19.0%), and casinos (8.0%), which basically corresponds with the preferred types of gambling activities in the sample.

On a typical gambling day, approximately half of the respondents (55.8%) switched between devices, portals, and betting shops, whereas a slightly smaller proportion of the respondents (41.5%) tended to adhere to one device, one portal, or one betting shop. The majority of the gamblers reported that they had a stable circle of favourite venues/facilities/portals where they played. Approximately one fifth of the respondents switched between gambling settings on the basis of the benefits they afford (deposit bonuses, free drinks, etc.) or the reportedly higher chances of winning.

The usual amount of time spent gambling on a gambling day within the last year prior to treatment was 2-4 hours (45.8% of the sample). 33.4% of the respondents spent more than four hours a day gambling. The average time spent gambling was 4.3 hours on a daily basis. The largest amount of time was spent gambling by online players – a daily average of 5 to 6 hours, depending on the type of games and the portals visited – of whom players engaging in live betting and in gambling activities other than fixed-odds betting pursued via foreign portals held the lead. 18.2% of the respondents reported that they had almost always or fairly often played for over 12 hours at a time non-stop.

Overall, 69.3% of the respondents reported that they had almost always or fairly often wagered away more money than they had intended to.

77.9% of the respondents preferred playing on their own (with EGM players it was 79.8%), while 7.1% of the respondents preferred to seek company for gambling. Gamblers tended not to identify other gamblers with their close social environment; 57.2% of the respondents stated that gamblers are a minority among those who are close to them or are not represented at all among their close friends and relatives.

Table 4-16: Types of gambling premises (facilities) visited the most frequently within the last year prior to seeking help

Gambling premises	Number	Rate (%)	Valid responses Rate (%)
Licensed public gambling venues	114	49.8	50.4
Other facilities operating gambling machines	43	18.8	19.0
Casinos	18	7.9	8.0
Czech online betting portals	16	7.0	7.1
Betting shops	13	5.7	5.8
Private and restricted-access gambling venues without a licence to operate gambling machines	10	4.4	4.4
Foreign online betting portals	8	3.5	3.5
Other	4	1.7	1.8
<b>Valid responses in total</b>	<b>226</b>	<b>98.7</b>	<b>100.0</b>
No response	3	1.3	–
<b>Total</b>	<b>229</b>	<b>100.0</b>	–

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

Table 4-17: Usual amount of time spent gambling on a gambling day within the last year prior to seeking help

Time	Number	Rate (%)	Valid responses Rate (%)
Less than 1 hour a day	17	7.4	7.6
1-2 hours a day	30	13.1	13.3
2-3 hours a day	50	21.8	22.2
3-4 hours a day	53	23.1	23.6
4-6 hours a day	35	15.3	15.6
6-10 hours a day	26	11.4	11.6
10 hours or more	14	6.1	6.2
<b>Valid responses in total</b>	<b>225</b>	<b>98.3</b>	<b>100.0</b>
No response	4	1.7	–
<b>Total</b>	<b>229</b>	<b>100.0</b>	<b>–</b>

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

Table 4-18: Usual amount of time spent gambling on a gambling day within the last year prior to seeking help; by primary problem gambling activity

Primary problem gambling activity – category	Average (h)	Standard deviation	Number of responses within the category
Other online games	6.2	1.80	9
Casino gambling (such as live roulette, card games, and dice)	5.9	5.16	5
Online fixed-odds betting in total	5.2	2.27	12
Non-casino card tournaments (poker, <i>mariage</i> , etc.)	5.0	2.60	3
EGMs (slot machines, VLTs, roulette, etc.)	4.1	3.58	186
Fixed-odds betting (such as that on sports contests and horse races) in land-based betting outlets	3.4	1.14	9
<b>Total</b>	<b>4.3</b>	<b>3.45</b>	<b>224</b>

Note: The amount of time spent gambling was determined as the mean of the interval categories (for the 10+ hours category the 15-hour value was used).

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

Table 4-19: Usual amount of time spent gambling on a gambling day within the last year prior to seeking help; by gambling premises

Gambling premises	Average (h)	Standard deviation	Number of responses within the category
Foreign online betting portals	5.6	2.11	8
Czech online betting portals	5.0	2.49	15
Licensed public gambling venues	4.7	4.21	113
Casinos	4.2	3.30	18
Pubs/bars with slot machines	3.5	2.08	43
Betting shops	3.3	1.74	13
Private and restricted-access gambling venues without a licence to operate gambling machines	2.8	1.03	10
Other	1.5	1.15	4
<b>Total</b>	<b>4.3</b>	<b>3.45</b>	<b>224</b>

Note: The amount of time spent gambling was determined as the mean of the interval categories (for the 10+ hours category the 15-hour value was used).

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

## Gambling in the Czech Republic, Its Correlates and Consequences

Table 4-20: Within the last year prior to seeking help, how frequently the person spent more than 12 hours gambling on a single visit to a gambling venue or during a single gambling binge; by primary problem gambling activity

Primary problem gambling activity – category	Almost always (%)	Fairly often (%)	Occasionally (%)	Never (%)	Number within the category
Online fixed odds betting in total	8.3	0.0	41.7	50.0	12
EGMs (slot machines, VLTs, roulette, etc.)	5.3	12.8	36.7	45.2	188
Casino gambling (such as live roulette, card games, and dice)	0.0	40.0	40.0	20.0	5
Other online games	0.0	22.2	33.3	44.4	9
Fixed-odds betting (such as that on sports contests and horse races) in land-based betting outlets	0.0	12.5	50.0	37.5	8
Non-casino card tournaments (poker, <i>mariage</i> , etc.)	0.0	33.3	33.3	33.3	3
<b>Total</b>	<b>4.9</b>	<b>13.3</b>	<b>37.3</b>	<b>44.4</b>	<b>225</b>

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

Table 4-21: Within the last year prior to seeking help, how frequently the person lost more than they had expected through gambling on a single visit to a gambling venue or during a single gambling binge; by primary problem gambling activity

Primary problem gambling activity – category	Almost always (%)	Fairly often (%)	Occasionally (%)	Never (%)	Number within the category
Casino gambling (such as live roulette, card games, and dice)	60.0	20.0	20.0	0.0	5
EGMs (slot machines, VLTs, roulette, etc.)	30.3	37.8	25.0	6.9	188
Fixed-odds betting (such as that on sports contests and horse races) in land-based betting outlets	25.0	75.0	0.0	0.0	8
Other online games	11.1	44.4	33.3	11.1	9
Online fixed-odds betting in total	8.3	58.3	33.3	0.0	12
Non-casino card tournaments (poker, <i>mariage</i> , etc.)	0.0	100.0	0.0	0.0	3
<b>Total</b>	<b>28.4</b>	<b>40.9</b>	<b>24.4</b>	<b>6.2</b>	<b>225</b>

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

The average Lie/Bet score was  $1.94 \pm 0.23$ , i.e. almost all the respondents answered both the Lie/Bet questions positively.

According to the PGSI, 80.5% of the sample lies within the problem gambling range (8 or more points), 10.7% are associated with a moderate risk (3-7 points), and 8.8% of the sample meet the criteria for a low or no risk of gambling-related problems (2 or fewer points).

The average PGSI score for the entire sample is  $14.31 \pm 6.94$ , with significantly lower average levels ( $9.00 \pm 8.21$ ) recorded for players with problems arising primarily from their engaging in online gambling activities other than fixed-odds betting (however, the difference is not statistically significant at the  $p \leq 0.05$  level because of the small number of cases).

Table 4-22: Lie/Bet test score

Number of positive responses	Number	Rate (%)
1	13	5.7
2	216	94.3
<b>Total</b>	<b>229</b>	<b>100.0</b>

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

Table 4-23: Risk levels according to the PGSI

Level of problems according to the PGSI (score)	Number	Rate (%)	Valid responses Rate (%)
Non-problem gambling (0)	14	6.1	6.5
Low level of problems with no or few negative consequences (1-2)	5	2.2	2.3
Moderate level of problems with some negative consequences (3-7)	23	10.0	10.7
Problem gambling with negative consequences and a possible loss of control (8 or more)	173	75.5	80.5
<b>Valid responses in total</b>	<b>215</b>	<b>93.9</b>	<b>100.0</b>
No response	14	6.1	–
<b>Total</b>	<b>229</b>	<b>100.0</b>	<b>–</b>

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

Table 4-24: Lie/Bet test and PGSI scores by primary problem gambling activity

Primary problem gambling activity	Lie/Bet score			PGSI score		
	Number	Average	Standard deviation	Number	Average	Standard deviation
Slot machines	121	1.95	0.218	113	14.38	7.134
Video lottery terminals (VLTs)	61	1.97	0.180	56	14.29	6.480
Other electronic/mechanical gaming devices (such as roulette and card tables)	7	1.86	0.378	6	13.17	6.676
Casino gambling (such as live roulette, card games, and dice)	5	2.00	0.000	5	15.40	6.950
Non-casino card tournaments (poker, <i>mariage</i> , etc.)	3	1.67	0.577	3	17.00	1.732
Fixed-odds betting in land-based outlets	9	1.89	0.333	9	17.11	8.131
Online fixed-odds betting with Czech operators	9	1.78	0.441	9	14.78	4.549
Online fixed-odds betting with other operators	3	2.00	0.000	3	17.67	6.658
Online live betting with various operators	2	2.00	0.000	2	8.50	2.121
Other online betting games (such as online poker and roulette)	8	2.00	0.000	8	9.13	9.265
<b>Total</b>	<b>228</b>	<b>1.94</b>	<b>0.232</b>	<b>214</b>	<b>14.31</b>	<b>6.936</b>

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

Table 4-25: Lie/Bet test and PGSI scores by primary problem gambling category

Primary problem gambling activity – category	Lie/Bet score			PGSI score		
	Number	Average	Standard deviation	Number	Average	Standard deviation
EGMs (slot machines, VLTs, roulette, etc.)	189	1.95	0.214	175	14.31	6.882
Casino gambling (such as live roulette, card games, and dice)	5	2.00	0.000	5	15.40	6.950
Non-casino card tournaments (poker, marriage, etc.)	3	1.67	0.577	3	17.00	1.732
Fixed-odds betting (such as that on sports contests and horse races) in land-based betting outlets	9	1.89	0.333	9	17.11	8.131
Online fixed-odds betting in total	12	1.83	0.389	12	15.50	4.982
Other online games	10	2.00	0.000	10	9.00	8.206
<b>Total</b>	<b>228</b>	<b>1.94</b>	<b>0.232</b>	<b>214</b>	<b>14.31</b>	<b>6.936</b>

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

About half of the respondents associated the onset of their regular gambling with a significant life event, including a big win of their own or of someone they knew (36.1% of the respondents), debt from their previous gambling (31.9%), the loss of somebody close to them (27.7%), or the need to make money (25.2%), possibly to pay off debts incurred for reasons other than gambling (20.2%).

At various points in their gambling careers, a total of 83.8% of the respondents began to realise their gambling was a problem, with 45.0% of the respondents having felt that way about gambling for three or more years. This suggests that the development of problem gambling is relatively hidden and insidious, with a fairly long period of latency before treatment is sought.

Gambling generally began to be seen as problematic when a player found themselves with a negative financial balance (stated by 51.0% of the respondents), spent large amounts on gambling (40.1%), experienced deteriorated relationships with their family and friends (34.9%), lied in relation to gambling (29.2%), wagered away their pay (23.4%), spent too much time gambling (21.9%), went into their savings (21.9%), and owed money to people (20.3%). Other reasons were mentioned less frequently.

### 4.3.3 Qualitative Study of Pathological Gamblers

Roznerová (2014a) conducted qualitative research using structured interviews administered to seven pathological gamblers in order to examine the moments in the gamblers' lives which were crucial for the development of their pathological gambling. All the participants were recruited in the period from June to September 2013 in the Bohnice Psychiatric Hospital. The influence of gambling on family and social relationships, occupational and academic achievements, health, interests, hobbies, self-care, the economic situation of both the gambler and their family, and criminal offending (if any) were investigated.

All the respondents were males aged from 20 to 49 years, currently in treatment and abstaining, who had gambled for 1-15 years (8 years on average). The total individual sums of money lost on gambling ranged from CZK 150 thousand up to CZK 7.5 million (CZK 3 million on average). The gambling activities of choice were playing slot machines, VLTs, electromechanical roulette, poker, online betting, *Keno*, and the *Sportka* numerical lottery.

The respondents who developed problem gambling appeared to have preferred games yielding an immediate outcome (poker/online bets) and stepped up their irrational betting and raised their bets, which is something these games entail. The effect of online advertising on people's switching to different (riskier) games was recorded.

One of the respondents provides an example of the development of preferred gambling activities occurring in parallel to the increasing amounts lost through gambling, time spent gambling, and the rising demand for instant outcomes; see Figure 4-1.

Figure 4-1: Example of the development of preferences for gambling activities and the related development of a gambling pattern in one of the respondents



This gambler first began to play poker with his friends. Both his winnings and losses were negligible and, to some extent, the gambler was able to influence the outcomes by his skills. He could wait for the outcome. Coming to see poker as a way of improving his financial situation, he decided to play in online tournaments on his own at home. His stakes increased and so did the amount of time spent playing. However, the time he was willing to wait for the outcome shortened. Before long he ended up clicking irrationally on random cards. He then switched from online poker to online betting, which was advertised on the poker website. The wagers and amount of time spent gambling increased, while the time spent waiting for the outcome and the possibility of influencing it by his own abilities diminished. Finally, the gambler abandoned online betting for live betting. The effect was almost immediate: the sizes of his bets and the amount of time spent gambling increased and he played impulsively, without giving the game much thought.

Source: Roznerová (2014a)

The initiation into gambling usually occurred in a pair or a small group. Over the course of time, however, pathological gamblers tended to play alone, even in secrecy, keeping away from others. They would not have referred to any of their “fellow-gamblers” as acquaintances, let alone friends.

A factor that played a part was the destigmatisation of gambling in childhood and adolescence, where gambling is perceived as a kind of computer game rather than risk-posing behaviour. In terms of developmental factors, the sample revealed the apparent influence of the “enabling mother versus absent father” phenomenon. Pathological gambling was also associated with unsuccessful efforts to break away from the original family.

Availability/accessibility – the opening hours and location of gambling venues – were found to be a risk factor for the development of pathological gambling. Anonymity and a higher availability of gambling venues in urban areas prolong the time during which gambling remains undiscovered by the gambler’s family and other people; betting on the internet, too, provides anonymity that minimises the chances of the gambling behaviour being discovered.

A job involving flexible working hours and low levels of supervision also proved to be a risk factor: the sample included a realtor, a sales representative, a police officer, and a self-employed person.

Access to money at work and a relatively high income also played a role of their own. Finally, drinking while playing aggravated the negative consequences of gambling.

#### 4.3.4 Data from Specialised Programmes Operated by *Sdružení Podané ruce*

Since 2011 the *Sdružení Podané ruce* association has provided specialised programmes for problem gamblers in its two outpatient centres based in Brno and Olomouc. The association primarily focuses on drug users, but these two programmes are specifically designed for individuals dependent on gambling and their families. These facilities are staffed by psychologists and social workers who can also make referrals to other relevant services as part of coordinated care. A website<sup>50</sup> dedicated to the issue of pathological gambling was established, too. It contains information providing general advice, contact details of relevant services, a web-based counselling service, and a discussion forum aimed at the problem of gambling.

The profiles of the gamblers in both programmes are very similar. They are clients who socially integrated, often have a family, work, and are financially literate. In 2012 both programmes were approached by a total of 199 clients, of whom 96 were players and 103 their relatives. While men predominated among the gamblers (88 out of 96), women did among the family members (79 out of 103). Gamblers below 25 years old accounted for approximately one fifth of the total number of gamblers.

While in the psychotherapeutic centre in Brno gamblers predominated, the vast majority of the clients of the Olomouc-based addiction outpatient clinic were relatives. The families often seek basic information and immediate help, wanting to know what options for helping their gambling relatives there are. The numbers of gamblers and their relatives engaged with both services have risen significantly since the project started.

Table 4-26: Number of clients with gambling issues in outpatient programmes in Brno and Olomouc, 2012

Number of clients	Brno			Olomouc			Both programmes altogether		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Gamblers	53	4	57	35	4	39	88	8	96
Relatives	8	25	33	26	44	70	34	79	103
<b>Total</b>	<b>61</b>	<b>29</b>	<b>90</b>	<b>61</b>	<b>48</b>	<b>109</b>	<b>122</b>	<b>77</b>	<b>199</b>

Source: Chovancová and Licehammerová (2012)

The Brno-based service is mainly approached by clients who experience problems related to EGMs and fixed-odds betting. Although exceptionally, problems arising from poker, stock trading, and live gambling (such as live roulette) have also been recorded. The age of the gamblers who contact the service generally ranges from 25 to 40 years. Secondary and college/university education predominate. The clients generally live with partners and often have children. They contact the service at the point where they find their situation untenable – e.g. their debt can no longer be kept secret, they cannot pay off their liabilities, are under distraint orders, the family gets to know, etc. They report having played for 1-20 years, in most cases five or more years. The majority of these persons have engaged in gambling for their entire adult life. The clients very often include active or former professional or semi-professional athletes and people working in catering and gambling facilities. Women account for a significantly smaller proportion of the clients; they generally reported working in gambling venues or pubs/bars with slot machines or being introduced to gambling by their partners as pathways to gambling-related problems.

<sup>50</sup> <http://gambling.podaneruce.cz/>

The amount of debt varies from person to person and depends on the clients' income, too. To deal with their indebtedness, they are referred to a local citizens advice bureau that specialises in debt counselling.

#### 4.3.5 Pathological Gamblers in Treatment according to Health Statistics

Between 2004 and 2012, in the Czech Republic, approximately 1,300-1,400 patients with the F63.0 diagnosis (pathological gambling) received treatment in outpatient psychiatric clinics annually (Nechanská, 2013a); see also the chapter entitled **Treatment and Other Specialised Services**, p. 207.

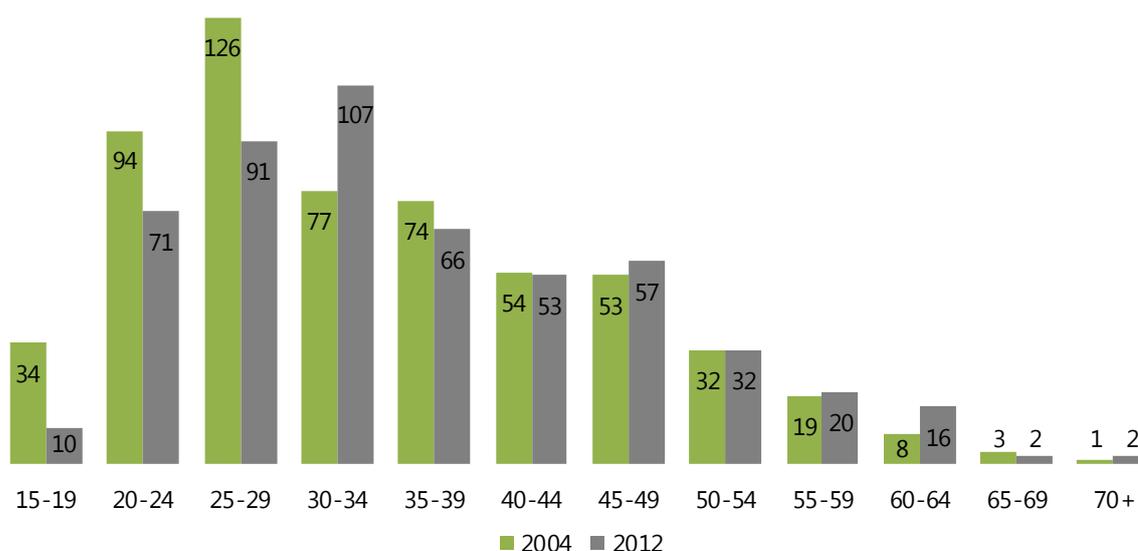
Women accounted for an average of 9% of the total number of patients in outpatient treatment for the F63.0 diagnosis; their proportion has been rising within the past two years (it was almost 13% in 2011 and over 11% in 2012). During the period under scrutiny the rate of patients aged 15-19 declined from the more than 11% recorded in 2008 to less than 3% in 2012. The percentage of children below 14 in treatment was negligible in those years: from 0.1% to 0.4%. The proportion of patients aged 20 or older rose to over 97% in 2012 (the structure of the reports does not allow a more detailed breakdown of the 20+ age category).

The number of admissions to psychiatric hospitals and psychiatric wards on the basis of the F63.0 diagnosis was approximately 60% smaller than the number of outpatients – an average of 500-550 hospitalisations took place annually. While the proportion of females was smaller in comparison to outpatient care (7.8% on average), it has tended to rise to levels around 10% recently.

In the period 2004-2012 the highest rate of hospitalisations was associated with the 25-29 and 30-34 age categories (19% in both cases). Individuals below 20 accounted for 4%. The age of those admitted to inpatient treatment is gradually increasing. In 2012 more than 17% of the patients aged 25-29 and more than 20% of those aged from 30 to 34 years were hospitalised; minors accounted for less than 2%; see Graph 4-12.

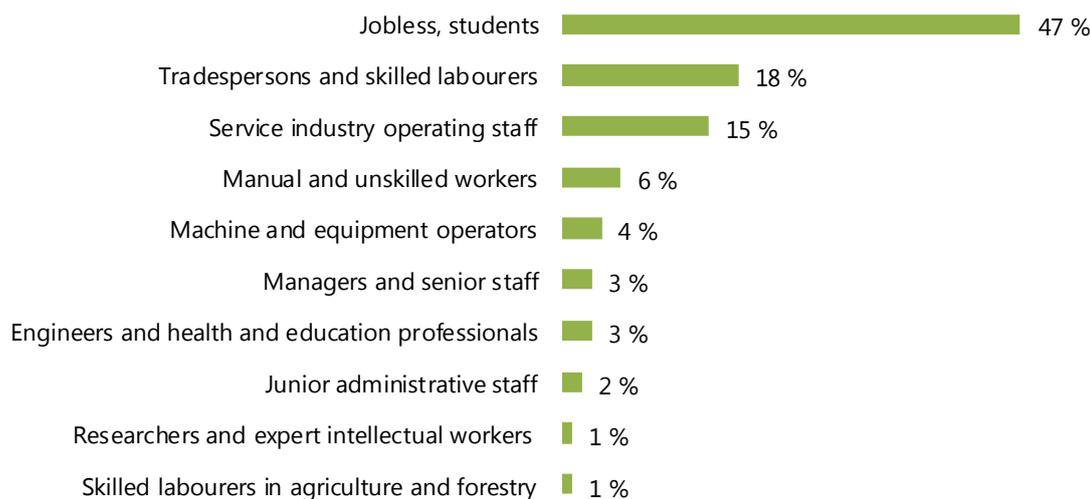
When looking into the occupational status of the patients at the time of hospitalisation, it was found that during the period under scrutiny the largest number of hospital admissions (an average of 47%) pertained to the "jobless, child, student" category. About 18% fell under hospitalisations of individuals coming under the "tradesperson and skilled labourer (excluding machine and equipment operators)" category and 15% were associated with the "service industry operating staff" category"; see Graph 4-13.

Graph 4-12: Development of the number of hospitalisations for the F63.0 diagnosis, by age groups, 2004-2012



Source: Nechanská (2013a)

Graph 4-13: Number of hospitalisations for the F63.0 diagnosis, by occupational status, 2006-2012



Source: Nechanská (2013a)

### 4.3.6 Specific Groups at Risk of Pathological Gambling

The available data indicates that pathological gamblers are more likely to have experience of working in the tertiary sector, particularly in catering (restaurants, bars, hotels, etc.). Work in the gambling industry and a professional sports career also appear to be associated with an increased risk of gambling-related problems; for details see the section entitled **Pathological Gamblers in Treatment Questionnaire Study**, p. 121.

It has also been shown that unstructured working hours and access to large amounts of money at work had a bearing on the development of pathological gambling; for more details see the section entitled **Qualitative Study of Pathological Gamblers**, p. 129.

In 2012, as part of a diploma thesis, research was conducted to look into the playing of betting games by sports journalists, i.e. people with privileged access to insider information from sports. Data was collected among sports journalists from all types of the Czech media (internet portals, print media, television, and press agencies) with both local and national coverage, using an online

questionnaire. The sample comprised 118 (including 14 women) of the total number of the 181 sports journalists working for the media during the study period who were contacted.

The research found that after starting the job the respondents increased the level of their betting on sports results. While before working as sports journalists 24.6% of the respondents engaged in sports betting more than once per week, this proportion rose to 57.6% after they had taken up the job. A slight increase was also recorded in relation to other types of gambling activities, such as the playing of slot machines and casino games. A considerable rise from 16.9% to 26.3% was also observed as regards playing cards for money at a frequency of less than weekly. Two thirds of the respondents considered betting a sort of entertainment or a source of extra money (Činátlová, 2012).

Betting took place mainly on the internet (61% of the respondents) and almost half of the journalists (45.4%) reported betting during their working hours as a common practice. Approximately three quarters of the respondents showed a negative or neutral betting balance, while the remaining quarter was making a profit.

The respondents were asked to complete the SOGS<sup>51</sup> questionnaire, which is used to categorise the levels of severity of gambling. 55% of the males fell into the problem gambling range (1-4 points) and 41.3% into the pathological gambling one (5 or more points). All the females (comprising a very small proportion of the sample) were in the problem gambling range; none of the women met the pathological gambling criteria (Činátlová, 2012).

## 4.4 Problem Gambling-related Comorbidity

### 4.4.1 Problem Gamblers' Substance Use and Mental Health according to a General Population Study

The 2012 National Survey (Národní monitorovací středisko pro drogy a drogové závislosti and SC&C, 2013, SC&C, 2012) also makes it possible to follow the extent of substance use among problem gamblers (i.e. individuals who reported gambling in the last 12 months and were categorised as being at moderate or high risk of gambling-related problems on the basis of the Problem Gambling Severity Index screening tool, i.e. scored three or more points on the PGSI scale). The survey also incorporated the MHI-5 scale, which was used to screen for problem gamblers' mental health.

#### 4.4.1.1 Smoking, Drinking, and the Use of Other Legal Addictive Substances

Problem gamblers reported a significantly higher prevalence of smoking, alcohol consumption, and the use of psychoactive medication and inhalants – daily smoking was reported by 38.3% of the problem gamblers and frequent episodes of heavy drinking (i.e. five or more drinks on a single occasion with a weekly frequency or more often) by 44.6% of the gamblers.

According to the 4-item CAGE test used to screen for at-risk and harmful or problem drinking among the general population (Bühler et al., 2004, Bradley et al., 1998), more than half (56.0%) of the problem gamblers ranked among the at-risk alcohol users (responding positively to at least one of the CAGE questions), of whom 43.4% fell into the harmful or problem drinking category (two or more positive answers on the screening scale); see Table 4-27. In comparison to the general population, problem gamblers were twice as likely to use psychoactive medication, as well as having much greater experience of inhalant use.

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<sup>51</sup> SOGS (the South Oaks Gambling Screen) is a 16-item questionnaire with a maximum score of 20 points. The following evaluation is issued to distinguish problem and pathological gambling: 0 points – no problem with gambling, 1-4 points – some problems with gambling, 5 or more points – probable pathological gambling.

Table 4-27: Prevalence of smoking, drinking and the use of other legal addictive substances among problem gamblers – 2012 National Survey (%)

Prevalence	General population	Past-12-month gamblers		Problem gamblers
	(15-64 years)	All	Excluding lotteries and small bets	PGSI score 3 or more
	(N=2,134)	(n=536)	(n=199)	(n=49)
Smoking in the last 30 days	34.4	43.9	56.1	68.4
Daily smoking in the last 30 days	23.1	29.3	34.9	38.3
Drinking in the last 30 days	69.9	78.3	87.4	89.4
Regular alcohol use (five or more drinks at least weekly in the last 30 days)	12.8	21.2	32.7	44.6
At-risk drinking (CAGE score 1+)	17.0	25.3	35.9	56.0
Harmful drinking (CAGE score 2+)	8.2	14.7	21.1	43.4
Total use of psychoactive medication in the last 12 months	7.8	10.9	8.9	14.1
Total use of psychoactive medication in the last 30 days	4.7	6.3	4.5	6.6
Lifetime inhalant use	0.9	2.2	3.5	8.4
Inhalant use in the last 12 months	0.2	0.9	0.8	3.3
Inhalant use in the last 30 days	0.1	0.3	0.8	3.3

Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013), Mravčík et al. (2013), Chomynová (2013)

#### 4.4.1.2 Illicit Drug Use

Problem gamblers were significantly more likely to report previous experience with the use of the illegal drugs under observation, as well as current illicit drug use. While in the general population cannabis had been used at least once by 27.9% of the respondents, 59.2% of the problem gamblers reported lifetime cannabis use. Problem gamblers were very likely to have experienced the use of ecstasy (24.9%) and hallucinogenic mushrooms (22.0%), as well as substances with prevalence rates that record very low levels among the general population (methamphetamine, cocaine, and LSD had been used by 13.7%, 14.8%, and 14.9% of the problem gamblers respectively); see Table 4-28.

Table 4-28: Prevalence of drug use among problem gamblers – 2012 National Survey (%)

Prevalence	Drug type	General population	Past-12-month gamblers		Problem gamblers
		(15-64 years ) (N=2,134)	All (n=536)	Excluding lotteries and small bets (n=199)	PGSI score 3 or more (n=49)
Lifetime prevalence	Cannabis	27.9	38.8	61.7	59.2
	Ecstasy	3.6	6.7	13.2	24.9
	Methamphetamine or amphetamines	2.5	5.6	11.0	13.7
	Cocaine	2.3	3.5	5.7	14.8
	Heroin	0.6	0.9	1.6	8.3
	LSD	2.8	4.9	9.0	14.9
	Hallucinogenic mushrooms	5.3	7.9	15.6	22.0
	"New drugs"	1.1	1.4	3.1	5.8
Prevalence in the last 12 months	Cannabis	9.2	17.5	35.1	39.8
	Ecstasy	0.6	1.8	4.3	11.6
	Methamphetamine or amphetamines	0.4	1.2	3.4	6.3
	Cocaine	0.4	0.8	2.2	6.1
	Heroin	0.2	0.3	0.8	3.3
	LSD	0.2	0.5	1.0	2.8
	Hallucinogenic mushrooms	0.7	1.1	3.4	12.0
	"New drugs"	0.4	0.7	1.4	5.8
Prevalence in the last 30 days	Cannabis	4.4	9.2	17.8	21.8
	Ecstasy	0.1	0.4	1.2	3.4
	Methamphetamine or amphetamines	0.2	0.5	1.2	3.3
	Cocaine	0.2	0.6	1.5	3.3
	Heroin	0.2	0.3	0.8	3.3
	LSD	0.1	0.1	0.4	1.5
	Hallucinogenic mushrooms	0.2	0.6	2.1	6.9
	"New drugs"	0.1	0.3	0.8	3.4

Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013), Mravčík et al. (2013), Chomynová (2013)

In comparison to the general population, the problem gamblers also reported higher levels of the regular use of illegal drugs (i.e. using them at least once per week or more often in the last 12 months). The regular use of cannabis was reported by 15.6% of the problem gamblers, hallucinogenic mushrooms by 5.8%, ecstasy by 3.7%, and methamphetamine (pervitin), cocaine, and new (synthetic) drugs by 3.3% of the gamblers; see Table 4-29.

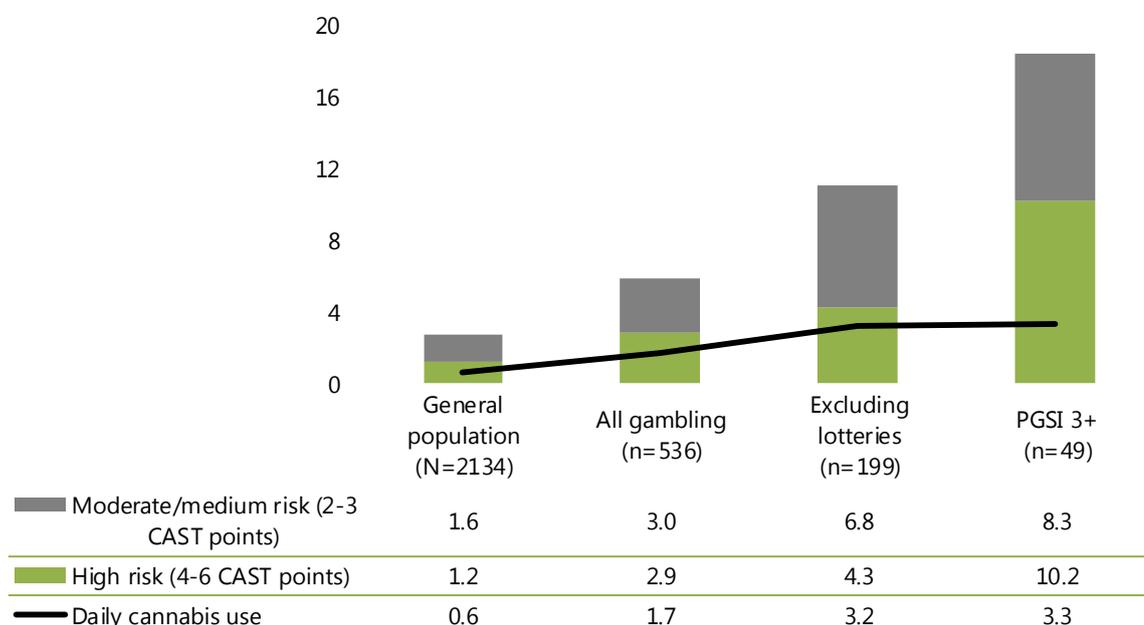
Daily cannabis use was reported by 3.3% of the problem gamblers. According to the Cannabis Abuse Screening Test (CAST) used to assess problem or risky cannabis use (Piontek et al., 2008, Beck and Legleye, 2008, Legleye et al., 2007), a total of 18.5% of the problem gamblers fell into the risky cannabis use category. Of those, 8.3% were classified as being at moderate or medium risk (2-3 points on the CAST scale) and another 10.2% as being at high risk of cannabis use-related problems (4 or more CAST points); see Graph 4-14.

Table 4-29: Regular use (i.e. at least once per week or more frequently in the last 12 months) of illicit drugs among gamblers (%)

Prevalence	General population (15-64 years) (N=2,134)	Past-12-month gamblers		Problem gamblers
		All (n=536)	Excluding lotteries and small bets (n=199)	PGSI score 3 or more (n=49)
Cannabis	2.3	5.0	9.4	15.6
Ecstasy	0.1	0.3	0.8	3.7
Methamphetamine or amphetamines	0.2	0.3	0.8	3.3
Cocaine	0.1	0.3	0.8	3.3
Heroin	0.1	0.0	0.0	0.0
LSD	0.0	0.0	0.0	0.0
Hallucinogenic mushrooms	0.1	0.5	1.4	5.8
“New drugs”	0.1	0.3	0.8	3.3

Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013), Mravčík et al. (2013), Chomynová (2013)

Graph 4-14: Problem cannabis use (according to the CAST) among problem gamblers (%)

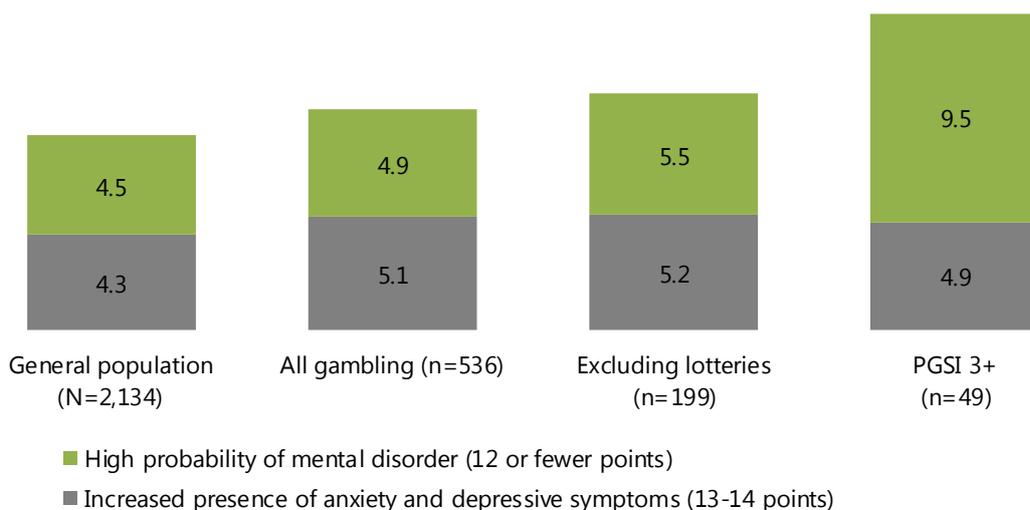


Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013), Mravčík et al. (2013), Chomynová (2013)

#### 4.4.1.3 Mental Health

The results of the Mental Health Inventory (MHI-5) screening test among the general population (for more details see the chapter entitled **Gambling and Mental Health**, p. 91) showed that 91.2% of the respondents were found in good mental health, while 4.3% of the respondents displayed increased levels of anxiety and depressive signs and another 4.5% of the respondents fell into the category associated with a high probability of mental disorder. The population of problem gamblers was found to include a slightly larger proportion of respondents who showed a higher rate of anxiety and depressive symptoms (4.9%). In addition, persons identified as being very likely to suffer from a mental disorder also had a much greater representation among problem gamblers (9.5%). The MHI-5 thus suggests that overall 14.4% of the problem gamblers are at risk of developing a mental disorder; see Graph 4-15. This elevated rate of mental disorders among problem gamblers is expectable, as psychopathology is a part of the picture of problem gambling and assessment of mental health is one of the criteria used to diagnose it.

Graph 4-15: Mental disorders among problem gamblers according to the MHI-5 (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

#### 4.4.2 Data from the Pathological Gamblers in Treatment Questionnaire Study

The most common gambling-related health problems indicated by the respondents comprising the sample of a questionnaire study of pathological gamblers in treatment included nervousness and irritability (67.7% of the respondents), anxious states and insomnia (both 59.8%), suicidal ideations (41.0%), and cardiovascular problems (28.4%). 17.5% of the respondents used medications for conditions caused by gambling; they were mostly antidepressants, anxiolytics, and sedatives of various types.

Table 4-30: Occurrence of gambling-related health problems

Health problem	Number (N=229)	Rate (%)
Nervousness, irritability	155	67.7
Anxious states	137	59.8
Insomnia	137	59.8
Suicidal ideations	94	41.0
High pressure/palpitation/chest pains	65	28.4
Gastric ulcers	19	8.3
Acute health conditions requiring hospitalisation	13	5.7
Other	4	1.7

Note: More answers could be provided.

