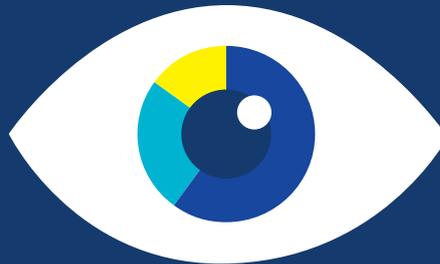
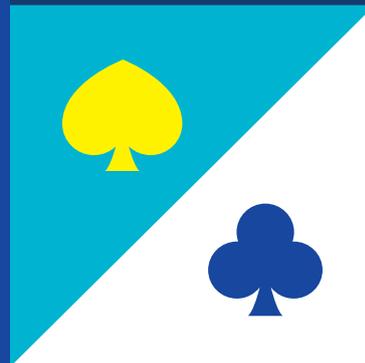


Gambling in the Republic of Ireland

Results from the 2019–20
National Drug and
Alcohol Survey

Deirdre Mongan, Seán R
Millar, Anne Doyle, Shelly
Chakraborty, and Brian Galvin



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Members of the Advisory Committee

Bobby Smyth (Health Service Executive, Chair); Brian Woods (An Garda Síochana); Sarah Waters (Department of Health); Joseph Doyle (Health Service Executive); Therese M. Molyneux (Department of Justice); Seán Millar (Health Research Board/School of Public Health, University College Cork); Barry P. Quinn (Department of Justice); Dara Murphy (Health Research Board).

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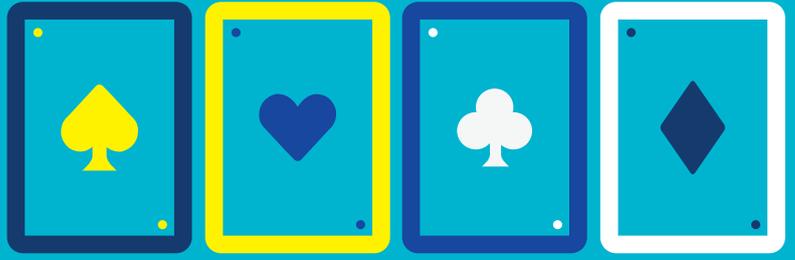
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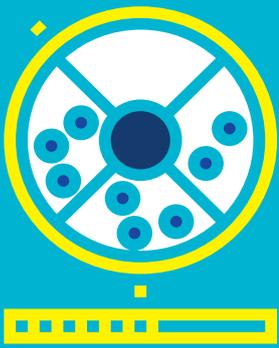
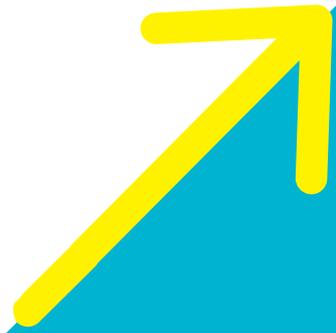
Abbreviations

AUD	Alcohol use disorder
CAPI	Computer-assisted personal interviewing
CI	Confidence interval
DSM-IV	<i>Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition</i>
DSM-5	<i>Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition</i>
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
HED	Heavy episodic drinking
HRB	Health Research Board
HSE	Health Service Executive
NACDA	National Advisory Committee on Drugs and Alcohol
NDAS	National Drug and Alcohol Survey
NDTRS	National Drug Treatment Reporting System
PGSI	Problem Gambling Severity Index
RDATF	Regional Drug and Alcohol Task Force
UK	United Kingdom



01

Introduction



This bulletin presents the findings from the 2019–20 National Drug and Alcohol Survey (NDAS) on the prevalence of gambling and problem gambling in the general population in Ireland. While the main objective of the 2019–20 NDAS was to determine the prevalence and patterns of drug use (including alcohol and tobacco use), a set of questions on gambling in Ireland was included in the survey at the request of the Department of Justice. The NDAS is the only source of general population prevalence data on gambling in Ireland. The 2019–20 NDAS collected information from 5,762 people aged 15 years and over across Ireland. The main findings in relation to tobacco, alcohol, and other drug use from the 2019–20 NDAS were published in 2021 [1]. The aim of this bulletin is to present the findings from the 2019–20 NDAS in relation to gambling.

1.1 Legislation and policy governing gambling in Ireland

In terms of public policy, in Ireland, most of the responsibility for gambling has traditionally come under the remit of the Department of Justice. Gambling legislation has primarily fallen into one of two categories: betting, and gaming and lotteries. Betting is regulated by the Betting Act, 1931 and the Betting (Amendment) Act 2015, while tote betting is regulated by the Totalisator Act, 1929. Gaming and lotteries are primarily regulated by the Gaming and Lotteries Act, 1956.

In 2013, the Government published the General Scheme of the Gambling Control Bill [2], which was intended to replace all existing gaming and betting legislation. By this stage, it was recognised that the existing pieces of legislation were archaic and not fit for purpose in terms of governing and regulating an industry which had developed innovative products and delivery mechanisms. The Bill's objective was to achieve an appropriate balance between encouraging the licensing of commercial gambling activities (including casinos and online gambling) and protecting consumers and vulnerable gamblers. It would also introduce a regulatory body (the Office for Gambling Control) to enforce compliance. The General Scheme of the Bill was referred to the Office of the Parliamentary Counsel in July 2013, but the proposed legislation was not progressed [3].

In 2018, the Government approved the establishment of the Inter-Departmental Working Group on the Future Licensing and Regulation of Gambling, chaired by the Minister of State at the Department of Justice and comprising all Government Departments with responsibility or involvement in gambling activities, as well as the Office of the Attorney General, and An Garda Síochána. Its remit was to review the provisions of the 2013 General Scheme of the Gambling Control Bill and to assist in the development of the future licensing and regulatory approach for the gambling industry. In its 2019 report, the Working Group stated that the current approach is fragmented and incoherent “and does not facilitate a consistent and effective approach to licensing, compliance and enforcement, consumer protection and the protection of vulnerable persons, including of underage persons”[4] p11. With regard to online gambling activities, the Working Group acknowledged that there is very limited regulation through the licensing of remote betting operators. The Working Group

recommended that the comprehensive reform of all legislation relating to the licensing and regulation of gambling be progressed, and it also supported the establishment of an independent, statutory regulatory authority to be responsible for licensing and regulation of all aspects of gambling [4].

The Gaming and Lotteries (Amendment) Act 2019 came into effect in December 2020 and this legislation has updated the licensing of gaming machines and lotteries, set limits on stakes and prizes, and standardised the minimum age for all licensed gambling at 18 years [5]. It has been argued that the scope of the Act is too narrow and does nothing to address the regulation of online gambling [3].

In October 2021, the Department of Justice published the *General Scheme of the Gambling Regulation Bill*, which sets out the framework for the future regulation of all forms of gambling services in Ireland [6]. It provides for the establishment of an independent Gambling Regulatory Authority of Ireland, which will be responsible for:

- The proper and effective licensing and regulation of gambling activities in the State
- Requiring safeguards to address problem gambling, including in relation to the advertising of gambling and sponsorship by gambling providers, and
- Preventing gambling from being a source of or support to crime.

It is envisaged that the Authority will be established and operational in 2023. The 2021 Bill will also establish a Social Impact Fund which will be funded through levies on licensed gambling operators and will be used for the purposes of financing research and information, education and awareness raising measures, and appropriately supporting problem gambling treatment activities by relevant health professionals.

