CONSUMER PROTECTION IN EUROPEAN ONLINE GAMBLING REGULATION

MONITORING GAMBLING ENGAGEMENT AND PROBLEM GAMBLING PREVALENCE WITHIN SELECTED EUROPEAN JURISDICTIONS.

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1. **SECTION I – INTRODUCTION**

   1.1. **Executive Summary / Key Findings**

   - Data for the purpose of this study was obtained from the relevant gambling authorities in 19 European countries (Austria, Belgium, Cyprus, Czech Republic, Denmark, Finland, Greece, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Portugal, Slovakia, Slovenia, Spain, Sweden, the United Kingdom). Additionally, responses for France were received from the French national gambling association (AFJEL) bringing the total number of jurisdictions included in this report to 20.

   - Data about gambling engagement and problem gambling prevalence levels are collected through regular, systematic, and nationally sponsored surveys in 12 jurisdictions (Austria, Cyprus, Czech Republic, Denmark, Finland, France, Greece, Malta, the Netherlands, Spain, Sweden, and the United Kingdom). National surveys are also carried out in other countries but not necessarily in a prescribed or regular manner. Such surveys are carried out in Belgium, Ireland, Italy, and Latvia.

   - Regular national regular surveys are carried out at various intervals. The most frequent surveys are carried out in the UK (quarterly) and in Czech Republic (annually) while Denmark has the longest interval of 5 years.

   - National surveys are administered using various methods. Gambling prevalence surveys or population-based gambling surveys are used in 7 jurisdictions (Austria, Cyprus, Denmark, Finland, Malta, the Netherlands, and Sweden) while Health Surveys are the preferred vehicle in France, Sweden, and the UK. In Great Britain the results from the Health Surveys are supplemented with results of quarterly telephone surveys carried out by the Gambling Commission. Czech Republic and Spain ask gambling-related questions in their broader health and lifestyle surveys.

   - The age range of surveyed population vary across jurisdictions. The minimum age to participate in the 'adult' surveys are 15 years old in Czech Republic, Finland and Spain, 16 years old in the UK and 18 years old in France, Greece, Italy, and Malta. The maximum age for inclusion is 64 years old in Spain, 74 years old in Finland and 75 years old in France. There is no upper limit in Italy and Malta.

   - 3 countries (Portugal, Slovakia, and Slovenia) estimate gambling engagement and problem gambling prevalence levels through reference to the number of registered players and through the number of players on the self-exclusion registers.

   - Levels of problem gambling are estimated from the surveys using a variety of screening tools. 4 jurisdictions (Czech Republic, Denmark, Finland, the UK) use two screening tools

with reference to the same survey. The most common screening tool is PGSI and has been adopted in 9 countries (Czech Republic, Denmark, Finland, France, Greece, Italy, Ireland, Sweden, the UK). Other screening tools used include NODS (Cyprus, Denmark), SOGS (Finland, the Netherlands), DSM-V – Belgium, DSM-IV – UK, GSI (abbreviated version) (Sweden), Lie/Bet Screen (Czech Republic), and a bespoke tool (Malta).

- Problem gambling is typically defined by reference to either IDC-10 or DSM criteria, or both.

- The only country with statutory list of gambling–related harm is Finland. However, all other countries reported high level of awareness of gambling–related harms among all relevant stakeholders.

- Reported gambling engagement for the period between 2015 – 2020 range from 32.9% (Czech Republic in 2016, including lotteries) to 80% (Finland in 2015, including lotteries).

- Reported levels of problem gambling range from 0.3% (Ireland in 2019/2020) to 6.4% (Latvia in 2019). However, existing divergences in survey methodologies, screening tools, survey timings and target age ranges make any meaningful comparisons between jurisdictions very difficult.

- This report recommends the creation of a pan-European, multi-jurisdictional gambling and problem gambling prevalence survey that would target the adult population across all European countries. Such a survey would need to adopt a common methodology that would be utilised in all jurisdictions at the same time and should be carried out with consistent intervals. It would enable meaningful comparisons and assessments of gambling engagement and problem gambling trends across Europe, foster more common understandings of problem gambling and its prevalence, and support more effective approaches to reducing problem gambling.

1.2. Background to the study

The gambling sector continues to remain a versatile business at the forefront of technological and marketing advancements. Historically, the regulation of gambling has seen a significant level of fluctuations that ranged from outright prohibitions, through to a myriad of regulatory restrictions of varying intensity, to the extensive use of gambling activity, especially lotteries, to generate state revenues in times of crisis[1]. Regulatory choices have typically been underpinned by balancing the desire to take advantage of gambling-related benefits with the need to protect the individuals and the

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[1] M Egerer, V Marionneau, J Nikkinen, Gambling Policies in European Welfare States: Current Challenges and Future Prospect, Edited Collection (2018) Palgrave Macmillan.

public from gambling-related harms. Over the last decade, within European countries, the regulatory trajectory has clearly favoured permitting gambling to operate as a legitimate industry which is subject to strict social responsibility measures intended to minimise gambling-related externalities. As of 1st October 2021, gambling, including online gambling, has been legalised in all EU Member States and while the overarching regimes continue to vary, there is no longer any EU country that formally prohibits any form of gambling either online or in land-based venues. This current position can be attributed to the generally accepted view that gambling prohibitions do not tend to prevent people from gambling and, as such, being exposed to gambling-related harms. Instead, legislation with strict controls is likely to protect customers in a more effective manner while at the same time producing substantial benefits to society, not only at the economic levels but also socially. Nonetheless, the risk of gambling related harms that can be suffered by individuals necessitates careful analysis and ongoing monitoring of problem gambling prevalence levels to ensure that any regulatory or legislative regime achieves the most optimum equilibrium that protects society without imposing unnecessary burdens on a legitimate industry.

Gambling-related condition was first recognised by the World Health Organisation in 1977 and has been included in the Statistical Classification of Diseases and Related Health Problems ICD-9 under the formal name of 'excessive gambling'.[2] This was followed by a formal recognition of 'pathological gambling' in 1980 when it was added for the first time to the American Psychiatric Association's Manual of Mental Disorder (DSM-III) and classified as an impulse control disorder.[3] Since then, medical, and technological advances provided further in-depth evidence of the nature of the disorder which led to its renaming and reclassification. In the current DSM-V classification, introduced in 2013, pathological gambling has been renamed as a gambling disorder and has been reclassified as belonging to behavioural addiction alongside other substance-based addiction, such as alcohol and drugs, rather than a category of impulse control disorders.[4] Since 1st of January 2022, the new ICD-11 also reclassified gambling addiction as a gambling disorder that is either predominantly online or predominantly offline and placed it in the chapter of Substance Use and Related Disorder.[5]

The need to protect public health and more specifically individuals who are, or may be, vulnerable to gambling-related harm is incorporated within the legislative and regulatory provisions of many European countries either expressly or implicitly. For example, Sweden provides in their

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[2] M Fauth-Buhler, K Mann, MN Potenza, 'Pathological gambling: a review of the neurobiological evidence relevant for its classification as an addictive disorder' 920170 22(4) Addict Biol (Jul) 885.

[3] R Ladouceur, M Walker, 'Adults: Clinical Formulation & Treatment' in Comprehensive Clinical Psychology, 1998.