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

The sources of the greatest concern before entering treatment were financial problems (mentioned by 53.6% of the respondents), family/partner relationships (22.4%), and poorer mental health (18.2%).

The most common self-reported psychoactive substances used while gambling included tobacco, alcohol, coffee, and energy drinks. These were used very frequently while gambling, by 61.3%, 33.3%, 23.5%, and 20.1% of the respondents respectively. Cannabis and methamphetamine (pervitin) were the most commonly used illicit drugs; 17.2% and 18.0% of the respondents, respectively, used them frequently or very frequently while gambling.

Table 4-31: Substance use while gambling

Drug	Very often (%)	Often (%)	Sometimes (%)	Never (%)	Number within the category
Cigarettes	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
Methamphetamine	14.5	2.7	7.2	75.6	221
Cannabis	9.9	8.1	15.3	66.7	222
Over-the-counter nootropics and stimulants	5.0	3.2	5.5	86.4	220
Ecstasy	2.7	3.2	3.2	90.9	220
New synthetic drugs	1.8	1.4	1.4	95,5	220
Cocaine	1.8	3.2	4.1	90.9	220

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

#### 4.4.3 Data from a Qualitative Study of Pathological Gamblers

A qualitative study involving a sample of seven pathological gamblers in treatment (Roznerová, 2014a – viz výše) found differences in the way gambling had affected their respective health conditions, with two respondents denying that gambling had had any effect on their health. The majority of them, however, had experienced gambling-related negative consequences pertaining to both mental (depression, anxiety, suicidal thoughts, etc.) and physical health (high blood pressure, appendicitis, allergies, etc.). Cognitive distortions manifested as fallacies and delusions were also commonplace – the gamblers were convinced, for example, that after a series of “near-wins” the “spell of bad luck would be broken” and that “the money they had invested would pay off”. There were two cases of car accidents in the sample as a result of craving-related distraction. The most serious consequences, registered in two probands, were attempted suicides.

#### 4.4.4 Pathological Gamblers’ Comorbidity according to Health Statistics

The National Focal Point analysed the data on people hospitalised with pathological gambling (F63.0) as their primary or secondary diagnosis between the years 1994 and 2011. The data was obtained from the National Register of Hospitalisations managed by the Institute of Health Information and Statistics. In addition to the principal diagnosis, external causes of injuries (if relevant) and up to four additional secondary diagnoses are reported to the register.

The sample under analysis consisted of a total of 7,704 individuals,<sup>52</sup> including 7,215 men (93.7%) and 489 women (6.3%). Their average age was 33.2 ± 11.6 years. The majority of the individuals were hospitalised with a psychiatry-specific primary diagnosis; see Table 4-32. Pathological gambling was the primary diagnosis in a total of 5,921 hospitalisations (76.9%). Other diagnoses were stated in 996 of these cases (16.8%); the physicians’ failure to complete columns for secondary diagnoses leading to a certain level of underreporting is suspected in this respect.

The vast majority of secondary diagnoses, nevertheless, were to be found among psychiatric diagnoses other than pathological gambling – 868 persons (i.e. 14.7% of all the individuals with F63.0 as their principal diagnosis and 87.2% of all the individuals with F63.0 as their principal diagnosis plus at least one secondary diagnosis). The largest proportion of the psychiatric diagnoses involved alcohol use disorders, disorders related to the use of drugs other than alcohol, personality disorders, and neurotic disorders.

<sup>52</sup> Each person was accounted for in the sample only once. In the event of multiple hospitalisations, the first admission was recorded.

## Problem Gambling, Pathological Gambling, and Gambling-related Health Consequences

Table 4-32: Sample of individuals hospitalised with dg. F63.0, by the major diagnostic categories, 1994-2011

Principal diagnosis	Number	Rate (%)
Mental and behavioural disorders	7,588	98.5
> pathological gambling	5,921	76.9
Injury, poisoning, and certain other consequences of external causes and external causes of morbidity and mortality	69	0.9
Other	47	0.6
<b>Total</b>	<b>7,704</b>	<b>100.0</b>

Source: Institute of Health Information and Statistics, prepared by the National Focal Point

Table 4-33: Secondary diagnoses in individuals hospitalised with F63.0 as the principal diagnosis, by the major diagnostic categories

Secondary diagnoses	Number	Rate (%) (N=5,921)*	Rate (%) (N=996)**
Mental and behavioural disorders	868	14.7	87.2
Factors influencing health status and contact with health services	48	0.8	4.8
Diseases of the circulatory system	45	0.8	4.5
External causes of morbidity and mortality	32	0.5	3.2
Endocrine, nutritional, and metabolic diseases	31	0.5	3.1
Diseases of the digestive system	28	0.5	2.8
Injury, poisoning, and certain other consequences of external causes	25	0.4	2.5
Diseases of the respiratory system	16	0.3	1.6
Diseases of the musculoskeletal system and connective tissue	16	0.3	1.6
Diseases of the nervous system	12	0.2	1.2
Other	88	1.5	8.8

Note: \* Subsample of patients with F63.0 as the principal diagnosis. \*\* Subsample of patients with F63.0 as the principal diagnosis and at least one secondary diagnosis.

Source: Institute of Health Information and Statistics, prepared by the National Focal Point

Table 4-34: Secondary diagnoses pertaining to the domain of mental and behavioural disorders in hospitalisations for F63.0 as the principal diagnosis, by the major diagnostic categories

Secondary diagnoses pertaining to the domain of mental and behavioural disorders (F00-F99)	Number	Rate % (N=996)*	Rate % (N=868)**
Mental and behavioural disorders due to use of alcohol (F10)	384	38.6	44.2
Mental and behavioural disorders due to psychoactive substance use (F11-F19)	253	25.4	29.1
Disorders of adult personality and behaviour (F60-F69)	226	22.7	26.0
Neurotic, stress-related, and somatoform disorders (F40-F48)	148	14.9	17.1
Mood (affective) disorders (F30-F39)	27	2.7	3.1
Schizophrenia, schizotypal, and delusional disorders (F20-F29)	23	2.3	2.6
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)	9	0.9	1.0
Mental retardation (F70-F79)	8	0.8	0.9
Organic, including symptomatic, mental disorders (F00-F09)	6	0.6	0.7
Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59)	1	0.1	0.1
Disorders of psychological development (F80-F89)	1	0.1	0.1
Unspecified mental disorder (F99)	0	0.0	0.0

Note: \* Subsample of patients with F63.0 as the principal diagnosis and at least one secondary diagnosis \*\* Subsample of patients with F63.0 as the principal diagnosis and at least one secondary diagnosis pertaining to the domain of mental and behavioural disorders (dg. F00-F99).

Source: Institute of Health Information and Statistics, prepared by the National Focal Point

## 4.5 Mortality of Pathological Gamblers

Using the same sample of 7,704 individuals hospitalised with pathological gambling as their primary or secondary diagnosis (F63.0) in the period from 1994 to 2011 (see the chapter entitled **Pathological Gamblers' Comorbidity according to Health Statistics**, p. 139), a retrospective cohort (database-linkage) mortality study was undertaken. The mortality-related data was obtained from the Czech general mortality register – the Deaths Information System – and the Institute of Health and Information Statistics of the Czech Republic.

Each person who was hospitalised was accounted for in the sample only once. In the event of repeated hospitalisations, only the first admission was recorded. The study period was determined as that starting from the (first) admission to hospital and ending with the date of death or, with survivors, as of 31 December 2011, i.e. the end of the individuals being tracked in both the hospitalisation sample and the Death Information System.

Using indirect standardisation, the actual number of deaths was compared to the number of deaths expected on the basis of mortality among the standard population (in this case, the general population of the Czech Republic) of the same gender and age in the individual years. A standardised mortality ratio (SMR) – an index indicating a relative risk of death in a given population in relation to the mortality of a standard population – was determined.

In addition, the structure of mortality in the sample of pathological gamblers was compared to the structure of mortality in the general population between the years 1994 and 2011 after the adjustment (weighting) of the study sample to control for the gender and age of the general population.

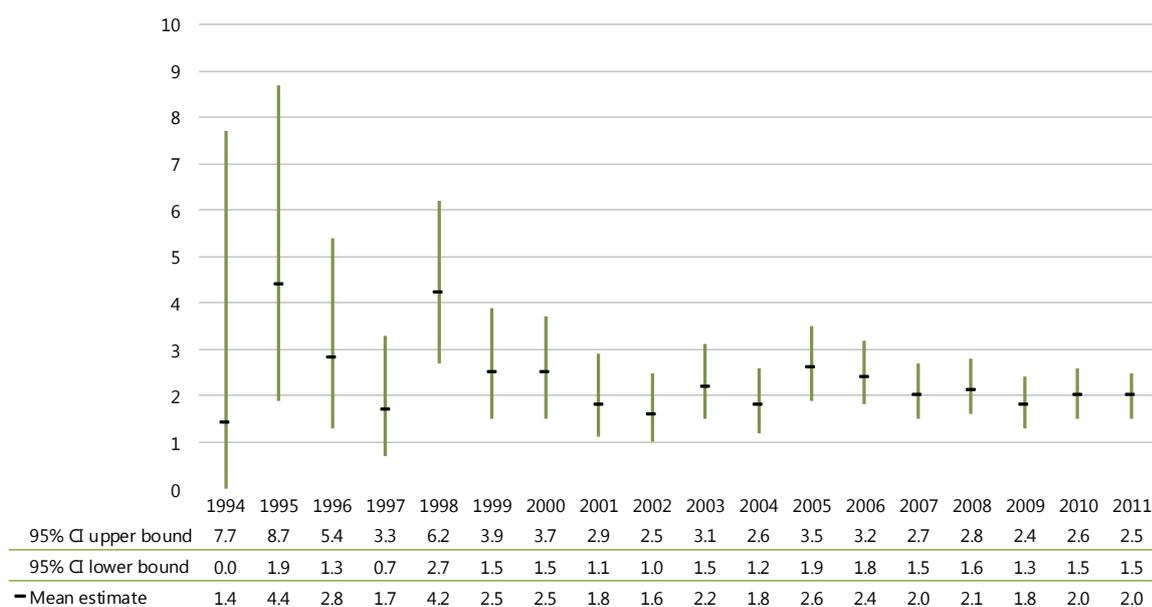
Overall, the sample consisted of 7,704 individuals, including 7,215 men (93.7%) and 489 women (6.3%). The total person-time of observation reached 64,370 person-years. 547 persons, 516 men and 31 women, died. The average crude death rate per year equalled a total of 8.50/1,000 people (8.44 and 9.63 in males and females respectively).

The mean SMR of the pathological gamblers in the individual years ranged between 1.4 and 2.8; in the recent years of the observation these values stayed at around two, as the strength of the analysis increased with the increase in the person-time of the observation. The risk of the death of pathological gamblers is thus approximately twice as high as the risk for their peers in the general population, and this elevation of the mortality rate is statistically significant. The standardised mortality ratio of the entire sample is determined especially by the male figures, as the SMR for females, given their small number, shows strong fluctuations and the relative rise in their death rate cannot be considered statistically significant (the lower bound of the confidence interval is below 1.0).

External causes of death (such as injuries, accidents, and poisonings, including suicides) seem to predominate when the overall mortality structure is considered; 44.6% of the deaths resulted from external causes, of whom people who had committed suicide accounted for the majority (60% of external causes, 26.7% of all deaths). After the structure (gender and age) of the general population has been controlled for, the proportion of external causes, including suicides, becomes smaller – 9.2% and 4.8% of the sample respectively. Even after this adjustment, the rate of suicides among pathological gamblers is 3.4 times higher (mean value) than in the general population. Taking into account the fact that the risk of death as a result of all the causes of death is approximately doubled among pathological gamblers, pathological gamblers' risk of dying of suicide is approximately 6-7 times higher than that of their peers in the general population.

There is no clear implication that gambling (exclusively) is the cause of the higher rate of suicides among pathological gamblers. There are a number of additional factors that contribute to the increased risk of suicides among pathological gamblers. First and foremost, these include anxiety and depressive disorders, substance use, and indebtedness.

Graph 4-16: Development of the standardised mortality ratio for pathological gamblers hospitalised in the Czech Republic from 1994 to 2011; both genders on aggregate



Source: Institute of Health Information and Statistics, prepared by the National Focal Point

Table 4-35: Mortality structure in the sample of pathological gamblers hospitalised from 1994 to 2011; by the major diagnostic categories (unweighted)

Causes of death	Number	Rate (%)
Injury, poisoning, and certain other consequences of external causes	244	44.6
Diseases of the circulatory system	126	23.0
Neoplasms	104	19.0
Diseases of the digestive system	25	4.6
Symptoms, signs, and abnormal clinical and laboratory findings not classified elsewhere	14	2.6
Diseases of the respiratory system	12	2.2
Mental and behavioural disorders	7	1.3
Diseases of the nervous system	7	1.3
Endocrine, nutritional, and metabolic diseases	4	0.7
Diseases of the genitourinary system	2	0.4
Certain infectious and parasitic diseases	1	0.2
Congenital malformations, deformations, and chromosomal abnormalities	1	0.2
<b>Total</b>	<b>547</b>	<b>100.0</b>

Source: Institute of Health Information and Statistics, prepared by the National Focal Point

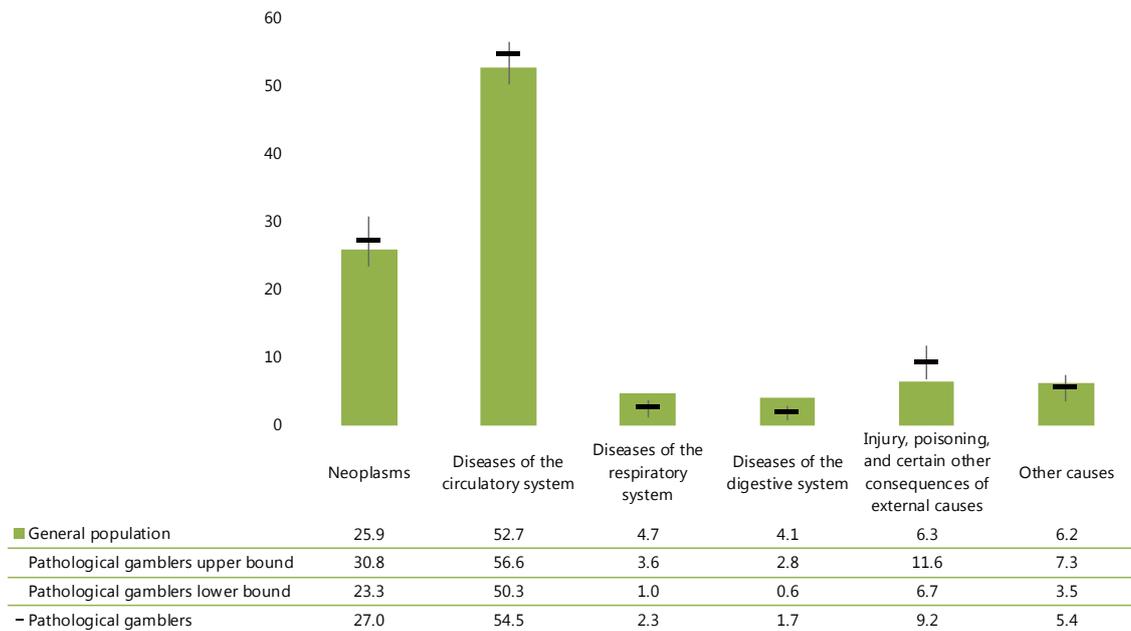
Table 4-36: Mortality structure in the sample of pathological gamblers hospitalised from 1994 to 2011; by category of external causes of death (unweighted)

External causes of death	Number	Rate (%)
Intentional self-harm	146	26.7
Transport accidents	33	6.0
Falls	7	1.3
Accidental drowning and submersion	6	1.1
Exposure to electric current, radiation, heat, smoke, fire, or flames	3	0.5
Assault (attack)	2	0.4
Complications related to medical procedures	1	0.2
Other external causes	46	8.4
No external cause	303	55.4
<b>Total</b>	<b>547</b>	<b>100.0</b>

Source: Institute of Health Information and Statistics, prepared by the National Focal Point

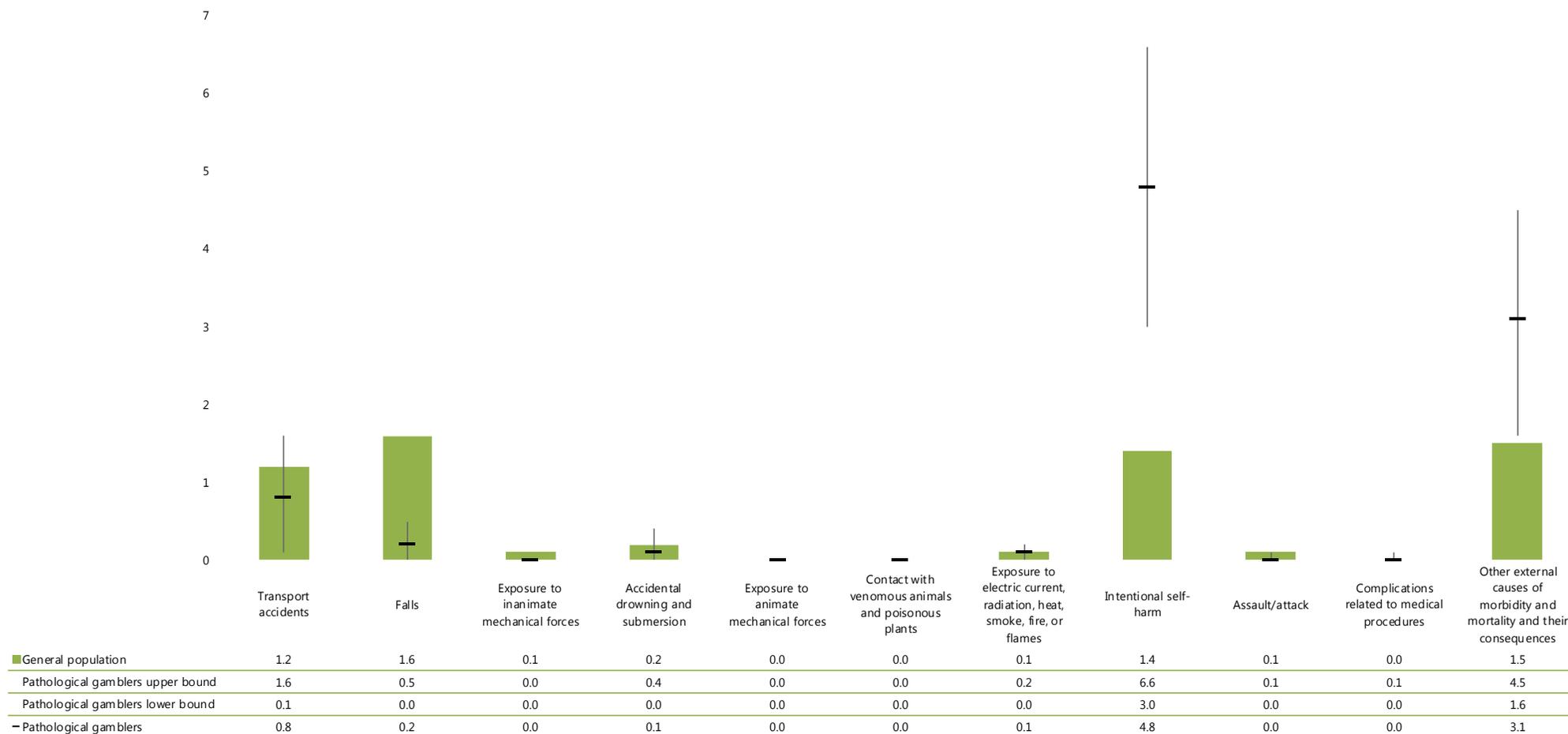
## Gambling in the Czech Republic, Its Correlates and Consequences

Graph 4-17: Mortality structure: rate of selected causes of death by diagnostic categories – comparison between pathological gamblers (weighted for gender and age of the general population) and the general population



Source: Institute of Health Information and Statistics, prepared by the National Focal Point

Graph 4-18: Mortality structure: rate of selected categories of external causes of death – comparison between pathological gamblers (weighted for gender and age of the general population) and the general population



Source: Institute of Health Information and Statistics, prepared by the National Focal Point



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# 5 Social Consequences and Correlates of Gambling

## 5.1 Background

Gambling does not affect only the individuals who engage in it, but it also has an impact on their families and communities. According to Williams et al. (2011), such impacts have a broader social dimension encompassing crime, the exacerbation of social inequalities, leisure time opportunities, unemployment, and the overall quality of life of individuals and communities. Significantly, these consequences are multifaceted in their nature rather than being primarily negative.

In terms of its social and health implications, problem gambling is a major factor as regards the indebtedness of the gamblers and their families. This has a bearing on the health of the individuals, families, the community, and society as a whole and contributes to the additional consequences of pathological gambling (Ladouceur, 2004). While being a significant motive for suicides among gamblers, gambling-related debt also has a negative impact on health in general, work life, poverty, housing, offending, and social exclusion; indebtedness tends to be the reason for carrying on with gambling or relapsing into it (Downs and Woolrych, 2010); see also the chapters entitled **Etiology of Problem Gambling**, p. 102, and **Financial Consequences of Gambling and Indebtedness**, p. 158. Moreover, this phenomenon is difficult to grasp in research terms, with the existing methods providing limited resources for determining the actual amount of gambling-related debt (Błaszczynski et al., 1997, Wood and Williams, 2007).

Not many studies have been conducted to explore the hardship that gambling causes for the immediate social environment of those engaging in it, despite the fact that the impacts of gambling on partners and family members, whether they involve financial insecurity, the disintegration of family relationships, or the overall deterioration of physical and mental health, are significant (Dickson-Swift et al., 2005). Gamblers' partners face problems similar to those of gamblers themselves in the relationship and financial domains. They may experience feelings of guilt over not being able to stop their loved ones from gambling or protecting their lives and entire families from the effects of their activities. It is common for the gambler's loved ones to assume responsibilities for numerous aspects of their lives or take over their role within the family system. This tends to lead to the deterioration of the relationship and eventually to its breakup.

One of the most alarming social consequences of gambling is the deepening of the inequalities between the well-off and poor population groups (Abdel-Ghany and Sharpe, 2001, Beckert and Lutter, 2009). Because of the lack of other leisure time alternatives, low-income population groups and communities show a high demand for gambling. The offer of gambling opportunities tends to move to profitable areas, i.e. regions which are disadvantaged in social and economic terms. This results in regressive effects of gambling as people with low incomes spend a larger proportion of their earnings on gambling than those with high incomes, which further aggravates the action of adverse socio-economic factors and the socio-economic impacts of gambling (Abbott et al., 2013).

Becoming a source of public controversy, opinions on the operation of gambling influence public views in the community. As suggested by a survey conducted in municipalities (Národní monitorovací středisko pro drogy a drogové závislosti, 2013a), the views of the citizens and public officials, or the operators of gambling establishments, as the case may be, often differ. While the local inhabitants mostly find the presence of gambling venues and EGM-type games a problematic and unnecessary phenomenon, some of the municipal officials and industry representatives highlight the positive aspects of such operations, specifically with regard to the revenues for the municipal budget which can subsequently be used to fund publicly beneficial activities.

## 5.2 Correlates between Gambling and Socially Negative Phenomena

### 5.2.1 Social Impacts at the Individual Level

A qualitative study of a sample of seven pathological gamblers in treatment (Roznerová, 2014a) showed that the impairment and disintegration of relationships with partners and family members ranked among the most serious impacts of gambling. The impacts pertaining to this domain were perceived by the gamblers as the greatest loss that gambling inflicted on them. The financial harm and debt was ranked by them as second on the value scale. The impairment or disintegration of relationships concerned a wide range of links in the gamblers' social environment. Family relationships in general, including broader family ties, were those most likely to suffer. Nevertheless, gambling had a particularly destructive effect on close family members. In addition to indebtedness, the harm involved the loss of trust associated with the gambler's lying and their position within the family ensuing from such behaviour. The family usually do not understand the gambler's behaviour or attribute it to other factors, such as the latter's being overworked. Mood swings can be observed: when the game "goes well", the gambler is happy, nice, and sociable, and brings presents, while when it is the opposite, they are irritable, quiet, aggressive, depressive, etc. Pathological gambling was often found to affect the family system as a whole. Abnormal and counterproductive responses were recorded: the denial of apparent problems (e.g. gamblers providing highly improbable stories to explain their debt, failing to observe rules and boundaries, blaming instead of seeking solutions, postponing solutions, and minimising the problem or refusing treatment).

A disruption of a partner relationship was reported regularly; suspicion of infidelity arising from the partner's gambling-related absence from home was very frequent. The tense atmosphere and family rows usually brought the gambler back to a gambling venue. Shame at one's own behaviour, the partner's mistrust, and financial consequences and debts were likely to result in break-up or divorce.

Pathological gamblers' children were affected too (e.g. some of them had to discontinue their university studies as a result of their parent's gambling or their intended dowry was used to finance gambling). Apart from the damage to the parent-child relationship, the children suffered social stigmatisation as a result of their parent's pathological gambling.

The loss of friends, deterioration of relationships with colleagues at work, and the abandonment of former hobbies were reported frequently. The gamblers could not fulfil their school or work responsibilities because of their gambling, craving for gambling, thoughts of the losses they had suffered, and thoughts of debt. Frequent reasons for gamblers' losing their jobs included the failure to fulfil work responsibilities, breaches of work regulations, and often the embezzlement of money entrusted to them. It could be seen how a person's social ranking and payroll status declined as a result of their pathological gambling.

The most common negative phenomena associated with the development of problem gambling that were reported by the respondents participating in the *Pathological Gamblers in Treatment* questionnaire survey (Národní monitorovací středisko pro drogy a drogové závislosti, 2014c) included lying (75.3% lied often or very often), failure to pay back loans (5.4%), spending shared family money (53.8%), neglecting the family (48.2%), anger and psychological pressure towards people around them (29.8%), being unreliable at work (29.9%), and stealing things from home (27.4%); see Table 5-1.

67.7% of the respondents reported having abandoned their previous interests and hobbies in consequence of their regular gambling.

Table 5-1: Gambling-related negative phenomena

Situation	Very often (%)	Often (%)	Sometimes (%)	Never (%)	Number within the category
Lying	45.7	29.6	16.6	8.1	223
Not paying loans back	40.2	19.2	15.6	25.0	224
Spending shared money	23.5	30.3	21.7	24.4	221
Not caring for the family	23.4	24.8	28.4	23.4	218
Anger, emotional blackmailing of others	16.7	13.1	28.5	41.6	221
Stealing things from home	14.2	13.2	23.7	48.9	219
Unreliability in performing one's job	12.5	17.4	29.9	40.2	224
Aggressiveness, physically assaulting others	5.9	7.3	19.2	67.6	219

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2013a)

In the work domain, the most common negative impacts of gambling stated by the respondents included problems with both their superiors and subordinates or colleagues in general (reported by 49.0% of the respondents who were employed) and the loss of their job (40.6%); see Table 5-2.

Table 5-2: Employment-related events associated with gambling (among respondents with an employee status)

Employment-related event	Number (n=155)	Rate (%)
Problems with superiors / subordinates / co-workers	76	49.0
Unemployment	63	40.6
Change of job – transfer to a different field	23	14.8
Changes in working hours or existing working conditions	21	13.5
Change in work responsibilities (promotion/removal from a senior position)	21	13.5
Different job in the same field	15	9.7
Other	16	10.3

Note: Individuals without an employment contract (28) and those who did not respond to this question (46) were excluded from the analysis of this variable.

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2013a)

12.7% of the pathological gamblers included in the survey reported having also experienced positive effects of gambling in their lives. Enjoyment or a sense of happiness at winning, positive effects on personal relationships, or positive changes in terms of amusement and relaxation (indicated by 2.6-3.1% of the respondents) were among those mentioned with the highest frequency.

## 5.2.2 Social Impacts at the Community and Territorial Unit Levels

The occurrence of selected problems related to the offer of gambling in municipalities was examined in a questionnaire survey focusing on gambling and the experience of its regulation in municipalities (Národní monitorovací středisko pro drogy a drogové závislosti, 2013a). Such problems included inebriety in the venues, disturbing the peace, recipients of social security benefits engaging in gambling, gambling venues being present in socially excluded communities, prostitution, drunkenness, and illegal drugs; see Table 5-3 for details. The representatives of the municipalities rated the items on a scale from 1 (never) to 4 (very often). The sample comprised a total of 435 municipalities, including 243 with the offer of gambling opportunities; for more details see the chapter entitled **Questionnaire Survey on the Regulation of Gambling in Municipalities**, p. 185.

## Social Consequences and Correlates of Gambling

Table 5-3: Selected gambling-related problems experienced in municipalities with the offer of gambling opportunities – categories

Problems under scrutiny	Never		Rarely		Often		Very often		Total	
	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)
Inebriety in gambling venues	60	26.3	83	36.4	66	28.9	19	8.3	228	100.0
Gambling by recipients of social security benefits	76	34.9	64	29.4	57	26.1	21	9.6	218	100.0
Disturbing the peace in the vicinity of gambling venues	87	36.0	92	38.0	52	21.5	11	4.5	242	100.0
Property crime in gambling venues or in their vicinity	119	51.7	83	36.1	24	10.4	4	1.7	230	100.0
Serving alcohol to children and minors	125	55.8	78	34.8	19	8.5	2	0.9	224	100.0
Excessive consumption of drugs in gambling venues or in their vicinity	126	60.9	63	30.4	17	8.2	1	0.5	207	100.0
Drug crime in gambling venues or in their vicinity	136	67.3	50	24.8	14	6.9	2	1.0	202	100.0
Violent crime in gambling venues or in their vicinity	134	58.5	81	35.4	11	4.8	3	1.3	229	100.0
Gambling by children and minors (individuals under 18)	137	61.2	76	33.9	9	4.0	2	0.9	224	100.0
Gambling venues being present in socially excluded communities or in their surroundings	180	89.6	11	5.5	5	2.5	5	2.5	201	100.0
Practising prostitution in the vicinity of gambling venues	211	94.2	10	4.5	2	0.9	1	0.4	224	100.0

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2013a)

Of the selected problems, inebriety in gambling venues, gambling by the recipients of social security benefits, and disturbing the peace in the vicinity of the venues were reported with the highest rate of frequency. Even for the most common problems, the average rating did not go much above 2, i.e. their occurrence was rare, as shown in Table 5-4.

Table 5-4: Selected gambling-related problems experienced in municipalities with the offer of gambling opportunities – average scores

Problems under scrutiny	n	Average	Standard deviation
Inebriety in gambling venues	228	2.19	0.923
Gambling by recipients of social security benefits	218	2.11	0.994
Disturbing the peace in the vicinity of gambling venues	242	1.95	0.870
Property crime in gambling venues or in their vicinity	230	1.62	0.742
Serving alcohol to children and minors	224	1.54	0.688
Violent crime in gambling venues or in their vicinity	229	1.49	0.653
Excessive consumption of drugs in gambling venues or in their vicinity	207	1.48	0.667
Gambling by children and minors (individuals under 18)	224	1.45	0.619
Drug crime in gambling venues or in their vicinity	202	1.42	0.666
Gambling venues being present in socially excluded communities or in their surroundings	201	1.18	0.590
Practising prostitution in the vicinity of gambling venues	224	1.08	0.340

Note: The respondents rated the items using a four-level scale: never (1 point), rarely (2), often (3), very often (4 points).

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2013a)

The survey also looked into the effects of gambling operations on the socioeconomic situation and the quality of life in the municipality; see Table 5-5. The majority of the municipalities rated the impact of gambling as entirely or rather positive with respect to employment and revenues for the municipal budget. As regards the other phenomena under study, such as the standard of leisure time activities, cultural and sports opportunities, tourism, municipal infrastructure, and the appearance of public areas, the effects of gambling were generally seen as negative.

*Table 5-5: The effects of gambling on the phenomena under scrutiny in municipalities*

<b>Gambling-related phenomena under scrutiny</b>	<b>Entirely positive</b>		<b>Rather positive</b>		<b>Rather negative</b>		<b>Entirely negative</b>		<b>Total</b>	
	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)
Revenue for municipal budget	52	33.3	94	60.3	8	5.1	2	1.3	156	100.0
Number of employment opportunities	6	11.1	32	59.3	12	22.2	4	7.4	54	100.0
Municipal infrastructure	2	5.0	11	27.5	19	47.5	8	20.0	40	100.0
Tourism	1	1.8	14	24.6	27	47.4	15	26.3	57	100.0
Sports activities	7	8.5	13	15.9	31	37.8	31	37.8	82	100.0
Appearance of public areas	3	3.1	14	14.3	52	53.1	29	29.6	98	100.0
Number of inhabitants	1	5.3	2	10.5	12	63.2	4	21.1	19	100.0
Cultural opportunities	4	4.3	9	9.7	38	40.9	42	45.2	93	100.0
Standard of leisure time activities	3	2.4	6	4.8	60	48.0	56	44.8	125	100.0

*Source: Národní monitorovací středisko pro drogy a drogové závislosti (2013a)*

A correlation analysis of the availability of electronic gaming machines (EGMs) and selected sociodemographic indicators at the district level for 2011 was conducted as part of a bachelor's thesis in addictology, an academic programme provided by the First Faculty of Medicine, Charles University in Prague (Drbohlavová, 2013). The number of machines permitted by the Ministry of Finance relative to the size of the population in the district was used as the availability indicator. Sociodemographic indicators included population increment, average age, the unemployment rate, the number of applicants for one working position, the number of cases of incapacity to work, the average number of days of incapacity to work, the average amount of retirement pensions, the divorce rate, the number of criminal offences reported, the number of individuals in treatment for the F63.0 diagnosis, the number of suicides, the total mortality rate, the abortion rate, and the rate of road accidents.

A statistically significant positive correlation was found between the availability of EGMs on the one hand and, on the other hand, the unemployment rate, the number of applicants for one working position, and the number of pathological gamblers in outpatient treatment. Significant negative correlations were recorded for the population increment and average retirement pension indicators.

Table 5-6: Statistically significant correlations of the availability of EGMs with selected sociodemographic indicators

Indicator	Pearson's correlation coefficient
Unemployment	0.428**
Population increment	-0.465**
Average retirement pension	-0.259*
Number of applicants for one working position	0.226*
Number of individuals in outpatient treatment for dg. F63.0	0.233*

Note: \* Statistically significant at the  $p \leq 0.05$  level, \*\* statistically significant at the  $p \leq 0.01$  level.

Source: Drbohlavová (2013)

A relationship between the level of playing EGMs and selected socioeconomic characteristics of districts was analysed in 2014 as part of a bachelor's thesis at the Institute of Economic Studies, Faculty of Social Sciences, Charles University (Špolc, 2014). The level of gambling was measured using the amounts that were wagered, which were derived from the income received by municipalities in the district under consideration from the operation of EGMs, on the basis of data provided by the General Financial Directorate.<sup>53</sup> The socioeconomic factors under study included the proportion of inhabitants above 65 years of age, the number of economic crimes, the proportion of households consisting of individuals living alone in relation to the total number of households, the unemployment rate, the rate of incapacity to work as a result of sickness, living allowance and housing benefits paid per inhabitant, the proportion of complete family households with dependent children in relation to the total number of households, the number of people registering as Vietnamese nationals per 100 thousand inhabitants, the proportion of the population without secondary or higher education, the proportion of civil servants, the proportion of entrepreneurs as natural persons, the geographic location of a district in an area near the state border, a significant cross border traffic in an area, and the size of a city with a population exceeding 100 thousand. The data pertained to the year 2012 and was processed at the district level. Regression analysis using the ordinary least squares (STATA software) was chosen as the analytical method.

A statistically significant association was found between the amounts that were wagered on the one hand and, on the other hand, a low proportion of families with children, high proportion of individual households, higher volume of cross border traffic, higher level of alcoholism, higher level of economic crime, lower rate of entrepreneurship, lower level of incapacity to work,<sup>54</sup> higher unemployment rate, and a higher volume of social security benefits paid. Gambling is likely to correlate with a lower level of education, lower proportion of retirees, large city, higher representation of the Vietnamese minority, and a higher rate of people working for the government. To a great degree, the results confirm the previous analysis conducted by Drbohlavová (2013), which suggested that there is a relationship between negative socioeconomic indicators and the availability of EGM venues at the district level.

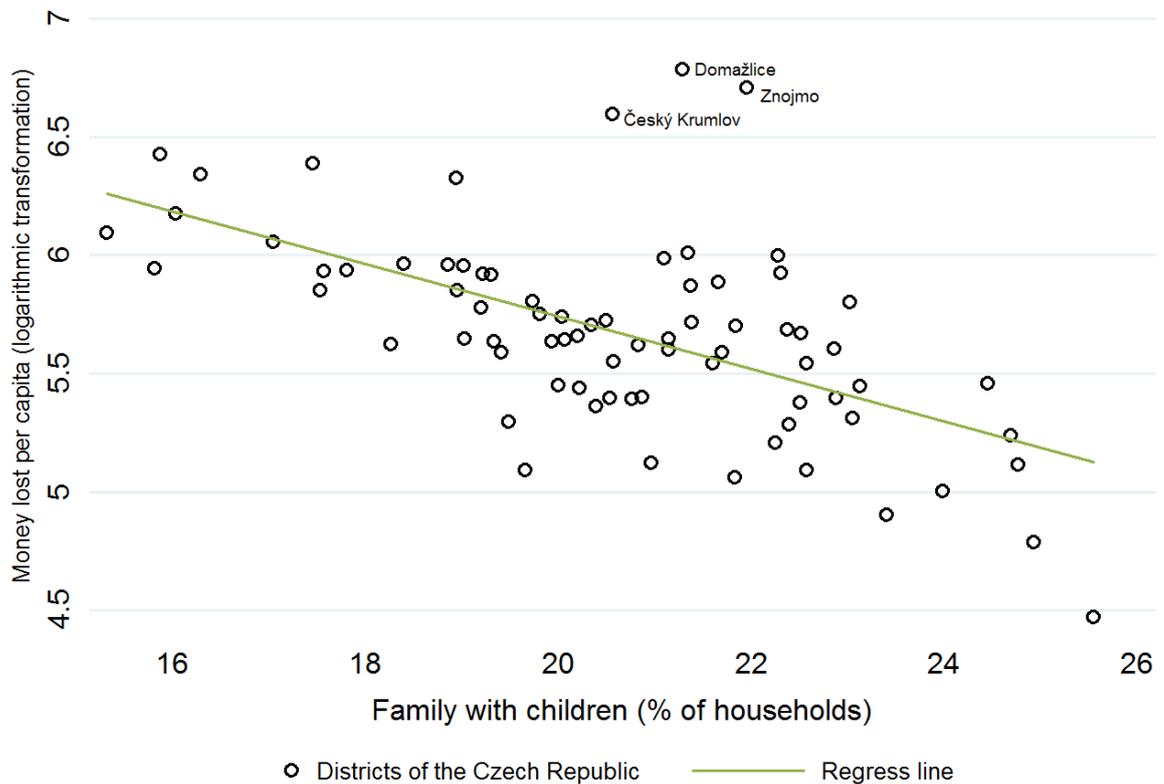
The results with relevance to two selected indicators are shown in Graph 5-1 and Graph 5-2. A negative correlation between the money lost and the rate of families with children is apparent, which corroborates the findings of the above studies that indicate that single or divorced people are more likely to engage in gambling. The relationship between the volume of social benefits received and the amount of money lost through gambling appears quadratic in nature: while at the beginning the total amount of social security benefits paid seems to correspond with the amount lost through gambling rising to above-average values, the volume of financial losses displays

<sup>53</sup> Such calculations of municipal income provide only a tentative amount of money spent betting on EGMs on the territory of the given municipality, as the contributions (transfer payments) reflect only the number of EGMs in the municipality, not the financial turnover they involve.