1.2 Role of the Health Research Board

The Health Research Board (HRB) manages the commissioning of research and monitoring projects on behalf of the Department of Health and as part of its role as the Irish national focal point to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The most recent national drugs strategy report, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*, has designated the HRB as the main information hub for evidence on, and responses to, the drugs situation [7]. One of the roles of the HRB is to manage the NDAS, and the 2019–20 NDAS was the first such survey managed by the HRB. Prior to the current survey, four surveys to measure the prevalence of drug use were undertaken in 2002–03, 2006–07, 2010–11, and 2014–15. These surveys were commissioned on an all-island basis by the National Advisory Committee on Drugs and Alcohol (NACDA) in the Republic of Ireland, and the Department of Health, Social Services and Public Safety in Northern Ireland. The current survey was managed by the HRB and only covered the Republic of Ireland. The HRB commissioned Ipsos MRBI to organise, collect, and validate the NDAS data. Ipsos MRBI also undertook this role for the first four surveys. A

research advisory group supported the HRB in the management of the survey. This is the second time that gambling questions have been included in the NDAS; gambling questions were included for the first time in the 2014–15 survey and the findings were published by the NACDA in 2018 [8].

1.3 Report structure

This bulletin outlines the results of the gambling section of the 2019–20 NDAS and compares them with 2014–15 survey findings where appropriate. Following this introductory section, Section 2 provides a brief overview of the methodology employed for this survey. Section 3 describes the results of the gambling questions, and is followed by the conclusion and the policy implications arising from the results presented here.

This bulletin contains prevalence rates and other relevant information regarding gambling in Ireland for 2019–20. All prevalence rates presented are based on weighted responses. Results for the prevalence of gambling and at-risk¹ and problem gambling are provided for all respondents (all adults aged 15 years and over) and for sex, age, and socioeconomic characteristics. In the main text, proportions are shown as percentages rounded to the first decimal place when less than 10%, and rounded to the nearest whole number when 10% or higher. In the accompanying tables, all percentages are shown to the first decimal place. Percentages may not always sum to 100 due to either the effect of rounding or that respondents could give more than one answer. Where population estimates are provided, they are presented to the nearest thousand. When the figure 0.0% is reported in the prevalence tables, it can mean that either no respondents reported that gambling activity, or that a very low number reported it, and that due to rounding it is presented as 0.0%. This does not mean that no one in the population has participated in the given gambling activity; rather, it means that the sample was too small to detect prevalence.

1 At-risk gambling refers to low-risk and moderate-risk gamblers combined.

Main Findings

All gambling



49%

of respondents participated in any gambling activity in the last year (20% when lottery excluded).



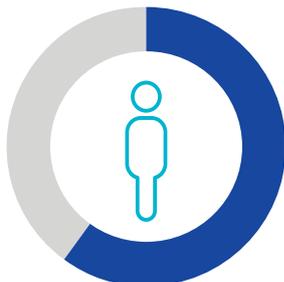
Last year gambling prevalence decreased from **65%** in 2014–15 to **49%** in 2019–20.



Gambling in a **bookmaker's shop (9%)**

is the 2nd most common gambling activity

Males aged 35–49 years were most likely to report gambling in the last year (60%)



Most likely to have gambled in the last year:



those living in the most **deprived quintile**



those in **employment**

Problem gambling



2.3%

of the adult population met the criteria for **low-risk gambling**, corresponding to 90,000 adults².



0.9%

(corresponding to 35,000 adults) were **moderate risk gamblers**



0.3%

(corresponding to 12,000) were **problem gamblers**

2 Measured using the Problem Gambling Severity Index (PGSI)

Main Findings

Problem gambling more prevalent among:



Males aged 25–34 years (1.3%),

with a further 8.3% classified as being either low- or moderate-risk gamblers

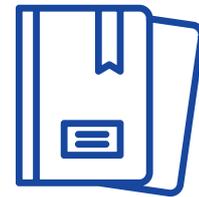
Unemployed (1.8%),

increases to 3.6% when limited to those who gambled last year



Those living in the most **deprived quintile (1.0%)**

Increases to 1.8% when limited to those who gambled in the last year



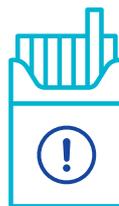
Those who had completed

primary or lower secondary level education only (0.7%).

Increases to 1.5% when limited to those who gambled last year



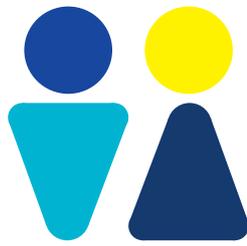
Compared to non-drinkers, those with an **alcohol use disorder** were **more likely to be at-risk (11.2% vs. 1.2%) or problem gamblers (1.5% vs. 0.0%)**



Smokers were **more likely than non-smokers to be at-risk gamblers (6.5% vs. 2.5%) and problem gamblers (1.2% vs. 0.1%).**

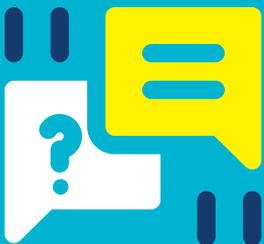
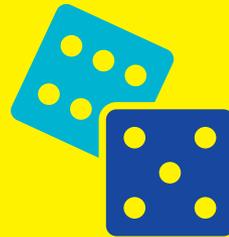


Those who had used an **illegal drug** in the last year were **more likely than those who had not to be at-risk gamblers (8.5% vs. 2.8%) and problem gamblers (2.0% vs. 0.2%)**



02

Methodology of the NDAS



This section provides a brief overview of the methodology employed in order to undertake the NDAS. A more detailed account of the NDAS methodology is provided in the survey's main report [1] and the technical report [9], which were published in 2021 and may be accessed at www.drugsandalcohol.ie. This section also describes the gambling questions that were utilised and the analyses that were undertaken.

2.1 Brief overview of methodology

The 2019–20 NDAS was managed by the HRB, and Ipsos MRBI was commissioned to organise, collect, and validate the NDAS data. The design of the NDAS was guided by best practice guidelines drawn up by the EMCDDA [10].

2.1.1 Survey design

The study population for this cross-sectional survey was defined as all adults aged 15 years and over living in private households within the Republic of Ireland. Excluded from this survey were persons who do not normally live in private households – for example, members of the Traveller community; people who were homeless; or those in institutions, such as prisons or nursing homes. The survey did not make a specific provision for interviews to be conducted in languages other than English. The survey data were recorded face-to-face in respondents' homes using the computer-assisted personal interviewing (CAPI) technique.

2.1.2 Sampling

The NDAS used stratified and multistage area probability sampling methods to select a representative sample of the Irish population that was aged 15 years and over and was living in private households in the Republic of Ireland. The sampling frame used to select respondents was the An Post/Ordnance Survey Ireland GeoDirectory database. The GeoDirectory is a complete database of every building in the Republic of Ireland. Each of the 2.2 million addresses contained in GeoDirectory includes an accurate standardised postal address, usage details for each building (commercial or residential), a unique 8-digit identity number, Eircode, and geo-coordinates which accurately locate the centre point of each building to within one metre. A three-stage process was used to construct the sample for this survey. The first stage involved stratifying the population into the 10 Regional Drug and Alcohol Task Force (RDATF) areas in Ireland. In the second stage of stratification, electoral divisions were selected as the primary sampling units across the 10 RDATF areas. Before selection, the primary sampling units were ranked by sociodemographic indicators in order to ensure that a representative cross-section of areas was included. Finally, in each primary sampling unit, addresses were chosen randomly, and one person at each address was randomly selected to participate in the survey.