[4] DSM-V classification.

[5] ICD-11 classification.

Gambling Act 2018; 1138 Chapter 3, par.1(3) that *'the business of gambling services providers shall be appropriate from a public perspective and conducted in a sound and secure manner under public control. This implies, among other things, … that the negative impact of gambling shall be limited'*.[6] In a similar manner, albeit slightly more directly, the Polish Gambling Act 2009 also provides that '*in order to ensure the protection of game participants against adverse effects of gambling, an entity exercising the monopoly in the scope of games on gambling machines shall be bound to implement the regulations of responsible gaming'*.[7] Also, in Malta, Chapter 583 of the Law of Malta, s.4(1) specifies that *'the governance and supervision of the gaming sector shall achieve the following main regulatory objectives… (d) to ensure that interest of minors and other vulnerable persons are adequately safeguarded'*. The German Draft Interstate Treaty 2021 started in its first paragraph that the objectives of the State Treaty were, with equal priority, *'(1) to prevent the occurrence of gaming and betting addiction and to create the precondition for an effective addiction control … (3) to ensure youth protection and player protection'*. Similarly, the English Gambling Act 2005 specifically lists the protection of children and other vulnerable people as one of their three licensing objectives.[8] Those examples demonstrate that regulatory choices, in addition to other variables, will typically be underpinned by the need to protect players from gambling-related harm, but it also implies that their actual effectiveness will also be monitored and evaluated at regular intervals. This is because the focus on social responsibility measures and other controls within a country's individual regulatory approach to gambling intends to mitigate the risks of individuals developing the types of mental illnesses referred to in the diagnostic manuals but those must be proportionate to the risks, should not impose unnecessary burdens and should be driven by a robust evidence base. This can only be achieved through regular evaluation and ongoing coherent assessment of gambling-related trends.

Research into gambling engagement and problem gambling prevalence levels globally has a long-standing history. Many prevalence studies have been carried out in many jurisdictions using nationally representative samples of populations and samples that were collected from within the community settings, or those that focused on specific subgroups of the populations. Those tend to include students, prisoners, athletes, and those who present themselves with gambling-related problems in clinical settings. These studies typically collect data that allow estimates to be made of the proportion of populations that engage in gambling overall, in specific forms of gambling and their socio-economic and demographic characteristics. They also typically provide details of the proportions of gamblers who display symptoms of problem gambling either in the previous 12 months preceding

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[6] Swedish Gambling Act 2018: 1138 Chapter 3, par.1(3) (translated).
[7] Polish Gambling Act 2009.
[8] Gambling Act 2005, s.1(c).

the survey or, more rarely, during their lifetime. Generated results typically then classify people as non-gamblers and players, and players are divided into non-risk gamblers, those who are at risk of problem gambling and those who already display symptoms of problem gambling that can be either moderate or severe.[9] Many of the research studies have also focused on the identification of specific characteristics (such as gender, socio-economic status, age, and others) that increase the risk of developing problem gambling and what types of interventions are, or are not, effective at minimising those risks. However, with only some notable exceptions, there appears to be a distinct lack of a co-ordinated international approach to the studies, and the intervals at which they are being carried out are not synchronised between different countries. In some countries, they are also rather sporadic. They are also carried out by different actors at different times with diverse sample sizes, only some of which are representative of the population. They also use varied methods and screening tools. Different actors include academic scholars, charitable and other voluntary associations, the gambling industry itself, and the regulatory bodies. Some are mandated by the state, while others are sponsored by research grants or industry fundings. While systematic views of available research are often carried out,[10] those tend to focus on publications in peer-reviewed academic journals and do not aim to identify individual jurisdictional approaches.

This exploratory fact-finding study aims to fill this gap by identifying regulatory approaches to measuring gambling engagement and problem gambling prevalence levels in selected European countries as reported by their national authorities.[11] It aims to identify which jurisdictions assess gambling engagement and the prevalence of problem gambling via systematic, nationally sponsored surveys and which countries rely on alternative methods to assess those aspects within their territory. It also intends to identify commonalities and differences and to encourage conversations about the need (or lack of it) of systematic and coherent approaches to the measurement of gambling engagement and problem gambling prevalence levels.

1.3. Terms of Reference

The European Gaming and Betting Association (EGBA) contracted City, University of London to undertake an exploratory fact-finding exercise to ascertain how European countries monitor gambling engagement and problem gambling prevalence within their jurisdictions. The study scope is to explore whether and how often jurisdictions carry out systematic, national surveys of gambling engagement

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[9] HJ Shaffer, MN Hall, V Bilt, 'Estimating the prevalence of disordered gambling behaviour in the US and Canada: A research synthesis' (1999) 89 American Journal of Public Health 1369.
[10] E.g, F Calado, M Griffiths, 'Problem Gambling Worldwide: An Update and Systematic Review of Empirical Research (2000-2015)' 2016) 5(4) Journal of Behavioural Addiction 592.
[11] As determined by geographical locations rather than membership of the European Union to include the United Kingdom.

and of problem gambling prevalence, the type of instrument used to collect this data, and the screening measure used to assess levels of problem gambling. In this study, the term problem gambling, is used as an umbrella term that includes problem gambling, pathological gambling, and gambling disorders. This is to aid clarity of presentation, but it must be noted that it does not fully represent the various jurisdictional approaches as countries describe their levels using different terminologies. The study also attempts to determine whether jurisdictions have adopted their own definitions of gambling related harms and, if so, whether those have been adjusted to accommodate any cultural differences that may exist within any given jurisdiction and whether any country has formally adopted an official definition of problem gambling. Furthermore, the study also collected and presents the most recent data, when available, on overall gambling engagement and problem gambling prevalence.

The findings illustrate responses from 20 European countries that include 19 EU Member States and the United Kingdom. Data included in this report has been provided by the gambling authorities from all the included countries except for France. Data for France was provided by the country's online gambling association (AFJEL) as the gambling authority formally declined to participate in the project. Responses from the national authorities were collected between the period of March 2021 and February 2022.

The author declares that outside the fee paid for this project, no other conflict of interest arises.

1.4. Methodology

The study was carried out between March 2021 and February 2022. It commenced at the same time as a jurisdictional study[12] that evaluated EU Member States' regulatory framework against the background of the Commission Recommendation 2014/478/EU. National authorities were asked to complete both surveys: regulatory and gambling engagement monitoring survey at the same time. The list of regulatory contacts was provided by the EGBA who also supported the collection of the data. Those included members of the relevant regulatory bodies or relevant officials (ministers or otherwise) who are responsible for gambling-related regulations. Respondents were asked to answer a brief set of questions that related to the methods their country's use to assess levels of problem gambling, whether their jurisdiction carries out systematic, national surveys of gambling engagement, and national problem gambling prevalence levels and their methodologies. It further asked whether

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[12] M Carran, Consumer Protection in EU Online Gambling Regulation: Review of the Implementation of Selected Provisions of the European Commission Recommendation 2014/478/EU across EU Member States (2021) EGBA

their country adopted an official definition of problem gambling and gambling-related harm and requested details of gambling engagement and problem gambling levels over the period of 2016 to 2020. They were also asked to comment whether the data allowed them to identify any specific trends in behaviours or levels of engagement or problem gambling. Responses were received from Austria, Belgium, Cyprus, Czech Republic, Denmark, Finland, Greece, Ireland, Malta, the Netherlands, Latvia, Lithuania, Spain, Slovakia, Slovenia, Italy, Portugal, the United Kingdom, and Sweden. Response from Ireland was only partial, but those details are also included in the report together with the data from the latest Irish results published in 2022 from the 2019-2020 National Drug and Alcohol Survey.[13] To obtain further responses, additional surveys were sent to national gambling associations in Europe. This stage generated a response for France that was suitable for inclusion. Responses were also received for Bulgaria and Romania but due to technical issues, those could not have been included in this report. In addition to the data collected from regulatory authorities, online doctrinal research was also carried out to identify systematic reviews of the current research into gambling engagement and problem gambling prevalence in Europe between 2015 and 2021. This research was carried out using Google Scholars, Web of Science, PubMet and City, University of London's online library. Details from the identified articles are included in the discussion, when relevant. As the study is exploratory in nature, only high-level broad details were collected and are represented in the findings.