<sup>54</sup> The author associates the negative correlation between the level of gambling and incapacity to work with the unemployment rate. Gambling is more prevalent in districts with a higher unemployment rate. In these districts, the job demand exceeds the offer of employment opportunities. The level of incapacity to work is lower there as employees are motivated to keep their jobs.

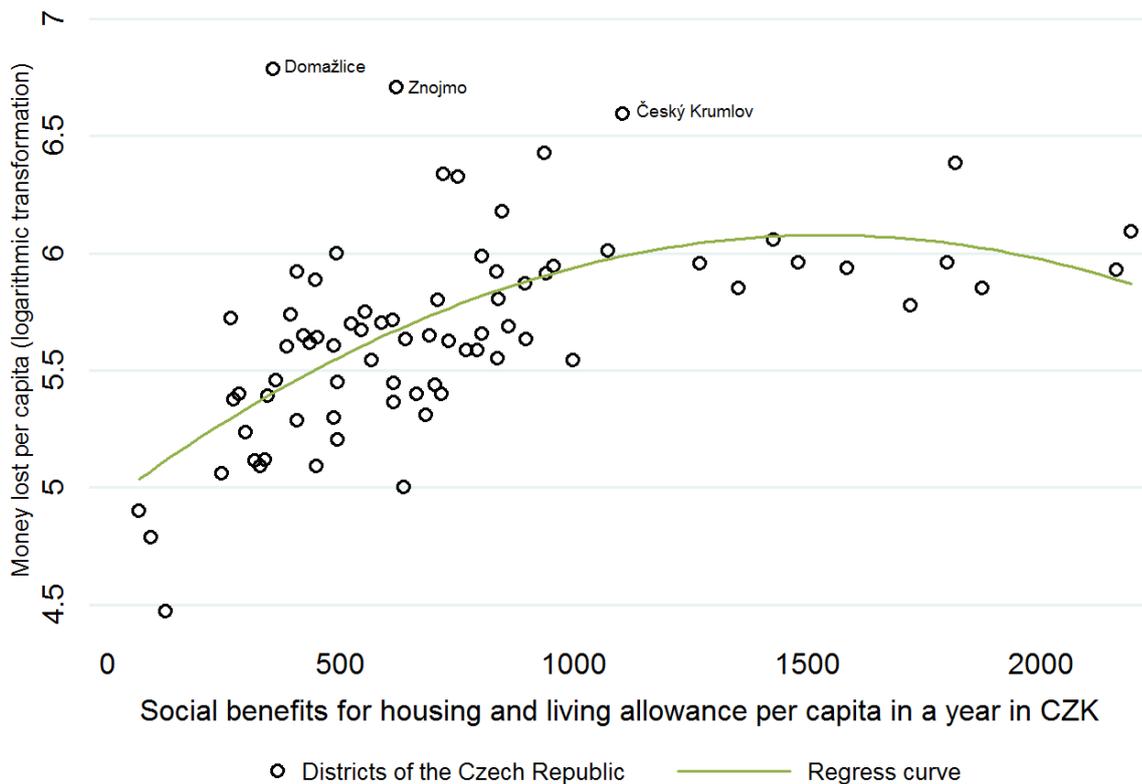
a slight decline as the benefits continue to increase. This relationship seems to reflect reality in that once the population becomes more dependent on social welfare allowances than is usual, the total disposable income decreases. This in turn causes a drop in the nominal value of the money that was spent on gambling, even though this may account for a significant proportion of the total income of the population.

Graph 5-1: Relationship between money lost through gambling and the proportion of families with children at the district level, 2012



Source: Špolc (2014)

Graph 5-2: Relationship between money lost through gambling and social benefits received in Czech districts, 2012

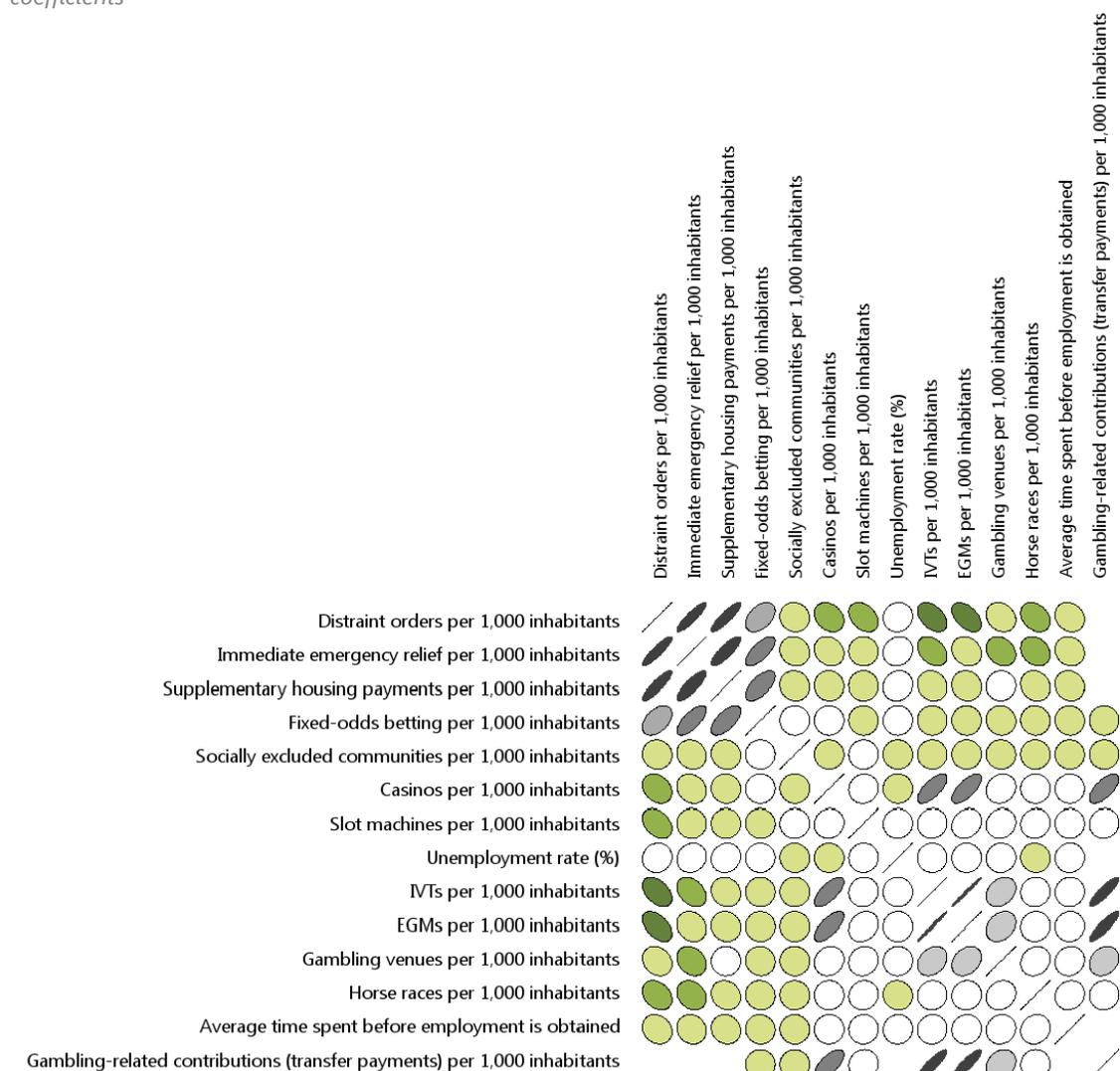


Source: Špolc (2014)

The above graphs indicate that the results for the districts of Domažlice, Znojmo, and Český Krumlov deviate dramatically from the correlations found elsewhere. They are districts situated near the state border and the high amounts that are gambled are likely to be attributable to foreigners rather than being associated with the socioeconomic profile of the population in the districts. While tax revenues from gambling targeted at foreign players appear as benefits without major negative social implications, the occurrence of gambling in socially and economically deprived districts contributes to the continuation of their unsatisfactory socioeconomic situation (Špolc, 2014).

A correlation analysis of the indicators of the availability of gambling and selected sociodemographic indicators at the municipal level was carried out in 2014 (Národní monitorovací středisko pro drogy a závislosti, 2014a). The municipal-level sociodemographic data was obtained from the Ministry of Labour and Social Affairs (2011 was the latest year for which such data was available). The indicators that were selected were similar to those employed by Drbohlavová (2013): the number of distraint orders, immediate emergency relief benefits, supplementary housing payments, the number of people receiving housing benefits, and the unemployment rate. Unlike at the district level, no positive correlation between the availability of EGMs and the phenomena under scrutiny was found at the municipal level; see Graph 5-3.

Graph 5-3: Relationship between the indicators of the availability of gambling and selected socioeconomic indicators at the municipal level – expressed by means of the graphic representation of Pearson's correlation coefficients



Note: “/” stands for a 100% positive correlation, “\” stands for a 100% negative correlation, and a similar orientation of the ovals means a similar (positive or negative) correlation. Circles and the colour white refer to a zero or very low correlation. Grey and green ovals indicate positive and negative correlations, respectively. The darker the oval, the stronger the correlation. Created using the R Rattle extension package (R Development Core Team, 2013, Williams, 2011).

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014b)

### 5.2.3 Gambling in Socially Excluded Communities

In 2013 the National Focal Point, in association with the Agency for Social Inclusion of the Office of the Government of the Czech Republic, conducted a survey entitled “Gambling and Drugs in Socially Excluded Communities”<sup>55</sup> (Národní monitorovací středisko pro drogy a drogové závislosti and Agentura pro sociální začleňování, 2013). The survey sought to map out the situation concerning gambling and the use, manufacturing, and distribution of drugs in the context of other socially problematic phenomena in municipalities where socially excluded communities (SECs) can be found. 22 areas (towns/cities and urban localities such as the Sokolov area) with which the Agency for Social Inclusion has established cooperation were addressed. These areas include approximately 30 municipalities with socially excluded communities where representatives of the

<sup>55</sup> The term “socially excluded communities” refers to areas inhabited by people who have limited access to institutions and services (i.e. institutional help), are excluded from social networks, and are lacking contacts outside their socially excluded community. The areas affected by social exclusion are surveyed by the Agency for Social Inclusion on a regular basis (<http://www.socialni-zaclenovani.cz/co-je-socialni-vyloucení>).

Agency for Social Inclusion are deployed. Respondents included the contact persons of the Agency and other local entities such as the municipal police, crime prevention manager, non-governmental organisations, and local authorities responsible for social affairs.

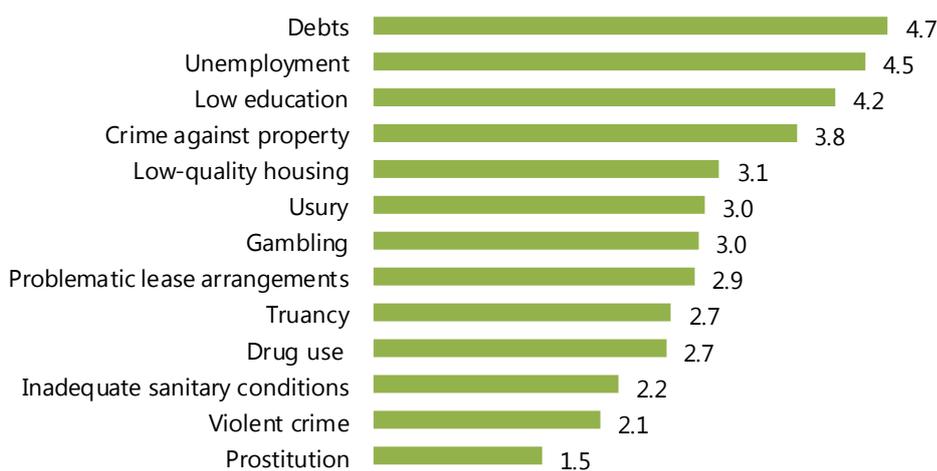
The communities under study were examined to establish the proportion of premises offering gambling opportunities there in relation to the total number of gambling facilities within the municipality. A further investigation was conducted of the extent to which the respondents perceived gambling as an area of concern in the context of other socially negative phenomena, such as debt, low housing quality, and offending. The respondents were also asked about the main problems dealt with by the municipal authority in relation to gambling operations and the way it responds to the issue of gambling in general. Finally, the respondents were asked to describe the gambling situation in the municipality.

The question about the presence of gambling facilities in socially excluded communities was answered by 25 municipalities. In 15 cases there were SECs or areas with gambling venues. Three municipalities reported having gambling facilities available on their territory, but not within SECs. There were no gambling venues available in seven of the municipalities.

In most cases (20 out of 25) gambling premises are found in both the socially excluded communities and other areas within the municipal territory. In five cases the respondents indicated that there were more gambling venues in the SECs than in other parts of the municipality; this particularly applied to the north of Bohemia (the Sokolov area and the towns of Děčín and Rumburk) and the town of Hodonín in South Moravia. The respondents attributed the higher number of gambling venues and casinos to lower rents and the higher concentration of gamblers in those localities.

The respondents were asked to rate to what extent socially negative phenomena occur in socially excluded communities on a five-point scale (0 = not at all, 5 = in all or almost all the inhabitants of SECs). In the context of other negative social phenomena, gambling was found to pose a problem of medium concern. This also applied to municipalities where gambling opportunities were present directly in socially excluded communities; see Graph 5-4.

*Graph 5-4: The level of socially negative phenomena experienced in the areas under study in relation to the presence of gambling venues*



Note: 0 = non-existent, 5 = existent in all or almost all inhabitants

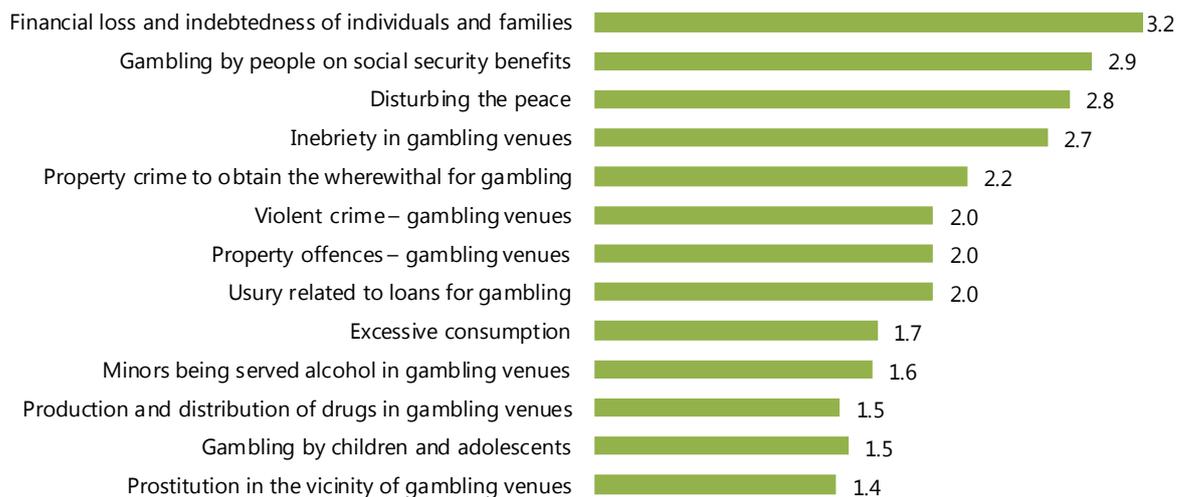
Source: *Národní monitorovací středisko pro drogy a drogové závislosti and Agentura pro sociální začleňování (2013)*

Regulation in municipalities may be pursued on different levels: 15 out of the 25 municipalities opted for partial regulation by means of generally binding ordinances (restricting the place and/or time of gambling operations or imposing restrictions on new licenses) or agreements with the operators of gambling establishments. Seven of the municipalities reported no gambling facilities being available in socially excluded communities (three of them have issued generally binding ordinances which ban gambling operations and two have no gambling venues within their limits).

Gambling operations were present in three municipalities which also had no regulatory decrees in place. This sample is too small, however, to draw general conclusions about any association between socially negative phenomena and regulation.

In the municipalities where gambling operations are present and easily available to the inhabitants of socially excluded communities, the respondents were also asked to estimate the level of gambling-related problems. The most common phenomena rated on a four-point scale (1 = never, 4 = very often) included, in the following descending order: financial loss and debt, gambling by recipients of social security benefits, disturbing the peace, and inebriety in gambling venues.

Graph 5-5: Level of gambling-related problems



Note: 1 = never, 2 = sometimes, 3 = often, 4 = very often

Source: Národní monitorovací středisko pro drogy a drogové závislosti and Agentura pro sociální začleňování (2013)

The open question about the additional negative consequences of gambling in socially excluded communities was answered by the representatives of 14 areas (Hodonín, Jirkov, Kolín, Krupka, Kutná Hora, Litvínov, Nové Sedlo, Rumburk, Sokolov and other municipalities from the Sokolov area: Teplá, Toužim, Větrní, and Žlutice): in addition to the impacts indicated in the main part of the questionnaire, other such negative phenomena included disorder, alcohol abuse, the operation of pawnshops which buy goods stolen in order to obtain money for gambling, illegal employment, the operation of gambling venues in the vicinity of schools, the concentration of “mafia-like characters” in gambling venues, gambling by minors and truancy, and “commuting” to municipalities where gambling is available.

The Agency for Social Inclusion is active in 26 socially excluded communities where it monitors the situation and produces periodical situation analyses. The monitoring activities include field surveys that involve observation, the analysis of documents, and in-depth interviews with experts from among selected representatives of municipalities, NGOs, governmental authorities, and other institutions, as well as the populations of socially excluded communities. The Agency for Social Inclusion associates problem gambling with the issue of socially negative phenomena, crime, and safety, which is dealt with as a single thematic area in its reports.

The reports for the years 2008-2013 addressed the issue of gambling to a varying extent and in varying degrees of detail. It was EGM-type gaming that was almost exclusively perceived as problematic gambling. Gambling was found to be a serious problem in all the areas, with the degree of seriousness increasing with the level of its availability. In some communities cases of “commuting” to gambling establishments were recorded in people showing a dependence on gambling. In socially excluded communities gambling was associated with socially negative phenomena such as drug dealing, property crime, inebriety, gambling by people receiving social security benefits, and insufficient enforcement of the regulations intended to prevent minors from gambling. Some reports suggest that among the Roma population gambling (like drug use) is less stigmatised and is viewed as a natural part of life. It is exclusively men who engage in gambling,

with a great proportion of them being occasional (recreational) gamblers. Gambling is perceived as a problem if it has major financial consequences. Given the close social links within the community, it then becomes an issue for the entire family or multiple families living together, as the resources, often shared, are diverted into gambling by a member of the family system. In some cases, gambling spread among other family members, including children. Some socially excluded communities were reported to show the absence of any enforcement of the ban on children’s and adolescents’ gambling, with conflicts and responses on the part of the municipal police being commonplace. At the time of the writing of these reports, many municipalities with socially excluded communities had no generally binding ordinances in operation to regulate gambling or were dealing with the regulation of IVTs within their territories.

## 5.3 Financial Consequences of Gambling and Indebtedness

One of the major socially negative consequences of gambling is individual indebtedness, which subsequently affects those who are close to the gambler and has a bearing on other phenomena, such as crime and unemployment.

### 5.3.1 Problem Gamblers and Debts

Considerable expenditure and related indebtedness was a common feature of all the respondents participating in a qualitative study among pathological gamblers in treatment (Roznerová, 2014a). Indebtedness to various degrees and with various impacts on the debtor was recorded. Nevertheless, none of the participants had ever had enough money during their pathological gambling careers. While the specific situations varied from person to person, the development of debt seemed to follow the same pattern. After using up their own resources first, the gamblers turned to their family and friends, then to the banking sector, then to other financial services before some of them finally resorted to criminal offending (including theft, fraud, and embezzlement); see Figure 5-1.

Figure 5-1: Typical development following the line of obtaining resources for gambling, running into debt, and efforts to deal with indebtedness



Personal sources (such as the salary, extra income, savings, movable assets in pawn, and car leaseback) are used up in the first place. Then the gambler turns to their social environment – their family and friends – and asks for a loan. Another step is the use of financial services offered by banks (consumer credit, credit consolidation, overdrafts, credit cards, or even a mortgage). The next step involves the seeking of cash loan services (such as Provident, Cetelem, and Home Credit) which are provided under conditions that are not very favourable for the client (high interest rates and strict sanctions for a breach of the terms of the contract, with the liabilities ensuing from the contract being determined on the basis of unbalanced arbitration clauses). If

a gambler contracted debts with non-banking providers too, the option of last resort is illegal sources – loans from usurers, property crimes, and other types of offending.

*Source: Roznerová (2014a)*

Growing debts made the gamblers continue to play with the intent of paying their debts back. This had them caught in a vicious circle and the total debt reached astronomic heights. Cognitive distortions (such as the gamblers’ fallacy and delusions) also played a role in indebtedness. Efforts to solve the debt situation are often associated with a loss of prudence and rationality in relation to financial matters in general, which leads to one’s entering into risky business transactions and operations.

A questionnaire survey, *Pathological Gamblers in Treatment* – for details see the chapter entitled **Problem Gambling, Pathological Gambling, and Gambling-related Health Consequences**, p. 101 – included questions concerning the financial aspects of gambling and gamblers’ indebtedness.

The results indicate that the total average balance in a typical month within the last year prior to treatment was CZK –38.7 thousand, min. CZK –1.3 million and max. CZK +400 thousand; see Table 5-7, Table 5-8 and Table 5-9.

*Table 5-7: Selected financial indicators reported by gamblers in the Pathological Gamblers in Treatment questionnaire survey (2013)*

<b>Indicator</b>	<b>Financial balance*</b>	<b>Highest amount**</b>	<b>Highest amount lost**</b>	<b>Highest amount won**</b>
Number	212	220	224	221
Average	–38,737	68,510	70,262	103,190
Standard deviation	126,812	122,254	133,363	249,842
Minimum	–1,300,000	1,000	1,000	500
Maximum	400,000	1,000,000	1,000,000	3,000,000

Note: \* Total financial balance in a typical month within the last year prior to treatment, in CZK, \*\* the highest amount wagered during a single gambling session, the highest amounts lost and won during a single visit to a gambling venue / casino / betting shop at any point in the respondent’s lifetime, in CZK.

*Source: Národní monitorovací středisko pro drogy a závislosti (2014b)*

*Table 5-8: Selected financial indicators reported by gamblers in the Pathological Gamblers in Treatment questionnaire survey (2013), by primary type of problem gambling*

<b>Primary type of problem gambling – category</b>		<b>Financial balance*</b>	<b>Highest amount**</b>	<b>Highest amount lost**</b>	<b>Highest amount won**</b>
EGMs	n	174	184	186	183
	average	–39,220	55,742	60,394	83,197
Casino gambling games	n	5	5	5	5
	average	–62,000	294,000	262,000	316,000
Non-casino card tournaments	n	3	3	3	3
	average	–41,667	293,333	201,667	493,333
Fixed-odds betting in brick-and-mortar betting outlets	n	8	9	9	9
	average	–44,500	147,778	139,444	277,778
Online fixed-odds betting in total	n	12	12	12	12
	average	–45,167	24,750	37,083	110,667
Other online gambling	n	10	7	9	9
	average	–5,500	119,786	98,944	76,889

Note: \* Total financial balance in a typical month within the last year prior to treatment, in CZK, \*\* the highest amount wagered during a single gambling session, the highest amounts lost and won during a single visit to a gambling venue / casino / betting shop at any point in the respondent’s lifetime, in CZK.

*Source: Národní monitorovací středisko pro drogy a závislosti (2014b)*

## Social Consequences and Correlates of Gambling

Table 5-9: Selected financial indicators reported by gamblers in the Pathological Gamblers in Treatment questionnaire survey (2013), by gambling operations of choice

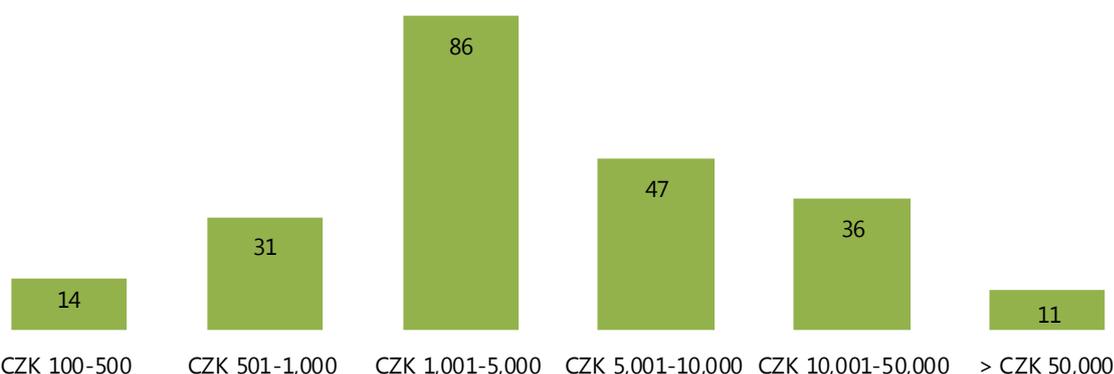
Gambling operations of the greatest preference		Financial balance*	Highest amount**	Highest amount lost**	Highest amount won**
Licensed public gambling venues	n	106	112	112	111
	average	-33,969	60,608	66,569	70,281
Private and restricted-access gambling premises without licences for gaming machines	n	6	9	9	9
	average	-25,000	31,444	25,556	42,222
Casinos	n	17	18	18	17
	average	-40,471	113,833	146,611	328,618
Betting shops	n	13	13	13	13
	average	-74,231	67,808	68,885	141,308
Special arrangements venues	n	43	43	43	43
	average	-58,081	67,209	53,395	81,914
Czech online betting portals	n	14	14	15	15
	average	-11,214	36,929	30,133	91,067
Foreign online betting portals	n	8	7	8	8
	average	-7,375	212,857	190,000	212,875
Other	n	4	4	4	4
	average	-16,250	44,375	42,625	139,250

Note: \* Total financial balance in a typical month within the last year prior to treatment, in CZK, \*\* the highest amount wagered during a single gambling session, the highest amounts lost and won during a single visit to a gambling venue / casino / betting shop at any point in the respondent's lifetime, in CZK.

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

On a gambling day within the last year prior to treatment the respondents generally wagered an amount ranging from CZK 1,000 to 5,000 (38.2% of the respondents); an amount of up to CZK 10,000 was reported by 79.1% of the respondents; see Graph 5-6.

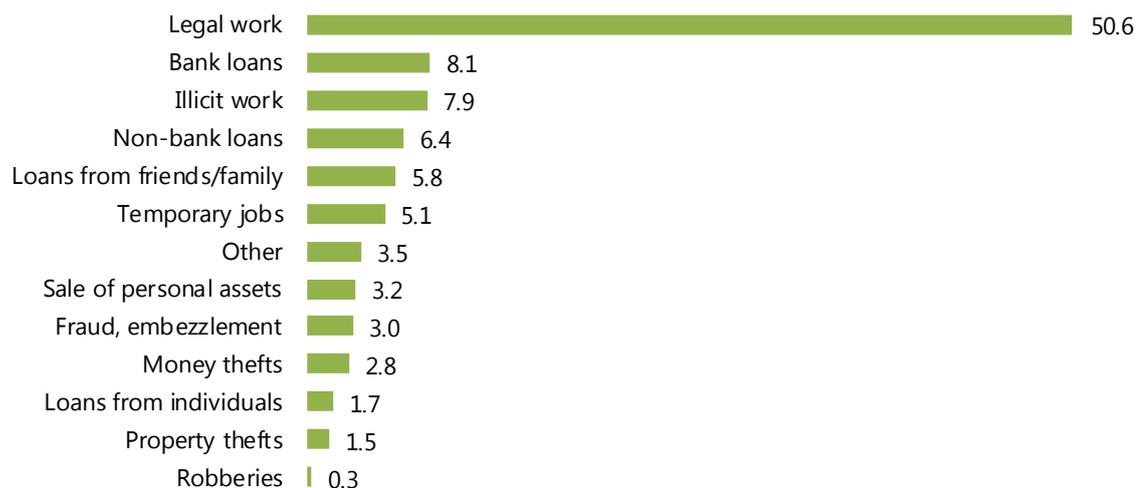
Graph 5-6: Number of respondents by their gambling budget in a single gambling day within the last year prior to treatment (number of respondents)



Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

Money used to fund gambling within the last year prior to seeking help mostly originated from legal work (50.6% on average), followed by bank loans (8.1%), illicit work (7.9%), non-bank cash loan services (6.4%), and loans from friends and family (5.8%). According to the respondents, the proceeds from illegal activities, i.e. fraudulent conduct, embezzlement, theft, and robbery, accounted for 7.6% of the sources on average; see Graph 5-7.

Graph 5-7: Origin of money used to fund gambling within the last year prior to seeking help (%)



Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

A total of 64.4% of the respondents reported having often or very often lost their own money or that entrusted to them and intended for another purpose (such as rent, food, instalments, and household expenses).

The most common methods of compensating for the financial consequences of gambling as reported by the respondents included loans from friends or family (70.3% of the respondents reported having used this opportunity), non-bank loans or consumer credit (52.4%), bank loans (51.5%), or temporary or "moonlighting" jobs (51.1%). 34.1% of the respondents had sold their personal assets to cover the financial losses. 33.2%, 23.1%, and 7.9% of the respondents had resorted to theft, fraud/embezzlement, and robbery, respectively, to tackle the financial consequences of their gambling. Loan amounts reached an average of CZK 65-160 thousand, depending on the source; the average amount earned by the sale of personal or joint property was CZK 230 thousand; see Table 5-10 and Table 5-11.

Table 5-10: Methods for dealing with the financial consequences of gambling

Method	Number (N=229)	Rate (%)
Loan from friends or the family	161	70.3
Non-bank loan, consumer credit (e.g. Provident, HomeCredit)	120	52.4
Bank loan	118	51.5
Temporary job, moonlighting	117	51.1
Illicit employment	83	36.2
Sale of personal/joint property	78	34.1
Stealing money from the family/partner/friends or elsewhere	76	33.2
Two (or more) jobs	75	32.8
Fraud, embezzlement	53	23.1
Stealing property from the family/partner/friends or elsewhere	53	23.1
Loan from an individual/natural person, against a bill of exchange, arranged via a toll telephone line (beginning with 9), SMS, online, with disproportionate collateral, etc.	49	21.4
Robbery	18	7.9

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

## Social Consequences and Correlates of Gambling

Table 5-11: Amount of loan or proceeds of the sale of property in an effort to deal with the financial consequences of gambling

Method of dealing with the situation	n	Average (CZK)	Minimum (CZK)	Maximum (CZK)
Bank loan	106	158,689	5,000	2,000,000
Non-bank loan	111	65,473	3,000	1,000,000
Loan from friends or the family	143	94,098	1,000	1,000,000
Loan from an individual, against a bill of exchange, from a usurer	39	65,115	500	500,000
Sale of property	68	228,404	500	6,000,000

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

95.2% of the respondents had borrowed money for gambling or to cover their gambling-related losses at some time. Problems paying back their debts had been experienced by a total of 76.0% of them at some point in their lifetime (79.8% of those who had borrowed money for gambling at some point). While willingness to agree on a repayment plan was encountered in most places (81.0% of the respondents), they also faced psychological coercion and threats, their relatives being harassed, salary attachment (40.1%), and personal property distraint (26.1%). 11.4% of the respondents had applied for personal discharge<sup>56</sup> proceedings at some point.

The amount of current gambling-related debt as reported totalled an average of CZK 894 thousand (minimum CZK 5 thousand, maximum CZK 30 million); see Table 5-12.

Table 5-12: Total amount of money lost through gambling and the level of current debt, by primary type of problem gambling (CZK thousand)

Primary type of problem gambling – category	Total amount of gambling-related current debt				Total amount of money lost through gambling			
	n	Average	Min.	Max.	n	Average	Min.	Max.
EGMs	144	594	5	30,000	176	1,874	40	40,000
Casino gambling games	5	3,200	300	12,000	5	6,300	2,000	17,000
Non-casino card tournaments	3	13,383	150	25,000	2	9,400	800	18,000
Fixed-odds betting in brick-and-mortar betting outlets	9	804	30	2,500	9	2,629	260	6,000
Online fixed-odds betting in total	11	912	10	4,000	10	1,338	180	4,000
Other online gaming	7	143	20	500	7	1,336	100	8,000
<b>Total</b>	<b>179</b>	<b>894</b>	<b>5</b>	<b>30,000</b>	<b>209</b>	<b>2,041</b>	<b>40</b>	<b>40,000</b>

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

The data about the amounts wagered and lost and the amounts owed needs to be interpreted with caution, given the small number of respondents in some of the gambling type subgroups and the methodological complexity of the issue and related systematic errors on the part of the respondents (underestimation and overestimation of amounts, difficulty indicating the exact amount spent on gambling, etc.).

It is difficult to estimate the proportion of the total amount of money lost through betting by problem gamblers in the Czech Republic. The 2012 National Survey showed that an average adult in the Czech Republic lost approximately CZK 120 monthly through betting (i.e. CZK 1,440 annually), while the average past-12-month gambler had lost CZK 500 per month through betting (i.e. CZK 6,000 annually); for details see the chapter entitled **Patterns and Context of Gambling in the General Population**, p. 78.

<sup>56</sup> "Personal discharge" or "personal bankruptcy" refers to a process declared by a court at the request of a debtor which involves specific conditions (such as multiple debtors, amounts owing past the due date, and evidence of inability to repay) under which an insolvent individual who is not an entrepreneur repays up to 30% of the total amount of their liabilities. While under a personal discharge order, the person must not be subjected to distraint or instalment interest.

When extrapolated to the size of the adult population of the Czech Republic aged 15 and over (approx. 9 million people), the annual estimate of the money lost through betting is CZK 12.9 billion. When extrapolated to the number of gamblers who had played in the last 12 months (25.5% in the 2012 National Survey, 38.8% in the 2013 Citizen Survey), the amounts lost through betting are estimated at CZK 13.7 and 20.9 billion, respectively, per year.

The official data available to the Ministry of Finance (Table 2-7, p. 53) shows that CZK 135.5 billion was wagered in gambling in the Czech Republic in 2012, CZK 103.7 billion was paid out, and operators' proceeds from gambling (i.e. money actually lost by people who gambled) amounted to CZK 31.8 billion. In view of the nature of the individual types of gambling, the amount of money really lost through gambling activities can be estimated at CZK 39.1 billion.<sup>57</sup>

The above indicates a discrepancy between the official data about the volume of the gambling market and the estimates based on the general population studies, CZK 18-26 billion (i.e. 33-53% of the gambling market), which can be explained by the following factors or combinations thereof:

- The respondents in general population studies tend to significantly underestimate the amounts lost through gambling.
- The difference is due to the bets placed by problem (pathological) gamblers who annually lose an average of hundreds of thousands per gambler (Table 5-7) and who may be underrepresented in general population survey samples.
- A part of the gambling market in the Czech Republic can be attributed to foreigners' gambling. It needs to be noted, though, that Czechs also use foreign gambling operations (both in land-based outlets and online), which in turn is not reflected in the economic indicators of the Czech gambling market. In this respect, the overall balance is difficult to estimate.<sup>58</sup>

The 2012 questionnaire survey of drug use among prisoners serving a prison sentence (the survey among prisoners) (Národní monitorovací středisko pro drogy a drogové závislosti and Generální ředitelství Vězeňské služby ČR, 2013) indicated that the money for gambling or repaying gambling-related debts originated mainly from personal and family resources and the sale of property, with loans from banks and non-bank companies providing financial services playing a less significant role in this sense; see Table 5-13.

Table 5-13: Sources of funds for gambling or repaying gambling-related debts as reported in the 2012 survey among prisoners

Source	Rate (%)
Family budget	16.4
Loan from relatives	14.9
Person's own credit card or bank account	13.8
Loan from spouse/partner	12.4
Sale of personal or family property	11.6
Bank, savings bank, credit company	9.3
Usurer	6.1
Gambling venue/casino operator	4.4
Sale of shares, securities, or other certificates	2.7
Payment by a dishonoured cheque or bill of exchange	2.5
Other	15.4

Source: Národní monitorovací středisko pro drogy a drogové závislosti and Generální ředitelství Vězeňské služby ČR (2013)

<sup>57</sup> This figure was arrived at by adding the "wagered" indicator for the numerical and instant lotteries, fixed-odds betting, pool betting games (totalisators), and bingo-type gambling to the "gambling income" indicator for the EGM (including interactive video terminals, local lottery systems, electromechanical roulette, and slot machines), online betting, casino gaming, and card tournament-type gambling.

<sup>58</sup> As regards the conventional gambling venues near the state borders, foreign nationals are more likely to visit those situated in the Czech Republic than are their Czech counterparts to go gambling abroad. It is the opposite, however, as far as online gambling is concerned because a player must first register in person with an operator licensed in the Czech Republic.