2.1.3 Fieldwork

Fieldwork commenced in February 2019. The survey questionnaire was administered by trained interviewers in respondents' homes using CAPI. All data collection methods were

performed in accordance with relevant ethical guidelines and regulations, and all data were fully anonymised. Signed consent was obtained from all participants. Written consent from a parent or guardian was also required for all young people aged 15–17 years. Fieldwork was terminated in March 2020 due to the onset of the COVID-19 pandemic and the restrictions on movement that followed. The achieved sample was 5,762, which is 88% of the initial target of 6,560. The response rate was 64%. However, two significant issues should be noted here. First, the proportion of ineligible addresses was higher in this wave than in the four previous survey waves. Overall, 24% of addresses were classified by interviewers as being ineligible, compared with 12% of the total sample for the 2014–15 survey. Also, 450 addresses that did not receive any interviewer contact before fieldwork was curtailed due to COVID-19 restrictions were classified as ineligible as their eligibility had not been established. It is likely that most of these addresses would have been eligible, but it is not known how many would have agreed to participate in the survey. As a result, they are classified as ineligible. This has the effect of inflating the response rate.

2.1.4 Ethical approval

Ethical approval for the survey was obtained from the Royal College of Physicians of Ireland.

2.1.5 Weighting

The achieved sample was weighted to account for differential response rates and the sampling approach used in this survey. The first stage in the weighting process was to generate a selection weight in order to address any issues that may arise due to those living in smaller households being more likely to be selected. The second stage in this process was to overcome discrepancies arising from differential response rates – for example, younger males and those living in large urban areas were under-represented. Weights were produced according to the following variables: age by sex; education; working status; and region. Population information was taken from the Central Statistics Office (CSO), and a rim weighting process was used. A small number (around 0.5%) of high weights were capped in order to prevent extreme weights. The final weights were scaled to give a mean of 1 and to ensure that the weighted sample size matched the unweighted sample size. The weighting scheme resulted in a design effect of 1.54 and an effective base size of 3,743.

2.1.6 Data analysis

The data were analysed by age and sex, by age within sex, and by socioeconomic characteristics. Area-level deprivation was based on the Irish Pobal HP deprivation index that was developed by Haase and Pratschke [11]. The index is a method of measuring the relative affluence or deprivation of a geographical area using data compiled from various censuses. A score is given to the area based on a national average of 0 and ranging from –35 (being the most deprived) to +35 (being the least deprived). For the purposes of this report, these data are presented in five quintiles, from most deprived (1) to least deprived [5].

Data are presented using weighted proportions. In order to identify whether or not changes in gambling prevalence since the 2014–15 NDAS could be considered statistically significant, a straightforward p-value test was conducted. A p-value was calculated for each variable using the survey result and associated standard error. All changes with a p-value of less than 0.05

were considered to be statistically significant. Significance testing was only conducted for overall gambling prevalence.

The sampling procedures employed in this survey facilitate the estimation of gambling prevalence at RDATF level. In the main body of this bulletin we have concentrated on national estimates; however, estimates for the prevalence of last year gambling, monthly gambling, and at-risk and problem gambling by sex and age are presented in Appendix 1.

2.2 NDAS gambling questions

The 2019–20 NDAS contained a set of gambling questions that sought to:

- Measure the prevalence of participation in gambling activities in the Irish population, and to compare levels of participation with results from 2014–15
- Measure the prevalence of at-risk and problem gambling
- Examine the demographic and socioeconomic characteristics associated with gambling and problem gambling, and
- Estimate the monthly spend on gambling, and to identify the methods used to pay for gambling.

The gambling questions included in the 2019–20 NDAS were the same as those included in 2014–15 with two exceptions:

- In 2019–20, the Problem Gambling Severity Index (PGSI) screening tool was included to measure problem gambling (see Section 2.2.2).
- In 2019–20, respondents were asked about how much they had spent in the last month on gambling activities; in 2014–15 respondents were asked about their spend in the last year. This was changed in order to improve recall on gambling spend among respondents.

2.2.1 Definition of gambling

The definition of gambling used in the NDAS included the following activities: buying a lottery⁴ ticket or scratch card, playing lottery games online, gambling in a bookmaker's shop (licensed premises where betting is legally permitted), gambling online or by telephone, placing a bet at a horse or dog race meeting, playing games at a casino, playing a gaming/slot machine, playing card games for money with friends/family, and playing bingo.

4 Lottery is also colloquially referred to as 'lotto'.

2.2.2 Measuring problem gambling

The prevalence of problem gambling was measured through a standard screening instrument (asked of everyone who had gambled in the last 12 months): the Problem Gambling Severity Index (PGSI). The PGSI is a nine-item scale which was specifically designed to measure the severity of gambling problems in population surveys [12]. Four of the nine items are related to difficulties in controlling gambling and are characterised as early warning signs of problem gambling (chasing losses, escalating gambling in order to maintain excitement, betting more money than one could afford to lose, and borrowing money for gambling). The other five items include the following harm features: health problems, financial difficulties, feelings of guilt, criticism by others, and self-perceived gambling problem.

For each of the nine PGSI items, a respondent could answer: 'never', 'sometimes', 'most of the time', and 'almost always'. Each item was scored in the following way: 0 for each response of 'never', 1 for 'sometimes', 2 for 'most of the time', and 3 for 'almost always', so that a respondent could score between 0 and 27. Based on these scores, respondents were classified into one of the following four categories: non-problem gambler (PGSI score=0), low-risk gambler (PGSI score=1–2), moderate-risk gambler (PGSI score=3–7), and problem gambler (PGSI score=8+). The four gambler types may be described as follows:

- Non-problem gambler: those who gamble with no negative consequences
- Low-risk gambler: those who experience a low level of problems with few or no identified negative consequences
- Moderate-risk gambler: those who experience a moderate level of problems leading to some negative consequences, and
- Problem gambler: those with negative consequences and a possible loss of control.

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) screening tool was also included in the 2019–20 NDAS [13]. The DSM-IV screening tool was created by clinicians to diagnose pathological gambling and the NDAS used an adapted version of the DSM-IV, which was developed for the British Gambling Prevalence Survey for use in survey settings [14]. The DSM-IV tool contains 10 diagnostic criteria which are assessed on a 4-point scale. Results were dichotomised using the same approach as the British Gambling Prevalence Survey. The threshold used for identifying problem gambling was 3 or more positive responses out of 10. As the 2014–15 NDAS only included the DSM-IV screening tool and not the PGSI, it is only possible to compare the prevalence of problem gambling between 2014–15 and 2019–20 as measured by the DSM-IV screening tool. To ensure consistency with the 2014–15 survey, DSM-IV rather than DSM-5 criteria were used to measure problem gambling in the 2019–20 survey.

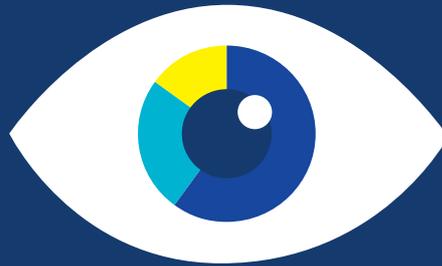
2.3 Limitations of the NDAS methodology

A general population survey such as the NDAS has a number of limitations. The sampling frame utilised by the NDAS only includes private households and, consequently, does not allow for responses from people living in institutions such as in prison or nursing homes; homeless individuals; or members of the Traveller community. As the survey did not make a specific provision for interviews to be conducted in languages other than English, this may have impacted on the participation of residents without English as their first language. The NDAS may also be subject to non-response bias. However, it is not possible to ascertain any demographic (except for region of residence) or socioeconomic information on those who did not participate. Additionally, gambling prevalence questions are considered to be sensitive and therefore people may refuse to participate, or they may under-report their gambling. NDAS results were based on self-reports that may be influenced by reporting or recall bias. As noted earlier, younger males and those living in large urban areas were under-represented.



03

Results



3.1 Prevalence of gambling activities

This section provides an overview of participation in gambling overall, and in each of the specific gambling activities, in the year prior to the 2019–20 NDAS. Where appropriate and where possible, results are compared with 2014–15 survey findings.