1.5. Acknowledgement

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[13] Mongan D, Millar SR, Doyle A, Chakraborty S, and Galvin B (2022) Gambling in the Republic of Ireland: Results from the 2019-20 National Drug and Alcohol Survey. Dublin: Health Research Board; retrieved from https://www.drugsandalcohol.ie/35305 in February 2022.

2. **SECTION II – PROJECT FINDINGS IN DETAIL**

   2.1. **Gambling engagement and problem gambling measurement methods**

      2.1.1. **National prevalence studies 1998-2015 – findings from systematic research studies**

National and community-based prevalence surveys have been carried out globally and in several European jurisdictions from early stages. One of the first early prevalence study was identified to have taken place in the United States in 1975.[14] This study was carried out before the formal recognition of pathological gambling as an illness and the development of the approved screening tools. As such, it assessed the existence of problem gambling by comparing the participants' responses to 18 questions to answers that were previously given by 274 identified compulsive gamblers and based on reported betting patterns and overall observation recorded by the interviewer.[15]

Other systematic studies aimed to identify numbers and types of surveys carried out by jurisdictions worldwide. For example, within current EU Member States, Williams et al identified 19 prevalence studies that were carried out between 1998 and 2011. In Great Britain, Williams et al identified 3 surveys carried out during this period and those took place in 1999, 2007 and 2010[16] (see table below). An alternative systematic review was carried out by Calado and Griffiths on gambling and problem gambling levels between the year 2000 and 2015. They identified 31 number of studies from within EU Member States and 5 further studies that took place in Great Britain (see table below)[17] 19 studies measured past year gambling engagement, 6 studies measured lifetime gambling engagement, and 11 did not measure gambling engagement but only reported on problem gambling levels. From those studies, the lowest past year gambling engagement rate was reported in Czech Republic (at 25.5% in 2014) and the highest in Finland (at 78% in 2014). Among the studies that analysed lifetime gambling engagement, the lowest levels were reported in Cyprus (at 55% in 2012) and the highest in Sweden (at 65% in 2001).

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[14] RJ Williams, RA Volberg, RMG Stevens, 'The Population Prevalence of Problem Gambling: Methodological Influences, Standardized Rates, Jurisdictional Differences, and Worldwide Trends' (2012) – Report prepared for the Ontario Problem Gambling Research Centre & the Ontario Ministry of Health and Long-Term Care.
[15] Ibid, RJ Williams et al (2012).
[16] Ibid, RJ Williams et al (2012).
[17] F Calado, M Griffiths, 'Problem Gambling Worldwide: An Update and Systematic Review of Empirical Research (2000-2015)' (2016) 5(4) Journal of Behavioural Addiction 592.

Systematic surveys identified by Williams et[18] al between 1998 and 2011 in EU Member States and Great Britain		
Belgium	1	2006
Denmark	1	2005
Estonia	2	2004, 2006
Finland	3	2004, 2006, 2011
France	1	2010
Germany	5	2006, 2007, 2009, 2010, 2011
Hungary	1	2007
Italy	1	2008
Lithuania	1	2006
The Netherlands	1	2004
Sweden	2	1998, 2009
Great Britain	3	1997, 2007, 2010

Systematic surveys identified by Calado and Griffiths[19] between the 2011 and 2015 in EU Member States and Great Britain		
Austria	1	2011
Belgium	1	2006
Cyprus	1	2012
Czech Republic	1	2014
Denmark	2	2006, 2012
Estonia	2	2004, 2009
Finland	4	2003, 2007, 2013, 2014
France	2	2011, 2015
Germany	5	2007, 2008, 2008[20], 2011, 2015
Hungary	1	2012
Italy	2	2010, 2011
The Netherlands	3	2006, 2011, 2014

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[18] RJ Williams, RA Volberg, RMG Stevens, 'The Population Prevalence of Problem Gambling: Methodological Influences, Standardized Rates, Jurisdictional Differences, and Worldwide Trends' (2012) – Report prepared for the Ontario Problem Gambling Research Centre & the Ontario Ministry of Health and Long-Term Care.

[19] Ibid
[20] Another study carried out in the same year

Portugal	1	2009
Slovenia	2	2008, 2010
Spain	1	2004
Sweden	2	2001, 2014
Great Britain	5	2003, 2009, 2010, 2012, 2014

2.1.2. Jurisdictional approaches to measurements 2015/2016 – 2020

Of the 20 countries that responded to the survey carried out for the purpose of this project, 12 jurisdictions (Austria, Cyprus, Czech Republic, Denmark, Finland, France, Greece, Malta, The Netherlands, Spain, Sweden, and the United Kingdom) declared that they carry out systematic, national surveys of gambling engagement and problem gambling. Surveys are carried out in Czech Republic annually, every other year in Spain, every two years in Malta, Sweden and the United Kingdom, every 3 years in Cyprus, France and the Netherlands, every 4 years in Finland and Czech Republic (a separate national survey) and every 4 to 5 years in Austria. Denmark intends to have intervals of 5 years. Those intervals, however, remain in flux and are subject to amendments and alterations. In Denmark, there were two previous surveys that were carried out in 2005 and in 2016 but from 2022 the Danish Gambling Authority plans to introduce regular prevalence surveys to take place every five years. The approach in France is also currently in the transitional stage and, up to the year 2020, periodical surveys were carried out by the public body in charge of gambling-related research, Observatoire de Jeux (ODJ). However, this organisation has been dissolved and its role has been transferred to OFDT (the French Monitoring Centre for Drugs and Drug Addiction). The new responsible body may continue with existing methods of measurements or may choose to introduce a new system. Greece carried out its first quantitative study about the features and players' and non-players behaviour only as recently as in 2020. In Spain, the national EDADES survey on drug addiction has been carried out for a long time but questions on gambling were added only in 2019. Previously Spain's gambling engagement was measured in 2015 and 2017 via specific studies that were commissioned by its Directorate General for the regulation of gambling. Czech Republic carries out three separate surveys. Two of those are taking place annually since 2012 as part of their omnibus studies and one is carried out every four years as part of their large-scale household survey on substance and addictive behaviours since 2008. However, questions on gambling have only been introduced to this survey also in 2012. Sweden carried out its National Public Health Survey annually until 2016 when the interval was changed to every second year, but it also undertakes a second survey, Swelogs, which is carried out on special assignment from the government. In the United Kingdom,

bespoke gambling prevalence studies that were carried out up to 2010 were also discontinued and replaced with gambling-related questions being included in the Health Surveys for England, Wales, and Scotland. However, in the UK, the health surveys are also supplemented by quarterly telephone interviews that are carried out by the Gambling Commission with a representative sample of population but using an abbreviated PGSI screening tool. Only Finland appears to have a stable reporting system in place that has been established for some time and one that continues in its original form up to the current date. Interestingly, Cyprus is the only country that specified a requirement to carry out prevalence studies as prescribed directly by the legislature in their Betting Law of 2019. This law imposes a duty on the National Betting Authority (NBA) to '*amongst others, prepare studies at regular intervals, to consult the citizens on the impact of betting on young people, vulnerable groups, and the general public, and to frequently submit recommendations to the competent authority regarding the measures to be taken for the protection of young people, vulnerable groups and the general public from gambling addiction*'.