The Problem Gambling Severity Index incorporated into the 2012 National Survey – for more details see the chapter entitled **2012 National Survey**, p. 64 – included a question about borrowing money and a supplementary question concerning sources for borrowing money. Among those who had engaged in gambling in the last 12 months, a total of 17 persons (16 males and one female) reported having borrowed money for gambling or selling property to obtain the wherewithal for gambling in the last 12 months. Out of these individuals, 11.8% had borrowed money from their family budget, 5.9% from their spouse, 58.8% from other relatives, 11.8% from a bank or a savings bank, and another 11.8% had borrowed money from a usurer; 23.5% of the people reported having sold their personal or family property to obtain money for gambling or repaying gambling-related debt. A total of 23.5% of those who borrowed money for gambling did so from multiple sources at a time; these transactions mostly involved a combination of the sale of personal or family property with a loan from relatives.

### 5.3.2 Gambling-related Debt Counselling

From January to November 2013 the National Focal Point analysed the data of 20 counselling centres of the Association of Citizens Advice Bureaux involved in the Debt Counselling project.<sup>59</sup> An item concerning the causes of clients' indebtedness was included in the client registration system. A total of 6,821 cases had been dealt with. The most common causes of indebtedness as reported included excessive loans or credits (in the form of consumer credit and instalment buying, for example). This applied to almost a quarter of the cases (1,760), with the average total amount of liabilities being CZK 423 thousand. The second most common cause (1,007 cases) of indebtedness was the loss or reduction of income as a result of unemployment, illness, etc.). The next reason was the use of addictive substances, including alcohol (105 cases). Gambling (including betting, playing slot machines, casino games, and online betting) was reported as the cause or one of the causes of indebtedness by 48 individuals, i.e. 0.7% of all the cases.

Among the clients, men, in the 30-50 age category, are more likely than women to report gambling as the cause of indebtedness. They generally fall into the under-CZK-18-thousand income category. In most cases, their overall debt exceeds CZK 500 thousand, with overdue repayments equalling an average of CZK 486 thousand (max. CZK 1.5 million). The number of their creditors, including mainly non-bank cash loan companies and banks, ranges from 4 to 14.

The rate of problem gamblers among the clients of citizens advice bureaux is relatively low (0.7%) and generally corresponds with the prevalence of pathological gamblers in the population – see the chapter entitled **Estimated Level of Problem Gambling in the Czech Republic**, p. 106. This might imply that problem gamblers contact debt counselling centres to the same degree as the non-gambling population. Debt counsellors under the Association of Citizens Advice Bureaux indicate, however, that problem gamblers seeking help from debt counselling centres do not report gambling as the reason for their debts. The information they provide suggests that problem gamblers do not contact the counselling services until they are more or less abstaining and able to adhere to the strict conditions of the personal bankruptcy scheme. At least half of the clients of the counselling centres comprise people other than debtors, i.e. individuals who are close to them or in another type of relationship with them, such as their creditors (Národní monitorovací středisko pro drogy a drogové závislosti and Asociace občanských poraden, 2014).

According to RUBIKON Centre,<sup>60</sup> a non-governmental non-profit-making organisation, out of the total of 247 clients who received debt counselling in its offices in Prague and Ústí nad Labem

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<sup>59</sup> The Debt Counselling against Debt Trap project was carried out in 2013 by a total of 20 citizens advice bureaux in 17 municipalities: Bohumín, Brno, České Budějovice, Jihlava, Karviná, Liberec, Most, Nymburk, Ostrava, Pardubice, Prague city districts 1, 2, 3, and 12, Rokycany, Rumburk, Rychnov nad Kněžnou, Šumperk, Třebíč, and Valašské Meziříčí. More information on the project can be found at <http://dluhy.obcanskeporadny.cz/> and <http://dluhy.obcanskeporadny.cz/index.php/clanky/34-clanky/62-obanske-pporadny-vyhodnocuji-prvni-rok-existence-projektu-o-dluhovem-poradenstvi> [2014-01-20].

<sup>60</sup> RUBIKON Centre is active in the field of crime prevention and the social reintegration of people with a criminal history. For more details visit <http://www.rubikoncentrum.cz/index.php> [2013-07-12].

between January and June 2013, a gambling history was recorded in 12 clients who reported problem gambling either as the primary reason or one of the reasons for their debt situation.

A typical client was a man, usually unemployed, who contacted the counselling centre because of the payment of the money he owed being enforced by distraint, less frequently after the court proceedings had already been initiated. The amount of debt generally ranged from CZK 100,000 to CZK 500,000.

In addition, the information provided indicated some common characteristics of these 12 problem gamblers in debt:

- their indebtedness has a long-term nature (over two years), and their creditors are banks or non-bank providers of financial services,
- about half of them have a history of some form of addiction treatment,
- the majority of them have had difficulty finding a job,
- their social links are weakened or non-existent and they often have significant problems in their relationships with other people, including close family members,
- in more than half of the clients, their gambling history overlaps with a period of their criminal offending.

The data provided by RUBIKON Centre may be difficult to generalise, as its clients comprise people in conflict with the law, i.e. a very specific population group.

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## 6 Gambling-related Crime

### 6.1 Background

As indicated in the previous chapters (particularly in **Comorbidity Associated with Pathological Gambling** on p. 105 and **Social Consequences and Correlates of Gambling** on p. 147), there are correlations between gambling, especially problem gambling, and antisocial behaviour, including criminal offending. In some players, the development of problem gambling is associated with personality disorders, specifically impulse disorders, especially in men. There is also evidence of a relationship between problem gambling and increased levels of substance use and other psychiatric comorbidities (Petry et al., 2005, Petry, 2007, Rush et al., 2008, Williams et al., 2012b, Abbott et al., 2013); for details see the chapters entitled **Etiology of Problem Gambling**, p. 102, and **Comorbidity Associated with Pathological Gambling**, p. 105.

Together with excessive, problem gambling, in some of the problem gamblers, antisocial behaviour is a part of the problem behaviour syndrome with a more or less manifested personality disorder. However, it is important to make a major distinction between gamblers who commit crimes as a result of their gambling and those whose offending and problem gambling are just two of many types of risk behaviour. While the second case pertains to a predisposed individual's tendency to engage in criminal activities, the first case results from the exposure to gambling and the development of problems related to uncontrolled gambling. In this respect, there is a clear link between economically motivated offending and the efforts to obtain the wherewithal to fund gambling or cover debts incurred by gambling.

Illegal gambling is criminal behaviour per se (primary gambling-related crime). It is also apparent that illegal gambling is associated with a high level of systemic economic crime, including usury, as well as with other types of criminal offending, such as the trafficking of humans, arms, and drugs and prostitution. However, there is also a relationship between organised gambling and the so-called systemic crime, especially financial crimes (secondary gambling-related crime); associations with offences such as money laundering and bribery are brought up in this respect (Ferentzy and Turner, 2009, Crofts, 2003).

Moreover, secondary gambling-related crime includes offences committed as a consequence of gambling, offences committed in order to support it, and offences which are significantly related to a person's desire, need, or compulsion to gamble (Crofts, 2003). The relationship between problem gambling and criminal offending is also reflected in the level of problem gambling among the prison population. It was found that approximately a quarter of the men and a third of the women in a nationally representative sample of persons sentenced to imprisonment in New Zealand had been problem gamblers immediately prior to imprisonment, although only a small proportion of them seemed to have committed a criminal offence as a consequence of their problem gambling. The individuals serving their prison sentences reported that gambling had had both negative and positive effects on the degree of their offending (Abbott and McKenna, 2005, Abbott et al., 2005).

### 6.2 Primary Gambling-related Crime

In the Czech Republic primary gambling-related crime (i.e. offending that by definition involves engagement in gambling activities) includes three criminal offences laid down in Act No. 40/2009 Coll., the Penal Code.

In view of the relatively recent legislative changes and the temporary concurrence of the operation of Act No. 40/2009 Coll., the Penal Code (the Penal Code), and Act No. 140/1961 Coll., the Penal

Code (the old Penal Code),<sup>61</sup> the respective sections of both legal norms are used to refer to the relevant criminal offences in the text and tables below.

The primary gambling-related criminal offences are:

- Unlicensed Operation of a Lottery or Similar Game of Chance (Section 252, the Penal Code/Section 118a, the Old Penal Code),
- Operation of Fraudulent Wagers and Games (213/250c),
- Endangering the Morals of Juveniles by enabling a child to play gambling machines (201(2)/217(2)).

The data on crime are obtained from the statistics of the Ministry of Justice of the Czech Republic and the Headquarters of the Police of the Czech Republic. Any differences in the data from these sources may be due to different reporting practices and data collection procedures.

In terms of their material substance, primary gambling-related criminal offences constitute rather a heterogeneous group. Falling into the category of property crimes, the unlicensed operation of a lottery or similar game of chance (Section 252, the Penal Code/Section 118a, the old Penal Code) involves the unauthorised operation, organisation, promotion, or agency of a lottery or similar game of chance. The operation of fraudulent wagers and games (213/250c) is a crime against property committed by a person who operates a pecuniary or some other similar game or wager, the rules of which do not guarantee an equal chance of winning to all the participants. The endangering of the morals of juveniles in relation to gambling (201(2)/217(2)) is a crime against the family and children which is defined by the Penal Code as the enabling of a child to gamble "on gaming machines equipped with a technical device which influences the result of the game and offers pecuniary winnings".

12 criminal offences of the unlicensed operation of a lottery or similar game of chance were reported in 2012. The police prosecuted six persons in connection with those. The damage was quantified as amounting to CZK 152,000. The number of individuals prosecuted for the offence of the unlicensed operation of a lottery or similar game of chance has been relatively stable in the long term.<sup>62</sup> The highest number of prosecutions (13) was recorded in 2002. As regards the operation of fraudulent wagers and games, two offences were reported in 2012, with one person being prosecuted. The number of individuals prosecuted for this type of offending has been declining. Their number peaked in 2003 (32); see Table 6-1.

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<sup>61</sup> Section 2 (1) of Act No. 40/2009 Coll., the Penal Code, stipulates that the punishability of an offence should be assessed according to the act effective in the period when the offence was committed; the later regulation should only be applied if it is more favourable for the offender.

<sup>62</sup> It needs to be taken into account that in 2013 the police dealt with a number of cases associated with the illicit operation of games of chance, e.g. the illegal gambling establishments of the civic association *Život je hra* ("Life Is a Game"); for details see the chapter entitled **Illegal Gambling Venues**, p. 49. The 2013 data is not available as yet.

## Gambling in the Czech Republic, Its Correlates and Consequences

Table 6-1: Number of offences reported, persons prosecuted, and the total damage concerning the criminal offences of the unlicensed operation of a lottery or the operation of fraudulent wagers and games, 2001-2012

Year	Unlicensed operation of a lottery			Operation of fraudulent wagers and games		
	Offences reported	Persons prosecuted	Damage (CZK thousand)	Offences reported	Persons prosecuted	Damage (CZK thousand)
2001	4	5	0	7	6	7
2002	15	13	85	5	7	19
2003	5	4	4	25	32	30
2004	10	6	0	11	11	19
2005	5	8	0	9	8	25
2006	6	4	0	8	9	29
2007	5	4	0	6	6	43
2008	7	4	2,390	3	4	0
2009	3	2	0	4	4	3,332
2010	8	9	2	2	1	1,661
2011	7	5	0	0	0	0
2012	12	6	152	2	1	0

Source: Policejní prezidium Policie ČR (2013)

According to the data of the Ministry of Justice, 12 people were prosecuted, 11 indicted, and 11 sentenced in relation to any of the primary gambling-related offences in 2012. In terms of the historical development of the primary gambling-related crime, the highest year-on-year increase was recorded in 2010. This increase was mainly due to the offences of the operation of fraudulent wagers and games; see Table 6-2 to Table 6-4.

Table 6-2: Number of individuals charged with primary gambling-related offences, 2010-2012 (by sections of the Penal Code and the old Penal Code respectively)

Year	252/118a	213/250c	201(2)/217(2)	Total
2008	5	0	14	5
2009	6	6	10	12
2010	4	54	2	60
2011	4	18	0	21
2012	3	9	0	12

Source: Ministerstvo spravedlnosti ČR (2013b)

Table 6-3: Number of individuals indicted for primary gambling-related offences, 2010-2012 (by sections of the Penal Code and the old Penal Code respectively)

Year	252/118a	213/250c	201(2)/217(2)	Total
2008	4	0	9	4
2009	5	5	7	10
2010	3	53	2	58
2011	2	15	0	16
2012	3	8	0	11

Source: Ministerstvo spravedlnosti ČR (2013b)

Table 6-4: Number of individuals sentenced for primary gambling-related offences, 2010-2012 (by sections of the Penal Code and the old Penal Code respectively)

Year	252/118a	213/250c	201(2)/217(2)	Total
2008	2	4	7	6
2009	2	3	4	5
2010	6	21	6	27
2011	4	14	2	18
2012	3	8	8	11

Source: Ministerstvo spravedlnosti ČR (2013a)

## 6.3 Secondary Gambling-related Crime

The Pathological Gamblers in Treatment questionnaire study – for details see the chapter entitled **Pathological Gamblers in Treatment Questionnaire Study**, p. 121 – indicates that 33.2% of the respondents had resorted to theft, 23.1% to embezzlement, and 7.9% to robbery at some point in their lives to deal with the financial consequences of their gambling. 27.4% of the respondents reported stealing items from their home. An average of 7.6% of the resources used to support gambling originated from illegal activities, including fraudulent conduct, embezzlement, theft, and robbery; for more details see the chapter entitled **Financial Consequences of Gambling and Indebtedness**, p. 158.

The questionnaire survey of drug use among prisoners serving a prison sentence conducted in 2012 – for details see the chapter entitled **Extent of Gambling among the Prison Population**, p. 92 – indicates that 24.9% of the inmates had stolen money or valuables at some point in their lives to support their gambling or pay off gambling-related debts. Money and valuables were mostly stolen from people they did not know, but also from the family.

Table 6-5: Experience with committing theft in order to support gambling or pay off gambling-related debt (%)

Stealing money or valuables	Rate
From relatives (n=1,350)	12.8
From friends and people they knew (n=1,250)	9.3
From people they did not know (n=1,308)	20.4
From anybody, unspecified (n=1,420)	24.9

Source: Národní monitorovací středisko pro drogy a drogové závislosti and Generální ředitelství Vězeňské služby ČR (2013)

Illegal acts other than theft motivated by gambling or gambling-related debt had been committed by 23.3% of the prisoners. The influence of gambling on the activities and conduct that led to the current imprisonment was admitted by 15.8% of the offenders. Just to compare, the analogous impact of alcohol was admitted by 27.1% of the prisoners and that of other drugs by 32.7% of them.

The data about secondary gambling-related crime is also available from the information system of the Probation and Mediation Service (PMS). In 2012 the PMS kept on file a total of 31,129 clients, of whom 29 (25 men and four women) were found to be gamblers during criminal proceedings or probation supervision. Given the nature of the activities of the PMS, it can be assumed that these persons' offending was related to gambling or that gambling posed a problem in terms of their compliance with the reasonable obligations and restrictions imposed or their leading a law-abiding life. Altogether 20 persons were ordered by the court to refrain from gambling, including playing EGMs and betting. In comparison to the years 2010 and 2011, there was an increase in the number of clients who were found to engage in gambling activities and the number of orders to the effect that they should refrain from gambling, including playing EGMs and betting; see Table 6-6.

Table 6-6: Number of PMS clients who were found to engage in gambling activities and ordered to refrain from gambling, 2010-2012

Year	Number of clients	Found to engage in gambling	Ordered to refrain from gambling
2010	25,821	3	3
2011	27,150	19	13
2012	31,129	29	20

Source: Probační a mediační služba (2013)

In both 2011 and 2012, the most common criminal offences committed by the clients of the PMS who were found to be gamblers in the course of criminal proceedings or probation supervision were those against freedom and property. In particular, they included the offences of larceny (Section 205, the Penal Code/Section 247, the old Penal Code) and robbery (173/234).

A comparison of the data for 2011 and 2012 suggests that the rate of property offences showed

a slight decline, while offences against freedom rose in number; see Table 6-7 and Table 6-8. In 2012 23 individuals were sentenced for a single offence, five for two offences at a time, and one person was sentenced for committing three offences.

*Table 6-7: Offending by PMS clients who were found to engage in gambling activities, by type of offending, 2011 and 2012*

<b>Crime category</b>	<b>2011</b>	<b>2012</b>
Against property	13	13
Against freedom	6	10
Against human dignity (sexually motivated)	0	3
Against public order	0	2
Against the family and children	1	1
Economic	3	1
Against life and health	0	1
Against freedom and the rights to the protection of personality, privacy, and inviolability of letters	0	1
Posing a general threat	2	0
<b>Total</b>	<b>25</b>	<b>32</b>

*Source: Probační a mediační služba (2013)*

*Table 6-8: Offending by PMS clients who were found to have engaged in gambling activities, 2011 and 2012*

<b>Section (Penal Code / old Penal Code)</b>	<b>Offence</b>	<b>2011</b>	<b>2012</b>
173/234	Robbery	5	9
205/247	Larceny	4	7
206/248	Embezzlement	2	3
209/250	Fraud	4	2
337/171	Frustrating execution of an official decision or eviction order	0	2
234/249b	Unauthorised obtaining of, counterfeiting, or altering a means of payment	2	1
140/219	Murder	0	1
175/235	Extortion	0	1
180/178	Unauthorised use of personal data	0	1
185/241	Rape	0	1
186/243	Sexual coercion	0	1
187/242	Sexual abuse	0	1
201/217	Endangering the morals of a child	0	1
214/251	Participation	0	1
211/250b	Credit fraud	3	0
178/238	Arbitrary interference with the home	1	0
196/213	Evasion of alimony payments	1	0
235/141	Use of counterfeit or altered money	1	0
283/187	Unauthorised production or other handling of narcotic and psychotropic substances	1	0
279/185	Unauthorised arming	1	0
<b>Total</b>		<b>25</b>	<b>32</b>

*Source: Probační a mediační služba (2013)*

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# PART C

## Regulatory, Preventive, and Treatment Measures



# 7 Introduction to Regulation and Prevention

The summary of preventive and regulatory resources and activities given below is based mainly on a systematic review of evidence and good practices (Williams et al., 2012b).

It reports several salient findings with relevance to the prevention of problem gambling:

- the effectiveness of any prevention activity depends on its ability to modify one or more of the risk factors conducive to problem gambling – see also the chapter entitled **Etiology of Problem Gambling**, p. 102;
- because of the large number of risk factors, as well as the biological basis of some of them, the risk of problem gambling in a population can be reduced, but is unlikely ever to be eliminated;
- because a large number of the risk factors for problem gambling are the same as those for the development of substance abuse or other psychopathologies, prevention activities targeting risk behaviour in general (especially in young people) are both efficient and essential components for the prevention of problem gambling;
- because of the large number of risk factors, the effectiveness of any single prevention strategy is limited. Effective prevention requires a multifaceted, coordinated, and sustained array of measures.

## 7.1 Information and Educational Activities

The objective of educational activities is to change personal knowledge, attitudes, beliefs, and skills in such a way as to minimise the risk of the onset and/or development of problem gambling.

Prevention programmes targeted at children and young people in order to reduce the risk of adolescents engaging in problem behaviour have not been rigorously evaluated in terms of problem gambling. Addiction-specific prevention programmes show mixed efficiency, depending on their design. For example, one-off interventions involving the provision of information only appear to be generally ineffective.

Referred to as awareness campaigns, media campaigns, or social marketing, information campaigns directed at the general public tend to have a limited effect. As found by Williams et al. (2012b), these campaigns may raise awareness, but their impact is limited and short-lived. Campaigns targeted at specific target groups, such as gamblers' loved ones or the gamblers themselves, seem to yield better outcomes. They generally feature information aimed at encouraging gamblers to know their limits and the principles of "responsible gambling",<sup>63</sup> warning against problem gambling, identifying the symptoms of problem gambling, providing information about where people can go for help or more information on problem gambling (i.e. treatment facilities, counselling services, helplines, etc.), providing the mathematical odds of various gambling activities, and dispelling common gambling fallacies. The awareness-raising purpose can also be fulfilled by casino-based information centres.

Awareness campaigns are likely to be more effective when integrated into more comprehensive and coordinated community-wide prevention programmes.

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<sup>63</sup> The concept of responsible gambling refers to a pattern of playing games of chance which is not associated with the presence of negative health, financial, social, and other impacts.

## 7.2 Restrictions on the Availability of Gambling

Restrictions on the availability of gambling opportunities reduce the level of problem gambling in the population. Restrictions on the number of gambling establishments rather than caps on the number of gambling machines seem to play the main role in this respect. A number of countries have introduced maximum limits on the number of gambling establishments on their territory<sup>64</sup> (Swiss Institute of Comparative Law, 2006); see also the chapter entitled **Gambling Legislation and Control in Europe**, p. 225. The relationship between the availability of gambling and the prevalence of problem gambling is complex and changes with time – the degree of problems appears to grow especially after the establishment of gambling venues or a drastic increase in the offer. Restrictions on what is referred to as “convenience gambling”, i.e. gambling available outside dedicated venues (in shops, kiosks, restaurants, etc.) are also reported as effective in preventing problem gambling. Finally, some countries apply measures involving the placing of gambling venues in tourist destinations or away from urban centres.

While restricting the hours of operation of gambling establishments is an effective approach to reducing the risks associated with long playing sessions, it has been shown that a mere short break in operating hours (e.g. between 4.00 and 7.00 a.m.) cannot be considered an effective strategy.

It is logical to restrict particularly those forms of gambling which pose the highest risk of addiction and gambling-related problems. This concerns especially “nonstop” gambling activities which can be engaged in relatively quickly and repeatedly: EGMs, casino betting games, electronic lotteries, online gambling, and live betting. Gambling on the internet often precedes the development of problem gambling or develops alongside the development of problem gambling.

Only a few countries ban all forms of online gambling (e.g. Germany, Greece, Romania, Ukraine, South Africa, China, and Cuba). The most common approach is for countries to regulate online gambling – e.g. certain forms are allowed (most typically online lotteries or sports and horse-race betting), while others (e.g. casino games) are prohibited (in addition to the Czech Republic, this group of countries includes Australia, Belgium, Denmark, Finland, France, Hungary, Italy, Lithuania, Latvia, Liechtenstein, Luxembourg, the Netherlands, Norway, Poland, Portugal, Iceland, Israel, Russia, Slovenia, Sweden, Switzerland, Brazil, the USA, Canada, Singapore, South Korea, and Taiwan). Several jurisdictions allow participation in online gambling from domestic sites, but prevent access to sites located abroad (this is the case in Austria, Belgium, Denmark, Estonia, France, Germany, Hungary, Italy, Norway, Slovenia, Israel, Hong Kong, South Korea, and the United States). Some countries (e.g. Austria, Finland, and Canada) restrict visiting domestic online sites to their residents only. Finally, a few countries (e.g. Malta or Australia in the case of online casinos) allow gambling on the internet, but prevent their residents from accessing the sites.

There are three main legal approaches to limiting illegal gambling on the internet (Williams et al., 2012b):

- legislative prohibition of access to any online gambling or foreign gambling sites only – this approach, although of limited effectiveness and virtually unenforceable, is also currently applied in the Czech Republic;
- preventing financial institutions from processing payments to the credit of online (usually foreign) gambling sites, which is applied in Belgium, Estonia, France, Israel, Hungary, Malaysia, the Netherlands, Norway, and the USA – the effect of such measures is limited and there are ways to circumvent them;
- legal constraints on what citizens have access to via their internet service provider, i.e. blocking local access to prohibited websites in combination with a ban on illicit advertising. First used in

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<sup>64</sup> Caps on the number of casinos and/or gambling venues have been imposed in Austria, Belgium, Italy, the United Kingdom, the Netherlands, Portugal, Slovenia, and Sweden.

Italy, this approach was later introduced in other countries, including Belgium, Denmark, Estonia, France, Italy, Israel, Germany, and Slovenia.

None of these measures is fully effective when used in isolation. The greatest effectiveness is achieved by their synergetic effect.

In most countries restrictions on the availability of gambling involve a prohibition of gambling by children and adolescents. Moreover, a higher legal age for gambling or restrictions on local residents accessing gambling venues have also been introduced.

Gambling self-exclusion is an important element. But it is hardly effective when limited to a single venue or website while there are many other gambling opportunities.

## 7.3 Restrictions on or Alterations of the Ways of Providing Gambling

Measures in this area pertain to the modification of the structural characteristics of gambling games – for details see the chapter entitled **The Gambling Market**, p. 35 – and the settings in which gambling is operated. Common interventions targeted at the ways in which EGM gambling is provided include the following restrictions and regulations:

- modifying the parameters of machines and games in terms of the win/loss ratio, reducing the speed of the game, banning features displaying “near misses”, reducing the number of play lines, prohibiting banknote acceptors, and maximising the percentage of games with immediate cash payouts,
- increasing the cost of gambling, i.e. adjusting the stake/prize ratio – increasing the minimum stake size while reducing the maximum prize (making the game less attractive in economic terms),
- prohibiting interactive features which promote the illusion of control over the machine,
- pop-up messages about the randomness of play and the time spent gambling,
- a permanent on-screen clock feature,
- a mandatory cash-out after a certain time limit or prize size has been reached,
- imposing a ban on playing with credits (virtual money),
- restricting or banning ambient light and sound features at all times or only when a gambling terminal is not occupied,
- imposing a ban on the provision of seating for EGM players (no chairs or bar stools),
- a pre-set limit to which a player “pre-commits” themselves and which can only be crossed after a reasonable time period,
- eliminating loyalty/reward programmes and cards,
- restricting access to money, imposing bans on loans or mediating loans for gambling,
- restricting the concurrent use of alcohol and tobacco,
- restricting advertising,
- introducing an obligation on the part of the staff of gambling establishments to intervene in the event players showing signs of problem gambling,
- training programmes on problem gambling for the staff of gambling operations.

## 7.4 Summary of the Effectiveness of Measures to Prevent Problem Gambling

The above review (Williams et al., 2012b) suggests that the most commonly adopted preventive measures tend to be among the least effective ones (e.g., awareness/information campaigns, “responsible gambling” principles, casino self-exclusion, etc.). Furthermore, when potentially more effective measures are adopted, they are typically implemented in such an inconsequential or

perfunctory fashion as to virtually yield only a small impact (e.g. small reductions in the number of gambling venues or numbers of EGMs, minor restrictions on access to money, etc.). While certain measures are more effective than others, there are hardly any that are completely useless and, conversely, there are almost none that by themselves would be enough to prevent harm effectively.

Best practices to prevent problem gambling include (Williams et al., 2012b):

- > design and evaluate suitable initiatives,
- > recognise that effective problem gambling prevention requires decreased revenues on the part of the gambling industry and some inconvenience to non-problem gamblers,
- > employ a wide range of educational and policy initiatives,
- > coordinate the educational and policy initiatives,
- > reduce the general availability of gambling,
- > eliminate or reduce and/or constrain higher-risk forms of gambling,
- > eliminate reward/loyalty features or use them to foster “responsible gambling” (only),
- > restrict eligibility to gamble (e.g. on the basis of age or socioeconomic status, if acceptable),
- > restrict the use of psychoactive substances (tobacco, alcohol, and other drugs) while gambling,
- > restrict access to money while gambling,
- > impart knowledge, attitudes, and skills to gamblers to inhibit the progression of their problem gambling,
- > keep preventive initiatives in place for a sustained period.

The effectiveness of the preventive initiatives is summarised in Table 7-1, p. 179.

Table 7-1: Estimated effectiveness of measures to prevent problem gambling

Type of intervention	High	Moderately high	Moderate	Moderately low	Low
<b>Information and educational activities</b>			✓		
Childhood interventions		✓			
Information/awareness campaigns				✓	
On-site information/counselling centres (RGICs)				✓	
Statistical instruction				✓	
School-based prevention programmes			?		
<b>Policy measures</b>			✓		
Restrictions on the general availability of gambling		✓ <sup>1</sup>			
Restricting the number of gambling venues		✓ <sup>1</sup>			
Restricting more harmful forms of gambling		✓ <sup>1</sup>			
Limiting the number of gambling formats			?		
Restricting gambling to dedicated gambling venues			?		
Restricting the location of gambling venues		✓			
Limiting the hours of operation of gambling venues				?	
Restrictions on eligibility to gamble			?		
Prohibition of gambling by young people			?		
Increasing the legal age for gambling			✓		
Restricting entry to venues to non-residents		?			
Restricting entry to venues to higher socioeconomic classes			?		
Self-exclusion from casinos				✓ <sup>5</sup>	
Restrictions or alterations on how gambling is provided			✓		
Modifying the parameters of machines				✓ <sup>6</sup>	
Player pre-commitment			✓ <sup>7</sup>		
Eliminating reward/loyalty cards or changing their parameters			?		
Operator-imposed maximum loss limits		?			
Problem gambling training for the staff of gambling venues				✓ <sup>8</sup>	
Automated or mandated intervention for at-risk gamblers			✓		
Restricting access to money			?		
Restricting concurrent use of alcohol and tobacco		✓			
Restricting advertising				✓ <sup>9</sup>	
Gambling venue design					?
Increasing the cost of gambling				?	
Government provision of gambling			✓		

Note:

1. If the reductions are substantial.

2. Unless the time reduction is substantial.

3. A more effective strategy might be to model “responsible gambling” to young people before they are of legal age.

4. The benefits of prevention are limited to residents rather than non-residents.

5. Even with effective self-exclusion programmes, the effectiveness of this preventive measure is limited because it is intended for players who have developed problem gambling.

6. Reducing the maximum bet and win size, slower speed, reducing the frequency of near misses, reducing the number of betting lines, eliminating banknote acceptors, reducing the interactive nature of gambling machines, presenting pop-up on-screen messages, and the absence of seating while gambling.

7. Only if mandatory. Also more effective if irrevocable, applicable to all EGMs or all gambling in a jurisdiction, with non-swappable ID.

8. The effect of this measure increases if staff intervention is mandatory and compliance is enforced.

9. More important for preventing relapse in problem gamblers and preventing involvement in gambling among young people.

10. Greater effect with raising the minimum bet size and lowering the maximum prize size.

A question mark (?) indicates uncertainty resulting from insufficient evidence.

Source: Williams et al. (2012b)

8

## 8 Regulation of Gambling

### 8.1 Regulation at the National Level

According to the Lotteries Act (Act No. 202/1990 Coll., on lotteries and similar games), the regulatory authority in relation to gambling is the Ministry of Finance of the Czech Republic, specifically Department 34 – State Supervision of Gambling and Lotteries. The general regulatory framework for gambling in the Czech Republic is set out by the Lotteries Act; for details see the chapter entitled **Legal Framework of Gambling**, p. 25.

In particular, the Ministry of Finance grants licences for the operation of betting games specified in the Lotteries Act, or revokes such licences, and performs monitoring of gambling facilities. In the event of any violations, it can impose sanctions in accordance with Section 48 of the Lotteries Act.

Some civil society activists<sup>65</sup> warn against the risk of creating a “regulatory trap”, where, being under pressure from various advocacy groups, a regulatory authority may fail to fulfil its regulatory role effectively enough in that it may, in particular, opt for instrumental interpretations of the law which are favourable for the industry.

Regions (i.e. regional authorities) possess hardly any powers as regards gambling. The effort of the Ústí nad Labem region to impose stricter regulations on gambling is worth mentioning in this respect. In 2011 its regional authority filed a motion for an amendment to the Lotteries Act by virtue of which the terms and conditions for the operation of gambling, especially EGMs, were to be subject to more rigorous control.<sup>66</sup> However, the motion was dismissed by the Chamber of Deputies in 2013.

#### 8.1.1 Preparation of New Legislation

On the basis of its Resolution No. 173 dated 13 March 2013, the Government of the Czech Republic commissioned the Ministry of Finance to draw up a bill governing the operation of betting games and submit it by 30 June 2014.<sup>67</sup>

This piece of legislation should represent a new generation of the regulatory framework for the operation of gambling. It should follow the principle of technological neutrality (i.e. the same structural technological parameters for various types of games), establish a comprehensive legal and technological framework for the operation of betting games using modern communication technologies, especially the internet, and reflect the recommendations for measures aimed at reducing the risk of the development of problem and pathological gambling.

The main objectives of the new legal regulation are as follows:

- › to levy taxation on the hitherto unregulated online gambling operations and to ensure the effective redistribution of such revenues to selected regulatory and preventive measures, including the development of rules for the funding of sports, which is also recommended as a form of prevention by the European Commission and the European Parliament;

<sup>65</sup> See, for example, <http://www.ceskatelevize.cz/ct24/ekonomika/171701-brneni-ministerstvo-financi-povoluje-hazard-v-rozporu-se-zakonom/> [2012-04-10].

<sup>66</sup> Proposed amendment to the Lotteries Act: [http://www.google.cz/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0CDQQFjAC&url=http%3A%2F%2Fwww.psp.cz%2Fsqw%2Ftext%2Forig2.sqw%3Fidd%3D74643&ei=n-XoUqDHPM2ShgfrYH4Cw&usg=AFQjCNGjWnyOiC7UE\\_VNa3XPdG5OgC1IRg&bvm=bv.60157871.d.ZG4&cad=rja](http://www.google.cz/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0CDQQFjAC&url=http%3A%2F%2Fwww.psp.cz%2Fsqw%2Ftext%2Forig2.sqw%3Fidd%3D74643&ei=n-XoUqDHPM2ShgfrYH4Cw&usg=AFQjCNGjWnyOiC7UE_VNa3XPdG5OgC1IRg&bvm=bv.60157871.d.ZG4&cad=rja) [2014-01-29]; for more information see: <http://slotmarket.cz/poslanci-pustili-do-dalsiho-cteni-ustekou-novelu-loterijniho-zakona/> [2014-01-29].

<sup>67</sup> It is highly probable that the deadline for the submission of a bill on the operation of betting games will be postponed until the end of 2014.

- pursuant to the decisions of the Constitutional Court – for details see the chapter entitled **Regulation at the Municipal Level**, p. 183 – to enable municipalities to pursue more efficient regulation of the operation of electronic/mechanical gambling devices (EGMs) in their territories;
- to ensure harmonisation with EU internal market rules, as the Czech Republic has been repeatedly challenged by the European Commission for its lotteries legislation being inconsistent with European law;
- to address issues concerning the integrity of sports and the manipulation of sports results;
- to prepare the legislative grounds for the development of technological control over gambling operated via technology-based devices (a centralised information system designed in such a way as to ensure long-distance state supervision by means of an online platform). Such a system would provide for the efficient and effective control of the operation of betting games and efficient supervision over the operators' compliance with their tax responsibilities;
- it should also ensure the implementation of preventive initiatives aimed at mitigating the social harm caused by gambling to the community (possible interface with the social welfare registers, pre-commitment and self-exclusion strategies, registration of players, etc.).

The Ministry of Finance recently prepared a project titled "Enhancing the Effectiveness of the Execution and Management of the State Supervision over Gambling and Lotteries with respect to Online Gambling and Lotteries" and applied to the Ministry of the Interior for the project to be funded from the Human Resources and Employment Operational Programme. The project is an integral part of the preparation of the new piece of legislation to govern the operation of gambling; without an adequate technological solution it will hardly be possible to ensure effective supervision over the fulfilment of the terms and conditions that are required especially from online gambling operators and of the responsible gambling rules.

### 8.1.2 Czech Legislation in Conflict with European Law

The Czech Republic has been repeatedly reprimanded by the European Commission (EC) for its legislation on lotteries not being in harmony with European law. On the basis of a formal letter of notice dated 20 November 2013, proceedings were initiated against the Czech Republic for its infringement of the Treaty on the Functioning of the European Union (TFEU).

In particular, the EC refers to the stipulations of Section 1(7) of the Lotteries Act, according to which a licence for the operation of remote gambling can only be granted to a legal entity based in the Czech Republic and the stipulations of Section 4(4) of the Lotteries Act which prohibit the participation of foreign capital in companies that apply for a licence to operate betting games in the Czech Republic. According to the EC, these stipulations are incompatible with the basic principles of the free movement of services, free movement of capital, and freedom of establishment pursuant to Articles 56, 63, and 49, respectively, of the TFEU.

The EC has already presented its objections under an EU Pilot procedure, No. 1106/10/MARK. Preceding the formal action concerning the infringement of the TFEU, this procedure is used by the EC to verify its assumptions and raise questions to the member states. On the basis of their responses, it will then decide whether to go ahead with the TFEU infringement proceedings. The EC went on to repeat its objections under a notification procedure concerning the governmental bill on the operation of betting games (2011/359/CZ) following Directive 98/34/EC, relating to technical standards and regulations.

It was in response to the objections raised by the EC that the Government, by virtue of its Resolution No. 173 dated 13 March 2013, commissioned the Minister of Finance to submit a bill on the operation of betting games that would be fully compatible with the EU law and to consider the conclusion of the notification procedure.

The EC holds that the Czech Republic has not fully demonstrated that the requirements for permanent venues or the prohibition of foreign capital are necessary and/or reasonable to achieve the goals that were set.

As part of the pending procedure, the Czech Republic informed the European Commission about the preparation of a new legal regulation which is to incorporate the latter's objections. In addition, the EC was notified that the results of this report on gambling and its consequences in the Czech Republic will be used to review the existing terms and conditions and make them transparent and compliant with the equality principle, i.e. the terms and conditions will be non-discriminatory and will apply to all entities on an equal basis.

In view of the above it is necessary to adopt the new legislation as soon as possible. Should it be otherwise, the charges against the Czech Republic may be brought before the Court of Justice of the European Union (CJEU) and, if they are adjudged to be well-founded, the country may face substantial financial sanctions.

## 8.2 Regulation at the Municipal Level

The key instrument for restricting availability at the municipal level is generally binding ordinances, on the basis of which municipalities can impose both time and place restrictions on the operation of certain types of gambling activities as envisaged in Section 50(4) of the Lotteries Act. Such activities include playing slot machines, VLTs, LLSs, and other technology-based games (i.e. betting games specified under Section 2(j) and Section 50(3)), casino gambling, card games, and bingo. While municipalities have a duty to notify the Ministry of Finance that they have issued generally binding ordinances governing gambling not later than 15 days after their being passed by the municipal board of representatives, failure to comply with this notification duty is subject to no sanction. By 2011 the Lotteries Act had explicitly stipulated that municipalities could regulate slot machines only.<sup>68</sup> Their powers manifested themselves in two respects:

1. as entities with delegated competences, municipal authorities issued (and are still doing so) licences to operate slot machines (this involves an instance of the delegated execution of public administration which elected local government bodies should not intervene in);
2. since 1998, when the regulation governing the operation of slot machines became what it is nowadays, municipalities have had the right to regulate slot machines by means of generally binding ordinances.