Almost one-half (49%) of adults aged 15 and over participated in any gambling activity in the last year. This corresponds to approximately 1,900,000 of the population aged 15 and over in Ireland. The most commonly reported gambling activity was buying a lottery ticket or scratch card in person (42%), followed by gambling in a bookmaker's shop (9.0%), and placing a bet at a horse or dog racing meeting (7.8%). Males were more likely than females to report participation in each of the gambling activities, except for buying a lottery ticket or scratch card in person and playing bingo (Table 1). Those aged 35–49 years were most likely to report gambling (56%), while those aged 15–24 years were least likely to report gambling (30%). When lottery activities were excluded, those aged 65 years and over were the least likely to report engaging in gambling activities (16%).

Among those who had gambled in a bookmaker's shop, 93% had placed a bet on a sports event; 17% had placed a bet on numbers; 2.3% had placed a bet on a virtual event; 0.9% had placed a bet on an event like politics, current affairs, music, or television; and 0.9% had played games or casino games. Among those who had gambled online or by telephone, 97% had placed a bet on a sports event; 6.0% had placed a bet on numbers; 5.1% had placed a bet on an event like politics, current affairs, music, or television; 3.3% had placed a bet on a virtual event; and 3.2% had played games or casino games.

Table 1 Participation in gambling activities in the last year, by sex and age group (%)

	All	Males	Females	15–24 years	25–34 years	35–49 years	50–64 years	≥65 years
Any gambling activity	49.0	51.3	46.8	30.0	48.8	56.0	55.7	46.8
Any gambling activity (excluding lottery)	20.2	25.8	14.7	21.0	21.5	22.7	18.9	16.0
Bought a lottery ticket or scratch card in person	42.4	41.6	43.2	18.9	40.5	50.0	51.1	41.9
Played lottery games online	3.2	4.1	2.3	2.7	4.0	5.2	2.3	0.8
Gambled in a bookmaker’s shop	9.0	14.1	4.0	4.6	10.7	12.2	8.8	6.4
Gambled online or by telephone	3.9	6.8	1.0	4.4	6.0	6.1	1.7	0.8
Placed a bet at a horse or dog racing meeting	7.8	10.7	5.0	9.2	7.2	9.5	8.0	4.3
Played games at a casino	1.6	2.5	0.7	2.5	3.4	1.8	0.5	0.1
Played a gaming/slot machine	1.8	1.8	1.7	5.4	2.3	1.4	0.4	0.2
Played a card game for money with friends/family	3.7	5.0	2.5	6.2	4.3	3.5	2.8	2.6
Played bingo in person	3.6	2.0	5.2	4.4	2.9	3.1	2.9	5.4

Males aged 35–49 years were the group most likely to have participated in gambling activities in the last year (60%), and this remained the case when lottery activities were excluded (35%) (Table 2). Females aged 15–24 years were the group least likely to gamble (28%). However, when lottery activities were excluded, females aged 35–49 years (11%) were the least likely to gamble.

Table 2 Participation in gambling activities in the last year, sex by age group (%)

	Males					Females				
	15–24 years	25–34 years	35–49 years	50–64 years	≥65 years	15–24 years	25–34 years	35–49 years	50–64 years	≥65 years
Any gambling activity	31.9	52.4	60.4	55.8	47.8	28.1	45.3	51.7	55.6	45.9
Any gambling activity (excluding lottery)	24.3	27.3	34.7	20.7	17.9	17.5	15.9	10.9	17.2	14.3
Bought a lottery ticket or scratch card in person	16.0	39.2	50.9	49.5	42.2	21.9	41.8	49.1	52.7	41.6
Played lottery games online	2.8	5.2	7.2	2.7	1.1	2.6	2.9	3.2	1.9	0.5
Gambled in a bookmaker's shop	8.9	15.6	21.2	11.1	9.9	0.2	5.9	3.3	6.6	3.3
Gambled online or by telephone	7.8	9.9	10.9	2.8	1.5	0.9	2.1	1.3	0.6	0.2
Placed a bet at a horse or dog racing meeting	10.1	9.4	14.7	10.2	6.4	8.2	5.0	4.5	5.8	2.5
Played games at a casino	3.2	5.8	3.3	0.2	0.2	1.9	1.1	0.2	0.7	0.0
Played a gaming/slot machine	5.1	2.2	2.0	0.2	0.3	5.8	2.5	0.9	0.7	0.0
Played a card game for money with friends/family	6.0	7.9	5.5	2.6	3.4	6.4	0.8	1.5	3.0	1.8
Played bingo in person	2.7	0.6	2.6	1.8	1.8	6.1	5.1	3.6	3.9	8.6

3.1.1 Prevalence of gambling activities by socioeconomic characteristics

This section presents the prevalence of last year gambling by area-level deprivation, employment status, and educational attainment.

Participation in gambling activities varied by area-level deprivation (Table 3). Respondents living in the most deprived quintile were most likely to report gambling (55%) and this remained the case when lottery activities were excluded (26%). They were also more likely to gamble in a bookmaker's shop; 14% in the most deprived quintile reported gambling in such premises, compared with 7.3–8.7% of those living in less deprived quintiles.

Table 3 Participation in gambling activities in the last year, by area-level deprivation (%)

	1 (most deprived)	2	3	4	5 (least deprived)
Any gambling activity	55.3	46.0	47.6	47.9	50.2
Any gambling activity (excluding lottery)	25.7	16.6	18.5	20.9	20.9
Bought a lottery ticket or scratch card in person	46.9	40.8	41.8	42.1	41.0
Played lottery games online	3.4	2.1	2.4	4.5	4.0
Gambled in a bookmaker's shop	13.6	7.3	7.6	8.7	8.7
Gambled online or by telephone	3.5	2.7	4.3	4.1	4.9
Placed a bet at a horse or dog racing meeting	8.9	5.9	8.0	8.5	8.4
Played games at a casino	2.5	0.9	1.3	1.7	1.8
Played a gaming/slot machine	3.2	0.9	2.1	1.3	1.5
Played a card game for money with friends/family	4.8	2.4	2.9	5.3	3.8
Played bingo in person	6.3	3.7	3.1	2.4	2.8

Table 4 presents the prevalence of last year gambling by employment status. Those in employment were most likely to report gambling in the last year (54%), while students (25%) were least likely to report gambling. The same proportion of employed (11%) and unemployed (11%) respondents reported gambling in a bookmaker's shop.

Table 4 Participation in gambling activities in the last year, by employment status (%)

	Employed	Unemployed	Student	Home duties/ retired/other
Any gambling	54.1	49.5	24.5	48.9
Any gambling (excluding lottery)	23.0	19.5	16.5	15.8
Bought a lottery ticket or scratch card in person	47.2	42.0	14.7	44.2
Played lottery games online	4.0	4.5	1.9	1.9
Gambled in a bookmaker's shop	11.1	10.7	2.9	6.9
Gambled online or by telephone	5.0	4.2	4.8	1.0
Placed a bet at a horse or dog racing meeting	9.5	5.5	8.3	4.4
Played games at a casino	1.5	3.9	4.0	0.2
Played a gaming/slot machine	1.5	3.5	5.4	0.5
Played a card game for money with friends/family	3.6	4.7	6.1	2.7
Played bingo in person	3.0	4.2	3.8	4.8

Respondents who had completed third-level education were most likely to have gambled in the last year (52%), and this remained the case when lottery activities were excluded (22%). Respondents who had completed primary or lower second-level education only were most likely to have gambled in a bookmaker's shop (9.9%) (Table 5).