The vehicle through which the surveys are administered, and the target population varies. Specific gambling prevalence or population-based gambling surveys on gambling behaviours and attitudes towards gambling are used in Austria, Cyprus, Denmark, Finland, Malta, the Netherlands, and Sweden. Health Surveys are utilised in France, Sweden, and the UK. Czech Republic and Spain ask gambling-related questions in their health and lifestyle surveys. The surveyed population also varies between different jurisdictions in the context of who is considered 'an adult'.[21] Greece and Malta targets individuals aged 18 years old and over; in Czech Republic, the target group is anyone over the age of 15 years old and in the UK, the Health Survey for England targets those who are over the age of 16. In Finland, the targeted age group is 15 to 74 years old; in France 18 to 75 years old and in Spain 15 to 64 years old.

In the remaining 8 jurisdictions (Belgium, Italy, Ireland, Latvia, Lithuania, Portugal, Slovakia, and Slovenia) no systematic surveys are undertaken, or they are not nationally driven. This does not mean that no surveys are carried out as demonstrated by the systematic reviews discussed in the previous section but those may be undertaken on an ad-hoc basis and are not necessarily coordinated or mandated by the regulator or relevant governmental department. For example, in Belgium, prevalence studies are not systematic, but they are still carried out and take place more frequently than in some of the countries that reported systematic use of surveys. The most recent Belgian studies includes a public health survey that was carried out in 2018 by the federal research centre linked to the Belgian Ministry of Health on the practice of games of chance, including lotteries, and on the risk

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[21] Separate gambling prevalence surveys are carried out for children and young people in several of the European countries.

of addiction, in the Belgian population (Sciensano). Moreover, the Belgian Higher Health Council also supported another study in 2018 that was carried out by VAD (Flemish Expertise Centre) that assessed gambling participation rates in Flemish people, aged 15 and over, who have taken part in gambling at least once in the past 12 months and on the risk of dependence linked to the practice of games or chance. In Italy, it is the Ministry of Health that is responsible for government policies relating to problem gambling. The Italian New Customs and Monopolies Agency (ADM) carried out epidemiological project between 2016 and 2019 to identify the proportion of players and non-players within Italian population as well as to measure prevalence of problem gambling. Also, in Latvia, a study on 'process dependence (gambling, social media, video games) and risk factors affecting it among the population of Latvia' was carried out in 2019 for the first time. Previously, gambling engagement and problem gambling levels were assessed by the Market and Public Opinion Research Centre in their 'Attitudes towards gambling among Latvian population' that were most recently carried out in 2016 and 2019. Also, more recently in Latvia, the Ministry of Health has started the process of commissioning a study to better understand the risk factors in different processed dependencies. In Austria, the government is currently working on the implementation of the base study on the development of broad epidemic monitoring systems in this context. In Ireland, a recent project was also carried out between 2019 and 2020 which aimed to identify '*1) trends in the gambling industry and gambling behaviour, 2) conceptual and empirical evidence on harmful gambling, and 3) responses to gambling harms and emerging best practice*'.[22] Also in Ireland, the National Drug and Alcohol Survey included gambling-related questions for the first time in 2014-2015 survey and in the most recent survey that was carried out in 2019-2020.[23] In Portugal gambling engagement is estimated by reference to the number of registered players.

Table A – Methods used to measure gambling engagement

	Systematic surveys of gambling engagement?	Last survey	Measurement intervals	Measurement vehicle
Austria	Yes		Every 4 to 5 years	General Population survey/ questions integrated in a substance addiction survey
Belgium	No	2018	n/a	Health Survey
Cyprus	Yes	2018	Every 3 years	Gambling Prevalence Survey
Czech Republic	Yes (15+)	2020	Annually Every 4 years since 2008	Citizen Survey and Prevalence of drug use in Population survey (Omnibus) National Survey on Substance Use

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[22] A Kerr, J O'Brennan, L Vazequez Mendoza, 'Gambling Trends, Harms and Responses: Ireland in the International Context' (2021), available at https://www.drugsandalcohol.ie/33982, last retrieved in November 2021.
[23] D Mongan, SR Millar, A Doyle, S Chakraborty, B Galvin, 'Gambling in the Republic of Ireland: Results from the 2019-2020 National Drug and Alcohol Survey' 2022.

Denmark	Yes	2016	Every 5 years	Gambling Prevalence Survey
Finland	Yes (15-74 years old)	2019	Every 4 years since 2003	Population Based Gambling Survey
France	Yes (18 – 75 years old)	2019	Every 3 years	Health Survey (Health Barometer)
Greece	Yes (from 2020) (18+)	2020	Unknown	Panhellenic Quantitative Survey about the Features and Players' and Non-Players' Behaviour
Ireland	Unknown	2020	Unknown	National Drug and Alcohol Survey
Italy	Not systematic. ISS survey (18+)	2019	No	ADM Epidemiological Gambling Study
Latvia	No	n/a	n/a	n/a
Lithuania	No	n/a	n/a	n/a
Malta	Yes	n/a	Every two years	Population Based Gambling Survey
The Netherlands	Yes	2021	Every three years	Gambling Prevalence Survey
Portugal	No	n/a	n/a	n/a
Slovakia	No	n/a	n/a	n/a
Spain	Yes (15-64 years old inclusive), household population only (EDADES)[24]	2019	Every two years	Field interviews
Sweden	Yes (two methods)		National Public Health Survey (every two years); Swelogs – around every two years	Health Survey Gambling Survey
UK	Yes – two methods	2018 2021	Every two years Quarterly	Health Surveys Gambling Commission's telephone interviews.