Even before 2011, but especially in 2011 and the years that followed, there was a dramatic increase in the number of generally binding ordinances aimed at regulating the operation of not only slot machines, but all EGMs. These ordinances applied to both the issuing of new licences and the EGMs already in operation.

This power of municipalities to regulate slot machines and other EGMs within their limits was upheld by several case law decisions of the Constitutional Court in 2011. The first of them was a decision<sup>69</sup> by which the Constitutional Court dismissed a motion of the Ministry of the Interior for the annulment of an ordinance of the town of Chrastava from 2009 which explicitly stipulated a ban on interactive video terminals (IVTs). In its motion for the revocation of this generally binding ordinance, the Ministry of the Interior adopted the standpoint of the Ministry of Finance, which claimed that municipalities do not have the competence to regulate IVTs. Nevertheless, the Constitutional Court rejected this legal opinion and upheld the effect of the ordinance on the grounds of the similarity between interactive video terminals and slot machines.

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<sup>68</sup> Some municipalities had already regulated both slot machines and other EGMs as specified by Section 50(4) of the Lotteries Act before 2011. The case law decisions of the Constitutional Court later on upheld such approaches.

<sup>69</sup> File reference Pl. ÚS 29/10 dated 14 June 2011

This position of the Constitutional Court was confirmed and further elaborated on in a decision<sup>70</sup> by which it dismissed a motion of the Ministry of the Interior for the annulment of a generally binding ordinance of the town of Františkovy Lázně from 2010 imposing a ban on the operation of all technology-based gambling devices within the municipal territory, with the exception of one address. In this case, the Constitutional Court inferred that the power of municipalities to regulate gambling activities that are in breach of public order ensued from their very constitutional right to self-governance.

Another, and ultimate, confirmation of the power of municipalities to regulate betting games, authorised by the Ministry of Finance, was a decision<sup>71</sup> by virtue of which the Constitutional Court dismissed the motion for the annulment for a generally binding ordinance of the town of Kladno. Since then the Ministry of the Interior has not filed any other motions requesting the annulment of a generally binding ordinance aimed at regulating gambling.

The so-called "Farský Amendment" to the Lotteries Act (Act No. 300/2011 Coll.) that was prepared and passed in the meantime introduced an interim period until 31 January 2014, on the expiry of which municipalities were to be granted the power also to control EGMs which had been permitted until 31 December 2011 (Art. II.(4) of the Farský Amendment). While originally intended to invest these powers in municipalities by law within the shortest time possible after the interim period has elapsed, this amendment actually deferred the execution of such powers, given the earlier decisions of the Constitutional Court from 2011 described above.

In June 2012 several municipalities filed a municipal constitutional complaint with the Constitutional Court challenging Art II.(4) of the Farský Amendment. In its decision of April 2013<sup>72</sup> the Constitutional Court upheld their argument and quashed the contested statutory provision. This meant the removal of the legal grounds for postponing the effect of a number of municipal ordinances pertaining to IVTs that had been permitted in the respective municipalities in the previous years.

It still holds, however, that following the issue of a restrictive generally binding ordinance the authorisation must be revoked by the Ministry of Finance, which granted it. The Ministry of Finance has begun to initiate administrative proceedings concerning the revocation of licences for EGMs that are operated in contradiction of generally binding ordinances. In view of the fact that the number of municipalities with generally binding ordinances to regulate gambling and changes to the existing ordinances increased in 2013, the Ministry of Finance became overwhelmed by this agenda in late 2013 and early 2014. In practice, thus, a number of EGMs were operated in violation of the effective generally binding ordinances during that period. In order to prevent the Ministry of Finance from being excessively burdened by administrative proceedings following the decision of the Constitutional Court of April 2013, the then Minister of Finance, as a Member of the Parliament, proposed an amendment to the Lotteries Act to the effect that all licences that are contradictory to the generally binding ordinances should be automatically declared void as of the end of February 2014. However, the Parliament did not manage to discuss the motion because of the Chamber of Deputies being dissolved in August 2013.

The operators of EGMs have been opposing the regulation, i.e. the reduction in the number of licences for the operation of EGMs. The Association of Operators of Central Lottery Systems (SPELOS), an umbrella operators' organisation, has been very active in this matter. The negative implications of prohibitive measures pointed out by its representatives include the loss of revenues for municipal budgets, the threat of illicit gambling, and an increase in the unemployment rate. They offer self-regulation based on mutual agreement between municipalities and operators as an alternative.<sup>73</sup>

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<sup>70</sup> File reference Pl. ÚS 56/10 dated 7 September 2011

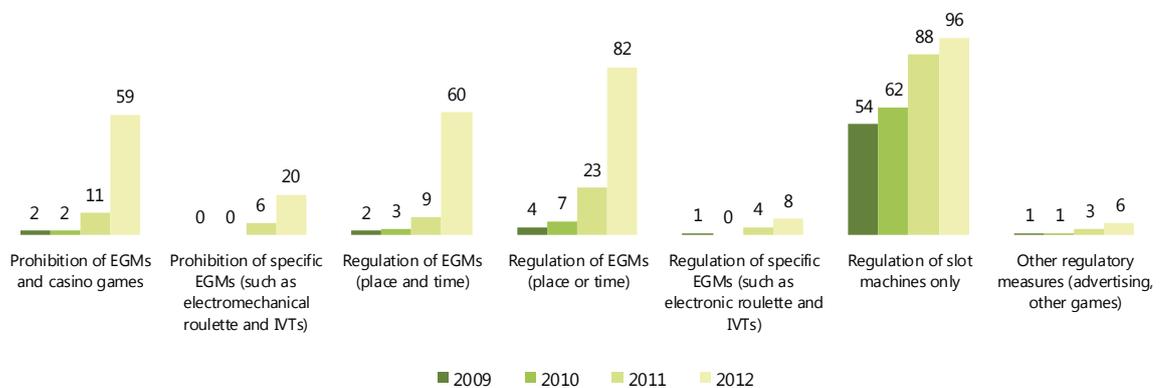
<sup>71</sup> File reference Pl. ÚS 22/11 dated 27 September 2011

<sup>72</sup> File reference Pl. ÚS 6/13 dated 2 April 2013

<sup>73</sup> [http://www.spelos.com/repository/jak\\_regulovat.pdf](http://www.spelos.com/repository/jak_regulovat.pdf) [2014-03-21]

One of the reasons why the Ministry of Finance as a regulatory authority keeps records of the latest generally binding ordinances and the scope of their effect is for it to fulfil its regulatory function by revoking licences for betting games which the ordinances apply to. Until 2011 municipalities issued ordinances that primarily regulated the operation of slot machines; there were about 60 of them. The period 2011-2012 witnessed an increase in the number of ordinances to also regulate the operation of other EGMs. The number of the so-called prohibitory ordinances by which municipalities impose a complete ban on EGMs in their respective territories reached 59 in the year 2012; see Graph 8-1. Recent developments suggest that the number of generally binding ordinances to regulate gambling will grow further. The rise in the number of such ordinances being issued is an apparent sign of the fact that only a few regulatory parameters for the operation of gambling (i.e. the size of wagers, the bet/payout ratio, and several other parameters governing the operation of gambling in special arrangements venues and casinos) have been determined on the national level. Municipalities thus assume the role of a local regulatory body as regards the availability of certain types of gambling activities. However, this poses a burden for municipal policy and administration, provides an opportunity for corruption, and gives rise to unequal conditions for gambling operations in different municipalities.

Graph 8-1: Number and types of generally binding ordinances in the Czech Republic, 2009-2012



Source: Ministry of Finance (2013)

## 8.3 Experience with the Regulation of Gambling at the Municipal Level

In 2013 the National Focal Point conducted two studies investigating the experience of municipalities with gambling and its regulation. From June to December 2013 an online questionnaire survey involving 564 municipalities was carried out (Národní monitorovací středisko pro drogy a drogové závislosti, 2013a). The second study was conducted by the National Focal Point in association with the *ppm factum research* agency in the period November-December 2013. This involved a series of five case studies which, using both qualitative and quantitative data collection methods, provided a more detailed interpretation of the previous questionnaire survey (Národní monitorovací středisko pro drogy a drogové závislosti and ppm factum research, 2014b).

### 8.3.1 Questionnaire Survey on the Regulation of Gambling in Municipalities

The first of the surveys on the regulation of gambling at the municipal level carried out by the National Focal Point employed the form of online questionnaires posted on the web portal of the National Focal Point – [drogy-info.cz](http://drogy-info.cz). A request for participation in the survey was distributed through the Union of Towns and Municipalities of the Czech Republic, crime prevention managers, and regional drug coordinators. The questionnaires were completed by individuals who were responsible for the gambling agenda in municipalities or acquainted with it; in smaller

municipalities they were often mayors, in larger municipalities the competent officials of municipal/local authorities. The questionnaire developed for the purposes of the study contained 51 items concerning the availability of gambling opportunities in the village / town / city, regulatory and other measures, including the issue of generally binding ordinances, gambling-related problems and the impact of regulation on the occurrence of such problems, and general demographic data about the municipality. The data included exact figures (e.g. the number of EGMs, gambling venues, and inhabitants) and ratings on a defined scale (regarding phenomena associated with the existence of gambling operations in the municipality, the effect of ordinances on the phenomena under consideration, etc.) and was not verified against any other sources of information.

564 municipalities responded to the request, of which 75 did not complete the questionnaire, as no gambling establishments were present within their territory at the time. Overall, 489 questionnaires were filled in (either fully or in part); six questionnaires provided duplicate information for the same municipality and 48 questionnaires were incomplete. Hence, the analysis involved 435 municipalities that had completed the questionnaire. The average number of inhabitants per municipality in the sample was 7,235 (min. 5, max. 378,327). The majority of the municipalities fell into the group with a number of inhabitants below 2,000 (59.3%). The municipalities with more than 10,000 inhabitants represented 14% of the sample. The inhabitants of the municipalities in the study sample accounted for approximately 30% of the population of the Czech Republic; see Table 8-1. In comparison with the situation in the entire Czech Republic, the survey included a greater proportion of larger urban settlements. The sample was not selected on a randomised basis. The municipalities were self-nominated for the survey in response to the request to participate. Therefore, the representation of municipalities per region does not reflect the actual situation. With the exception of Karlovy Vary, all regions were represented in the survey. With 27.4% and 23.4% of their respective municipalities, the South Moravia and Pilsen regions had the greatest representation in the sample; see Table 8-2.

Table 8-1: Number of municipalities and inhabitants in the sample, by size of municipality

Number of inhabitants	Number of municipalities	Rate of municipalities (%)	Rate of municipalities – valid responses (%)	Number of inhabitants	Rate of inhabitants (%)
Below 1,999	249	57.2	59.3	161,034	5.3
2,000–4,999	63	14.5	15.0	196,876	6.5
5,000–9,999	49	11.3	11.7	343,939	11.3
10,000 and more	59	13.6	14.0	2,336,686	76.9
<b>Valid responses in total</b>	<b>420</b>	<b>96.6</b>	<b>100.0</b>	<b>3,038,535</b>	<b>100.0</b>
No response	15	3.4	–	–	–
<b>Total</b>	<b>435</b>	<b>100.0</b>	<b>–</b>	<b>–</b>	<b>–</b>

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2013a)

Table 8-2: Municipalities in the sample, by region

Region	Number	Rate (%)
Prague	1	0.2
Central Bohemia	26	6.0
South Bohemia	18	4.1
Pilsen	102	23.4
Karlovy Vary	0	–
Ústí nad Labem	15	3.4
Liberec	54	12.4
Hradec Králové	5	1.1
Pardubice	31	7.1
Vysočina	9	2.1
South Moravia	119	27.4
Olomouc	2	0.5
Zlín	2	0.5
Moravia-Silesia	40	9.2
Not specified	11	2.5
<b>Total</b>	<b>435</b>	<b>100.0</b>

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2013a)

At the time of the survey, 243 out of the total of 435 municipalities (55.9%) reported a supply of gambling opportunities. There were:

- 70 casinos in 26 municipalities (the maximum in one municipality was 19);
- 2,198 gambling venues in 155 municipalities (the maximum was 377 within the territory of one regional capital city);
- 875 special arrangements establishments in 201 municipalities (the maximum in one municipality was 46);
- the total number of the above three types of venues (i.e. excluding betting shops) reached 3,143 in 232 municipalities (the maximum in one municipality was 414);
- a total of 8,623 slot machines (with a maximum of 705 in one municipality), 17,693 VLTs (with a maximum of 4,803 in one municipality) and 2,585 other EGM-type devices such as roulette and electronic dice (with a maximum of 658 in one municipality); the total number of EGMs reached 28,901 (with a maximum of 4,876 in one municipality);
- 524 betting shops in 107 municipalities (with a maximum of 80 in one municipality).

The municipalities experienced difficulties in specifying the number of venues and machines, the authorisation of which does not fall within their remit (i.e. EGMs licensed by the Ministry of Finance). The quantity of some 29,000 EGMs accounts for almost 40% of the EGMs in the Czech Republic as a whole.

Out of the total of 435 municipalities under analysis, 127 (29.2%) had issued generally binding ordinances pertaining to the regulation of gambling. Gambling opportunities were available in 107 of these municipalities (i.e. 44% of the total of 243 municipalities with the offer of gambling). While the majority of them (53.5%) had issued only one generally binding ordinance, there were municipalities which pursue intensive regulatory efforts and had already adopted several such ordinances or amendments thereto. Municipalities most frequently regulate gambling operations in terms of place (86%) and time (38%). Other aspects, such as a complete ban on gambling, advertising, and designated types of permitted gambling activities, are subject to control by 16% of the municipalities.

No generally binding ordinances had been issued by 308 municipalities from the study sample. The reasons for not doing so varied. The most common reason was the absence of gambling-related problems, as reported by 91 municipalities (37.4% of 243 municipalities where gambling operations were in existence). Other reasons were concerns about the rise of illicit gambling venues (34 municipalities) and benefits prevailing over costs (20 municipalities), figures which correspond

to 14.0% and 8.2% respectively of the municipalities with gambling operations and 25.0% and 14.7% of the municipalities which were not regulating gambling despite its presence. Additional reasons for non-regulation included differences in opinions among municipal representatives, the poor enforceability of generally binding ordinances (the absence of municipal police), and the spontaneous abatement of the problem.

Altogether, 76 municipalities (17.5%) responded that they had established a programme or developed activities targeted at gambling. A large number of these answers pertained to generally binding ordinances again, control measures, the maintenance of public order, and CCTV systems. Only rarely did municipalities report support for pathological gambling services or the implementation of prevention programmes, such as participation in the ProGam.cz project; for details see the chapter entitled **Preventive Measures**, p. 199.

The occurrence of specific gambling-related problems before and after the issue of generally binding ordinances was investigated. Such problems included inebriety in gambling venues, disturbing the peace, gambling by recipients of social security benefits, gambling venues being present in socially excluded communities, prostitution, and illicit substance use. The respondents rated the items on the following scale: Never (1 point), Rarely (2), Often (3), and Very Often (4) – see Table 8-3.

The questions concerning the gambling-related problems before and after the adoption of generally binding ordinances were answered by 62–80 municipalities. According to the municipal representatives, the ordinances led to improvements in all the indicators under scrutiny, with the exception of the “gambling venues being present in socially excluded communities” and “practising prostitution in the vicinity of gambling venues” indicators. The greatest improvements – by 0.5 and 0.4 points of the average score, respectively – were recorded for the “disturbing the peace in the vicinity of gambling venues” and the “gambling by children and minors” indicators. In general, this group of municipalities with gambling-related ordinances in place rated the problems as more severe in comparison with the municipalities without the ordinances; the pre-ordinance average score for the most common problems such as inebriety in the gambling venues, gambling by recipients of social security benefits, and disturbing the peace in the vicinity of gambling venues neared three.

Table 8-3: Number of municipalities by effects of generally binding ordinances and the differences in the average score for the prevalence of specific gambling-related problems in the municipality before and after the adoption of a generally binding ordinance (Dotazníkový průzkum na téma regulace, NMS, 2013)

Problem	Number of municipalities			Total	Average score		Average score difference
	Improvement	Deterioration	No change		Before ordinance	After ordinance	
Disturbing the peace in the vicinity of gambling venues	33	1	46	80	2.6	2.1	0.5*
Gambling by recipients of social security benefits	15	1	52	68	2.8	2.4	0.3*
Gambling venues being present in socially excluded communities or in their surroundings	3	53	0	56	1.4	1.3	0.1
Violent crime in gambling venues or in their vicinity	12	1	60	73	1.9	1.7	0.2*
Property crime in gambling venues or in their vicinity	14	1	59	74	2.1	1.9	0.2*
Practising prostitution in the vicinity of gambling venues	2	0	68	70	1.2	1.1	0.0
Gambling by children and minors (individuals under 18)	24	1	47	72	1.8	1.4	0.4*
Serving alcohol to children and minors	13	0	60	73	1.9	1.7	0.2*
Inebriety in gambling venues	12	0	60	72	2.8	2.6	0.2*
Excessive consumption of drugs in gambling venues or in their vicinity	10	0	52	62	1.9	1.7	0.2*
Drug crime in gambling venues or in their vicinity	7	1	53	61	1.8	1.7	0.1*

Note: The respondents used a four-point scale – Never (1 point), Rarely (2), Often (3), and Very Often (4) – to rate the items.

\* The difference is statistically significant at the  $p \leq 0.05$  level.

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2013a)

The respondents found the introduction of gambling-related ordinances in the municipalities to have had rather negative effects on the number of employment opportunities and municipal revenues. On the other hand, in the majority of the municipalities, the issue of generally binding ordinances was found to have had a rather or entirely positive influence on the standard of leisure time activities, appearance of public spaces, cultural activities, tourism, sports, municipal infrastructure, and an increase in the number of inhabitants; see Table 8-4.

Table 8-4: The effects of generally binding ordinances on the phenomena under study

Phenomena under study	Entirely positive		Rather positive		Rather negative		Entirely negative		Total	
	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)
Standard of leisure time activities	5	11.9	29	69.0	4	9.5	4	9.5	42	100.0
Appearance of public areas	10	20.4	33	67.3	6	12.2	0	0.0	49	100.0
Cultural opportunities	4	13.8	19	65.5	1	3.4	5	17.2	29	100.0
Tourism	1	5.3	12	63.2	4	21.1	2	10.5	19	100.0
Sports activities	4	14.8	17	63.0	4	14.8	2	7.4	27	100.0
Municipal infrastructure	3	20.0	9	60.0	2	13.3	1	6.7	15	100.0
Number of inhabitants	1	16.7	3	50.0	0	0.0	2	33.3	6	100.0
Revenue for municipal budget	9	17.6	13	25.5	21	41.2	8	15.7	51	100.0
Number of employment opportunities	0	0.0	3	20.0	9	60.0	3	20.0	15	100.0

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2013a)

When interpreting the above results concerning the effects of generally binding ordinances, it is advisable to consider various factors such as the socioeconomic differences between the municipalities and differences in the method and degree of regulation. It should also be taken into account that the offer of gambling in a municipality may not necessarily conform to the ordinance in effect, as at the time of the survey a number of devices were in operation in the municipalities that were authorised by the Ministry of Finance in contravention of the valid generally binding ordinance; for details see the chapter **Regulation at the Municipal Level**, p. 183.

According to the representatives of the municipalities who participated in the survey, responses to the adoption of generally binding ordinances varied. While the responses on the part of gamblers and the operators of gambling venues were generally negative, other citizens and public administration authorities responded entirely or rather positively.

Table 8-5: Responses to the adoption of generally binding ordinances

Responses on the part of	Entirely positive		Rather positive		Rather negative		Entirely negative		Total	
	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)
Gambling operators	1	1.3	7	9.3	37	49.3	30	40.0	75	100.0
Gamblers	0	0.0	2	9.1	16	72.7	4	18.2	22	100.0
Public administration authorities	23	46.9	23	46.9	1	2.0	2	4.1	49	100.0
Citizens	32	48.5	33	50.0	1	1.5	0	0.0	66	100.0
Other groups	3	50.0	3	50.0	0	0.0	0	0.0	6	100.0

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2013a)

### 8.3.2 Case Studies on Gambling and Its Regulation in Municipalities

Also carried out by the National Focal Point in association with *ppm factum research*, the other research project involved case studies of five selected municipalities in the Czech Republic (Národní monitorovací středisko pro drogy a drogové závislosti and *ppm factum research*, 2014b).

Undertaken in late 2013 in the municipalities of Klášterec nad Ohří, Aš, Říčany, Znojmo, and Blansko, this research project sought to provide a comprehensive description of the gambling situation in municipalities with different degrees of regulation, ranging from complete prohibition to no regulation whatsoever.

The survey conducted in these municipalities consisted of two stages. The first involved a survey using face-to-face in-depth interviews administered to the respondents by trained interviewers. The respondents comprised representatives of municipalities, municipal officials from competent departments, the national and municipal/local police, the staff of helping programmes and non-governmental organisations, and operators of gambling venues. In each municipality a minimum of 10 in-depth interviews were held. In view of the specific features of the respondent groups, four alternative versions of the questionnaire were prepared: for local government officials, the police, gambling operators, and social workers. The second stage of the study encompassed:

- a questionnaire survey on a sample of 50 persons in each municipality; those asked to participate were mainly people living in the vicinity of gambling venues,
- visits to gambling venues by researchers as fictitious customers ("mystery visits"), including conversation with the staff; two gambling venues in each municipality were visited with the prior consent of the owners,
- a questionnaire survey among 10 players addressed in the gambling venues.

The regulation of gambling is currently a topical and dynamic issue in municipalities. Following the decision of the Constitutional Court in April 2013 which upheld the power to control EGMs, generally binding ordinances were being adopted, and even during the survey under consideration substantial changes in the attitudes of both the professional community and general public to the issue were observed. In most of the municipalities the respondents agreed that it was primarily a political agenda as a ground for disputes between different interest groups such as operators, local decision makers, the general public, and the professional community. Problem gambling was perceived in the municipalities in the context of other socially negative phenomena, including substance use, debt, prostitution, and the illegal collection of scrap metal.

The attitudes of the municipalities (their formal representatives and local authority officials) were in line with the current regulatory policies applied by the municipalities. Helping professionals across the municipalities provided consistent opinions. They held that it was necessary to subject gambling to rigorous regulation. The prohibition of gambling, they believed, would not be efficient. Prevention and the availability of dedicated services are essential. To a certain degree, the operators generally approved of the regulatory measures and were willing to cooperate with the authorities and the police. A greater degree of regulation and even the prohibition of gambling were called for by civil society activists across the municipalities.

### 8.3.2.1 Říčany

Říčany (14,000 inhabitants) is a town in the Central Bohemia region. The town has a low unemployment rate, as a great proportion of the local population commutes to Prague to work.

Říčany is an example of a town that embarked on moderate regulation and unwritten agreements with gambling operators. Using a generally binding ordinance, the local authority regulates especially the locations for gambling operations as regards their distance from public buildings such as schools. According to the local government representatives and the operators, in addition to the terms stipulated in the ordinance, there are informal agreements about, for example, the avoidance of any illuminated advertising and the maintenance of order in the vicinity of the gambling venues in return for non-stop operation. In November 2013 there were six dedicated gambling venues and a few special arrangements establishments in the town. According to the available data, there were seven gambling businesses within the municipality operating approximately 70 EGMs. The majority of the establishments were located in *Černokostelecká*, a street which is known as a local centre of entertainment and nightlife. The annual municipal

revenue from gambling is CZK 2-3 million. The number of gambling venues and EGMs in the town is in a continuous decline.

The operators of gambling venues and the operators of discos and clubs formed an informal association which works with the local authority and the municipal police to increase safety in their establishments and in their vicinity (by installing camera systems and establishing preventive patrols), as well as sponsoring cultural and sports activities in the town, in return for the town's tolerant attitude to the operation of gambling. In addition, the local authority lays down certain conditions which are not included in the generally binding ordinance. One of them is that the operators must not make the serving of alcohol contingent on playing EGMs or offer free alcohol to patrons at play. These conditions are not strictly obeyed at all times; the operators themselves admit to these rules sometimes being breached.

The perception of gambling on the part of the inhabitants of the town, particularly those who are in a close relationship with problem gamblers, is more critical than that of the municipal politicians. In addition to the impacts of problem gambling, the inhabitants point out the fact that the municipal budget is dependent on the revenues from gambling or gambling operators' promotional campaigns involving gamblers receiving text messages with offers of free credit, and some people also object to the gambling venues staying open around the clock.

According to the police and the local government representatives, a great proportion of gamblers comprise residents of workers' hostels for whom gambling is a way of spending their free time. The citizens, on the other hand, indicated that the majority of the gamblers come from among old local residents. Surprisingly, the sample of gamblers, mostly from working-class backgrounds, comprised a high proportion of women (four out of six).

The research showed that the municipal officials were convinced that the machines already authorised by the Ministry of Finance cannot be banned at the moment; the previous licence must expire first. Neither the town officials nor the operators have been called upon to tighten their regulation yet. The current situation is not viewed as alarming by the representatives of the preventive services or the police, either. The population's opinions about the regulation of gambling are sometimes influenced by media discussions rather than the local needs. Strong opposition to gambling is expressed especially by the gamblers' families and loved ones, who are sometimes referred to as activists or eccentrics, which may impair their credibility. The town has not adopted any specific policy to address gambling-related harm and no dedicated treatment or prevention service is available there. The gambling venues in the town have joined the ProGam.cz project; for details see the chapter entitled **ProGam.cz**, p. 201.

### 8.3.2.2 Klášterec nad Ohří

Klášterec nad Ohří (15,000) is a town in the Ústí nad Labem region. There are socially excluded communities within the territory of the town.

In November 2013 there were 20 gambling establishments with 64 slot machines and about 100 IVTs. The gambling venues are generally operated by Prague-based companies, with their employees often being foreigners (mostly Vietnamese). Special arrangements venues are generally owned by local inhabitants. The municipal revenues from gambling amount to approximately CZK 8 million annually, which is approximately 5% of the budget.

Both the operators and the representatives of the public reported an increase in the number of gambling venues, particularly those where labour law violations occur: "There're mainly more of those venues where it is not clear who owns them and where Vietnamese work. They are "white horses", they are directed by somebody from elsewhere. They don't pay social security and health insurance for them, they don't speak Czech. When there is an inspection, they keep it closed for a few days, the staff is gone. Within weeks the place gets formally reopened by another company with other Vietnamese as the staff. They live, work, and sleep there. They are mostly people in debt who have to do anything to pay off their debts back in their country. They basically function here as slaves."

Kláštorec ranks among the towns with a liberal approach to gambling and the moderate regulation of its operation. In recent years a generally binding ordinance was adopted to the effect of prohibiting illuminated advertising. No other legislative restrictions are being considered.

Besides property crime, gambling poses no major problem, according to the representatives of the local authority, the police, and some social services. Drugs are viewed as the main problem. Gambling-related issues addressed by the police, regulatory authorities, and bodies involved in the social and legal protection of children include gambling by minors, gambling by recipients of social security benefits, and the operation of unlicensed EGMs. The municipal officials and operators also agree that gambling is an important source of money for the budget and that strict control would not be effective in reducing problem gambling, as gamblers would go to nearby towns to play. The town is also concerned about a drop in employment opportunities.

The citizens of the town and some representatives of the professional community show a more critical position. They hold that the argument about the revenue for the municipal budget tends to be overused in discussions concerning the regulation of gambling. According to one social worker, it is money coming from several individuals afflicted with problem gambling; the operation of gambling is "making money out of poverty", which is further linked to usury and high rents in hostels for the socially disadvantaged.

The gamblers represent a wide range of the town's inhabitants and social strata. The survey conducted in gambling venues and among players showed that the socially disadvantaged and unemployed gamble especially in the mornings, while the numbers of gamblers from among entrepreneurs and those with regular jobs grow in the evenings.

When considering regulation, the councillors enquired about the situation elsewhere. Becoming concerned about the rise of illicit gambling venues and gamblers leaving for nearby towns with more liberal policies, they abandoned the idea of any amendment to the existing ordinance. The citizens' perspective is more critical: 90% of those interviewed were in favour of more rigorous regulation. The operators see regulation as an ineffective tool, pointing out the risk of the rise in the number of illicit gambling establishments.

The municipality finds the gambling legislation confusing, particularly with regard to contributions and fees. In the past the town was involved in litigation concerning administrative fees for the operation of IVTs, as it was not clear whether a fee was due for the end terminal or the central system. The town won the dispute.

### 8.3.2.3 Aš

Aš (13,000) is situated in the Karlovy Vary region near the state border with Germany. Near the town of Aš there are several border crossings and a number of local inhabitants commute to Germany to work. Many Germans come to Aš to do their shopping. There are numerous restaurants and market places within its territory that cater to foreign customers and make use of the busy cross-border traffic.

As of November 2013 there were 18 gambling venues, two casinos, and a total of 283 EGMs. The gambling venues were located in the town centre, on the main street, and along the road to Germany. The majority of the gambling venues were operated by ethnic Vietnamese, many of them speaking poor Czech. The annual municipal revenue from gambling reaches CZK 20 million, which accounts for 10% of the town's budget.

Aš can be characterised as a town with moderate regulation and relatively high availability of gambling. A generally binding ordinance allows gambling venues to stay open until 11.00 p.m. only (until 12.00 p.m. on Fridays and Saturdays). Establishments with CCTV systems may apply for an exemption to have their opening hours prolonged until 2.00 a.m. Another generally binding ordinance imposes a ban on messages promoting gambling featured on gambling venues.

Aš has been a long-term advocate of the regulation of gambling and is a founding member of the Association of Towns and Municipalities against Gambling. Its Mayor has made a sustained effort to

introduce gambling-specific regulatory measures and is planning to reduce the number of gambling venues and EGMs in the town.

In Aš, too, gambling is not considered problem number one. Drug use and dealing and prostitution in public areas are seen as more pressing issues, although gambling venues often serve as the scene of such activities. Therefore, the local authority representatives, police, and citizens have called for a rather restrictive approach to gambling, which, on the other hand, is regarded as discriminatory by the operators. The local inhabitants welcome the regulatory efforts of the town and acknowledge the positive changes resulting from regulation.

While there is a wide offer of social services and NGO-run programmes in the town, none of them is dedicated to gambling. The *Kotec* civic association which operates in Aš specialises in drug services, and problem gambling represents only a marginal segment of its activities.

### 8.3.2.4 Blansko

The town of Blansko (21,000) is situated in the northern part of the South Moravia region. The unemployment rate in Blansko is about 8%, which is a figure comparable to the national average; the employment situation is helped by the fact that the city of Brno is within easy reach for commuters.

In November 2013 there were five gambling venues and 134 EGMs within the municipality. The venues were not concentrated in one section of the town. The staff of outreach programmes for drug users finds it problematic that the gambling venues are located near hostels for the socially disadvantaged. One establishment is situated near a secondary school, which is against the law according to the municipal officials, who add that the Ministry of Finance failed to enquire about the case before granting the licence. The representatives of the police explained that this situation was finally tolerated to avoid moving the school out, as the premises housing the school and the gambling venue had the same owner.

In 2013 the revenues from gambling amounted to some CZK 10 million, which accounts for approximately 3% of the municipal budget.

In November 2013 the town issued a prohibitory generally binding ordinance. It is estimated that all the gambling venues will have been closed by the end of 2014. The municipality decided to go ahead with the prohibition of gambling despite the fact that, as the local government representatives noted, no major problem had occurred in relation to gambling. This act was thus an expression of political opinion rather than a response to a gambling-related emergency. Some of the municipal politicians, however, found such an approach to the regulation of gambling too radical, pointing out the money that would be missing from the municipal budget.

The town is lacking a programme dedicated to the issue of gambling. The staff of outreach programmes occasionally comes into contact with gamblers. These streetworkers meet gamblers during their work with drug addicts, as gamblers often use drugs. According to the streetworkers, some clients spend their time in gambling venues where they play while under the influence of drugs. This mostly applies to individuals aged from 25 to 35, often unemployed. The number of women who engage in gambling is rising.

Some of the municipal representatives believe that gambling should be controlled to a greater extent on a national scale, although they welcome the right of municipalities to "fine-tune" the regulatory measures. The discussion on regulation in Blansko was also joined by civil society initiatives such as *Brnění* (Armour), from which the local authority received a brochure entitled *Gambling in Your Municipality Can Finally Be Regulated* and a thank-you letter for its adoption of the prohibitory ordinance. SPELOS, the industry association, which was also involved in the issue of regulation in the town, provided the local government representatives with a brochure entitled *Appropriate Regulation of Lotteries*. However, the local gambling operators claim that they were not invited to have their say in the discussion about regulation and are very critical of the steps taken by the municipal council.

The current status quo is found satisfactory by the residents of the town and the professional community. The latter note, however, that regulation should go hand in hand with the development of prevention and treatment programmes, as even the complete prohibition will not put an end to gambling in the community.

### 8.3.2.5 Znojmo

With a population of 34,000, Znojmo, situated near the border with Austria, is the second largest municipality in the South Moravia region. The rate of unemployment there (13%) was high when measured against both the national and regional average (i.e. 7.7% and 8% respectively). According to the respondents, Znojmo is a peaceful historic town with a low crime rate, a low level of the occurrence of socially negative phenomena, and an absence of any socially excluded communities. The major problems identified by the respondents included the traffic infrastructure, unemployment, indebtedness, cohabitation with "maladaptive" fellow citizens, and the disturbance of public order. Some of the negative phenomena, particularly sex tourism and gambling, were associated with the nearby border with Austria.

While there were 35 NGOs, the coverage of the areas of problem gambling and homelessness was found insufficient by social workers. The inhabitants of Znojmo did not see gambling as a major problem. A municipal representative thought that the relatively neutral perception of gambling on the part of the citizens could be due to the gambling venues being situated outside the town centre. Gambling-related negative phenomena (such as social welfare money being used for gambling and indebtedness) are considered latent.

According to the information provided by the local authority, in November 2013 there were 50 establishments with EGMs, comprising 28 dedicated gambling venues and 22 special arrangements venues, in Znojmo. There were an estimated 550 EGMs within the municipality; their number had been decreasing recently.

The annual income from gambling was CZK 29 million, which accounted for about 3.5% of the total municipal revenues.

In November 2013 Znojmo passed a generally binding ordinance to regulate the place, time, and promotion of gambling. This ordinance was prepared by the Gambling Regulation Commission, established in 2012, in cooperation with other bodies, especially the Crime Prevention Commission, which has been operating in the town for a long time. In view of the risk of the rise of illicit gambling venues and the ensuing higher crime rate, the commission recommended choosing partial regulation rather than prohibition. The regulatory measures were expected to yield a decrease in the number of gambling venues and a better appearance of the town – without any unnecessary advertising and signs. While the local authority representatives and operators of EGMs considered the degree of regulation sufficient, social workers, the police, and civil society activists held a different opinion. One municipal authority representative said that the ordinance was respectful of the revenues for the municipal budget. The representatives of the police reported that the final version of the ordinance did not incorporate their proposal that gambling venues should not be allowed within a certain distance from institutions such as schools and offices.

Conducted just after the adoption of the new generally binding ordinance, the survey coincided with a tense atmosphere in the town, which was also due to a serious incident in the vicinity of one of the gambling venues that resulted in two people being injured. This event provoked a petition campaign calling for the abolition of gambling establishments in the municipality, including a demonstration against gambling venues with a turnout of several hundred people. Social workers reported a recent increase in their clients' interest in information about gambling, which the former attributed to the media coverage of the topic and greater public awareness.

Gambling venues in Znojmo are located (with the exception of one) outside the town centre, in residential areas. Both gamblers and the staff of the gambling establishments report a declining trend in the number of players. According to the respondents, the gambling venues in the town are owned by big companies based elsewhere and ethnic Vietnamese who operate up to 60% of the

establishments. The representatives of the police stated that they knew the operators and owners of the major venues. Vietnamese establishments, on the other hand, involve a closed community, with few personal contacts and little information about them being available to the public and authorities.

According to the respondents, gamblers come from all social groups, with their ages ranging from 18 to 40. While the social services were not particularly concerned with problem gamblers, they indicated that some of their clients from among drug addicts had a history of playing EGMs.

The local citizens either expressed their support for the regulation and even prohibition of gambling or had nothing to say about the issue. Like the police, the social workers would opt for more rigorous regulation, not prohibition. The strongest support for stricter regulation was shown by the respondents from among the police and civil society activists who argued that the existing generally binding ordinance would not result in the supply of gambling in the municipality being reduced. The operators viewed their cooperation with the local authority in positive terms, but warned against a decline in the number of jobs as a result of regulation. Although the staff of the gambling venues partly approved of the regulation of the place and time of gambling, they agreed that it is a business that gives people work.

The municipal representatives and officials believed that there was no evidence of a causal nexus between crime and gambling venues. On the other hand, the police dealt with a number of gambling-related incidents involving especially public order disturbances, administrative offences, thefts, and violent crime. Both the police and social workers reported gambling by recipients of social security benefits. The alleged relationship between gambling and drugs, which they also noted, was not supported by any relevant data. The same lack of evidence applies to indebtedness. Civil society activists pointed out long operating hours as conducive to the build-up of problems in gambling venues and their surroundings. In relation to gambling venues, citizens complained about the disturbance of public order and noise late at night and felt less safe.

The role of gambling as a source of money for the municipal budget is perceived as strongly positive in Znojmo. Players personally find gambling beneficial as entertainment and as a way of social communication and interaction in gambling venues. The staff of the venues sees the employment opportunity as the greatest benefit of gambling.

### 8.3.3 Questionnaire Survey in Municipalities with the Presence of Casinos

From December 2013 to January 2014 the Association of Casino Operators in the Czech Republic<sup>74</sup> carried out a questionnaire survey to assess the effect of the operation of casinos in municipalities. The respondents comprised representatives of 13 municipalities (out of the total of 15 that were contacted) where casinos operated by the members of the association were located. The study included municipalities near the state borders, spas, and other Czech towns (with the exception of major urban areas which receive enough media coverage in this respect).<sup>75</sup> The survey focused on the prevalence of crime and disturbing the public order and peace, pathological gambling in relation to the operation of casinos, and experience with the regulation of gambling.

Neither breaches of public order nor crime were generally associated by the municipalities with the operation of casinos. If at all, such instances were exceptional or comparable to incidents occurring in other night-life establishments and in their vicinity. On the other hand, very frequent problems with public order disturbances and offending, including violent crime, were reported in relation to the operation of gambling venues. Gambling venues were also associated with prostitution and illicit drugs. The municipality also referred to significant improvements in the situation following the

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<sup>74</sup> The Association of Casino Operators in the Czech Republic is a professional advocacy organisation of operators of land-based casinos. For details visit <http://www.asociacecasin.cz/cz/index.asp> [2014-02-06].