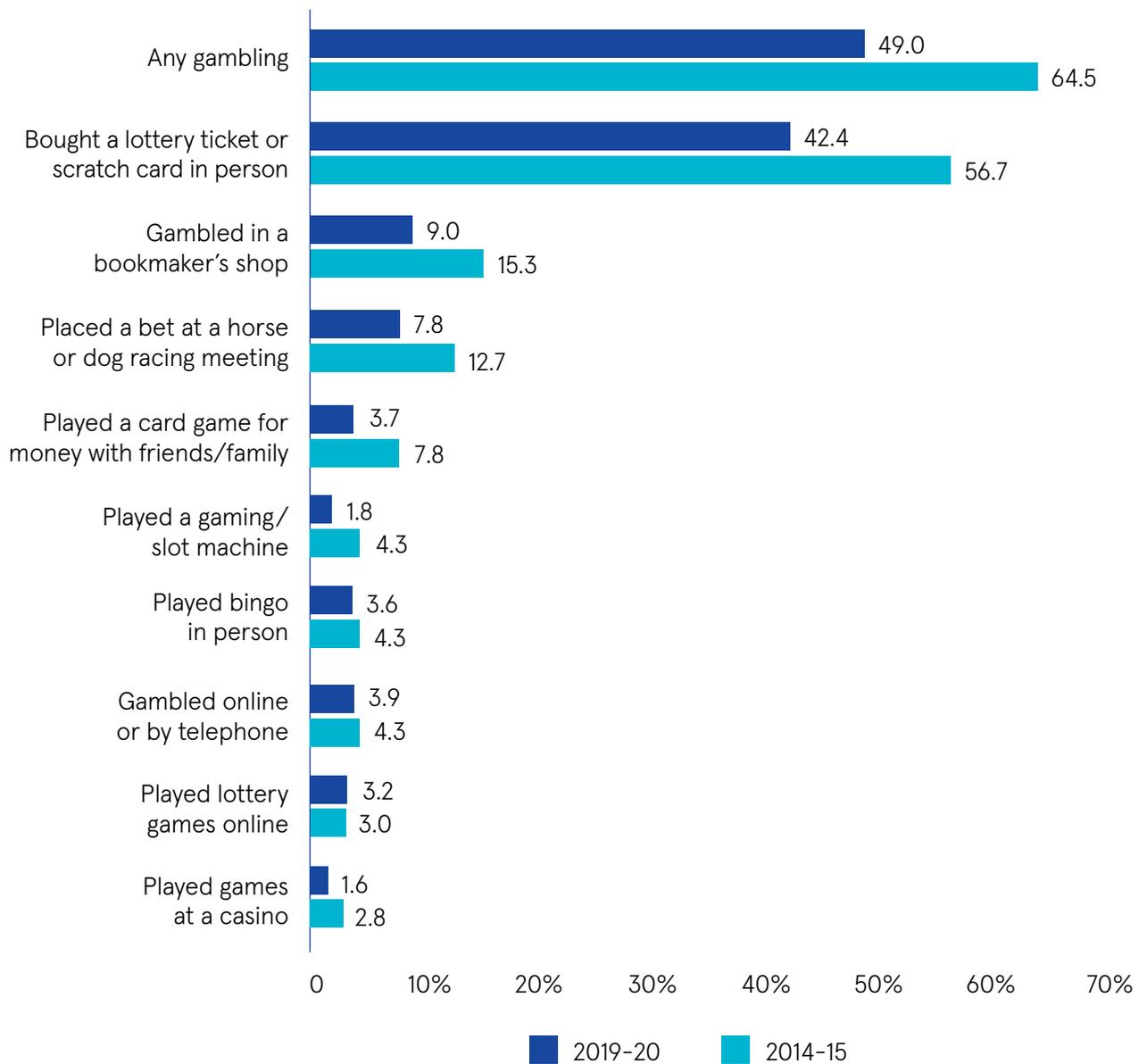
Table 5 Participation in gambling activities in the last year, by educational attainment (%)

	Primary/ lower second level only	Completed second level	Completed third level
Any gambling	45.2	46.1	52.4
Any gambling (excluding lottery)	20.0	16.5	22.2
Bought a lottery ticket or scratch card in person	37.9	40.7	45.4
Played lottery games online	1.2	2.1	4.6
Gambled in a bookmaker's shop	9.9	7.6	9.3
Gambled online or by telephone	1.9	3.1	5.0
Placed a bet at a horse or dog racing meeting	6.0	6.9	9.0
Played games at a casino	1.0	0.9	2.0
Played a gaming/slot machine	1.7	1.1	2.2
Played a card game for money with friends/ family	4.6	2.6	4.0
Played bingo in person	6.2	2.7	3.1

3.1.2 Change in gambling prevalence between 2014–15 and 2019–20

There has been a statistically significant decrease in the prevalence of last year gambling, from 65% (95% confidence interval [CI]: 63.0–66.0) in 2014–15 to 49% (95% CI: 47.4–50.6) in 2019–20 (Figure 1). A decrease in last year gambling prevalence was observed for each gambling activity, with the exception of playing lottery games online. The largest decrease was observed for buying a lottery ticket or scratch card in person, which decreased from 57% to 42%.

Figure 1 Prevalence of last year gambling, 2014–15 and 2019–20



3.2 Frequency of gambling

For each gambling activity participated in during the last year, respondents were asked how often they had gambled. Those who had bought a lottery ticket or scratch card in person were most likely to do this once a week or more (35%). Those who placed a bet at a horse or dog racing meeting (9%) and those who played games at a casino (5%) were least likely to report weekly participation in these activities (Figure 2).