2.1.3. Problem gambling screening tools and identification of gambling-related harms

The current definitions of gambling disorder and pathological gambling are contained in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorder and in the World Health Organisation IDC-11. Gambling disorder is defined in DSM-V as "*persistent and recurrent problematic behaviour leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period: a) needs to gamble with increasing amounts of money in order to achieve the desired excitement, b) is restless or irritable when attempting to cut down or stop gambling; c) has made repeated unsuccessful efforts to cut down or stop gambling, d) is often pre-occupied with gambling (e.g., having persistent thoughts of relieving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble, e) often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed), f) after losing money gambling, often returns another day to get even (chasing one's losses), g) lies to conceal the extent of involvement with gambling, h) has jeopardised or lost a significant relationship, job or educational or career opportunity because of gambling, i) relies on others to provide money to relieve desperate financial situations caused by gambling and B) the*

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[24] In 2019 questions on gambling were added. Previously, it was measured in 2015 and 2017 via specific studies commissioned by the Directorate General for the regulation of gambling.

gambling behaviour is not better explained by a manic episode".[25] Such gambling disorder is then divided depending on the severity into mild, moderate, and severe. Mild illness is diagnosed when a gambler endorses 4 to 5 of the above criteria, moderate 6 to 7 and severe 8-9.[26] In the alternative, gambling disorder is defined in IDC-11 as follows: "*gambling disorder is characterised by a pattern of persistent or recurrent gambling behaviour, which may be online (i.e., over the internet) or offline, manifested by: 1. impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context); 2. increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and 3. continuation or escalation of gambling despite the occurrence of negative consequences. The pattern of gambling behaviour may be continuous or episodic and recurrent. The pattern of gambling behaviour results in significant distress or in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The gambling behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe*".[27]

In addition to the above clinical terms, gambling-related research often refers to the term 'problem gambling' that originated from within the Problem Gambling Severity Index (PGSI).[28] However, over time, the term problem gambling has become more a term of art that has been and is used in a variety of context with slightly different meanings depending on the usage. Broadly, it is used to describe individuals who are experiencing some adverse consequences as a result of gambling but do not meet the criteria for a diagnosis of pathological gambling'[29] but the list of potential negative consequences that may be included is not specifically determined and even if the lists exist, those are not exhaustive.

Several screening tools have been developed to assist medical professionals with their diagnosis of gambling-related mental illnesses and to assess levels of problematic gambling in populations and individually. Globally, the most recognised and used screening tools are:

- CPGI – Canadian Problem Gambling Index
- PGSI – Sub-scale of the Canadian Problem Gambling Index of 9 items specific for problem gambling[30]
- DSM – Diagnostic and Statistical Manual of Mental Disorder (current version DSM-V)

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[25] DSM-V 2013.
[26] DSM-V 2013.
[27] IDC – 11, introduced from 1st January 2022.
[28] Ferris & Wynne, 2001.
[29] International Centre for Responsible Gambling.
[30] Ferris & Wynne, 2001.

- o DIS – Diagnostic Interview Schedule[31]
- o CIDI – Composite International Diagnostic Instrument developed for the World Health Organisation in 1990
- o DIGS – Diagnostic Interview for Gambling Severity[32]
- o DSM-IV-MR / SMD-IV Multiple Responses (Fisher Screen)[33]
- NODS – National Opinion Research Centre DSM Screen for Gambling Problems[34] (rapid version: NODS-Clip (Control, Lying and Preoccupation)[35]
- GA20 – Gamblers' Anonymous 20 questions
- Lie / Bet Scale[36]
- PPGM – Problem and Pathological Gambling Measure[37]
- SOGS – South Oaks Gambling Screen[38]
- VGS – Victorian Gambling Screen[39]

Each of the above screening tools represents a slightly different measure and some have been devised to be used mainly in clinical settings while others have been developed for the purpose of screening the general population in population-based surveys. The result of differences in methodology, types and nature of the question asked, and emphasis, is that they produce different estimates of problem gambling and their severity and have different levels of false positives and false negatives as well as different confidence intervals and reliability status. Those variations mean that, while the national surveys provide valuable insights to problem gambling prevalence at national level, in the absence of, for example, some form of standardisation exercise,[40] it is difficult to compare or draw meaningful conclusions from the results of national surveys that utilise different screening tools.

The current position among the surveyed countries closely demonstrates the difficulty of comparing different national problem gambling rates as there is no common screening tool that has been consistently adopted across all jurisdictions in their national surveys. Even within individual

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[31] Robins et al, 1981.
[32] Winder, Specker, & Stin.
[33] Fisher, 2000.
[34] Gertein et al, 1999.
[35] M Toce-Gerstein, DR Gerstein, RA Volberg, 'The NODS0-Clip: A rapid Screen for Adults Pathological and Problem gambling' (2009) 25(4) Journal of Gambling Studies 541.
[36] Johnson et al, 1997.
[37] Williams & Volberg, 2010.
[38] Lesieur & Blume, 1987.
[39] Wenzel et al, 2004.
[40] One of those exercises have been carried out in the study by RJ Williams, RA Volberg, RMG Stevens, 'The Population Prevalence of Problem Gambling: Methodological Influences, Standardized Rates, Jurisdictional Differences, and Worldwide Trends' (2012) – Report prepared for the Ontario Problem Gambling Research Centre & the Ontario Ministry of Health and Long-Term Care.

jurisdictions different surveys may use different screening tools (e.g., Belgium, Sweden). 4 countries (Denmark, Czech Republic, Finland, and the UK) declared that they use two screening measures to identify levels of problem gambling in the same survey and using the same population samples. The screening measure that appears to be the most popular among the jurisdictions evaluated in this project remains the PGSI (Problem Gambling Severity Index). This has been adopted in 9 countries (Czech Republic, Denmark, Finland, France, Greece, Italy, Ireland, Sweden, the UK). However, other countries adopt other measures. NODS is used in Cyprus (NAAC) and Denmark; SOGS in Finland and the Netherlands, DSM-V is used in Belgium (VAD) and Spain, and the UK still uses DSM-IV and abbreviated PGSI version in their telephone interviews. In the Czech Republic the annual omnibus survey relies on Lie/Bet tests and the National Public Health Survey of Sweden uses an abbreviated version of the PGSI screening tool. Malta uses a bespoke screening measure. In Malta, the following questions are asked to capture any adverse effects that gambling had on the respondents' lifestyle – "*Did you refrain from certain things in order to gamble? Did you gamble for monetary prizes in an effort to solve a financial problem which you had? Did you gamble for monetary prizes in an effort to forget problems which you had or which you have? Did you feel that you have an excessive gambling problem? If yes – did you ever consider stopping gambling activity? – Did you try to find help to stop playing? Did you ever borrow money to gamble (if yes, how much)? Did you ever exchange or sell some things to gamble? Did you ever gamble more than you can afford for monetary prizes? Did gambling for monetary prize cause you financial hardship? And did gambling for monetary prizes cause problems in your family?*"[41] Slovakia, Slovenia and Portugal assess levels of problem gambling by reference to the number of customers on the self-exclusion registers and do not use any specific screening tools.

Table B – Problem gambling screening tools

	Problem gambling screening tool used in national surveys
Austria	Unknown
Belgium	VAD – DSM-V
Cyprus	NBA – NODS NAAC – unknown
Czech Republic	Omnibus survey on prevalence of gambling – Lie/Bet National Survey on Substance Use – Lie / Bet & PGSI (both measures in the same survey)
Denmark	NODS & PGSI
Finland	SOGS PGSI from 2011 (both measures in the same survey)
France	CGPI (PGSI)
Greece	PGSI (last year)
Ireland	PGSI (2019/2020)
Italy	PGSI (last year)
Latvia	n/a

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[41] Translated from Maltese by the national gambling regulator.