<sup>75</sup> Specifically, the following municipalities participated in the survey: Česká Kubice, Chvalovice, Dolní Dvořiště, Aš, Cheb, Františkovy Lázně, Mariánské Lázně, Karlovy Vary, Pomezí nad Ohří, Tábor, Náchod, Mikulov, and Železná Ruda.

adoption of generally binding ordinances (issued by nine of the 13 municipalities). The rationale for the ordinances was the effort to reduce the number of gambling venues and the number of EGMs, as well as assuring security, public order, and peace. The ambition to improve the appearance of the municipality was also among the reasons for such regulatory initiatives. While the majority of the municipalities were not aware of any cases of pathological gambling within their territories, it should be taken into account that they did not possess enough expertise and resources in this respect. There were sporadic cases of pathological gambling in association with gambling venues and improvements in that situation after the gambling venues had been closed. With one exception, the municipalities found the operation of casinos in their respective territories beneficial in terms of their budget revenues, employment, and business.

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## 9 Preventive Measures

In the Czech Republic there is no coordinated system to prevent gambling-related problems, whether among the general and gambling population as a whole or among problem gamblers, and the degree of the implementation of preventive measures is generally low. Internationally, the situation is not satisfactory, either. In many countries, as noted by Williams et al. (2012b), the development, implementation, and evaluation of measures aimed at preventing problem gambling took place haphazardly and most of them were put in place because they seemed like good ideas and were being used elsewhere rather than on the basis of their demonstrated scientific efficacy.

Since 2012 a standard concerning the operation of online gambling issued by the Ministry of Finance has required that specific measures must be applied to prevent the development of problem gambling ("responsible gambling" requirements and conditions); for more details see the chapter entitled **Online Gambling**, p. 32. "Responsible gambling" resources are also generally referenced on the portals managed by foreign online gambling/gaming operators.

In the Czech Republic, the ProGam.cz project, carried out by the Czech Institute for Addiction Research (CIAR), a civic association, is the effort that is most active in introducing the principles of "responsible gambling". It targets mainly gamblers and the staff of gambling establishments.

There are civic associations which explicitly declare their negative attitudes towards the operation of gambling, particularly EGMs. Particularly *Brnění* ("Armour") and *Občané proti hazardu* ("Citizens against Gambling") have an influence on public opinion. These civic associations also provide municipalities with information and methodological support aimed at strict regulation and even prohibition.

Gambling operators recently embarked on the introduction of principles of good practice and "responsible gambling". These steps were partly taken in response to the initiatives of the CIAR, to meet the requirements of the regulatory authority, and also as a way of keeping on good terms with municipalities.

Other activities pertaining to the prevention of problem gambling are pursued on a local scale.

The prevention of problem gambling among children and young people is integrated within the concept of the school-based prevention of risk behaviour.

### 9.1 Prevention among Children and Young People

The core documents for the area of school-based prevention are the National Strategy for the Primary Prevention of Risk Behaviour for 2013-2018 (the Primary Prevention Strategy), the Methodological Recommendations on the Primary Prevention of Risk Behaviour among Children and Young People, and the State Policy Concerning Children and Young People for the Period 2007-2013. The strategy is to prevent or reduce risk behaviour among children and adolescents by means of an effective prevention system underpinned by comprehensive synergetic efforts on the part of all the stakeholders (Ministerstvo školství, 2013).

According to the Primary Prevention Strategy, the prevention of risk behaviour among students within the remit of the Ministry of Education is primarily aimed at preventing the occurrence of risks that may be conducive to the development of "addictive behaviour", including the use of any of the addictive substances, netolism,<sup>76</sup> and gambling. Methodological Guidelines Ref. No. 14514 of 2001 introduced the concept of a basic preventive programme. However, there is no formal binding

<sup>76</sup> Netolism is a term used to refer to "non-substance (virtual) addictions" such as those to television, video, computer games, and social networks.

document that requires schools to implement the basic preventive programmes. Schools address the prevention of social pathologies as part of their educational programme documents. The School-based Prevention of Risk Behaviour: Proposed Recommended Structure of the Basic Preventive Programme, a document published in 2012 (Miovský et al., 2012), does not deal with the issue of gambling (pathological gambling is mentioned there only in relation to possible addictions on the part of parents).<sup>77</sup>

The Methodological Recommendations on the Primary Prevention of Risk Behaviour among Children and Young People,<sup>78</sup> adopted in 2010, include recommended procedures for schools and education facilities to apply when specific forms of risk behaviour among children and adolescents are identified. The guidelines also include a "What to do if..." manual which defines different types of risk behaviour, outlines the legislation, and summarises the sources of information, as well as providing headteachers and school prevention workers with highly detailed yet practical recommendations as to how to respond to the emergence of certain types of risk behaviour among students. Appendix 11 to the Manual contains specific tips for dealing with truancy, which is generally associated with engagement in other forms of risk behaviour, such as substance misuse, gambling, juvenile delinquency, and prostitution. It also defines both risk and protective factors determined by the community, family, personality, school, and peers, as well as providing a thorough description of both appropriate and inappropriate strategies and methods to be used by an education professional in addressing the situation with respect to the student and their parents.

Launched in 2006 to assure the quality of prevention activities, the national system for certifying preventive programmes was discontinued in 2011. The year 2012 experienced the finalisation of what was already the third revision of the key elements of the entire system as the Standards of Professional Competency of the Providers of Programmes of School-based Primary Prevention (Pavlas Martanová, 2012c), the Certification Rules and On-site Inspection Guidelines (Pavlas Martanová, 2012a), and the Certifier's Manual (Pavlas Martanová, 2012b) were published; for more details see the 2011 National Report on the Drug Situation.

These documents specify the conditions for the certification of primary prevention programmes in schools and provide the practical tools to be employed by the certifying agency while conducting on-site inspections in the facilities to be certified. In 2011–2012 the Standards underwent further revision and were modified so as to enable all primary prevention programmes associated with schools to be certified, regardless of the type of risk behaviour they relate to. The efforts resulted in four general standards (governing the programme itself, the client's rights, the staffing practices in the facility, and the organisational aspects) and three special standards (which cover the programmes according to the type of prevention – universal, selective, and indicated). Classified by the Standards as a form of risk behaviour, gambling (also referred to as "prepathological" gambling) is placed under specific prevention, namely under the addiction prevention category. The presence, or the level of frequency or severity, of gambling among the population of schoolchildren is one of the criteria used to assess the degree of complexity of the target population. The Standards also contain a specimen network of helping services and programmes which may be contacted if needed.

Commissioned by the Ministry of Education to do so, in June 2013 the National Institute for Education opened the Certification Office, which will be responsible for the overall coordination of the system.<sup>79</sup>

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<sup>77</sup> An example of a basic preventive programme being elaborated beyond the recommended structure may be the case of a school in the town of Šternberk (Svatoplukova). Its basic preventive programme includes an item dedicated to "virtual drugs" which also covers gambling, slot machines, and betting: <http://www.zssvat.cz/vychovne-poradenstvi/preventista/minimalni-preventivni-program/> [2014-03-07].

<sup>78</sup> Ref No.: MŠMT-21291/2010-28, <http://www.msmt.cz/socialni-programy/metodicke-pokyny> [2012-09-01]

<sup>79</sup> <http://www.nuv.cz/vice/pracoviste-pro-certifikace> [2013-08-13]

## 9.2 ProGam.cz

Following the examples of good practice initiatives from the United Kingdom, the ProGam.cz and ProblemGambling.cz projects were launched in 2013. These projects are implemented and administered by the Czech Institute of Addiction Research (CIAR), a civic association based in the town of Vsetín and established in April 2012.<sup>80</sup>

Following the principles of “responsible gambling”, ProGam.cz is a project concerned with prevention, intervention, and education in the area of problem gambling and its consequences. It focuses on educational activities aimed at the public, gamblers, and the staff of gambling establishments, the prevention of gambling-related crime and pathological gambling, and the advocacy of pathological gamblers having access to professional help.<sup>81</sup> The CIAR communicates the principles of good practice and “responsible gambling” to both municipalities and gambling operators and encourages them to become involved in the ProGam.cz project. As of 22 May 2013, 40 Czech gambling operators had become engaged with ProGam.cz.<sup>82</sup>

Measures and methods recommended by the ProGam.cz project include:

- to install security cameras in gambling establishments,
- to install emergency signalling devices (“panic buttons”) connected to a central security panel and a security agency,
- to install an electromagnetic lock on the entrance door to the establishment,
- to train the staff of the establishments in crime prevention and in dealing with model situations arising during their routine interaction with customers,
- to distribute leaflets providing information about the principles of “responsible gambling”, a short self-assessment pathological gambling screening test, the ProblemGambling.cz website, and contact details of the helpline operated by the crisis intervention centre of the Bohnice Psychiatric Hospital; see Figure 9-1.

The “responsible gambling” principles listed in the ProGam.cz leaflet are as follows:

1. There are wins by which you may lose in life. Take your participation in gambling activities as fun, but be aware that it always involves a risk. If you win, collect the prize money and go and seek some other entertainment or go home.
2. Learn to have fun which does not exceed your income. Play only with the money you have reserved for your entertainment, never with the money you need for important things such as rent and food. Leave your bank cards at home too.
3. Even a small amount of alcohol will surely dissolve one’s willpower to stay away from gambling. As a rule, do not play while ill or otherwise incapacitated, stressed out, or under the influence of alcohol, medication, or other psychoactive substances. They remove inhibitions, cause uncontrolled behaviour, and increase the risk of the development of addiction.
4. I have had my share of playing. Neither borrow money for gambling nor sell your or someone else’s things because of gambling. Set limits on the time spent gambling, your wagers, and both your wins and losses before you start playing. Going beyond these limits may indicate a problem. It is worth listening to other people’s opinions about your gambling.
5. The money you lose is gone forever. View the money you have lost as the price of your fun. Do not try to chase your losses, as most probably you will only run up huge debts.
6. A slot machine is not an automated teller machine. Responsible gambling is not a way to become rich or pay off your debts or losses from the previous gambling session. Do not go gambling with the idea of big prize money in mind.

<sup>80</sup> <https://www.facebook.com/pages/%C4%8Cesk%C3%BD-institut-pro-v%C3%BDzkum-z%C3%A1vislost%C3%AD/449217911794582> [2014-01-26]

<sup>81</sup> [http://www.progam.cz/home/news/bm\\_302895/6/](http://www.progam.cz/home/news/bm_302895/6/) [2014-01-26]

<sup>82</sup> For a list of the operators involved in the programme see <http://www.progam.cz/news/firmy-provozujici-sazkove-hry-a-loterie2/> [2014-01-26].

7. One can win but one cannot keep winning. A win is an unpredictable proposition of low probability. It is chance rather than skill that makes the difference in gambling. The gambler never wins in the end. There are no winning formulae. Frequent engagement in uncontrolled gambling leads to substantial financial loss.
8. Remain a human being. Keep your behaviour under control and avoid being aggressive towards your environment. Do not neglect your everyday duties or your family, work, and hobbies because of gambling.

This list ends with a warning that repeated or prolonged gambling or the wagering of large amounts of money may result in the development of pathological gambling.

Figure 9-1: Flyer produced by the ProGam.cz project

**ZODPOVĚDNÉ HRANÍ**

Pro některé osoby se účast na sázkové hře může změnit v problémové či patologické hráčství. Tomu lze do jisté míry preventivně předjet dodržováním těchto pravidel:

- **JSOU VÝHRY, KTERÉ JSOU ŽIVOTNÍMI PROHRAMI**  
Svoji účast na sázkových hrách konjte vždy s vědomím, že se vždy jedná o rizikovou aktivitu. Pokud vyhráte, vyhrané peníze vyberte a běžte za jinou zábavou nebo domů.
- **NAUČTE SE HRÁT JEN DO PŘEDEM STANOVENÉHO LIMITU**  
Hrajte jen s penězi, které máte vyhrazeny na zábavu a nikdy nehrajte s penězi, které potřebujete na důležitější věci jako je nájem, jídlo apod. Zanechte doma také platební karty.
- **I MALÉ MNOŽSTVÍ ALKOHOLU SPOLEHLIVĚ ROZPUSTÍ DOBRŮ VŮLI NEHRÁT**  
Zásadně nikdy nehrajte v nemoci nebo jiné závislosti, pod vlivem stresu, alkoholu, léků či návykových látek. Utlumují zábrany, způsobují nekontrolovatelné chování a zvyšují riziko vzniku závislosti.
- **UŽ JSEM SI SVĚ ODEHRÁL**  
Nepřipoujte si peníze na hrani ani kvůli hře neprodávajte své nebo cizí věci. Stanovte si limity pro čas strávený hrou, pro své sázky, výhry i prohry ještě předem, než začnete hrát. Překročení limitů signalizuje možný problém. Vypláti se naslouchejte názoru blízkých na Vaše hrani.
- **PROHRANÉ PENÍZE JSOU NAVŽDY PRŮČ**  
Vnimejte peníze, které jste prohráli, jako platu za Vaši hru. Nesnažte se vyhrát prohrané peníze např. dostanele se s velkou pravděpodobností jen do značných dluhů.
- **AUTOMAT NENÍ BANKOMAT**  
Zodpovědné hrani není cestou ke zbohatnutí ani zaplacení Vašich dluhů nebo ztrát z předchozí hry. Nechodte hrát za účelem velkého zisku z výhry.
- **ČLOVĚK MŮŽE VYHRÁT, ALE NEMŮŽE VYHRÁVAT**  
Výhra je předem neznámou okolností s nízkou pravděpodobností. Při hře rozhoduje náhoda, ne hráčská dovednost. V konečném důsledku hráč nikdy nevítezí. Neexistují žádné vzorce zaručující výhru. Častá nekontrolovatelná hra vede k velkým finančním ztrátám.
- **ZŮSTAŇTE LIDMI**  
Májte své chování pod kontrolou a nebuďte agresivní vůči svému okolí. Nezanedbávejte kvůli hrani každodenní povinnosti, svou rodinu, práci a koníčky.

**Často opakované a/nebo dlouhotrvající hrani a/nebo vysoké sázky na hru, které neodpovídají Vašim příjmům, mohou způsobit velké finanční ztráty či zadlužení a také vznik závažné duševní poruchy – Patologické hráčství, včetně nebezpečných souvisejících problémů.**

**MÁTE PROBLÉMY S HRANÍM???**

**TEST**

Zodpovězte si následující tři otázky:

- 1) Pokusili jste v posledních 12 měsících přestat, snížit četnost nebo kontrolovat Vaše hrani hazardních her?
- 2) Uhalí jste v posledních 12 měsících členům Vaší rodiny, přátelům nebo jiným lidem o Vašem hrani hazardních her?
- 3) Zabývali jste se v posledních 12 měsících přemýšlením o hazardní hře a/nebo o jejím plánování?

Pokud jste zodpověděli nejméně na dvě otázky „ANO“, můžete mít pravděpodobně vážný problém, který vyžaduje odbornou pomoc.

Pokud se obáváte o sebe nebo někoho blízkého, kdo může mít problém s hráčstvím, můžete se s důvěrou obrátit na odbornou pomoc:

Centrum krizové intervence (nonstop):

**284 016 666**  
**www.ProblemGambling.cz**

Letní se rozhodl projektu ProGam.cz (www.progam.cz) • © 2012 Český národní projekt zbraní. Všechna práva vyhrazena.

Source: ProGam.cz

In addition, ProGam.cz advocates the integration of preventive tools into the user interface of the central EGM systems, the implementation of self-commitment tools gamblers can use while playing (setting limits on maximum wagers and gambling time), the introduction of the routine registration of gamblers, the issue of access cards and the setting of limits on EGM playing, the introduction of rules for the prevention of crime and pathological gambling that would be stipulated in an EGM-specific technical standard of the Ministry of Finance, the adoption of rules for gambling and lottery advertising, and the integration of all gambling games and lotteries within a single regulatory system that would also take account of the prevention of pathological gambling.<sup>83</sup>

In 2013 ProGam.cz received support from the subsidy scheme of the Government Council for Drug Policy Coordination intended for pathological gambling-specific projects; see also the chapter entitled **Gambling Policy and Strategy**, p. 24. In January 2014 ProGam.cz was replaced by the Responsible Gambling project, presented on [www.zodpovednehrani.cz](http://www.zodpovednehrani.cz).

<sup>83</sup> The ideas listed in this paragraph are taken from <http://www.progam.cz/news/inovace-projektu-progam-cz-v-roce-2014/> [2014-01-26].

ProblemGambling.cz,<sup>84</sup> an information, prevention, and counselling website, has been in operation since April 2013. It is intended for the public, at-risk, problem, and pathological gamblers, and for persons who suffer as a result of other people's gambling. Among other resources, it offers self-assessment using the PGSI scale, references to outpatient services and other professional help, an online counselling service, and a blog.

Since 2013 the CIAR has conducted analyses concerning the supply of gambling opportunities and the role of gambling in the context of broader sociodemographic indicators at the municipal level for municipalities to use this information as the basis for developing measures aimed at regulating and reducing the harm caused by gambling at the municipal level.<sup>85</sup> The data available from the website of the project suggests that 150 such analyses are to be produced.

Preceding the ProGam.cz project, a body of measures to reduce the harm related to gambling operations was initiated in the town of Vsetín by the implementation team of what is today the Czech Institute of Addiction Research (CIAR) (Vejrosta, 2012). In early 2012 the Vsetín municipal authority passed a generally binding ordinance to regulate gambling operations offering betting games, lotteries, and other similar gambling activities. In parallel to this regulatory measure, the four establishments with the highest crime records were selected as the targets for preventive action against crime and problem gambling. This included the training of the staff in crime prevention strategies and the distribution of information materials in the venues (posters with information about "responsible gambling" with helpline contacts, leaflets with detailed "responsible gambling" rules developed in cooperation with the Kroměříž Psychiatric Hospital, and simple self-assessment problem gambling screening tests with references to helplines). Moreover, in June 2012 the town of Vsetín adopted a memorandum<sup>86</sup> by virtue of which gambling operators undertook to remove illuminated outdoor advertisements and outdoor signs advertising benefits for gamblers, install camera systems, and ensure order and safety during their late-night operations.

The evaluation of the effectiveness of the measures was based on the statistics of the Police of the Czech Republic, the Ministry of Finance, and the Institute of Health Information and Statistics. According to the CIAR, a year after the programme had been launched, the number of gambling establishments and the rate of criminal offences committed in gambling settings in Vsetín had dropped by 37% and 44% respectively. The establishments which adopted the measures set out in the memorandum and the crime and problem gambling prevention programme saw a decrease in the rate of offending on their premises by 75-100%; it needs to be pointed out that all the cases were in the order of units. As noted by Vejrosta (2012), a substantial proportion of the crime associated with gambling venues can be attributed to a failure to observe the ban on selling alcohol to intoxicated persons. As the measures to prevent problem gambling had been in operation for a short time, it was not possible to perform a reliable evaluation of their effectiveness (Vejrosta, 2012).

## 9.3 Other Prevention and Information Activities

In 2013, also with financial support from the Government Council for Drug Policy Coordination, the EDAD agency implemented a project titled "Pathological Gambling – Treatment Options, Relevant Help Services, and Their Funding". The objective of the project was to raise people's awareness of the prevention and treatment of gambling and the ways of dealing with its negative consequences. The project involved round table discussions held in Brno and Olomouc and a final conference in Prague organised under the aegis of the National Drug Coordinator, Jindřich Vobořil. These events

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<sup>84</sup> <http://www.problemgambling.cz/> [2014-01-26]

<sup>85</sup> <http://www.progam.cz/vyzkum/> [2014-01-26]

<sup>86</sup> <http://www.mestovsetin.cz/v-techto-dnech-podepisuji-provozovatele-sazkovych-her-deklaraci-ke-kodexu-chovani-ta-vstoupi-v-platnost-od-1-cervence/d-505311/p1=22526> [2014-03-07]

served as a platform for debating various perspectives on the issue of pathological gambling. The project also yielded an information leaflet, *Pathological Gambling: How to Recognise It and Where to Seek Help*.<sup>87</sup>

Finally, in 2013 the National Focal Point developed a handbook entitled *Support for the Identification and Addressing of Gambling-related Risks in the Czech Republic*, intended especially for municipal representatives, but also for other decision makers and professionals (Vacek, 2014b). The process of the preparation of this set of guidelines involved working meetings held in Brno, Ostrava, and Prague, where the material was discussed by all the relevant stakeholders at the municipal level.

## 9.4 Civil Society Initiatives Calling for Strict Regulation

Civil society initiatives provoke public discussion of the topic of regulating gambling, organise media campaigns and other events, develop preventive activities, point out various aspects of the issue of gambling, and exert influence on gambling regulation and policies on the national, regional, and local levels.

The civic association *Brnění* ("Armour"),<sup>88</sup> founded in 2010 in Brno, created a detailed online database of gambling establishments entitled the Gambling Maps.<sup>89</sup>

Another such initiative is *Občané proti hazardu* ("Citizens against Gambling"),<sup>90</sup> based in Prague. This association organises themed debates and seminars for various target groups featuring the presentation of the book *I, Gambler* (Svoboda, 2011).

Both civic associations work closely with each other and with other organisations, such as Liberec against Gambling<sup>91</sup> and Transparency International Czech Republic,<sup>92</sup> and the political party Alternative.<sup>93</sup>

In April 2013 these organisations responded to the decision of the Constitutional Court concerning generally binding decrees by issuing an e-publication entitled *Gambling in Your Municipality Can Finally Be Regulated. A Handbook for Municipal Authorities*<sup>94</sup> (in reaction to this, SPELOS prepared its own publication – see the chapter entitled **Gambling Operators' Programmes**, p. 204). Additionally, an instruction manual providing guidance as to how to tackle illegal gambling venues was produced in 2013.

## 9.5 Gambling Operators' Programmes

Most of the gambling operators in the Czech Republic are members of at least one of the relevant professional associations. The major ones include the Gambling Industry Union of the Czech Republic, the Association of Operators of Central Lottery Systems (SPELOS), the Association of Fixed-Odds Betting Operators (APKURS), UNASO,<sup>95</sup> the Czech Chamber of the Lottery Industry, and the Association of Casino Operators in the Czech Republic. Both the professional associations and

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<sup>87</sup> <http://www.edad.cz/> [2014-01-27]

<sup>88</sup> [www.osbrneni.cz](http://www.osbrneni.cz) [2014-01-27]

<sup>89</sup> <http://www.osbrneni.cz/regulace-hazardu/mapy-hazardu> [2014-01-27]

<sup>90</sup> <http://www.obcaneprotihazardu.cz/>, <https://www.facebook.com/obcaneprotihazardu/info> [2014-01-29]

<sup>91</sup> <http://liberecprotihazardu.cz/> [2014-02-07]

<sup>92</sup> <http://www.transparency.cz/> [2014-02-07]

<sup>93</sup> <http://www.alternativaprovoly.cz/> [2014-02-07]

<sup>94</sup> <http://www.osbrneni.cz/regulace-hazardu> [2014-02-07]

<sup>95</sup> An acronym for the Union of Associations. UNASO began in 1995 through a merger of three independent associations representing manufacturers, distributors, and operators of gambling machines.

the gambling operators uphold the principles of “responsible” or safe gambling, the purpose of which is to minimise the risks associated with lotteries and gambling.<sup>96</sup>

The core and most frequently mentioned principles of “responsible gambling” include:

- to set the time for gambling and the maximum acceptable loss and not to go beyond such time and financial resolutions;
- to see gambling as one of many ways of spending one’s free time and having fun; a game should never be a source of income;
- to avoid borrowing money for gambling at all times;
- to avoid gambling when one feels lonely, irritated, or stressed out or is experiencing personal or family problems;
- to avoid gambling when one is under the influence of medication, alcohol, or other psychoactive substances;
- not to yield to other people’s opinions when making gambling-related decisions.

The members of SPELOS and UNASO are involved in the ProGam.cz project. In response to the publication of a handbook on the regulation of gambling prepared by civil society initiatives and intended for municipalities (see the chapter entitled **Civil Society Initiatives Calling for Strict Regulation**, p. 204), SPELOS issued its own publication in May 2013. Named *Appropriate Regulation of Lotteries. A Guide to the Effective, Lawful, and Transparent Regulation of Lotteries and Other Similar Games on the Basis of Generally Binding Municipal Decrees*, and subtitled “Putting a Stop to Activists’ Lies and Pressure”, it is strongly opposed to the activities pursued by the above-mentioned civil society associations and warns against excessive regulation, pointing out, among other things, the risk of gambling being operated illegally.<sup>97</sup>

The company Synot Tip has incorporated the “responsible gambling” principles into its IVT playing environment: there is a button on the screen that can be activated for further information – see Figure 9-2.

Figure 9-2: Button on the touchscreen of a Synot Tip EGM device (on the left) which refers to the “responsible gambling” principles (on the right)



Source: Synot Tip, a. s.

It appears that the principles of “responsible gambling” presented in the Czech Republic by various entities are not totally identical. They differ, for example, in the degree of their openness and the urgency with which they warn players against the possible risks of the development of problem gambling.

<sup>96</sup> E.g. <http://www.uhpcr.cz/> [2014-01-27], <http://apkurs.cz/?q=eticky-kodex-asociace> [2014-04-10], <http://www.spelos.com/dokumenty/> [2014-04-15], <http://www.sazka.cz/cz/o-nas/zodpovedne-hrani/zodpovedne-hranibr-podle-svetove-loterni-asociace/> [2014-01-28], <https://www.tipsport.cz/napoveda/clanek/4318-zodpovedne-hrani> [2014-04-15]

<sup>97</sup> [http://www.spelos.com/repository/jak\\_regulovat.pdf](http://www.spelos.com/repository/jak_regulovat.pdf) [2014-02-07]

10

# 10 Treatment and Other Specialised Services

## 10.1 Background

Both pharmacological and non-pharmacological approaches are employed in the treatment of pathological gamblers. Psychotherapy, or a combination of both approaches, appears to be more effective than pharmacological treatment, although caution must be exercised when comparing the effectiveness of different methods in view of variations in research designs. As far as pharmaceutical treatment is concerned, a review of randomised controlled trials found that naltrexone, mood stabilisers (such as carbamazepine and topiramate), and antidepressant drugs of the serotonin reuptake inhibitor type (such as citalopram) were effective in treating pathological gambling and reducing craving and the risk of relapse. The administration of N-acetylcysteine and modafinil also proved more effective than that of a placebo (Leung and Cottler, 2009, Oakley-Browne et al., 2000, Hollander et al., 2005).

Besides pharmacotherapy, various psychotherapeutic approaches, such as psychoanalysis, psychodynamic therapy, behavioural, cognitive and cognitive behavioural therapies (CBT), brief interventions, motivational interviewing, family therapy (including pair therapy), and self-help interventions, such as Gamblers Anonymous, are used in the treatment of pathological gambling (Stea and Hodgins, 2011).

Cognitive behavioural therapy is the approach that seems to predominate in treating pathological gambling (např. Gonzalez-Ibanez et al., 2005). A systematic review of 25 studies addressing CBT approaches to the treatment of pathological gambling showed that CBT was effective in reducing problem gambling within three months following the completion of the therapy, irrespective of the type of gambling behaviour. The effect was still observed at 6-, 12-, and 24-month follow-ups. While individual and group forms of treatment show similar outcomes in terms of their success, long-term research suggests that the effects of group therapy persist longer. All the forms of CBT, including motivational interviewing and relaxation/desensitisation techniques, have proved effective (Gooding and Tarrier, 2009).

A recent systematic review of psychotherapeutic approaches to the treatment of pathological gambling again demonstrated the efficacy of CBT in reducing gambling behaviour and other symptoms of problem gambling immediately after the therapy, with the effect diminishing with the period of time that has elapsed since the treatment. It was shown that motivational interviewing, for example, was effective in reducing gambling behaviour, but not so in reducing other symptoms of problem gambling. The available evidence also suggests the beneficial effects of integrative psychological therapies and other psychotherapeutic approaches, such as 12-step facilitated group therapy. However, there is insufficient evidence to prove the effectiveness of such interventions (Cowlshaw et al., 2012).

Besides self-help initiatives such as Gamblers Anonymous, which, when combined with professional services, enhance the engagement with treatment and reduce relapse rates (Petry, 2005), other self-help interventions are increasingly being used. These include self-help manuals, books and other print information materials, audio recordings, video recordings, computer-based applications, algorithms for telephone interventions (IVR – Interactive Voice Response), web-based interventions, and virtual reality applications. Various self-help interventions are particularly useful for gamblers who fail to enter professional treatment for reasons such as their feeling ashamed, guilty, and afraid or because of treatment being locally unavailable (Raylu et al., 2008).

The high level of prevalence of psychiatric comorbidity among pathological gamblers, including substance use, often also makes it necessary to address dual diagnoses (např. Crockford and el-

Guebaly, 1998, Abdollahnejad et al., 2013). Pathological gamblers very frequently experience psychosomatic complications, and pathological gambling may complicate the clinical picture of various acute or chronic conditions or may be the cause of somatoform problems. Moreover, various symptoms and the general picture of the diseases may have implications for the choice of treatment. In Germany, for example, four types of pathological gamblers in treatment are distinguished for the purposes of health insurance:

- with substance-related dependence,
- with a personality disorder, especially of the narcissistic type,
- with a depressive-neurotic disorder or a personality disorder of the anxious type,
- with another specific psychopathology.

The treatment of the first two groups should take place in facilities that specialise in addiction treatment, while the remaining two should be referred to psychiatric departments or facilities that specialise in the treatment of psychosomatic conditions. The most frequent somatic comorbidities include disorders of the gastrointestinal tract and metabolism, diseases of the locomotor system, and cardiovascular diseases (Buchner et al., 2013).

Cognitive distortions are an important aspect of the psychopathology of problem gamblers which should be reflected in the treatment process. These take the form of illusions of control, both "primary" (i.e. various erroneous and false beliefs and misconceptions about gambling and the probability of winning) and "secondary" (driven by beliefs about supernatural forces such as God or luck) (Ejova et al., 2013).

Despite the negative consequences ensuing from pathological gambling, the percentage of pathological gamblers who enter treatment is small. A review of the barriers preventing problem gamblers from seeking treatment was conducted. 19 studies from five countries published since 1998 were analysed. With one exception, all the studies concerned adult players (Suurvali et al., 2009). In spite of the methodological differences, several of the same barriers to treatment were identified. The most common ones were the determination to use self-help in dealing with the problem, shame, embarrassment or stigma, unwillingness to admit the problem, and issues with the treatment itself. The unwillingness to admit the problem is probably much greater than it may appear. The gamblers often reported a lack of information about treatment options and practical aspects of the treatment.

Adolescent pathological gamblers are more likely to deny the problem, show unwillingness to seek treatment, and rely on their parents to deal with the issue. Adolescent gamblers may undergo spontaneous remission of their gambling problems and the symptoms of their problem gambling may not necessarily be unique to gambling but may be attributed to other behaviours. There is also a lack of treatment programmes for this group (Griffiths, 2001).

For the above reasons, it is desirable to provide information about treatment and its availability, educate gamblers about the symptoms of problem gambling, reduce their shame, stigma, and denial, and encourage them to seek help. It is necessary to promote services for pathological gamblers and increase awareness of such resources among the target populations (Gainsbury et al., 2013).

The factors reported to impair treatment outcomes and predict relapse in pathological gamblers include gambling-related cognitions and urges, emotional disturbance, sensation-seeking traits, and a number of varied social factors, such as the absence of social support, a low level of social functioning, and unemployment (Smith et al., 2013).

Frouzová (2003) introduced the "4 I's" – Inventory, Information, Initiative, Idea – method, which generally builds upon CBT. The individual steps are intended to calm the patient down, to make them obtain a clearer perception of the situation and see the problem from a different perspective, to provide relevant information and relaxation for the patient to be able to make use of the information, to train them in coping strategies and emotional balance as lapse and relapse

prevention resources, to train them in social skills in relation to communication, assertiveness, and dealing with a relationship crisis, and in strategies to resist gambling cues and, if the previous intervention has been successful, in developing and improving a new gambling-free lifestyle. Treatment involves a combination of individual and group psychological therapies.

The programmes for pathological gamblers operated by the *Sdružení Podané ruce* association, namely *Elysium*, a day care psychotherapeutic sanatorium, in Brno and the Olomouc-based addiction outpatient clinic, are designed as 10-15-session cycles spanning a period of 3-5 months. The interventions are provided by a psychologist or a specialised social counsellor. The programme follows the case management<sup>98</sup> principle, with other professionals and institutions being engaged as needed. The areas of focus include the identification of the clients' social, financial, and legal circumstances, their financial literacy, responsible indebtedness, including the ability to pay off the debt, negotiation with distrainers and other creditors, financial counselling, gaining a basic understanding of financial products, and insolvency proceedings. The programmes also work with families, which often look for basic information and help during a crisis. If a relative becomes engaged with the service, various underlying issues may be discovered, with gambling becoming a secondary issue (Chovancová and Licehammerová, 2012).

## 10.2 Specialised Addiction Treatment Services

Although pathological gambling was not previously considered as an addiction-specific issue, as it is classified as a habit and impulse disorder (F63.0) in the ICD-10, it was mainly addiction treatment professionals (addictologists) who worked with problem gamblers and their relatives. According to a concept outlining the system of addiction treatment services in the Czech Republic, pathological gamblers (dg. F63.0) are one of the primary target groups for addictology (Společnost pro návykové nemoci ČLS JEP and Klinika adiktologie 1. LF UK a VFN v Praze, 2013).

In the Czech Republic services for pathological gamblers are provided in both outpatient and residential types of programmes.

Outpatient care is represented by psychiatric clinics reporting the treatment of persons with addictive disorders or low-threshold drop-in and counselling centres. It is estimated that there are currently 50-80 outpatient psychiatric facilities in the Czech Republic that provide care for addiction clients (alcohol/drug counselling centres<sup>99</sup>) (Mravčík et al., 2011a, Nechanská, 2013b, Mravčík et al., 2013).

Non-healthcare-specific outpatient addiction treatment facilities are generally low-threshold drop-in and counselling centres. With a few exceptions, these establishments do not have the status of a healthcare facility and specialise in the provision of services for users of illicit psychoactive substances. In addition, there are non-healthcare-specific outpatient counselling and treatment centres and programmes that do not have the character of low-threshold services. Operated mainly by NGOs, these provide care which is more structured and can also take the form of aftercare.

Residential addictological care may take the form of short-term, mid-term, or long-term treatment, which is provided by a network of psychiatric hospitals and addiction treatment wards in general hospitals (Mravčík et al., 2011b, Nechanská, 2013c). After 1990 a network of therapeutic

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<sup>98</sup> Case management (CM) refers to coordinated case-oriented liaison, which is often perceived as a social work method, although such a human service involves professionals from various areas of expertise, such as physicians, psychologists, judges, and probation officers, as well as the family. Case management can thus be defined as an approach to the provision of social and other services which seeks to ensure that clients with multiple complex problems (including debts, addiction, and partner issues) receive the services they need in a timely and appropriate manner. Case management has three main functions: to respond to clients' comprehensive needs, to refer clients to the resources that address their needs, and to follow clients through the system of care in order to enhance the effect of services they are provided with (Nepustil et al., 2013).

<sup>99</sup> These are also referred to as AT clinics in the Czech Republic.

communities for drug addicts was also established (Mravčík and Nechanská, 2013). These specialised facilities are generally operated on a transregional basis.

The above specialised inpatient facilities are complemented by other psychiatric establishments (including psychiatric wards/units in general hospitals, psychiatric hospitals, and psychiatric departments) which are not particularly specialised in addiction treatment and the territoriality of which tends to be regional. The system of inpatient care includes sheltered housing which is intended for the social stabilisation of the patient/client by means of the temporary provision of housing (Společnost pro návykové nemoci ČLS JEP and Klinika adiktologie 1. LF UK a VFN v Praze, 2013).

In 2012 the National Focal Point, in association with the Institute of Health Information and Statistics and the Department of Addictology, conducted an addiction treatment facility survey (also referred to as the Drug Services Census) (Nechanská et al., 2013). The data was collected using an online questionnaire posted on drogy-info.cz, a web-based portal administered by the National Focal Point.

Out of 235 facilities that completed the questionnaire, 141 provided services to pathological gamblers, with 133 reporting pathological gamblers as one of their target groups. 81 facilities assessed their clients for pathological gambling. Specialised programmes for pathological gamblers were offered by 18 facilities; see Table 10-1 and Table 10-2.

*Table 10-1: Number of programmes providing services to pathological gamblers, by primary focus of establishments participating in the 2012 facility survey*

<b>Primary focus of service</b>	<b>Pathological gamblers as a target group</b>	<b>Specialised programme for pathological gamblers</b>
Service focused on substance users as the target group (addictological care)	62	9
Healthcare-specific psychiatric service	37	7
Social service focused on substance users as one of the primary target groups	22	2
Social service where substance users are not the primary target group	2	0
Special education service focused on substance users as the target group	1	0
Other healthcare-specific mental health services	1	0
Other	8	0
<b>Total</b>	<b>133</b>	<b>18</b>

*Source: Nechanská et al. (2013)*

Facilities which regarded gamblers as one of their target groups included specialised addiction treatment services (drop-in centres, outreach programmes, addiction treatment clinics, etc.), healthcare-specific psychiatric services (hospitals and outpatient psychiatric clinics), and social services where pathological gamblers were one of the target groups. Specialised addictological facilities and outpatient psychiatric clinics accounted for the majority of the 18 establishments that reported the provision of specialised services to people at risk of pathological gambling.

Table 10-2: Number of programmes providing services to pathological gamblers, by type of establishments participating in the 2012 facility survey

Type of addiction treatment service	Pathological gamblers as a target group	Specialised programme for pathological gamblers
Outpatient treatment and counselling	58	11
Low-threshold services and counselling	31	2
Inpatient detoxification	10	5
Long-term inpatient care	10	7
Mid-term inpatient care	9	6
Short-term inpatient care	7	6
Therapeutic community	6	0
Day care	2	0
Aftercare	1	1

Source: Nechanská et al. (2013)

The Pathological Gamblers in Treatment questionnaire study (for details see the chapter entitled **Pathological Gamblers in Treatment Questionnaire Study**, p. 121) showed, however, that the majority of the facilities that reported problem gamblers as one of their target groups did not actually work with them; they are only prepared for such clients to contact the service.

Nevertheless, there are not many clients even in specialised programmes and/or the intervals of their visits are long and often irregular. This may be due to the fact that these services are primarily set up for drug users, with whom gamblers do not want to be associated, or they may not know at all that they could seek help from these organisations.