Figure 2 Frequency of gambling in the last year, by gambling activity

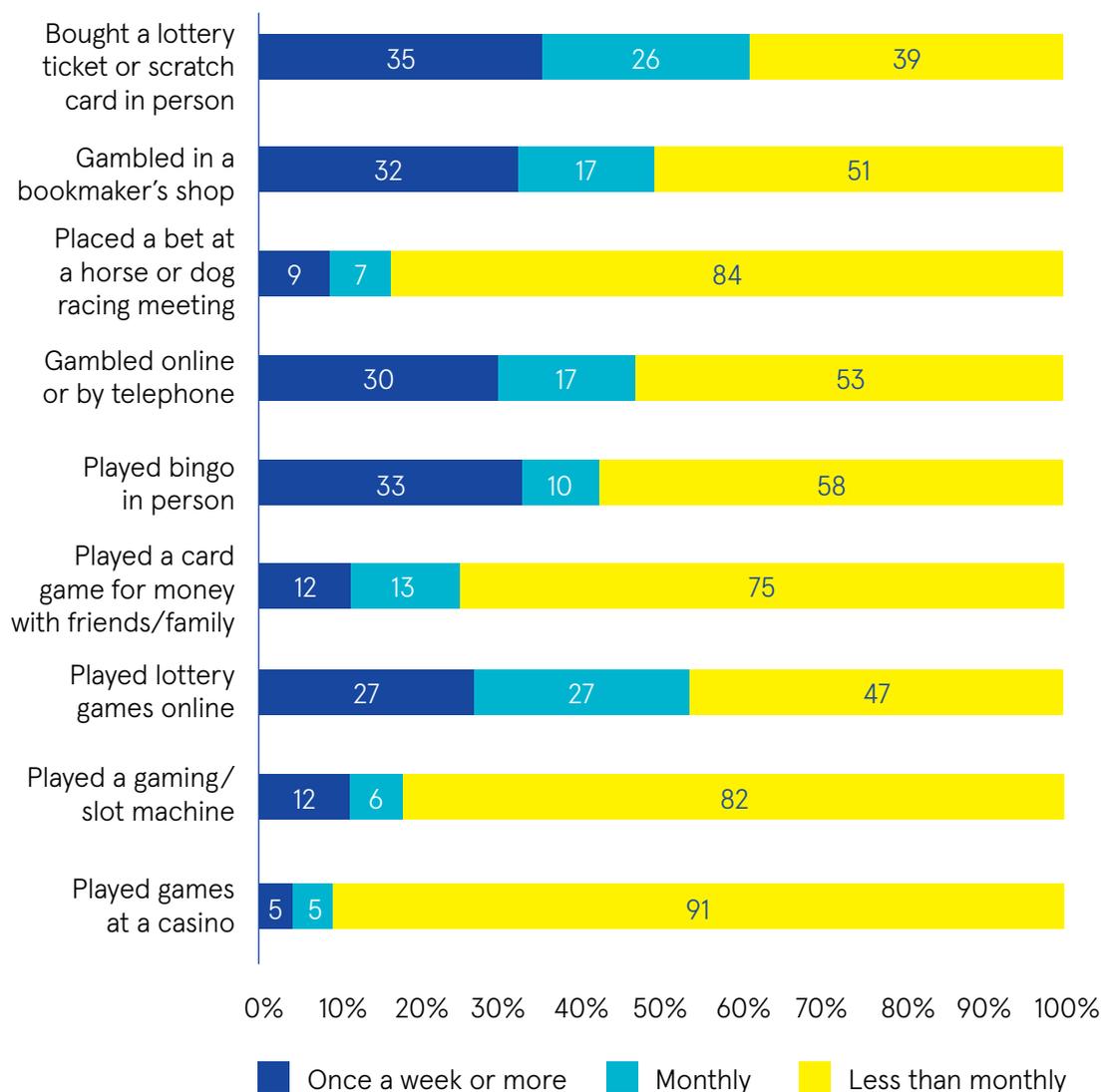


Table 6 presents the prevalence of monthly gambling among those who reported gambling in the last year by sex and age. Respondents aged 65 years and over who reported last year gambling were most likely to report monthly (or more often) participation in each of the reported gambling activities, with the exception of gambling online or by telephone. Males were more likely than females to report monthly participation in each activity, with the exception of playing lottery games online, playing games at a casino, and playing bingo in person. It should be noted that for playing games at a casino and playing a gaming/slot machine that the number of respondents who answered this question was relatively low.

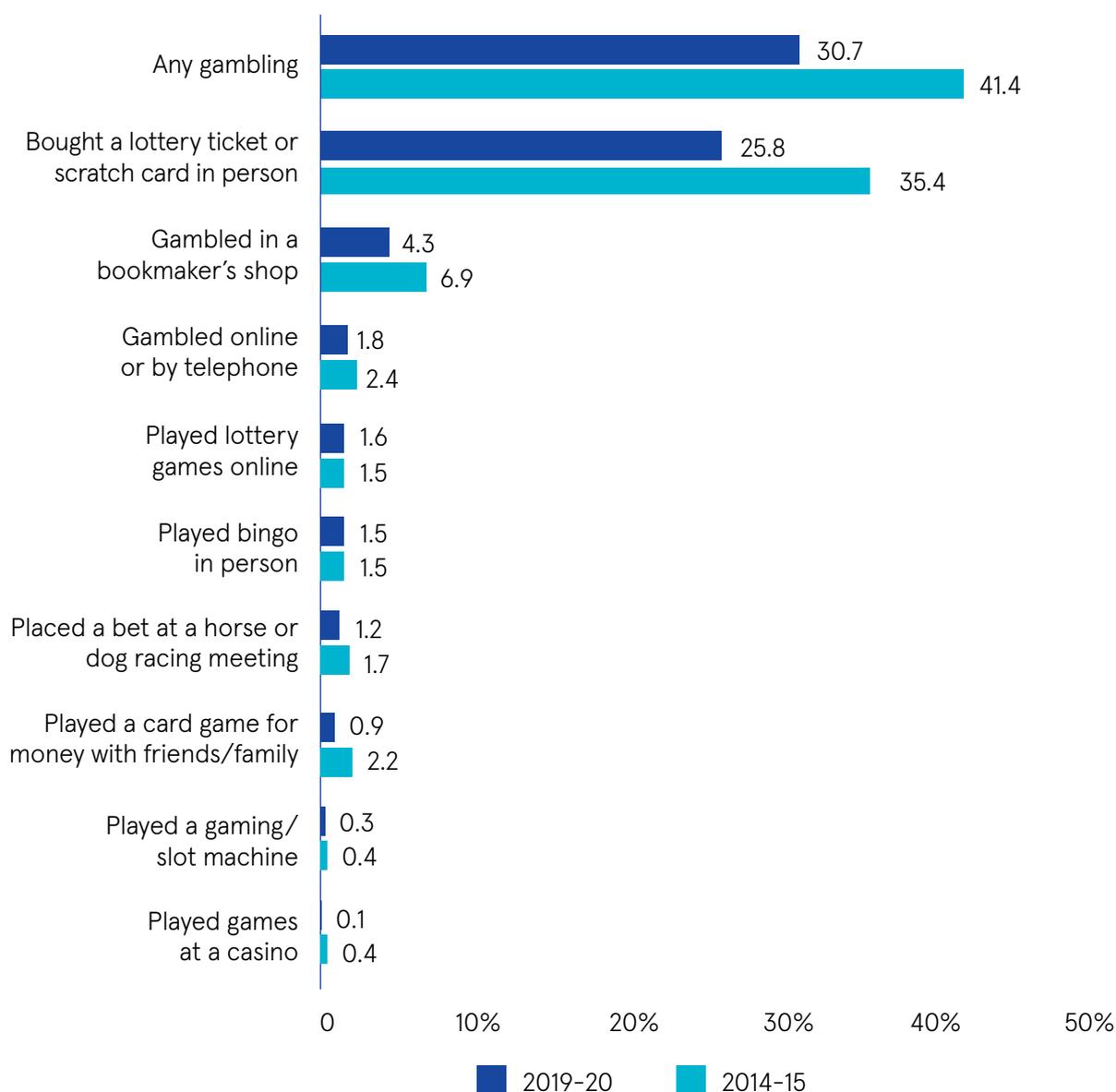
Table 6 Prevalence of monthly (or more frequent) gambling in Ireland, by sex and age (among respondents who reported gambling in the last year) (%)

	All	Males	Females	15–24 years	25–34 years	35–49 years	50–64 years	≥65 years
Any monthly gambling	30.7	34.1	27.4	11.2	27.6	34.6	38.5	34.5
Bought a lottery ticket or scratch card in person (n=2,428)	61.2	65.1	57.5	34.8	56.6	59.1	67.1	70.2
Played lottery games online (n=169)	53.5	53.1	54.2	45.2	61.6	45.2	69.9	75.1
Gambled in a bookmaker's shop (n=506)	49.5	55.8	27.7	45.5	51.5	52.4	37.6	60.3
Gambled online or by telephone (n=223)	47.1	51.6	17.4	54.1	46.6	45.6	41.3	47.7
Placed a bet at a horse or dog racing meeting (n=442)	16.2	20.7	7.4	6.3	15.8	19.0	16.3	25.2
Played games at a casino (n=85)	9.4	8.0	14.9	11.4	8.0	6.5	0.0	100.0
Played a gaming/slot machine (n=92)	17.8	27.6	8.4	25.4	8.2	11.6	6.0	44.7
Played a card game for money with friends/family (n=206)	25.1	27.3	20.9	12.9	15.1	33.2	19.1	55.3
Played bingo in person (n=209)	42.2	31.5	46.2	12.6	15.1	25.4	67.0	75.3

3.2.1 Change in prevalence of monthly gambling between 2014–15 and 2019–20

The prevalence of monthly (or more often) gambling in 2019–20 was 31% (95% CI: 29.2–32.1), which corresponds to 1,200,000 of the general population aged 15 and over. In comparison, the prevalence of monthly (or more often) gambling in 2014–15 was 41% (95% CI: 40.0–42.7) in 2014–15, which is also a significant decrease. A decrease in monthly prevalence was observed for each gambling activity, with the exception of playing lottery games online and playing bingo in person (Figure 3).