Lithuania	n/a
The Netherlands	SOGS
Malta	Bespoke screening tool
Portugal	n/a
Slovakia	n/a
Slovenia	n/a
Spain	DSM-V
Sweden	PGSI / Abbreviated PGSI
UK	PGSI / DSM-IV (both measures in the same survey)
	Abbreviated PGSI (telephone interviews)

With regards to the definitions of problem gambling, several countries declared that they officially adopt the definitions provided by the World Health Organisation (IDC-10) or by the Diagnostic and Statistical Manual of Mental Disorders (DSM), or both. This is the position in Austria (both), Czech Republic (both, DSM-IV and IDC-10), Denmark, Slovakia, Italy, and Latvia (WHO IDC – 10).[42] Finland and the Netherlands use the term 'problem gambling' in accordance with the SOGS and PGSI classification, i.e., "*problem gambling is identified in any individual who endorses 3 points or more on the SOGS scale or 8 points or more on the PGSI scale*". In Italy, the WHO definition is embedded in law in Art.5(2) of the decree n. 158 2012 09 13 and in Slovenia pathological gambling is formally recognised as a disease through the statutory provision that declare that addiction treatment must be free and must be included in the compulsory health insurance. In Lithuania, pathological gambling is also defined in the statute in the definition section of the Republic of Lithuania Gaming Law 2001 (as amended) IX-325 as follows: "*pathological gaming means a persons' mental disorder which is characterised by frequent and recurrent urge to game, when a person became addicted, gives up his social, materials, labour, family values and commitments, and which can be diagnosed by health care institution specialist*".[43] In Greece, problem gambling is officially defined as '*a game activity which is characterised by a lack of players' control with the main indicators being high frequency of participation, high amount of money spends and long period of gambling duration'.*[44] In the UK, problem gambling is defined as '*gambling that is carried out to a degree that compromises, disrupts or damages family, personal or recreational pursuits'*[45] and in Sweden as '*difficulties controlling time and money spend on gambling which leads to negative consequences*'.[46] In jurisdictions that did not formally adopt any specific definitions, problem gambling is identified by different methods. In Malta, no official definition of problem gambling exists but there is a definition of persons deemed to be

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[42] As the surveys were collected primarily during 2021, IDC-11 was not yet in force and would have been unlikely to be referred to formally yet. However, countries that adopted IDC-10 definitions are likely now to adopt IDC-11 one.
[43] The Republic of Lithuania Gaming Law 2001 IX – 325.
[44] Jurisdictional response.
[45] Jurisdictional response.
[46] Jurisdictional response.

vulnerable. This is contained in the Maltese Gaming Regulation (S.L.583.04). Vulnerable people are characterised as *'any person who is known to have a gambling problem, any person whose social circumstances may make him or her more susceptible to problem gambling, or any person who, by virtue of a defect in the capacity of will and understanding, is rendered more susceptible to problem gambling, and this shall include players who are undergoing a period of self-exclusion, person who have been diagnosed by medical professionals as being pathological or otherwise problem gamblers, persons who are currently seeking treatment for problem gambling and persons under the influence of alcohol or drugs'.*[47] In Cyprus, in the NBA's surveys, the term problem gambling and pathological gambling are used interchangeably but their NAAC surveys use DSM-V definition.

No jurisdiction that responded to the survey, except Finland, has an official list of what is classified as a gambling-related harm but mental health professionals and other relevant stakeholders in all countries are aware of the many different negative consequences that gambling may cause. In Finland, gambling-related harms are broadly defined in the Finnish Lotteries Act as health, social and financial harms.

Table C – Problem gambling definitions

	Official definition of problem gambling?	Definitions used	Official list of gambling-related harms?
Austria	Yes	ICD-10 and DSM	Refers to ICD and DSM
Belgium	No	The opinion of the Higher Health Council refers to the definition of gambling disorder contained in the DSM-V	No
Cyprus	Partial	No legal definition of what constitutes problem gambling neither in the Betting law nor in the NAAC's Law. The NBA's surveys, the terms problem gambling and pathological gambling are used interchangeably. However, the NAAC uses the definition that is described in the DSM-V as gambling disorder.	No
Czech Republic	Yes	Problem (or pathological) gambling is in general defined on the basis of ICD-10 and DSM-IV coding.	No
Denmark	Yes	Adopted WHO definition (ICD-10)	No
Finland	Yes	Based on the gambling surveys we use the term problem gambling when the SOGS results in 3 points or more and when PGSI measure results 8 points or more.	Yes - Health, social and financial harm – Finnish Lotteries Act
France	Unknown	Helpline definition - "Some people have a more complex relationship with gambling and may find themselves in difficulty because of their gambling. These are so called 'problem gamblers'. Among problem gamblers, a distinction can be made between 'at risk' gamblers and pathological (or excessive) gamblers. The former have a practice that can lead to negative consequences that are nevertheless moderate. The others have a practice that leads to a real dependence on gambling, associated with serious consequences, particularly financial and relational.	Unknown
Greece	Yes	Problem Gambling is officially defined as the game activity which is characterised by a lack of players' control. The main indications of problem gambling are the high frequency of participation, the high amounts of money	No

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[47] Jurisdictional response.

		spent and the long period of time that the player dedicates in order to gamble.	
Ireland	Unknown	Unknown	Unknown
Italy	Yes	IDC-10 definition – included in decree 158 2012 09 13 Art.5, 2	No
Latvia	No (no specific)	Problem gambling is included in diagnosis F63.0 of pathological gambling. As such it is treated the same as gambling addiction.	No
Lithuania	Yes	Pathological gambling is defined in the definition section of the Republic of Lithuania Gaming Law 2001 (amended) IX-325 as 'pathological gaming means a persons' mental disorder, which is characterized by frequent and recurrent urge to game, when a person becomes addicted, gives up his social, material, labour, family values and commitments, and which can be diagnosed by health care institution specialists.	No
The Netherlands	No	No specific definition is used other than those utilised in the screening measures. Until 2015, statistics for mental health treatments were collected but those stopped in 2015 due to GDPR requirements. From 2021 collection of annual treatment data is being reintroduced.	No
Malta	No	No official definition of the term problem gambling, however, the Gaming Regulation (S.L.583.04) defines vulnerable persons as 'any person who is known to have a gambling problem, any person whose social circumstances may make him or her more susceptible to problem gambling, or any person who, by virtue of a defect in the capacity of will and understanding, is rendered more susceptible to problem gambling, and this shall include players who are undergoing a period of self-exclusion, person who have been diagnosed by medical professionals as being pathological or otherwise problem gamblers, persons who are currently seeking treatment for problem gambling and persons under the influence of alcohol or drugs'.	No
Portugal	No	n/a	No
Slovakia	Yes	MKCH-10-SK as F63.0 – habit and impulse disorders – problems related to life difficulties. The disorder consists of frequent repeated episodes of gambling that control the affected person's life to the detriment of social, professional, material and family values and commitments.	No
Slovenia	No	The strategy for the development of games of chance in the Republic of Slovenia, adopted by the government states: "Pathological gambling addiction is a disease, so addiction treatment must be free and included in compulsory health insurance".	No
Spain	No	n/a	No
Sweden	Yes	Definition used by the Public Health Agency: difficulties in controlling time and money spent on gambling which leads to negative consequences.	No
UK	Yes	Problem gambling that is carried out to a degree that compromises, disrupts, or damages family, personal or recreational pursuits.	No[48] –

2.1.4. Reported problem gambling prevalence rates (non-standardized)

The final question on the survey asked respondents to indicate the levels of gambling engagement and problem gambling prevalence rates in their respective jurisdictions. Those are included for informational purposes only as no comparisons can be carried out due to the substantive differences in the surveys' methodologies, screening tools used, population samples and years in which the surveys were carried out. The data is presented in the tables below.