According to the final reports of programmes subsidised by the Government Council for Drug Policy Coordination (GCDPC) from 2011 to 2012, the provision of services to problem gamblers was reported by a total of nine programmes.<sup>100</sup> Before 2013, however, the target group of pathological gamblers was not specifically accounted for in the final reports submitted by the programmes.

The final reports for 2013 indicate that 33 programmes (out of the total of 128 supported as part of the GCDPC subsidy proceedings) reported 277 pathological gamblers (of whom 246 were men) among their clients. These programmes comprised 13 drop-in centres, 10 outpatient treatment programmes, four aftercare programmes, two outreach programmes, three programmes providing prison-based services, and one therapeutic community.

The GCDPC runs special subsidy proceedings dedicated to projects addressing pathological gambling. 13 services were supported as part of this scheme in 2013. Of these, five outpatient treatment programmes were already accounted for in the reports pertaining to the general subsidy proceedings of the Government Council for Drug Policy Coordination (see the previous paragraph). The remaining projects intended specifically for pathological gamblers reported 277 clients/pathological gamblers (of whom 239 were men) and 180 of their relatives.

Overall, both subsidy schemes managed by the GCDPC involved 554 pathological gamblers in 41 programmes which reported working with this specific population.

<sup>100</sup> *Prevent* in South Bohemia, *Lexus* in Eastern Bohemia, *ADVAITA* Liberec, *P-centrum* Olomouc, *Sdružení Podané ruce* in Brno and Olomouc, *SANANIM* in Prague, the *Tábor Parish Charity*, and *CPPT* Pilsen.

Table 10-3: Number of programmes supported as part of the GCDPC subsidy proceedings in 2013 which provide services to pathological gamblers and number of clients/pathological gamblers; by region

Region	Number of programmes	Number of clients
Prague	4	35
Central Bohemia	1	6
South Bohemia	7	10
Pilsen	2	4
Karlovy Vary	1	3
Ústí nad Labem	6	92
Liberec	2	54
Hradec Králové	2	33
Pardubice	0	0
Vysočina	0	0
South Moravia	6	109
Olomouc	5	96
Zlín	1	11
Moravia-Silesia	4	101
<b>Total</b>	<b>41</b>	<b>554</b>

Source: Národní monitorovací středisko pro drogy a závislosti (2014c)

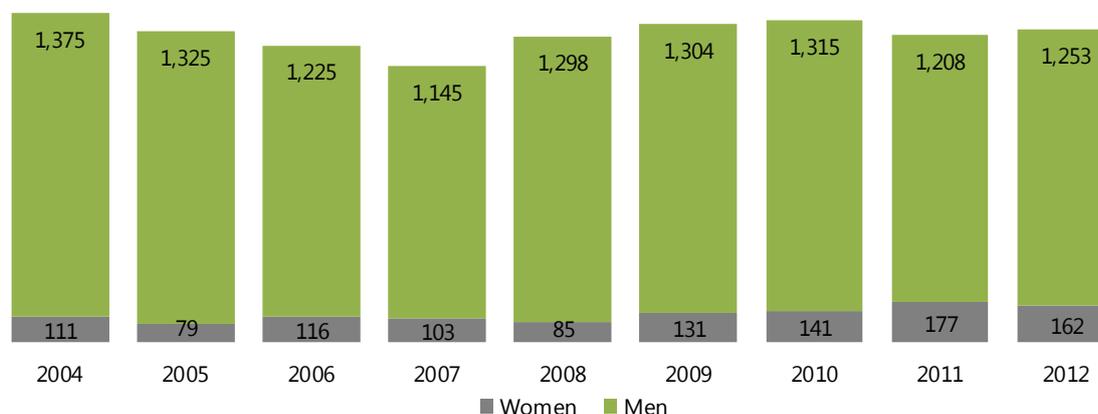
### 10.2.1 Psychiatric Care

Only incomplete information is available concerning the implementation of dedicated programmes for pathological gamblers in inpatient psychiatric facilities. In the long term, the treatment of pathological gambling has been provided by the psychiatric hospitals in Praha-Bohnice, Kroměříž, and Opava.

From 2004 to 2012 approximately 1,300-1,400 patients diagnosed with F63.0 (pathological gambling) received treatment in Czech outpatient psychiatric clinics annually, which accounts for some 0.25% of all patients in psychiatric clinics (Nechanská, 2013a). The development since 2004 is outlined in Graph 10-1.

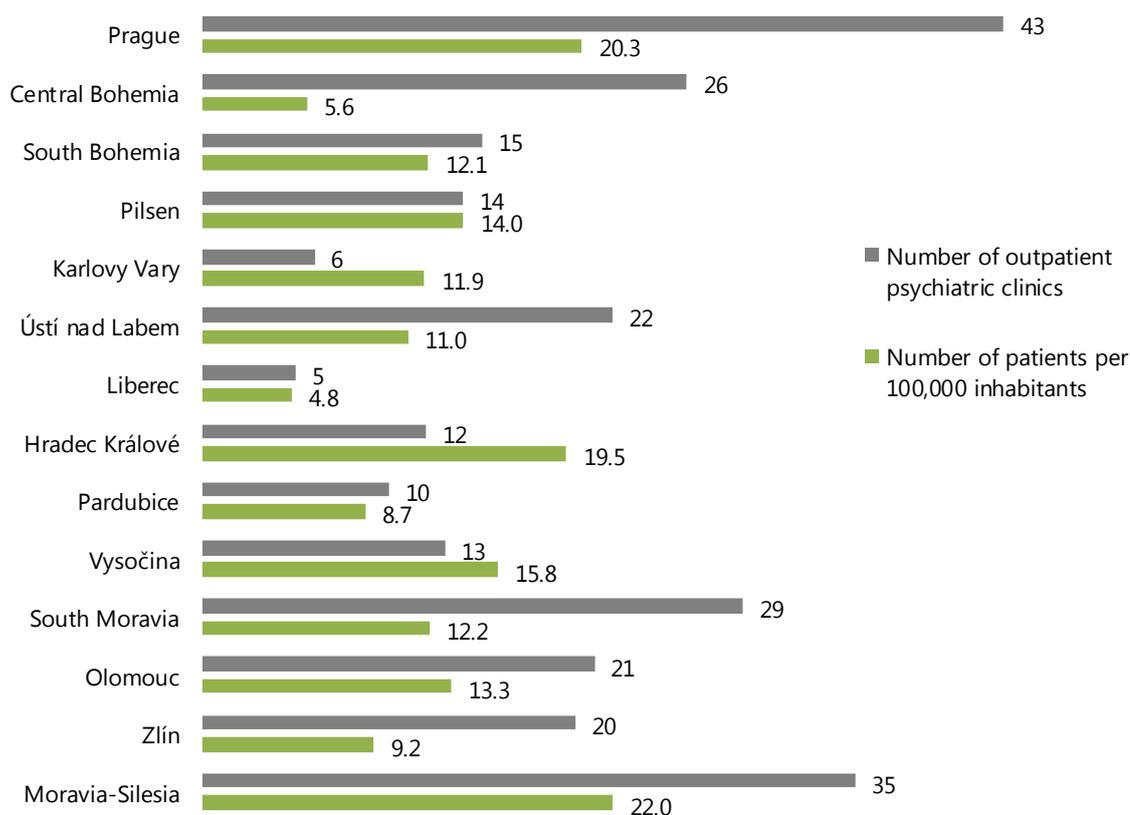
When comparing the numbers of patients in relative terms per 100 thousand inhabitants of the given region, in 2012 the highest numbers of pathological gamblers received outpatient treatment in the Moravia-Silesia region (22 patients per 100,000 inhabitants) and in Prague and the Hradec Králové region (20 patients respectively). The lowest figures in this respect were recorded in the Liberec (five patients per 100,000 inhabitants) and Central Bohemia (six patients) regions; see Graph 10-2.

Graph 10-1: Development of the number of outpatients in treatment for the F63.0 diagnosis, by gender, 2004-2012



Source: Nechanská (2013a)

Graph 10-2: Number of outpatients in treatment for the F63.0 diagnosis in 2012, by regional affiliation of the healthcare facility

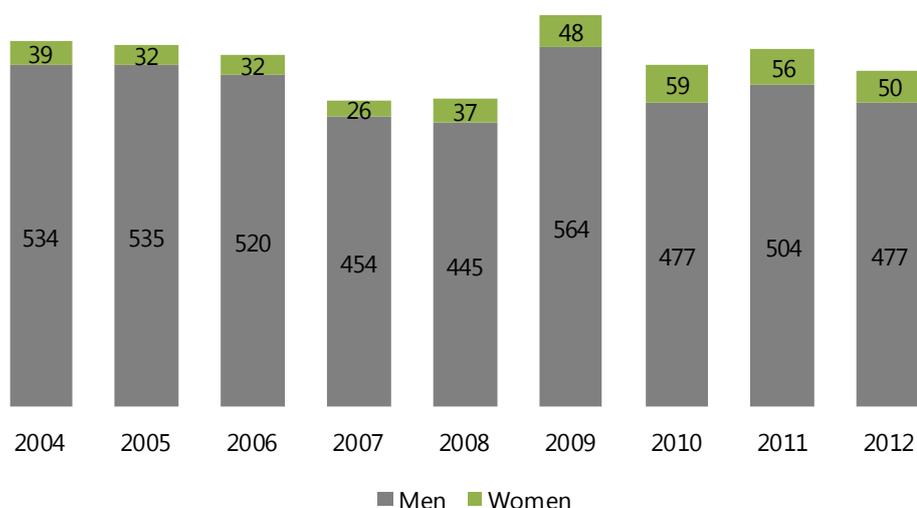


Source: Nechanská (2013a)

The number of admissions to psychiatric hospitals and psychiatric wards for the F63.0 diagnosis reached an average of 500-550 per year in the period under consideration, i.e. 2004-2012.

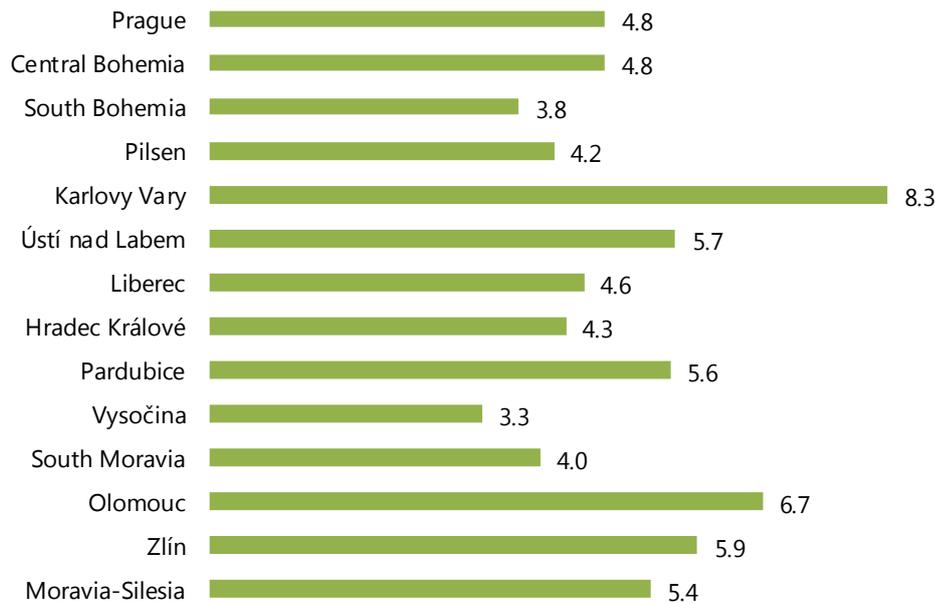
In 2012 the largest numbers of patients per 100 thousand inhabitants were recorded in the Karlovy Vary (8.3) and Olomouc (6.7) regions. The lowest levels of this indicator were reported for the Vysočina (3.3) and South Bohemia (3.8) regions; see Graph 10-4.

Graph 10-3: Development of the number of hospitalisations for the F63.0 diagnosis, by gender, 2004-2012



Source: Nechanská (2013a)

Graph 10-4: Number of hospitalisations for the F63.0 diagnosis in 2012, by patient's domicile (region)



Source: Nechanská (2013a)

The regional differences in relation to outpatient and inpatient treatment and the variations within the same region may well be attributable to the low number of cases recorded in the regions and years under study.

## 10.3 Other Specialised Care

Besides specialised addiction treatment services, problem gamblers become clients of a number of both healthcare-specific and non-healthcare-specific programmes and facilities, which reflects their psychiatric comorbidity, relationship and family problems, and the socioeconomic consequences of problem gambling, including indebtedness. Problem gamblers and individuals who are exposed to a secondary risk of problem gambling (such as relatives and partners) are thus provided with other services which do not primarily involve addiction treatment.

Gamblers and those who are close to them may approach the services for various other reasons, including family problems, debts, or employment and housing problems. Jackson et al. (2005) propose that problem gamblers who seek the assistance of these services see the disruption of their interpersonal relationships and debts as the greatest problems they are facing. The results of the above research studies carried out among pathological gamblers in the Czech Republic are consistent with this finding.

Problem gamblers and their loved ones also enter the system of other services because they may not associate their problems with gambling in the first place. Another reason for not seeking professional help may be the person's feeling that problem gambling is something that they can deal with by themselves or being ashamed to ask for help. In practice, therefore, additional services that are sought include marriage and family counselling centres, psychological counselling, helplines, and online counselling services, or other social services, as applicable (e.g. organisations working with people at risk of social exclusion).

### 10.3.1 Problem Gambling Helplines and Web-based Counselling Services

In the Czech Republic there is currently no helpline that specialises in problem gambling counselling. The SANANIM association operates a helpline dedicated to addiction-related issues in

general. The information materials of the ProGam.cz project refer to the hotline of the crisis intervention centre of the Bohnice Psychiatric Hospital; see Figure 9-1.

In addition, there are helplines which clients can use to seek help with a wide range of problems, including problem gambling. Their staff can provide the basic information and refer the callers to services available in their area. Helplines and crisis centres are low-threshold services, the main purpose of which is to provide support and help in emergency.

While several counselling centres<sup>101</sup> concerned with addiction-related issues provide internet counselling by e-mail, they are only rarely contacted by people addicted to gambling. The year 2013 witnessed the establishment of two web-based counselling centres which are specifically concerned with the issue of gambling addiction: the counselling service available on the website of the *Sdružení Podané ruce* association<sup>102</sup> and the counselling service provided by CIAR, a civic association, which is a part of the ProGam.cz project.<sup>103</sup>

In 2005 the National Focal Point conducted a study of addiction-specific counselling services provided via telephone or the internet (Sadílek and Mravčík, 2006). 127 entities providing addictological services and telephone or internet counselling either as their primary activity or an extra offer in addition to their frontline services were contacted. With one exception, all the organisations offered web-based or telephone assistance in relation to addiction. More than half of the entities reported that addiction was the main issue that was brought up in clients' questions. Gambling was the second most frequent addiction-specific issue, after illicit drug use and drinking, to be addressed as far as telephone counselling is concerned.

In June and July 2013 the National Focal Point conducted a survey among helplines and other services providing telephone and web-based counselling which enquired specifically about gambling-related problems (Národní monitorovací středisko pro drogy a drogové závislosti, 2013b). The programmes were asked about the total numbers of contacts made in the period 2010-2012, including their structure in terms of age and gender, and specifically about the problem gambling-related contacts and their age and gender differentiation. 48 facilities (helplines, emergency lines, or non-profit-making organisations) which reported providing telephone and web-based emergency counselling in addition to face-to-face counselling were approached. 24 programmes responded positively to the request to participate in the research, of which 22 were finally included in the analysis.<sup>104</sup>

Of the 22 services that were included in the analysis, 16 provided both telephone and e-mail counselling; five services provided counselling by means of telephone, e-mail, and chat applications; one service provided telephone counselling only.

As shown in Graph 10-5, contacts concerning problem gambling represented 2-4% of the total number of contacts. There were 1,006 of them in 2012. The number of contacts made by telephone predominated; it almost tripled (from 387 to 921) during the period under observation. The number of e-mail contacts rose only between 2010 and 2011 (from 52 to 87), then it stagnated. The use of chat counselling was very rare (one contact).

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<sup>101</sup> E.g. [www.extc.cz](http://www.extc.cz), [www.drogovaporadna.cz](http://www.drogovaporadna.cz), [www.poradna.adiktologie.cz](http://www.poradna.adiktologie.cz) [2014-02-10].

<sup>102</sup> <http://gambling.podaneruce.cz/> [2014-02-10]

<sup>103</sup> <http://www.problemgambling.cz/> [2014-02-10]

<sup>104</sup> The SANANIM contact centre kept track of neither the number of contacts nor the nature of the contacts and Safety Line is primarily intended for children – the issue of gambling did not appear in its contacts at all.

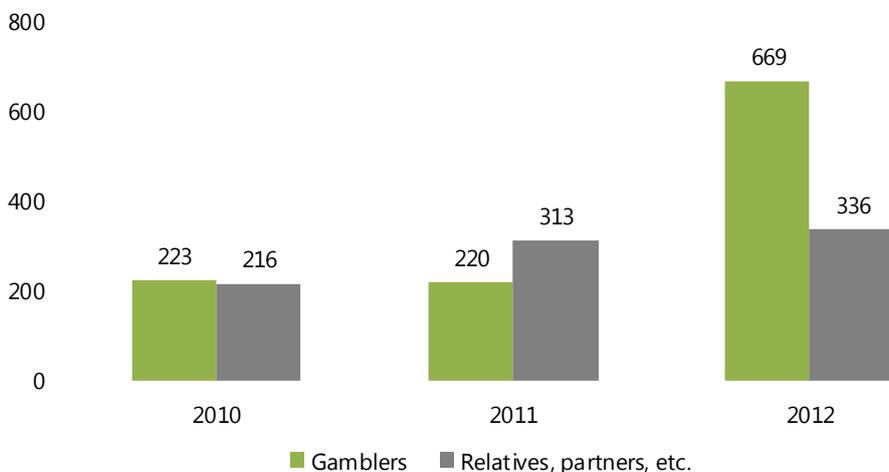
Graph 10-5: Total number of contacts in telephone and web-based counselling and the number of contacts related to problem gambling, 2010-2012



Source: Národní monitorovací středisko pro drogy a drogové závislosti (2013b)

While in 2010 these counselling services were sought by gamblers and their loved ones approximately to the same degree (223 and 216 respectively), in 2012 the contacts made by gamblers predominated (669 vs. 336).

Graph 10-6: Number of contacts made by gamblers and those close to them in telephone and web-based counselling, 2010-2012



Source: Národní monitorovací středisko pro drogy a drogové závislosti (2013b)

The number of contacts made by men was significantly higher in comparison to women. Women accounted for 8-12% of the contacts, with their proportions showing a declining trend in the later years. In the event that a service is contacted by someone who is close to the person with the gambling problem, the record is generally assigned to the person who was identified as the one who actually has the problem. As a result, the gender structure of the clients corresponds to their structure in terms of problem gambling.

Graph 10-7: Number of contacts made by problem gamblers in telephone and web-based counselling, by gender, 2010-2012



Source: Národní monitorovací středisko pro drogy a drogové závislosti (2013b)

### 10.3.2 Counselling and Social Services

In 2012 a survey intended to analyse the pathological gambling situation in the Liberec region was conducted (Institut projektového řízení a. s., 2012). The original objective of the survey was to estimate the prevalence of pathological gamblers in the Liberec region using the multiplication method. Although this intention was finally abandoned, a questionnaire study was carried out in order to survey the rate of problem gamblers and other individuals at risk of problem gambling engaged with social and health services in the Liberec region. All the providers of social services, with the exception of services focused on senior citizens and the handicapped as their only target groups, local social welfare authorities, and healthcare facilities, such as addiction treatment outpatient clinics or private psychotherapeutic centres, were contacted. The response rate was 41%, with the lowest response rate recorded in relation to healthcare facilities (21%). A total of 32 institutions returned the questionnaires, with data on 3,195 clients. Approximately half of the institutions reported real data about the population under scrutiny. The other half provided educated guesses.

It was found that out of the total of 3,195 clients 215 (6.7%) were problem gamblers and 470 (14.7%) were persons at risk of problem gambling. The largest number of problem gamblers was identified among the clients of shelters and outpatient addiction treatment services. Persons at secondary risk of gambling (those in close relationships with the gamblers) were most frequently found in shelters and field services or were in contact with the competent social workers based at local authorities. Women accounted for about one sixth of the problem gamblers in contact with services in the Liberec region, which is a higher proportion than that reported by other sources of information about pathological gamblers.

As one of the gravest consequences of problem gambling is indebtedness (for more details see the chapter entitled **Financial Consequences of Gambling and Indebtedness**, p. 158), debt counselling is likely to be sought. Such debt counselling services are provided by AOP and the RUBIKON centre. Debt counselling is also provided by the Debt Advisory Centre – Counselling in Stringency, a public benefit organisation,<sup>105</sup> a counselling service for debtors operated by SPES, a civic association,<sup>106</sup> and the social and legal counselling service operated by *R-mosty*, a civic

<sup>105</sup> <http://www.financnitisen.cz/> [2014-02-07]

<sup>106</sup> <http://www.pomocsdluhy.cz/index.php> [2014-02-07]

association.<sup>107</sup> It should be noted that there is a large number of entities in the Czech Republic that may appear to offer financial counselling, debt relief, and other services, while in fact they may offer additional financial services rather than genuine help.<sup>108</sup>

### 10.3.3 Self-help Activities

In addition to professional services, there are also self-help activities, especially in the form of self-help groups and self-help websites. Self-help groups comprise and are organised by gamblers themselves, without the participation of professionals.

The first community of problem gamblers in the Czech Republic with no involvement of psychiatric hospitals, Alcoholics Anonymous, or any other supporting institutions came into existence in Brno in January 2008. Since then its sessions have been held regularly on a weekly basis. In 2010 the Gamblers Anonymous Czech Republic fellowship was registered with the U.S. Gamblers Anonymous International Service Office.<sup>109</sup> To date hundreds of people have used the services of the Brno-based Gamblers Anonymous.<sup>110</sup>

Another type of self-help activity takes the form of websites focusing on providing help to problem gamblers. Operated by either gamblers themselves or service providers, such websites work on a principle similar to that guiding the self-help groups. They provide a platform for the gamblers to share their experience, plans, and worries, to show support for each other, exchange advice about where to seek help, how to resist craving, etc. Examples of such websites are <http://stopzavislosti.cz/> and <http://www.gambling.wbs.cz/>.

Websites operated in the Czech Republic by help services include <http://www.problemgambling.cz> and <http://gambling.podaneruce.cz/>. They provide expert information and guidance which gamblers and their loved ones may find helpful in trying to stop on a self-help basis, in recognising the symptoms of problem gambling, and in learning about controlled gambling attributes.

## 10.4 Factors Related to Treatment Entry

In 2013 the National Focal Point, in partnership with *ppm factum research*, conducted a questionnaire study, *Pathological Gamblers in Treatment*, examining a sample of 229 pathological gamblers from 105 treatment facilities; for details see the chapter entitled **Pathological Gamblers in Treatment Questionnaire Study**, p. 121.

65.1% of the respondents had shared their gambling-related problems with somebody prior to seeking help. Such confidants were mostly partners (in 47.7% of those who shared their worries) or parents (44.3%), but also friends and siblings. The most common reasons for not sharing the problems indicated by the respondents were the belief that they could handle the problem by themselves (57.5% of those who did not share their problems), shame, and the desire not to burden others (both reasons 37.5%).

Approximately 80% of the respondents had already made attempts to stop gambling. Those who had tried to quit reported an average of eight previous attempts at abstinence without assistance and two attempts at abstinence with professional help.

The respondents tried various gambling reduction strategies, such as spending time with people who do not engage in gambling, stopping or reducing their visits to gambling venues, and limiting their access to money. The factors reported as the most helpful in gamblers' efforts to stay away from gambling included support and interest on the part of their loved ones, the recognition of the

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<sup>107</sup> <http://www.r-mosty.cz/poradna> [2014-02-07]

<sup>108</sup> For more information see, for example, <http://nebankovnipujcky.blogspot.cz/> [2014-02-07].

<sup>109</sup> Inspired by Alcoholics Anonymous (AA), Gamblers Anonymous (GA) as an organisation was established in Los Angeles, California, in 1957.

<sup>110</sup> <http://anonymnigambleri.cz> [2014-03-06]

detrimental effects of gambling on finance and personal and family life, the admission of the problem, and the relatives' supervision over the player's time and finance; see Table 10-4 and Table 10-5.

*Table 10-4: Preferred strategies to abstain from gambling*

<b>Gambling reduction strategies</b>	<b>Very often (%)</b>	<b>Often (%)</b>	<b>Sometimes (%)</b>	<b>Never (%)</b>	<b>Number</b>
Trying to be with people who do not engage in gambling	41.0	26.9	21.2	10.8	212
Stopping going to gambling venues/on the internet, etc.	37.6	24.3	25.7	12.4	218
Going less often to gambling venues/on the internet, etc.	35.6	26.5	21.9	16.0	219
Attending counselling/therapeutic sessions regularly	26.9	18.9	23.1	31.1	212
Trying to spend less money during a single gambling session (setting a limit)	25.4	20.7	26.8	27.2	213
Engaging in alternative activities	24.5	15.2	17.6	42.6	204
Limiting access to money	24.4	24.9	24.9	25.8	221

*Source: Národní monitorovací středisko pro drogy a závislosti (2014b)*

*Table 10-5: Factors that help reduce gambling*

<b>Factors that help reduce gambling</b>	<b>Number (N=229)</b>	<b>Rate (%)</b>
Support and interest on the part of the loved ones	107	46.7
Recognising the financial consequences	65	28.4
Recognising that they may ruin their lives	63	27.5
Recognising the problem	58	25.3
Recognising that they may lose their family	58	25.3
Supervision on the part of the relatives – time, finance	58	25.3
Willpower to stay away from gambling	55	24.0
Choosing alternative life priorities/activities	44	19.2
Setting boundaries not to be crossed	36	15.7
Changing the setting (moving house, hospitalisation)	22	9.6
Maintaining contact with non-gamblers	20	8.7
Realising that the problem is no longer there	15	6.6
Support from other gamblers who also want to reduce their gambling	6	2.6

*Note: The respondents were asked to choose a maximum of three answers from a list of options.*

*Source: Národní monitorovací středisko pro drogy a závislosti (2014b)*

The most common factors reported as increasing the urge to gamble or hamper the efforts to curtail gambling included thoughts of winning, boredom or an excess of free time, knowing that a gambling facility is not far away from home, advertisements on the street (billboards, jackpots, lights illuminating the gambling venues, etc.), pressure from creditors, and thoughts of debts; see Table 10-6.

Table 10-6: Factors that prevent a reduction of gambling

Factors that prevent a reduction of gambling	Number (N=229)	Rate (%)
Thoughts of winning	159	69.4
Boredom or excess of free time	86	37.6
Knowing that a gambling facility is near one's home	56	24.5
Advertisements on the street (billboards, jackpots, lights illuminating the gambling venues, etc.)	36	15.7
Pressure from creditors, thoughts of debts	35	15.3
Gambling is mentioned by somebody from one's immediate social environment (a friend, relative, etc.)	29	12.7
Advertisements on the internet (such as online advertising banners)	23	10.0
Their immediate social environment being sceptical about their ability to resist gambling	22	9.6
Surfing on the internet	13	5.7

Note: The respondents were asked to choose a maximum of three answers from a list of options.

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

However, the respondents did not seem to be in agreement about whether gambling advertising had an impact on the degree of their gambling and whether it contributed to their raising their bets; approximately the same proportions of respondents respectively agreed and disagreed with the statements.

The most common services sought by the respondents were outpatient psychiatrists (32.7% of the respondents), inpatient healthcare facilities specialising in addiction treatment (22.6%), and an outpatient psychotherapist or psychologist (16.8%); see Table 10-7.

Table 10-7: Types of specialised help sought at the initial stage of dealing with problem gambling

Type of specialised help	Number	Rate (%)	Valid responses Rate (%)
Outpatient psychiatrist	74	32.3	32.7
Healthcare facility specialising in addiction treatment – residential (institution)	51	22.3	22.6
Outpatient psychotherapist, psychologist	38	16.6	16.8
Non-governmental organisation specialising in addiction treatment – counselling centres, outpatient clinics	30	13.1	13.3
Non-governmental organisation specialising in addiction treatment – low-threshold services	8	3.5	3.5
Self-help group	7	3.1	3.1
Online counselling service	5	2.2	2.2
Helpline	4	1.7	1.8
General practitioner	1	0.4	0.4
Debt counselling service	1	0.4	0.4
Other help	7	3.1	3.1
<b>Valid responses in total</b>	<b>226</b>	<b>98.7</b>	<b>100.0</b>
No responses	3	1.3	–
<b>Total</b>	<b>229</b>	<b>100.0</b>	<b>–</b>

Source: Národní monitorovací středisko pro drogy a závislosti (2014b)

In terms of time, the development of problem gambling and seeking help can be outlined as follows (Národní monitorovací středisko pro drogy a závislosti, 2014b):

- age of the first experience with gambling (excluding small bets): 19.7 ± 6.73 years;
- age of the first engagement in the primary problem gambling activity: 23.6 ± 8.9 years;
- age at which specialised help was first sought: 29.9 ± 8.8 years;
- period during which the primary problem gambling activity is engaged in regularly: 7.1 ± 5.5 years.

A qualitative study of a sample of pathological gamblers in treatment in 2013 (Roznerová, 2014a) found a common feature of addiction being identified too late. The players were good at hiding their dependence and provided credible alibis to prevent even their family and loved ones from finding out. Shame appears to be a significant obstacle to gambling being disclosed and treatment sought. Having no one to share their troubles with makes gamblers fall into isolation.

The obtaining of information about pathological gambling as a curable mental illness may be a source of relief and motivation for both the gamblers and their social environment. The latter is usually shocked by the diagnosis to a greater extent than the problem gamblers themselves. Information about the diagnosis, treatment options, and the procedures and strategies to be applied to facilitate recovery makes it easier for the relatives, partners, etc. to understand the issue and provide the support that is necessary to prevent relapse. Treatment is seen as an opportunity to start a new life.

» D

# PART D

## Annexes



11

# 11 Gambling Legislation and Control in Europe

## 11.1 European Legal Framework for the Operation and Regulation of Gambling

In its Article 56, the Treaty on the Functioning of the European Union (TFEU) guarantees the free movement of services, which also applies to the freedom for gambling operators to provide their services on a trans-border basis. Restriction on the free movement of services can be imposed by Member States of the European Union (EU) in specific cases only. As in all Member States this area of business is subject to strict regulation and often involves a significant role of state-owned entities, operators' efforts to provide their services in other EU countries with different regulatory regimes have led to a certain amount of litigation. The Court of Justice of the European Union (CJEU) has generated a body of case law concerning the issue of gambling, the conclusions of which can be summarised as follows (Kocarevová, 2013):

1. EU Member States may restrict the right of entities from other Member States to operate gambling within their territories, should such restrictions be in the public interest and not discriminatory against foreign operators in favour of domestic ones;
2. on the contrary, it is forbidden to restrict foreign operators in order to protect domestic ones.

Legal regulations governing gambling in the individual Member States thus must not be in conflict with EU law. The accord of domestic legislation with EU law is often contested before national courts, which, as part of preliminary rulings proceedings under Article 267 of the TFEU, raise questions to the CJEU concerning the interpretation of EU law applicable to the area. The CJEU has provided general guidelines about the interpretation of the fundamental freedoms of the internal gambling market in relation to these disputes to make it possible for the national courts to assess the circumstances under which national regulations to restrict the operation of gambling are justifiable.

The extensive body of case law implies that Member States may impose restrictions on the provision of gambling services to meet the public interest if they can provide evidence that such measures are appropriate and necessary; in particular, they should prove the existence of the problem which is to be dealt with by the control measures, the coherence of the regulatory system, and the consistency and systematic nature of the national regulation aimed at meeting the public interest. In its decisions, the CJEU mostly discussed which national legal measures that deviate from the fundamental internal market freedoms may be acceptable in the light of Member States' general interests.

The first major decision in this respect was the judgment passed in the *Schindler* case (C-275/92), where the CJEU concluded that the operation of gambling is considered an economic activity and as such should be subject to the stipulations on the free movement of services and establishment.<sup>111</sup> Additionally, the definition of a service does not apply to the operation of gambling per se only, but also to related activities aimed at promoting (advertising) participation in games of chance. In its decision concerning the *Gambelli* case (C-243/01) the Court further ruled that gambling provided to consumers in another Member State via the internet should also be considered services and thus any restrictions on such activities of a foreign provider of these services constitute restrictions on the free movement of services.

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<sup>111</sup> See also the *Engelmann* case (C-64/08).

The national regulatory frameworks differ dramatically from country to country. The distinctive nature of their betting games and lotteries also reflects the specific cultural, religious, and other needs of Member States to protect public order, health, and safety. Some models are based on the state monopoly principle, a number of Member States control the operation of gambling and lotteries by setting a limit on the number of licences or prohibiting certain games, and other countries adopt quite liberal approaches to the operation of gambling and lotteries.

As part of preliminary rulings proceedings, the CJEU examines the regulatory frameworks at issue in terms of their accord with the general internal market freedoms. The free movement of services involves the provider's freedom to offer and provide services to recipients based in a Member State other than that in the territory of which the provider is established, as well as the freedom to receive or use as a recipient services offered by a provider established in another Member State, without any restrictions to obstruct such transactions. Furthermore, Article 49 of the TFEU prohibits any restrictions that may prevent entities from other Member States from establishing themselves on the territory of the other Member State by, for example, setting up branches, subsidiaries, and agencies.

As stated by the CJEU in a number of its rulings<sup>112</sup>, the certain degree of discretion which Member States possess, given the absence of a harmonised EU regulation, is limited by the requirement for national regulations to be in harmony with Articles 49 and 56 of the TFEU. This body of case law suggests that the national legal regulations that restrict the operation or agency of games of chance and bets conform with EU law insofar as the arguments of public order, public safety, and public health have been justified. In particular, these matters of public interest include the protection of consumers from gambling addiction, the protection of minors or other vulnerable individuals, the prevention of fraud, and the tackling of gambling-related crime. However, the CJEU does not find it sufficient to substantiate a controversial legal regulation by reference to the public interest. The relevant national legal measures must be capable of ensuring that such public interest objectives will be achieved (e.g. must effectively lead to a reduction in the supply of gambling opportunities), must be applied in a consistent and systematic fashion, and must not go beyond the degree necessary for the accomplishment of the goal. In any case, the restrictions must be applied in a non-discriminatory manner. The Court also reaffirmed the principle of the mutual recognition of licences by stating that a Member State is not required to make it possible for an operator who was granted a licence in another Member State to enter the market, as the local consumers cannot be effectively protected against the risk of fraudulent conduct and crime, given the difficulties that regulatory authorities may encounter in trying to assess the professional quality and integrity of economic entities. Moreover, the fact that a Member State has chosen a control system that is different from that of another Member State cannot affect the process of assessing whether consumer protection measures are necessary and reasonable.

Historically, the first case that dealt with the issue of the harmonisation of a national legal regulation governing online gambling was *Liga Portuguesa de Futebol (Santa Casa) (C-42/07)*. Here the analysis concerned a Portuguese legal regulation which vested the exclusive right to operate online sports betting in a charitable organisation, *Santa Casa*. This organisation had a statutory monopoly for the operation of games of chance and was also authorised to impose this monopoly on other entities. As a sponsor of the top Portuguese football league, *Bwin*, licensed in Gibraltar, offered online sports betting in Portugal. By its authority, *Santa Casa* imposed a penalty on *Bwin* for operating and advertising such betting games on the internet. In a legal action, *Bwin* complained that the Portuguese gaming monopoly was in contradiction of the freedom of establishment and free movement of capital and services. In this respect, the Court only considered the accord of the national regulation with the requirement of the free movement of services, as *Bwin* had not intended to establish itself on Portuguese territory, and stated that it was beyond doubt that the

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<sup>112</sup> Concerning, for example, the following cases: *Läära (C-124/97)*, *Gambelli (C-243/01)* or *Placanica (C-338/04)*, *Markus Stoss (C-316/07)*, *Carmen Media (C-46/08)*, *Stanleybet International (C-186/11)*, *Sportingbet (C-209/11)*, *Ladbrokes Betting (C-258/08)*, and *Dickinger (C-347/09)*.

Portuguese legal regulation was in breach of Article 49 of the Treaty on European Communities (TEC) (currently Article 56 of the TFEU), as it forbade entities established in another Member State to provide services in Portugal. According to the Portuguese government and the *Santa Casa* organisation, the main purposes of the national legal regulation were to tackle criminal offending and protect gambling consumers from fraudulent conduct. The Court concluded that the Portuguese gambling monopoly was in line with EU law, as it really helped to limit gambling opportunities in Portugal, prevent fraud, and assure the effective control and safe functioning of the system. In addition, the CJEU rejected the principle of the mutual recognition of licences issued in another Member State, as these licences do not provide sufficient guarantees for the protection of consumers in a certain country against the risks of fraud and other crime, given the limited control resources of the authorities of the Member State of which the online gambling operator is a national. The CJEU reached this conclusion on the grounds that online gambling poses higher risks than conventional gambling does.

The *Garkalns* case (C-470/11) concerned a company established in Latvia which was denied permission to open a gambling venue in a shopping centre in Riga on the grounds that such a facility would be detrimental to the interests of the residents of the given administrative unit. The preliminary question was whether it contradicts the free-movement-of-services stipulations to have a national legal regulation which grants local regulatory authorities great discretionary power in that it allows them to deny a licence to a casino (or any other gambling establishment) on the grounds of "substantial impairment of the interests of the State and of the residents of the administrative area concerned". In the case, the CJEU concluded that Article 49 of the TEC governing the free movement of services (Article 56 of the TFEU) does not prevent such a legal regulation, providing that the genuine purpose of such a regulation is to reduce opportunities for gambling in a consistent and systematic manner or assure public order and that the discretionary powers of the competent authorities are exercised in a manner that is transparent and devoid of any arbitrary decisions.

The issue of advertising gambling was addressed by the CJEU with regard to *HIT, HIT LARIX* (C-176/11). Austria did not allow advertising for a Slovenian casino, referring to its legal regulation which permits advertising only if the level of consumer protection in the place where a business is registered (i.e. in Slovenia) meets the Austrian standard. The question was whether this legal regulation is compatible with the principle of the free movement of services. In this case, the CJEU ruled that the Austrian legal regulation did not exceed the limits of what is necessary to keep consumers protected from the risks associated with gambling, which represents a matter of pressing public interest that can justify a restriction on the free movement of services. It is limited to a mere requirement of evidence that another Member State maintains an equivalent level of the legal protection of consumers; it does not have to be identical.