Figure 3 Prevalence of monthly gambling, 2014–15 and 2019–20



3.3 Spend on gambling

Respondents who had gambled in the last year were asked about their spend on each gambling activity in the last month. Those who had bought a lottery ticket or scratch card in person were most likely to have spent €25 or less in the last month (93%). Those who had placed a bet at a horse or dog racing meeting (31%), those who gambled online or by telephone (31%), and those who gambled in a bookmaker's shop (29%) were most likely to have spent more than €25 on these activities in the last month (Table 7).

Table 7 Spend on gambling in the last month (among respondents who reported gambling in the last year) (%)

	<€25	€26–50	€51–100	≥€101
Bought a lottery ticket or scratch card in person (n=2,421)	92.6	6.2	0.9	0.3
Played lottery games online (n=168)	87.1	12.6	0.3	0.0
Gambled in a bookmaker's shop (n=507)	70.9	18.7	7.1	3.4
Gambled online or by telephone (n=219)	68.9	16.9	7.2	7.0
Placed a bet at a horse or dog racing meeting (n=435)	69.5	15.2	6.8	8.5
Played games at a casino (n=82)	80.4	10.7	2.7	6.1
Played a gaming/slot machine (n=94)	80.8	12.8	0.2	6.2
Played a card game for money with friends/family (n=202)	78.8	13.6	7.0	0.6
Played bingo in person (n=203)	80.3	12.8	4.2	2.7

3.3.1.1 Method of payment used to gamble

Respondents were asked how they had paid for gambling activities in the last year. The majority (94%) of respondents used cash to pay for gambling and this increased with increasing age, from 87% of 15–24-year-olds to 99% of those aged 65 years and over (Table 8). Credit/debit cards were used by 13%, and this was most common among 15–24-year-olds (25%). Just 3.0% paid through an account they had with a bookmaker where they deposited money, and this was most common among males (5.2%) and 15–24-year-olds (5.1%).

Table 8 Method of payment used to pay for gambling activities, by sex and age group (%)

	All	Males	Females	15–24 years	25–34 years	35–49 years	50–64 years	≥65 years
In cash	94.2	93.1	95.4	87.4	91.2	93.6	96.5	98.8
By credit/debit card	12.9	14.8	10.9	25.1	22.2	14.6	7.3	2.6
Through an account with a bookmaker where money is deposited to bet with	3.0	5.2	0.8	5.1	4.4	4.6	1.5	0.0
Through an account with a bookmaker/casino that provides credit	0.3	0.4	0.2	0.0	0.4	0.7	0.0	0.0

3.4 Prevalence of at-risk and problem gambling

The prevalence of at-risk (low- and moderate-risk) and problem gambling was measured using the Problem Gambling Severity Index (PGSI). According to PGSI criteria, 2.3% of the adult population in Ireland met the criteria for low-risk gambling, corresponding to approximately 90,000 adults aged 15 years and over. A further 0.9% (corresponding to 35,000 adults in the general population) were moderate-risk gamblers, and 0.3% (corresponding to 12,000 adults in the general population) were problem gamblers. Males were more likely than females to be problem gamblers (0.6% versus 0.0%). While gambling prevalence was highest among those aged 35–49 years, problem gambling was most prevalent among 25–34-year-olds (0.7%). Of those who had gambled in the last year, 4.7% were low-risk gamblers, 1.8% were moderate-risk gamblers, and 0.6% were problem gamblers (Table 9).

Table 9 PGSI categories, by sex and age group (%)

	All	Males	Females	15–24 years	25–34 years	35–49 years	50–64 years	≥65 years
Problem gambling – all respondents								
Non-problem/no gambling	96.5	94.1	98.8	96.1	94.0	95.4	98.1	98.9
Low-risk gambler	2.3	3.7	1.0	2.6	3.7	3.1	1.2	0.9
Moderate-risk gambler	0.9	1.7	0.2	1.1	1.5	1.2	0.4	0.2
Problem gambler	0.3	0.6	0.0	0.2	0.7	0.3	0.3	0.0
Problem gambling – those who gambled in the last year								
Low-risk gambler	4.7	7.1	2.1	8.7	7.7	5.5	2.1	2.0
Moderate-risk gambler	1.8	3.2	0.3	3.7	3.2	2.2	0.8	0.4
Problem gambler	0.6	1.2	0.1	0.8	1.5	0.5	0.6	0.1

Males aged 25–34 years had the highest prevalence of problem gambling (1.3%), with a further 8.3% classified as being either low- or moderate-risk gamblers (Table 10). While the prevalence of problem (0.5%) and at-risk (5.8%) gambling was low among 15–24-year-old males, when only those 15–24-year-old males who gambled in the last year were included, the prevalence of problem gambling was 1.5%, and at-risk gambling was 18% (Table 10).

Table 10 PGSI categories, sex by age group (%)

	Males					Females				
	15–24 years	25–34 years	35–49 years	50–64 years	≥65 years	15–24 years	25–34 years	35–49 years	50–64 years	≥65 years
Problem gambling – all respondents										
Non-problem/ no gambling	93.8	90.4	91.5	97.0	98.2	98.4	97.5	99.2	99.1	99.4
Low-risk gambler	3.6	5.5	5.7	1.5	1.5	1.6	2.0	0.5	0.9	0.5
Moderate-risk gambler	2.2	2.8	2.2	0.9	0.2	0.0	0.3	0.3	0.0	0.1
Problem gambler	0.5	1.3	0.6	0.6	0.1	0.0	0.2	0.0	0.0	0.0
Problem gambling – those who gambled in the last year										
Low-risk gambler	11.2	10.5	9.5	2.6	3.1	5.7	4.4	0.9	1.6	1.0
Moderate-risk gambler	6.8	5.4	3.6	1.6	0.5	0.0	0.7	0.6	0.0	0.3
Problem gambler	1.5	2.4	1.0	1.1	0.1	0.0	0.4	0.0	0.0	0.0

3.4.1 Prevalence of problem and at-risk gambling by socioeconomic characteristics

Respondents living in the most deprived quintile had the highest prevalence of problem gambling (1.0%) and were also most likely to be low- or moderate-risk gamblers (Table 11). When only those survey participants who had gambled in the last year were included, the prevalence of problem gambling among those in the least deprived quintile increased to 1.8%.

Table 11 PGSI categories, by area-level deprivation (%)

	1 (most deprived)	2	3	4	5 (least deprived)
Problem gambling – all respondents					
Non-problem/no gambling	94.4	97.7	96.8	96.3	96.8
Low-risk gambler	3.4	1.4	2.3	2.5	2.1
Moderate-risk gambler	1.2	0.8	0.7	1.2	0.7
Problem gambler	1.0	0.1	0.2	0.0	0.4
Problem gambling – those who gambled in the last year					
Low-risk gambler	6.1	3.0	4.9	5.3	4.3
Moderate-risk gambler	2.2	1.7	1.5	2.4	1.4
Problem gambler	1.8	0.3	0.3	0.1	0.7

Respondents who were unemployed were most likely to meet the PGSI criteria for problem gambling (1.8%), while those engaged in home duties or who were retired were least likely to be problem gamblers (0.0%). When only those who had gambled in the last year were included, 8.5% of unemployed respondents met the criteria for at-risk gambling, while a further 3.6% were problem gamblers (Table 12).