Only very few jurisdictions commented on any trends that may be identified from the data. In Denmark, there seem to be a continuous rise in the number of registered persons in the self-exclusion register ROFUS. However, it is not possible to attribute this to an actual increase in problematic gambling behaviour as it may have resulted from better awareness of the self-exclusion scheme

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[48] Current research to create an official list of gambling-related harms in currently ongoing.

because of the Danish regulator's promotional initiatives in this area. A growth in self-exclusion numbers has also been seen in Slovenia except during the Covid–19 pandemic where the closure of land-based gambling venues reduced the number of players overall. Both Finland and Sweden reported a decrease of at-risk gambling but not in problem gambling overall. In Finland, there has been a 13% increase of online gambling participation between 2015 and 2019 and in Sweden, the overall participation is decreasing but not the overall volume of money that is spent on gambling. The Netherlands has seen a significant growth in sport betting. Portugal reported that the number of self-excluded players remains stable between 2% and 3% of the total number of registered players even though the absolute player numbers have increased. The UK also reported a stable level of both gambling engagement and problem gambling levels and in Czech Republic, there seems to be a gradual increase of overall players but not of problem gambling levels. Czech Republic is also the only jurisdiction included in this report that uses the Lie/Bet screening scale in their Vyzkum Obcanu (Citizen Survey) and in the Prevalence Uzivani Drog (Prevalence of Drug Use in the Population) surveys. Using this screening tool, the levels of problem gambling was identified in the Vykum Obcanu survey as 1.9% in 2017; 1.8% in 2018, 1.6% in 2019 and 2.6% in 2020 and in the Narodni Vyzkum 2.4% in both years of 2016 and 2020. The screening tools in the Narodni Vyzkum include the PGSI and those details are included in the table below.

Table D - Gambling engagement rates

	Including Lotteries						Excluding Lotteries					
	2015	2016	2017	2018	2019	2020	2015	2016	2017	2018	2019	2020
Austria	41% (last 12 months) 26.5% (last 30 days)	-	-	-	-	-	n/a	-	-	-	-	-
Belgium				30.8% (Sciensano)[49] 32% VAD[50]	-	-	-	-	-	-	-	-
Cyprus	-	-	-	-	-	-	-	-	-	-	-	-
Czech Republic	-	32.9%	38.9%	39.8%	43.3%	35.4%	-	14.1%	13.5%	11.8%	15.0%	11.1%
Denmark	-	63%	-	-	-	-	-	-	-	-	-	-
Estonia												
Finland	80% (m-85%, f-75.1%)[51]	-	-	-	78.4% (m-82.2%, f – 74.5%)	-	Lottery gambling – 63.6%		n/a	n/a	Lottery gambling 69.1%	n/a
France	57.2% (2014)	-	-	-	47.2%	-	-	-	-	-	-	-
Greece	-	-	-	-	-	75%	-	-	-	-	-	n/a
Ireland	-	-	-	-	49%	-	-	-	-	-	20.2%	-
Italy	-	-	-	-	36.4%	-	-	-	-	-	-	-
Latvia	-	36%[52]	-	-	50%	-	-	10%[53]	-	-	19.7%	-
Lithuania	-	-	-	-	-	-	-	-	-	-	-	-
Malta	-	-	52.8%[54]	-	-	-	-	-	-	-	-	-

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[49] Sciensano's study covers the entire Belgian population.

[50] VAD study covers the Flemish population in Belgium.

[51] 12-month gambling prevalence.

[52] Based on attitudes towards gambling among Latvian population" by SKDS (market and public opinion research center).

[53] Based on attitudes toward gambling among Latvia population" by SKDS (market and public opinion research centrer).

[54] Gambling and gaming.

The Netherlands												
Portugal	-	-	-	-	-	-	-	-	-	-	-	-
Slovakia	-	-	-	-	-	-	--		-	--	-	-
Slovenia	-	-	-	-	-	-	-	3638[55]	3498[56]	3378[57]	3311[58]	1477[59]
Spain	-	-	59.5%		63.6%	-	-	-	-	-	-	-
Sweden	58% (Swelogs)	59% (NPHS)	n/a	58% (Swelogs) 58% (NPHS)	2020 56%	56% (NPHS)	40% (Swelogs)	-	-	No data	-	-
UK	-	57% (GB)	-	57% (England only)	-	-	-	42% (GB)	-	43% (England only)	-	-

[55] Number of individuals in millions who engaged in gambling activity during the surveyed period.

[56] Ibid.

[57] Ibid.

[58] Ibid.

[59] Ibid.

Table E - Problem gambling prevalence rates

	Problem gambling						At risk of problem gambling					
	2015	2016	2017	2018	2019	2020	2015	2016	2017	2018	2019	2020
Austria	0.62%	-	-	-	-	Data collected, not yet published	0.47%	-	-	-	-	Data collected not yet published
Belgium	-	-	-	0.9% (Sciensano) 1% (VAD)	-	-	-	-	-	0.2% (Sciensano) 0.3% (VAD)	-	-
Cyprus	-	-	4.5%[60]		1%	-	-	-	9.75%		3.2%	-
Czech Republic	-	5.7%	-	-	-	4.5%	-	-	-	-	-	-
Denmark		10.000 of the total population[61]	-	-	-	-	-	125.000 of the total population[62]	-	-	-	-
Finland	3% (m-4%, f-2.2%)[63]		-	-	3.3% (m - 4.3%, f-2.4%)	-	18.3% (m-22.6%, f-14.1%)[64]	-	-	-	13.7% (m-17.1%, f-10.3%)	-
France	4.8% (2014)	-	-	-	2.9%[65] 6.0%[66]		-	-	-	-	5.1%[67] 10.7%[68]	
Greece	-	-	-	-	-	2.7%	-	-	-	-	-	21.6%[69]
Ireland	-	-	-	-	0.3% (all)	-	-	-	-	-	3.2% (all)	-

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[60] Numbers extracted from the total number of populations as described in pages 34 and 44 of the Cyprus Prevalence Study.

[61] According to the Prevalence Study.

[62] According to the Prevalence Study.

[63] SOGS 3 points or more.

[64] SOGS 1 point or more.

[65] Of the total population, includes excessive gamers and moderate risk gamers.

[66] Of gamblers only, includes excessive gamers and moderate risk gamers.

[67] Of the whole population, includes low risk gamers only.

[68] Of the gamblers only, includes low risk gamers only.

[69] Inclusive of players of low and moderate risk.