The issue of competitive advantages for the existing providers of gambling in the market was dealt with by the CJEU in relation to the *Costa-Cifone* case (C-72/10, C-77/10). It adjudged that extra competitive advantages being granted to the existing entities to the detriment of new licensees (in Italy, in this particular case) resulted in maintaining and strengthening the effects of the exclusion from a tender in 1999 and constituted a new breach of the principles of the freedom of establishment and the free movement of services pursuant to Articles 43 and 49 of the TEC (Arts. 49 and 56 of the TFEU), as well as of the principle of equal treatment. As for the justification of such unequal treatment, efforts such as those aimed at guaranteeing continuity, financial stability, and a reasonable return on investment for the entities can hardly be accepted as matters of pressing public interest to substantiate the restriction on fundamental freedoms. The Court also rejected the argument that the regulation was driven by efforts to reduce gambling opportunities and fight crime, as Italy, with its expansive policy aimed at raising tax revenues, is an example of a country with quite the opposite tendencies.

The European Commission has recently been focusing its attention on the issue of online betting, which is, given the international nature of the internet, a domain where it appears sensible to achieve a certain degree of harmonisation of the legal regulations across the EU. On the basis of

research studies and consultations with the stakeholders, as of 23 October 2012 the EC drew up an action plan,<sup>113</sup> which will involve the adoption of three formal recommendations for Member States concerning: (1) common standards for the protection of customers; (2) a responsible approach to the advertising of gambling, and (3) the prevention of betting-related match-fixing and fighting against it.

### 11.1.1 Legalisation of the Proceeds of Crime

Another major area where EU law intervenes in the domain of gambling is the legislation that sets out measures aimed at combating the legalisation of the proceeds of crime, "money laundering". Directive 2005/60/EC was translated into the Czech law by virtue of Act No. 253/2008 Coll., on selected measures against the legalisation of the proceeds of crime and the financing of terrorism (the Money Laundering Act). As regards gambling, the directive was implemented with respect to casinos only, specifically by virtue of an amendment to the Lotteries Act dated 5 June 2008 (Act No. 254/2008 Coll.). These legislative measures oblige casinos and casino gambling licensees to establish the identity of their customers, keep records of identification data to the extent prescribed by the law, and notify the competent governmental authorities of any transactions that may raise suspicion of money laundering or fraudulent conduct.

At the EU level, efforts to counter money laundering are lacking sufficient regulatory support, as the current Directive 2005/60/EC, on the prevention of the use of the financial system for the purpose of money laundering and financing terrorism, applies to conventional casinos only (i.e. not to casinos operated online). Given the rise of online gambling, this legal regulation no longer meets the requirements for the fight against money laundering and the European Commission is therefore considering extending the operation of this directive to cover all forms of gambling.

## 11.2 Outline of Gambling Regulations in Other Countries

This chapter was informed by reviews prepared by Šimková and Bartošková (2013), Kocarevová (2013), and Verosta et al. (2013).

### 11.2.1 Austria

The legal control of the operation of EGMs in Austria is divided between the federal republic as a whole and the individual federal states. According to the Austrian law on gambling, each EGM must be electronically registered with the "Federal Computing Centre". In a federal state, EGMs may be operated in a permanent publicly accessible establishment if the minimum requirements for such operations are met. The operators are required to obtain the relevant licence, comply with special measures aimed at preventing problem gambling and money laundering, and maintain supervision over the EGMs. The gambling legislation provides that EGMs may be operated:

- in gambling venues with a minimum and maximum of 10 and 50 EGMs respectively,
- in "autonomous" establishments with not more than three EGMs.

The law stipulates restrictions on the number of EGMs relative to the number of inhabitants: it is allowed to have one EGM per every 1,200 inhabitants of a federal state and the number of "direct permits" to operate EGMs is limited to three per federal state. For Vienna, the limit was loosened to allow one EGM per 600 inhabitants.

Operators of EGMs are required to adopt a body of measures to prevent problem gambling. The law distinguishes two types of these measures: those aimed at ensuring the direct protection of the players and those ensuring a course of EGM playing that is conducive to the protection of the

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<sup>113</sup> [http://europa.eu/rapid/press-release\\_IP-12-1135\\_en.htm?locale=en](http://europa.eu/rapid/press-release_IP-12-1135_en.htm?locale=en) [2014-02-28]

players. The former involves, for example, establishing procedures to allow access to venues with EGMs to persons of legal age only and whose identity has been checked, ensuring that the staff of gambling venues are trained in dealing with problem gamblers and maintaining liaison with organisations specialising in work with problem gamblers, banning games with aggressive, violent, criminal, racist, or pornographic content, having detailed rules of the game available for reference, and adhering to the statutory distance between gambling venues and casinos. The latter group of measures pertaining to the course of playing EGMs involve, for example, restrictions on the highest possible amount one can win on an EGM, setting a minimum duration of a game, prohibition of parallel EGM playing sessions, prohibition of jackpots, and the obligation to switch the EGM off after two hours of continuous play by a single person. In addition, operators of EGMs are required to take action to prevent money laundering.

According to the law on support for sports, contributions from gambling are used to fund sports (EUR 80 million annually). The gambling law prescribes that the amount provided to support sports should be increased annually by the extent to which the contributions made by the licensees increased in comparison with the previous year.

### 11.2.2 Denmark

In 2012 Denmark adopted a new law that fundamentally liberalised its gambling market. This piece of legislation divides the market into liberalised gambling activities (betting games and online casino games) and gambling activities operated under the state monopoly (lotteries, scratchcards, and bingo). The objective of this regulation was to create a favourable legal environment which will be attractive for both inland and foreign operators of online gambling while encouraging much of the gambling demand to stay within the regulated market and thus ensure the effective prevention of negative social phenomena. An application for the operation of gambling may be filed by a natural person above 21 or a legal entity with its registered office in Denmark or in a country of the European Economic Area (EEA – includes the EU, Norway, and Liechtenstein), or a legal entity based in a third country which is represented in Denmark by an authorised agent with residency in Denmark. The regulatory authority assesses the prospective licensee in terms of its professional, technical, and financial eligibility to operate betting games. There is no legal entitlement to the licence and it is granted for a period of five years. The operator is obliged to prove that the platform under licence is compliant with technological standards such as functionalities used to monitor dubious transactions (including fraudulent operations and money laundering), check players' accounts and separate them from the operator's accounts, prevent individuals under 18 from gambling, store all important data, and protect players' personal data. The operator must also be able to prove that the platform will make it possible to register only for such players whose identity will be effectively verified against registers maintained by some of the governmental institutions. It is further required that the platform is equipped with responsible gambling features, including a register of individuals who self-excluded themselves from gambling and betting, in order to follow the principles of the protection of consumers and prevention of negative phenomena.

In addition, a platform must be certified by an accredited company. The state supervision in Denmark is performed using a centralised information system for market monitoring featuring an offline architecture. Administered by the regulatory authority, this system is based on the evaluation of data downloaded on a regular basis from an operator repository, the so-called SAFE, using a distant access point. A SAFE data repository must be established by each operator. In addition, each operator is obliged to appoint a staff member who will assume responsibility for the control of the quality and safety of the platform. At the request of the regulatory authority, operators are required to provide the regulatory authority with the relevant data, to perform comprehensive tests of the platform, and report aggregate gaming and financial data annually.

### 11.2.3 France

In France the operation of any form of gambling is allowed within casinos, at carnivals, and under the state monopoly of the company *Française des Jeux* (national lottery and scratchcards). In France EGMs may be placed and operated in casinos only. Casinos are allowed exclusively in tourist destinations and spas. It is illegal to establish a gambling establishment other than a casino that is freely accessible to the public. The definition of free access to the public includes entry on the basis of a gambling club member's card. The representatives of French gambling operators have repeatedly attempted to initiate a review of the principle of the absolute ban on EGMs being placed outside casino premises.

Unique in Europe, this approach based on the absolute prohibition of the operation of EGMs outside casinos is becoming pointless, given the growing availability of online gambling, but also because of the approximately 6,000 EGMs that are located in France despite the statutory ban. This prohibition results in a reduction in tax revenues and an increase in criminal offending associated with illicit gambling. An amendment to the relevant legislation was proposed in 2001, but was not formally considered.

The above-cited legal regulation stipulates that each casino operating EGMs must employ staff to ensure sufficient supervision over the course of gambling. EGMs are placed in dedicated rooms and the rules of the game in French must be available to the players. The first play table in a casino is allowed to feature up to 50 EGMs, each additional table 25 EGMs. Each application for a gambling licence is preceded by an official audit, the initiation of which is made public in the community concerned, and citizens have the opportunity to express their standpoints. The audit is conducted by prefectures, which pass the information on to the Ministry of the Interior, which issues the licences. Earnings generated by the operation of casinos are subject to progressive taxation of 10-80%. Much of the tax is payable to the central government, while municipalities receive 10%. The tax assessment base may be reduced by 10% in the event that the operator sponsors public benefit activities in the community. The operators also pay local fees which amount to a maximum of 15% of their gross earnings. Another specific levy pertaining particularly to EGMs is the "general social insurance contribution" to the tune of 9.5% of gross earnings. Additionally, since 1996 the operation of all casino games has been charged a "national debt contribution" amounting to 3% of the gross earnings from the gambling operation.

### 11.2.4 Germany

Germany has also introduced a ban on the operation of games of chance and lotteries. The local legislation generally prohibits gambling, including its online alternatives. The exceptions are casinos, sports betting, and lotteries, which are reserved to the monopolies of the individual *Länder*. Recently the gambling market saw some liberalising tendencies as regards online sports betting, the operation of which is legally limited to a maximum of 20 licences. It remains illegal to operate online casinos or poker.

The regulation of the operation of EGMs in Germany is governed by Section 33c of the trading regulations, which stipulates that the operation of EGMs requires a special licence issued by the competent authority. The regulation of EGMs per se is accounted for in a subsequent directive. It provides that EGMs may only be operated in the following types of setting:

- restaurants and bars which serve beverages and food intended for immediate consumption or in accommodation facilities,
- gambling venues and similar establishments,
- licensed betting shops.

EGMs may not be operated:

- at traditional events or shooting festivals, on other similar cultural and social occasions, and in markets,

- › in spa colonnades and ice cream parlours,
- › in restaurants, bars, and accommodation facilities which are located near sports grounds, at sports stadiums, in dance schools, at swimming pools, in sports and youth organisations, and at youth hostels and other catering and accommodation facilities which by their nature may be visited by children and adolescents.

A maximum of three EGMs may be installed in special arrangements establishments. It is allowed to place one EGM per 12 m<sup>2</sup> in gambling venues and similar establishments, and the total number of these machines must not exceed 12. Gambling venues and similar establishments that serve alcohol may house not more than three EGMs. In addition, the directive requires the operator to have the rules of the game available for a player to consult. The operators of the EGMs themselves are not allowed to play the machines and must neither delegate playing EGMs to another person nor allow or tolerate EGM gambling by their employees.

The directive also forbids the operator to provide EGM players with any forms of benefits in relation to the size of stakes or wagers, such as free games and bonuses. An entity applying for a licence to operate EGMs must demonstrate that it has established a programme to prevent the social harm that may arise from the operation of EGMs. Finally, it lays down the terms for the duration of play, possible stake size, and the amounts of wins and losses.

According to the German law, earnings from the operation of EGMs are subject to turnover tax and profit tax. In addition, these earnings are also subject to regional taxation in the form of an "amusement industry tax" (with the exception of Bavaria).

### 11.2.5 Greece

In Greece the sole right to operate betting games and lotteries has long been vested in OPAP, a company in which the state holds a 34% share. It was the monopoly status of OPAP that was the subject of the proceedings of the Court of Justice of the European Union in the matters of *Stanleybet International* and *Sportingbet* (C-186/11 and C-209/11). The CJEU concluded that the legal regulation under consideration constituted a breach of the free movement of services or freedom of establishment, as it forbade providers established in another Member State to offer gambling on Greek territory. Nevertheless, it further investigated whether such a measure may be admissible in terms of derogating measures motivated by public order, public security, and public health or whether it may be, in line with the CJEU case law, justified by matters of pressing public interest, such as a reduction in the gambling supply and activities to counter crime. According to the Greek gambling supervision and control board, the annual volume of illicit betting has reached EUR 6 billion, of which EUR 1 billion has to do with fixed-odds betting. There is no specific data on the number of illicit EGMs in Greece. Interestingly, legal gambling activities are also worth a total of EUR 6 billion.

### 11.2.6 Hungary

As of 2 October 2012 Hungary imposed a ban on the operation of EGMs, with the exception of EGMs operated in four casinos. In addition, Hungarian nationals were forbidden to participate in online gambling activities provided by foreign web portals. In July 2013 the Hungarian Parliament passed a new gambling law which reintroduced the regulated market in casinos, fixed-odds betting, and lotteries. As an innovation, online casinos subject to 22.5% taxation will be permitted. Unlicensed foreign online casinos will be technically blocked in the territory of Hungary.

### 11.2.7 Italy

The Italian legal regulation of gambling and lotteries has seen major changes in recent years, from an absolute ban to the legalisation of some games, the operation of which is governed by pre-set terms and conditions. In 2006 Italy opened its gambling market, including that in online betting games, to operators from other EU Member States and the countries of the European Free Trade

Association. A licence can now be obtained to operate online casinos, poker tournaments, poker cash games, horse-race and sports betting, and bingo. Foreign operators that provide their services to Italian consumers without being licensed by the Italian authorities are considered illegal operators and their websites are blocked. The vast majority of these operators, however, have applied for Italian licences in recent years.

Regulation, including the licensing procedure and the performance of state supervision over the gambling market, falls within the remit of the organisation *Amministrazione autonoma dei monopoli di Stato (AAMS)*. A licence applicant must comply with a number of financial, technical, and social conditions which include the requirements for a registered office and technical support in the EU territory, experienced administrative staff, a minimum of two years' experience with the operation of gambling in Europe, and for specific technical standards of the platform, its safety, and stability. The number of licences is limited to 200.

The sector of betting games and lotteries is sheltered by a centralised IT system, *Totalizzatore*, operated by SOGEI, a state-owned company specialising in information systems in public administration, particularly in tax administration and gambling. The participants in the system are the national regulatory authority on the one hand and the individual operators, whose platforms are connected to the system online, on the other hand. *Totalizzatore* covers the entire Italian online gambling industry as an electronic system which is used to check and verify the public operation of gambling and makes it possible for authorised operators to market their gaming products in accordance with the legislation that is in effect. This fully automated system allows each betting session to be checked and verified in real time for its compliance with the applicable law before it is made accessible to players. The system makes it possible to identify winning bets immediately after the event under consideration has finished, including the payout.

In terms of state supervision, the *Totalizzatore* system allows comprehensive and effective control over all phases of the process – from the granting of the licence and the implementation of a gaming platform to the ongoing control and monitoring of the operation of betting games. Furthermore, it makes it possible to perform effective inspection of the tax revenues generated by the gambling industry as a whole for tax administration purposes, identify transactions that may raise a suspicion of fraudulent conduct or money laundering, check players' identities by means of external databases, and check that the operators' platforms work correctly. The drawback of the system is its high cost.

As EGMs are not considered gambling in Italy, the operation of such devices by private entities is thus not regarded as a criminal offence by the Italian criminal code. As a result, according to the law on internal security, the granting of a licence to operate electronic gaming machines is subjected to the same rules as, for example, the granting of a licence to run a hotel. However, the following terms and conditions stipulated by the Italian law on internal security must be met for the operation of EGMs by a private entity not to be considered a criminal offence:

- the outcome of a game must not depend on chance only, it must also involve players' skills,
- the game must be entertaining,
- a single gambling session must last a minimum of four seconds,
- the size of a wager must not exceed EUR 1 and the amount of prize money to be paid out by the EGMs in coins after the game is over must not exceed EUR 100.

The maximum number of EGMs that can be installed in the venues is prescribed by a directive of the Ministry of Economy and Finances. In the venues run by operators licensed by the AAMS, for example, it is permissible to install one EGM per five square metres, with the total number of EGMs not to exceed 24. In the event that the total area of the establishment is less than 40 m<sup>2</sup>, it can house a maximum of eight machines. Rough estimates suggest that there are 190,000 EGMs currently being operated in Italy.

Italy imposes a special tax on the operation of gambling at a flat rate of 3% of the wagers. No special levies aimed at reducing the social harm of gambling have been established in the country.

### 11.2.8 Malta

Malta was the first EU Member State to adopt legislation to regulate online gambling (in 2004). An independent body, the Lotteries and Gaming Authority (LGA), was appointed to supervise the entire gambling industry. It was commissioned to regulate and supervise the operation of gaming and lotteries, including EGMs, the national lottery, bingo, poker, sports and horse-race betting, charitable games, and online (remote) betting.

Malta's legislation makes it possible for any entity, including an overseas one, which complies with its statutory requirements to obtain a gambling operation licence. There are four classes of licences reserved for different categories of remote gaming and betting. The basic requirement for the granting of a licence is the physical presence of an authorised agent of the prospective licensee in Malta who will maintain communication between the regulatory authority and the licence holder. On behalf of the licensee, this person is responsible for compliance with the applicable gambling legislation, the terms of the licence, and tax obligations. As part of the licensing procedure, the applicant must demonstrate their financial and technical eligibility to operate online betting games and ability to implement gaming and control systems as required by the conditions of the licence, including features designed to prevent money laundering and cheating, to ensure the safety of players' accounts and the backup and storage of data, and to promote the concepts of responsible gambling. The entire system is subsequently certified by an independent auditor who checks that the platform complies with the statutory and licensing requirements.

The supervision is performed by means of a centralised information system intended to provide for the basic monitoring of remote gambling. All the operators' licensed platforms must be connected to the system. In comparison to the Italian *Totalizzatore*, this system is not connected to any external databases, does not keep a record of the tax revenues from the individual operators, does not check whether the data being monitored is correct, and cannot identify transactions raising a suspicion of money laundering or fraudulent conduct.

### 11.2.9 Norway

Norway is an example of a country which has introduced very strict regulation of the gambling market. Apart from some clearly designated exceptions, it completely bans the operation of betting games and lotteries on its territory.<sup>114</sup> The operation of sports betting, numerical lotteries, and horse-race betting is reserved to two Norwegian companies, *Norsk Tipping* and *Norsk Rikstoto*, which possess a monopoly for this segment of the market.<sup>115</sup> Any other lotteries may be run for charitable reasons only. Moreover, any advertising of such betting games and lotteries is prohibited. The Norwegian regulatory authority has not yet granted any licences for operating betting games on the internet. The above monopoly entities are authorised to operate online betting games, but only via mobile phones or tablets.

EGMs were banned in Norway in July 2007. 18 months later, in January 2009, IVTs were permitted. Players must register and obtain an access card to be able to use them.

### 11.2.10 Poland

According to the local law on gambling, in Poland EGMs may only be operated in casinos. The number of casinos that can be established within the territory of a single Polish municipality is restricted by legislation. Only one casino can exist in a municipality with a population of 250,000 or less. Other casinos can be established per each additional 250,000 inhabitants. However, the total number of casinos in a region must not exceed one casino per each 650,000 inhabitants in the region. Casinos may also be situated on board Polish ships and ferries, but only during the tourist

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<sup>114</sup> The regulation status as of 31 August 2013 is described here.

<sup>115</sup> The monopoly system is also used in other countries, e.g. Austria, Sweden, Finland, Portugal, and Greece.

season. They must not start operating until after 30 minutes following the departure and gambling must finish not later than 30 minutes before the ship or ferry arrives at its destination.

A licence to operate a casino is issued for a period of six years in Poland. Any joint-stock company applying for such a licence must have its shares held by a transfer agent. The competent authority to issue licences for the operation of casinos is the Ministry of Finance. Given the limit on the number of casinos that can exist in Polish municipalities, a situation may arise where more entities may seek the same licence, which, however, can only be granted to one applicant. In the event that all the licence applicants comply with the statutory conditions, the Ministry of Finance holds tender proceedings, on the basis of which it selects one of them. A licence to operate a casino may only be applied for by an entity whose assets were generated legally, which is not in arrears with any of its tax or customs duty liabilities, owes nothing on social and health insurance, and whose associates and shareholders have not been subjected to any legal or administrative action.

In Poland gambling is subject to a "gambling tax" which is a source of income for the national budget. The operation of EGM gambling comes under the 50% tax rate. There are no fees levied on the operation of EGMs in Poland. The duty to pay fees is determined only for gambling activities operated as part of the state monopoly. The fees that are collected are divided among three special allocation funds:

- administered by the Ministry of Sports, the physical education fund receives 77% of the income generated by gambling fees;
- the Ministry of Culture and National Heritage administers the cultural development fund, which receives 22% of the income collected on fees;
- 3% of the income generated by fees from gambling operated by the state go to the fund for the tackling of problems related to gambling addiction, which is administered by the Ministry of Health.

Since 2011 34 casinos have been licensed in Poland. These casinos are operated by three entities, the majority owner of which is the American company Century Casinos. The spread of illegal facilities, known as "internet kiosks", was recorded recently. In May 2013, the Polish police investigated 800 locations and apprehended members of an organised group of illicit operators of this network. Its annual profit was estimated at EUR 150 million.

### 11.2.11 Russia

With effect from 1 July 2009, Russia passed a law, Act No. 244, which permits the operation of betting games and lotteries exclusively in four geographical zones: Primorye and Yantary (both in the Kaliningrad area), the "Siberian Coin" gambling zone in the Altai region (Central Asia), and in Azov (a city by the Sea of Azov). According to this piece of legislation, Russian citizens are allowed to participate in gambling activities offered by foreign online portals without limitation. Since the law came into effect in July 2009, by 2012 the Russian public prosecutor's offices had closed down 28 thousand illicit gambling venues and 414 illicit casinos in Russia. The police have confiscated more than 450 thousand EGMs.

### 11.2.12 Slovakia

In Slovakia gambling is regulated by Act No. 171/2005 Coll., on gambling games (the Gambling Act). EGMs make it possible to deposit only 10 cents per game and payouts per game cannot exceed EUR 15. Each gambling activity must make it possible for the prize money to be paid out to the player in full immediately after the game is over. In addition, the Gambling Act stipulates the requirements which EGMs must comply with, including:

- the deposit must be realised by inserting a coin, banknote, or credit key,
- the values of deposits and prize money are automatically registered by means of built-in meters,

- an EGM can work only when the mechanical and electronic meters are connected simultaneously, and after the mechanical meter has been disconnected, the EGM must signal failure and must not accept other deposits or pay out prize money,
- an EGM has a built-in system allowing at least a double independent check of deposits and payouts,
- the time that elapses from the moment of a start-up to the end of a gambling game is at least four seconds; this does not apply to EGMs operated in casinos,
- the winning ratio, i.e. the ratio of the financial values of games won to the financial value of gambling games actually played, must not be lower than 70%,
- the time that elapses from the payout to the start-up of the next game must not be less than 15 seconds; this does not apply to EGMs operated in casinos.

Permits for EGMs are issued by municipal authorities, with the exception of EGMs in casinos and those operated in foreign currencies, where the licensing authority is the Ministry of Finance. An applicant must be a joint-stock company with registered shares. Operators of EGMs are obliged to contribute the amount of EUR 2,100 per machine and year to the national budget. The earnings generated by such contributions will be used to provide services for the general public benefit, particularly with respect to healthcare, social welfare, human and humanitarian services, the production, development, protection, and recovery of cultural heritage, support for art and cultural activities, education, awareness-raising, the development of sports, environmental protection, and public health.

Supervision over compliance with the Gambling Act is performed by the municipalities. Under conditions which are specifically laid down, a municipality can issue generally binding decrees that ban the operation of gambling within its territory. Such a decree must be effective throughout the entire territory of the municipality and must apply to all gambling activities specified in the Gambling Act. A municipality can issue such a decree if it receives support from at least 30% of the local citizens above 18 years of age in a petition procedure. An operator which obtained a licence prior to the decree is allowed to operate gambling games until such a licence expires.

### 11.2.13 Ukraine

Ukraine banned gambling and casinos in 2009. In February 2012 the Ukrainian Parliament passed a law which limits the civil rights of people diagnosed with pathological gambling, as has been the case with alcohol and drug addicts. In the event that a pathological gambler recovers from their addictive behaviour, the court may decide to restore the person's civil rights. Since 2012 there has been a debate in the Parliament about the legalisation of gambling after it was found that approximately 20% of Ukrainians engaged regularly in gambling activities and spent over 2 billion US dollars annually in illegal casinos.

### 11.2.14 United Kingdom

The Gambling Act of 2005 governs all types of gambling activities, including lotteries and online gambling. All gambling is forbidden unless operated by licensed operators. The United Kingdom recognises licences for the provision of online gambling and the advertising for such activities held by operators from the EEA countries, as well as Gibraltar, Alderney, the Isle of Man, Tasmania, and Antigua.

A licence to provide British customers with online gambling services can be obtained by any operator, regardless of its place of business, which complies with the legal, administrative, and technical (software) requirements. One licence is good for authorisations to operate multiple betting games. The Gambling Commission assesses the financial stability and integrity of the applicants and ensures their compliance with three essential licence conditions, which are eligibility to operate gambling free of any fraud or criminal activities, the assurance of gambling operations being transparent, and the protection of children, young people, and other vulnerable individuals against the negative influences of remote gambling.

The Gambling Commission as a national regulatory authority uses no centralised information system to monitor online gambling.



12

# 12 Case Studies of Pathological Gamblers in Outpatient Treatment

The following case studies originate from a qualitative study of gamblers (Roznerová, 2014b) (Luděk's case study) and from the clinical practice of the Elysium psychotherapeutic sanatorium operated by the *Sdružení Podané ruce* association in Brno (Licehammerová, 2013a) (the case studies of Ivana, Tomáš, Honza, and Karel).

## Honza

Honza (38), a cook, has engaged in fixed-odds betting since secondary school. In recent years he lost control over his betting, became indebted, and was left by his long-term partner. During the weeks following the break-up with his partner he became drunk several times. Honza was offered help by his sister; he could stay at her place. She assumed supervision of Honza's finances and insisted that he stopped betting, paid off his debts, and stayed away from alcohol. His debts amounted to CZK 100 thousand, 40 thousand of which he had borrowed from his relatives and friends. The balance was the money he owed to the health insurance company and the public transport company.

He was betting regularly while watching sports contests with friends in a pub. Betting on these brought him excitement, as well as the strengthening of his social ties. At the beginning of the treatment it was necessary to emphasise a patient and responsible attitude to paying off the debts and the gradual resumption of a normal daily rhythm and normal day-to-day life. In the course of time Honza found it unacceptable to live with his sister, as she was persistent in wanting him to stop watching sports completely and also abstain from alcohol. Not willing to yield to such demands, Honza moved in with a friend.

Honza finally found that he could do without making bets when watching sports contests. He could also reduce his consumption of alcohol when attending sports events. He managed to restore his relationship with his former partner, too.

## Ivana

Ivana (36) began to play slot machines with her ex-boyfriend, whom she had dated for about 10 years. Being an alcoholic, he encouraged her to gamble so that she would find something to do and not make him go home. Both were incurring increasing debts as a result of this lifestyle. The client left her boyfriend and began to earn money as a female escort and prostitute to cover her liabilities. She did well and became accustomed to a high income and to buying what she wanted. She did not pay off the debts, though. The impulse for her to seek help was the loss of a large amount received for her latest job, after which she wanted to quit prostitution.

Ivana's new partner knew where her money was coming from and wished that she would stop engaging in prostitution. When he learnt about her problems with slot machines, he offered to manage Ivana's money and said that she could stay at his place for free. Ivana returned to her original occupation.

Soon after she had started seeing her therapist, Ivana was subjected to a distraint order. During the therapeutic sessions it turned out that her partner displayed abusive behaviour towards her: he demanded sex from her on the grounds that he had it "pre-paid", the client had to ask him for money even for essential needs (such as food, personal hygiene products, and transportation), and when they had a row, he took all her money, keys, and cigarettes, arguing that they were not hers

but his. When she thought of leaving, he demanded money from her for rent, food, and other things that he had bought for her, claiming that what he was doing was good for Ivana. He threatened that if she left him, he would let her current employer know that she had made a living as a prostitute for some time. Therefore, domestic violence, in addition to problem gambling, was addressed during her cooperation with the therapist. The client's gambling and other problematic periods in her history were misused by her new partner to blackmail and manipulate her.

Clinical experience with the treatment of female gamblers shows that women were likely to start gambling with their ex-partners or work in settings where EGMs were present (e.g. as waitresses, cleaners, etc.).

### Karel

Karel (28) sought help after he had gambled away all his salary. He had played slot machines for about seven years; he generally spent CZK 1,000-5,000 per gambling session. He usually played three times a week. The longest period for which he managed to stay away from gambling was about two weeks, which was four years ago. He worked as a croupier. He played only occasionally at work, as the staff were not allowed to do so. He therefore usually played on the way home, early in the morning. He enjoyed playing. He considered it his hobby. He was attracted by the chance of winning; he liked the gambling settings and found playing relaxing. He usually played for from 30 minutes up to 1.5 hours, not necessarily wagering high amounts. He is married with two children. His wife knew about his gambling, but exerted no particular pressure on him to stop. He was not indebted.

Karel's gambling also used to be triggered by his being bored at work and watching clients at play on slot machines. Even after three months' involvement with the helping services he did not succeed in abstaining. When a craving occurred, he did not fight it, and he did not want any major changes. The topic discussed during the therapeutic sessions became his motivation to quit gambling. His response to the suggestion that he should change his job was initially negative: he had qualifications for no other job and, in addition, his current job paid well. Later on he agreed to the suggestion that he would start looking for a new job unless he managed to stay away from gambling for at least three weeks within the next three months.

### Luděk

Luděk (24) is a student in a master's degree programme at a private college. He also works for a marketing company. The beginning of Luděk's gambling problem dates back to his final year of secondary school, when he began to play poker with his schoolmates, at first for minor amounts, later for thousands of crowns. At that time Luděk regarded such gambling as harmless, but with hindsight, he realised that it could have contributed to his later problems. The environment – well-off fellow students at the private grammar school and a specific life period which he himself referred to as something of "late-onset puberty" – seemed to have played an important role in his transition from non-problem to problem gambling.

At the time he thought that he could earn money by playing poker. He continued playing with schoolmates and at home he had begun to play online poker even before turning 18. The frequency of his gambling was increasing ("exponentially" as he put it). Initially, he would bet amounts in the order of hundreds of crowns twice per week at a maximum. Later on the wagers were worth thousands. Several months later he began to place bets on sports contests, although he was not interested in sports. He got into betting on sports through advertisements posted on an online poker website. He switched to live betting because of its much faster outcomes (in comparison with that playing poker required patience, as it took some time to wait for the outcome). Within the last month of his gambling he had placed wagers especially on partial details of matches (e.g. the number of yellow cards issued).

After nine months of gambling, before Christmas, problems began to set in. At that time he had lost CZK 80 thousand and he had no money left in his account. Although Luděk recognised that

gambling was taking up much of his time and money, these losses had no major impact on his life, and, first and foremost, he did not neglect his personal relationships. Then there came a period which Luděk described as “getting off the leash” – he went clubbing (but spent far less there than his parents thought) and drank and smoked marijuana a lot with his friends.

The relationships in the family deteriorated. Luděk grew disrespectful towards his parents, which they initially associated with behaviour typical of the age he was at. Gambling had a negative impact on his relationships outside the family, too. He would not admit to himself that he had a gambling problem, attributing his arguments with his parents to the differences in their characters.

The degree of his problems escalated. Before long his own reasonably high income was not enough and Luděk began to borrow money, at first from banks; CZK 20,000 and CZK 5,000 on credit cards were soon gone. Problems in school occurred (his academic performance deteriorated and he neglected his school responsibilities). He failed to pass the school-leaving examination. A fee was required to retake the exam. He gambled away the money he had been given for this purpose (CZK 8,000). There was another loan from a friend (CZK 150,000) that he could not pay off.

Two years after he had begun gambling health problems occurred – insomnia, tiredness, bad complexion, etc. Luděk also claimed that gambling was responsible for the car accident he had, which he attributed to his craving for gambling. He could not concentrate on anything else but gambling. He was still not fully aware of the severity of his problem. He still believed that he would break the spell of bad luck and win everything back. After his parents had paid a debt of CZK 150,000 for him his income dropped dramatically, as he had to pay off the amount in instalments. Even with very little money, he continued gambling. He started seeking alternative sources of money. He sold a ring for a fragment of its real price and began to steal money from his parents. At first it was amounts in foreign currencies which his parents kept at home for their travels abroad. It therefore took them some time to find out that the money was gone. Although he wanted to return these “loans”, he unfortunately failed to do so. Later he stole money to the total tune of CZK 10,000 from his home.

After some time when, as he put it, he “played around with not more than a couple of hundred”, he arranged a loan with Provident, which he is still deeply ashamed of. At that time he began to fully realise his problem. He received both telephone and written reminders to pay the instalments, which he could not manage. Luděk’s parents were clear about him having a problem (they suspected drug addiction, though).

At the moment when his first instalment payable to Provident was due, the crisis reached its peak and he confessed his situation to his mother. They agreed on specialised outpatient treatment. After the first session he also shared his story with his father. His parents proceeded to introduce strict rules at home and put Luděk under constant control, which he eventually welcomed. He is still abstaining from gambling, as well as from alcohol and marijuana. Luděk’s gambling lasted less than three years. He estimated that he had lost a total of CZK 500 thousand.

### Tomáš

Tomáš (55) is diagnosed with schizophrenia. He started playing slot machines about 10 years ago when he was getting divorced. During three years he lost two flats as a result of his gambling. He gambled regularly, wagering high amounts, his entire salary for example. Then he spent three months in a psychiatric hospital. He stayed away from gambling for the next six years. Tomáš resumed gambling two years ago, after a friend of his asked him to show her how to play a slot machine. He made a wager, lost, and since then has been gambling again on a regular basis. He sought help at the request of his mother, with whom he lives, and of an organisation which provides him with social rehabilitation services.

Tomáš asserted that the money he had been losing was just some extra cash he had. In fact, however, he spent his disability pension on gambling. He contributed nothing to his mother for

rent and food, and she even bought him cigarettes. Tomáš regularly borrowed money for gambling from his friends.

Although at each appointment Tomáš agreed to the procedure proposed by his counsellor, he took no specific steps to stay away from gambling. Even a slow, illustrative, and very structured approach which tends to be successful with dual diagnosis clients was to no avail. At a certain point his mother decided to set boundaries for her son and demanded that if he did not enter treatment he would have to move out from her place. Tomáš was admitted to a psychiatric hospital. However, he had to leave there after a month because he left the hospital compound and went to a gambling venue. He did not inform any of the organisations he had been engaged with prior to his hospitalisation about having been discharged. Another attempt at treatment in another facility fell through after six months. Tomáš is not personally motivated to change his situation. His mother refuses to set strict boundaries for him and uses his illness as an excuse, but wants people around him to help him.





# Indexes

## Abbreviations

AA	Alcoholics Anonymous
AAMS	Amministrazione autonoma dei monopoli di Stato
APKURS	Association of Fixed-Odds Betting Operators
ATM	automated teller machine
CAPI	computer-aided personal interview
CAST	Cannabis Abuse Screening Test
CBT	cognitive behavioural therapy
CCTV	Closed-Circuit Television
CI	confidence interval
CIAR	Czech Institute for Addiction Research, a civic association
CJEU	Court of Justice of the European Union
CLS	central lottery system
COI	cost of illness
Coll.	Collection of Laws
CPGI	Canadian Problem Gambling Index
CSO	Czech Statistical Office
Department of Addictology	Department of Addictology, First Faculty of Medicine, Charles University in Prague and the General University Hospital in Prague
dg.	diagnosis
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (American Psychiatric Association)
EC	European Commission
EEA	European Economic Area (includes the EU, Norway, and Liechtenstein)
EGM	electronic gaming/gambling machine (refers to gaming technologies such as slot machines, video lottery terminals, and electromechanical roulette)
ESPAD	European School Survey on Alcohol and Other Drugs
EU	European Union
GA	Gamblers Anonymous
GCDPC	General Council for Drug Policy Coordination
GP	general practitioner
ICD-10	International Classification of Diseases, 10 <sup>th</sup> Revision

IVR	Interactive Voice Response
IVT	interactive video lottery terminal, also referred to as VLT
LGA	Lotteries and Gaming Authority
Lie/Bet scale	two-item Lie/Bet problem gambling screening test
LLS	local lottery system
MHI	Mental Health Inventory
National Focal Point	National Monitoring Centre for Drugs and Drug Addiction
NGO	non-governmental organisation
PAPI	Pen-and-Paper Interview
PGSI	Problem Gambling Severity Index
PMS	Probation and Mediation Service
RGIC	Responsible Gambling Information Centre
SECs	socially excluded communities
SMR	standardised mortality ratio
SOGS	South Oaks Gambling Screen
SOGS-R	Revised South Oaks Gambling Screen
SPELOS	Association of Operators of Central Lottery Systems
Survey among prisoners	Questionnaire Survey of Drug Use among People Serving a Prison Sentence (2012)
TEC	Treaty on European Communities
TFEU	Treaty on the Functioning of the European Union
UNASO	Amusement Industry Association
ÚZIS	Institute of Health Information and Statistics, Czech Republic
VLT	video lottery terminal, also referred to as IVT
WHO	World Health Organisation

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# Gambling in the Czech Republic, Its Correlates and Consequences

> This first analytical report on the prevalence of gambling in the Czech Republic and its social and health correlates and consequences was prepared by the National Monitoring Centre for Drugs and Addiction in the period from March 2013 to April 2014. The results of continuous monitoring will be published annually.

> The National Monitoring Centre for Drugs and Addiction (NMC) is a part of the Secretariat of the Government Council for Drug Policy Coordination, which is a permanent body of the Office of the Government of the Czech Republic. The Government Council for Drug Policy Coordination is a permanent advisory, initiating, and coordinating body of the Czech Republic Government, active in the sphere of integrated drug policy, targeting alcohol, tobacco and illicit drugs and pathological gambling, associated addictive disorders and other health and social correlates and consequences. NMC is a partner of the Reitox network that was established and supported by national governments of European countries with the objective to monitor the situation in the sphere of use of psychotropic substances, prepare documentation for evidence-based decision-making at the national and the European level, and evaluate efficiency of such actions. Reitox network is coordinated by the decentralized agency of the EU for drugs monitoring the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) based in Lisbon.

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