					0.6%) (last year players)							6.5% (last year players)
Italy	-	-	-	-	3.0%[70]	-	-	-	-	-	9.9%[71]	
Latvia	-	-	-	-	6.4%	-	-	-	-	-	5.1%	-
Lithuania	-	-	-	-	-	-	-	-	-	-	-	-
Malta	-	-	1% to 2%	-	-	-	-	-	n/a	-	-	-
The Netherlands												
Portugal	-	-	17.6 thousand players[72], 2.2% of registered players	31.5 thousand players, 2.7% of registered players	47.8 thousand players, 2.8% of registered players	72.4 thousand players, 2.9% of registered players	-	-	-	-	-	-
Slovakia	-	n/a	n/a	n/a	639[73]	795	-	-	-	-	-	-
Slovenia	-	-	-	-	-	-	-	-	1683	2085	2294	1535
Spain	-	-	2.6%	-	2.2%	-	-	-				
Sweden	0.4% (PGSI 8+) (Swelogs)	-	-	0.6%			5.9% (PGSI 1+) (Swelogs)	4.4% (NPHS)	-	4.2% (Swelogs) 3.7% (NPHS)	-	3.4% (NPHS[74])
UK	- 0.7%[75]	0.7% (DSM IV or PGSI) England only 0.6%	- 0.5%	0.5% (DSM IV or PGSI) England only 0.6%	- 0.3%	-	-	3.5% (DSM-IV or PGSI) England only 3.7% - low risk 1.8% - moderate risk	3.2% - low risk 1.9% - moderate risk	3.6% (DSM-IV or PGSI) England only 3.3% - low risk 1.5% - moderate risk	2.7% - low risk 1.2% - moderate risk	2.0% - law risk 0.9% - moderate risk

[70] Data gathered from the study itself, not from the responses as those were left with no answers.

[71] Includes low risk players (4.1%), moderate risk players (2.8%) and problem players (3.0%).

[72] Number of players on the self – exclusion registers in 2017.

[73] Number of pathological gamblers as of 31 December 2019 and 31 December 2021. Data based not on prevalence studies but on the number of people who are on the self-exclusion register.

[74] NPHS – National Public Health Survey.

[75] Gambling Commission quarterly telephone interviews using abbreviated PGSI screen.

3. Conclusion

This exploratory fact-finding project aims to identify how gambling engagement and problem gambling prevalence is monitored in European countries and to evaluate commonalities and differences in individual national approaches.

The current position with regards to the measurement methods used can most accurately be described as 'highly diverse'. The only real commonality is a clear commitment among the responding countries to assess gambling engagement and problem gambling prevalence levels within their jurisdictions and to address matters arising accordingly. However, the methods, approaches and intervals materially differ. While most of the countries carry out some form of national surveys, 12 jurisdictions carry them out systematically and regularly. However, even those are carried out using different vehicles (bespoke gambling prevalence surveys, health survey, health and lifestyle surveys, alcohol and drug addiction surveys, bespoke methods); they target slightly different age groups (15 plus, 16 plus, 18 to 74 years old, 18 plus, 18 to 75 years old, 15-64 years old) and they are carried out in different years at different intervals (from quarterly to every 5 years). The screening tools that are utilised within the surveys range from PGSI (most common) to Lie / Bet (1 country) but also include NODS, SOGS, DSM-V, DSM-IV as well as bespoke screening tools that have been created specifically for the respective country. In some jurisdictions, gambling engagement and problem gambling prevalence levels are not measured by any specific survey but are determined based on player registrations and the number of players on the self-exclusion registers. Even the definitions of problem gambling adopted within various countries differ. Some refer to IDC-10 while others adopt DSM-V and while IDC-11 and DSM-V have, since 1st January 2022, converged their definitions, IDC-10 still referred to pathological gambling while DSM-V referred to gambling disorder since 2013.

All those differences mean that, in substance, while the surveys provide a valuable indicator of problem gambling prevalence in Europe, it is difficult to make any meaningful comparisons between problem gambling prevalence in the different jurisdictions directly from the available data. It is also well known that different screening tools return varying levels of problem gambling, but this is also the case with different measurement vehicles.[76] An experiment in Canada clearly showed that Health Surveys tend to show lower levels of problem gambling than bespoke gambling prevalence surveys[77] and such variations are likely to occur also with other measurement methods as well. Furthermore, surveys carried out in different years are subject to different external variables that are also likely to have an impact on results. For example, results from surveys carried out during the Covid-19 pandemic

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[76] M Carran, 'Gambling Regulation and Vulnerability' 2018 Elgar Edward Publishing.
[77] Health Survey for England, 2012, p.129.

are likely to have been influenced by lockdowns and other restrictive measures which would not appear in surveys carried out pre or post pandemic times. As such, the status quo makes any constructive evaluations of the impact of regulatory approaches on gambling engagement and on problem gambling prevalence levels very challenging and reduces the possibility of evidence-based arguments in gambling-related discourses that focus on social responsibility and problem gambling issues.

Accordingly, it is suggested that this is the right time to consider the implementation of pan-European adult surveys on gambling-related matters that could be modelled on the pan-European ESPAD survey on children. Such a multi-jurisdictional survey, that would focus on adult populations, would ensure that gambling engagement and problem gambling prevalence are assessed during the same period and use the same methodology. This, in turn, would enable a more constructive, meaningful, and evidence-based dialogue about the variety of regulatory approaches, best practices and what does or does not work most effectively, foster more common understandings of problem gambling and its prevalence, and support more effective approaches to reducing problem gambling.

If this suggestion appears too radical, it is at least hoped that this report will encourage conversations among the national gambling authorities and other responsible stakeholders to determine the advantages or disadvantages of the current position and to consider whether a better cooperation and cohesion of problem gambling monitoring methods would indeed be more beneficial to all.

4. Limitation / Disclaimer

The above evaluation is the result of a study project carried out between February 2021 and February 2022. Due to the Covid–19 pandemic the data collection took significantly longer than it was originally hoped for and a number of jurisdictions that have been approached with request to complete the survey have not engaged with it. The time span taken means that in some jurisdictions further surveys were undertaken in 2021 but those were not reported upon. The data relied on in this report has been provided by the representatives of regulatory bodies, government officials, or those to whom this task has been delegated as well as by the representative of the national online gambling association of France. While due care was taken to represent the responses, their inherent accuracy for any given jurisdictions were not tested independently of the jurisdictional surveys. The project and this report do not in any way intend to 'name or shame' any countries but is aimed to ascertain the levels of monitoring and reporting with the view of assessing commonalities and differences only and as such no detail in this report should be used to draw any adverse inference on any activities of included countries.

5. **Appendix A – Questionnaire on Problem Gaming Prevalence Data – Survey Questions**

1. How does your State assess levels of problem gambling?

2. Does your jurisdiction carry out a systematic, national surveys of gambling engagement and problem gambling? Yes / No

   a. How regularly are the surveys carried out (e.g., annually, every three years, others)?

   b. How is the survey administered (e.g., via bespoke gambling prevalence surveys, via health surveys, others)?

   c. What screening measure do you use to identify gamblers who have gambling disorder or who are or may be at risk of developing gambling disorder?

3. Is there an official definition of problem gambling? Yes / No

   a. If yes, could you please provide the definition?

4. Is there an official list of what is classified as gambling-related harm? Yes / No

5. If yes – please list officially recognised gambling – related harms?

6. What are the overall participation rates in gambling amongst the population in your jurisdiction? Please provide data from the last five years, as available.

7. What were the rates of problem gambling / gambling disorder and at-risk gambling within your jurisdiction? Please provide data from the last five years, as available.

8. Have you identified any trends in the data over the last 5 years? If yes, what are they?