Table 12 PGSI categories, by employment status (%)

	Employed	Unemployed	Student	Home duties/ retired/other
Problem gambling – all respondents				
Non-problem/no gambling	95.7	94.0	96.7	98.5
Low-risk gambler	2.9	3.0	1.9	1.1
Moderate-risk gambler	1.1	1.2	1.3	0.3
Problem gambler	0.4	1.8	0.1	0.0
Problem gambling – those who gambled in the last year				
Low-risk gambler	5.3	6.1	7.6	2.3
Moderate-risk gambler	2.0	2.4	5.4	0.6
Problem gambler	0.7	3.6	0.3	0.1

Regarding educational attainment, those who had completed primary or lower second-level education only were most likely to meet the criteria for at-risk gambling (3.4%) and to be a

problem gambler (0.7%). Those who had completed third-level education were least likely to be a problem gambler (0.1%), although they reported similar rates of at-risk gambling (3.2%) as those who had completed primary/lower second-level education only (3.4%) or second level (2.7%) (Table 13).

Table 13 PGSI categories, by educational attainment (%)

	Primary/lower second level only	Completed second level	Completed third level
Problem gambling – all respondents			
Non-problem/no gambling	95.9	96.9	96.6
Low-risk gambler	2.7	1.7	2.4
Moderate-risk gambler	0.7	1.0	0.8
Problem gambler	0.7	0.4	0.1
Problem gambling – those who gambled in the last year			
Low-risk gambler	5.9	3.8	4.7
Moderate-risk gambler	1.6	2.3	1.6
Problem gambler	1.5	0.8	0.2

3.4.1.1 Change in prevalence of problem gambling since 2014–15

It is only possible to compare the prevalence of problem gambling since 2014–15 by using the *DSM-IV* criteria. In 2019–20, the prevalence of problem gambling in Ireland using the *DSM-IV* criteria was 0.4%, compared with 0.6% in 2014–15 (Table 14). The prevalence of problem gambling among males decreased from 1.1% to 0.7%, while there was little change in the prevalence of problem gambling among females. As the 2014–15 survey did not use the PGSI, it is not possible to ascertain whether there has been any change in the prevalence of at-risk gambling since that survey.

Table 14 Prevalence of problem gambling using DSM-IV criteria, 2014–15 and 2019–20

	All adults	Males	Females	15–24 years	25–34 years	35–49 years	50–64 years	65+ years
2019–20	0.4	0.7	0.1	0.2	1.3	0.4	0.2	0.1
2014–15	0.6	1.1	0.2	0.8	1.4	0.5	0.4	0.1

Note: The figures presented for 2014–15 differ to those published previously

3.4.1.2 Comparison of at-risk and problem gambling prevalence with the United Kingdom

The prevalence of last year gambling was lower in the Republic of Ireland (49%) than reported in the most recent health surveys conducted in England [15], Wales [16], and Scotland [17] and was also lower than findings from Northern Ireland's 2016 gambling survey [18]. The prevalence of last year gambling in the four United Kingdom (UK) countries ranged from 50% in Wales to 67% in Northern Ireland (Table 15). The prevalence of at-risk gambling among adults in the Republic of Ireland was similar to that reported in England, Scotland, and Wales, while the prevalence of problem gambling was lower. The prevalence of both at-risk and problem gambling were considerably lower in the Republic of Ireland compared with Northern Ireland. The highest prevalence of at-risk (12%) and problem (2.3%) gambling was reported in Northern Ireland [18]. Each of the four surveys conducted in England, Wales, Scotland and Northern Ireland used the PGSI to measure at-risk and problem gambling.

Table 15 Comparison of the prevalence of last year, at-risk, and problem gambling between the Republic of Ireland and England, Northern Ireland, Scotland, and Wales (%)

	Republic of Ireland (2019–20)	England (2018)	Northern Ireland (2016)	Scotland (2017)	Wales (2018)
Last year gambling	49.0	54.0	67.2	63.0	50.2
Problem gambling					
Low-risk gambler	2.3	2.7	6.7	2.7	2.0
Moderate-risk gambler	0.9	0.8	4.9	0.9	0.9
Problem gambler	0.3	0.5	2.3	0.8	0.7

3.5 Gambling and substance use

The prevalence of last year gambling and at-risk and problem gambling was analysed by smoking, drinking, and recent (in the last 12 months) illegal drug use status. Respondents' drinking status was classified as follows:

- Non-drinkers: those who had not consumed alcohol in the last year
- Low-risk drinkers: those who had consumed alcohol in the last year but did not engage in regular heavy episodic drinking (HED) or meet the criteria for alcohol use disorder (AUD)
- Regular HED drinkers: defined as those who consumed six or more standard drinks on a single occasion at least once per month in the last year, and
- Drinkers with AUD: those who met the criteria for AUD as defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) [19].

Non-drinkers were much less likely to gamble (34%) compared with drinkers (53–59%). Those who engaged in monthly HED were more likely than non-drinkers and low-risk drinkers to meet the criteria for at-risk and problem gambling; however, those with AUD were most likely to meet the criteria for at-risk gambling (11%) or problem gambling (1.5%) (Table 16).

Table 16 Prevalence of last year gambling and at-risk and problem gambling, by drinking status (%)

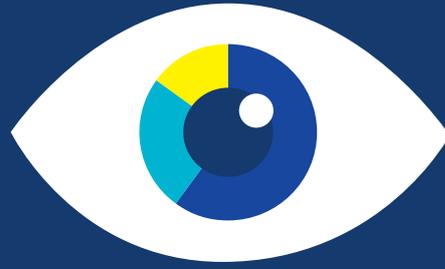
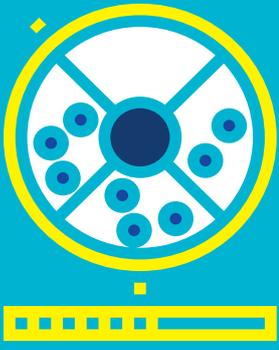
	Non-drinker	Low-risk drinker	Monthly HED	AUD
Any last year gambling	34.2	53.2	52.8	59.3
Problem gambling				
Low-risk gambler	1.0	1.4	1.8	7.5
Moderate-risk gambler	0.2	0.4	0.7	3.7
Problem gambler	0.0	0.1	0.3	1.5

Respondents who reported that they currently smoke were more likely than non-smokers to have gambled in the last year (55% versus 48%). Smokers were also more likely than non-smokers to meet the criteria for at-risk gambling (6.5% versus 2.5%) and problem gambling (1.2% versus 0.1%). Similar proportions of last year illegal drug users and those who had not used illegal drugs reported gambling in the last year (51% versus 49%). However, respondents who had used an illegal drug in the last year were more likely than those who had not used an illegal drug to meet the criteria for at-risk gambling (8.5% versus 2.8%) and problem gambling (2.0% versus 0.2%) (Table 17).

Table 17 Prevalence of last year gambling and at-risk and problem gambling, by smoking and last year illegal drug use status (%)

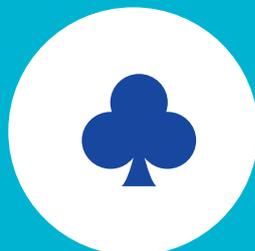
	Current smoking		Last year illegal* drug use	
	Yes	No	Yes	No
Any last year gambling	54.5	47.9	51.4	48.8
Problem gambling				
Low-risk gambler	4.7	1.8	5.2	2.1
Moderate-risk gambler	1.8	0.7	3.3	0.7
Problem gambler	1.2	0.1	2.0	0.2

*Any illegal drug refers to cannabis, ecstasy, cocaine powder, magic mushrooms, amphetamines, poppers, LSD, new psychoactive substances (NPS), solvents, crack, and heroin.



04

Conclusion



This is the second time that the NDAS has collected information on the prevalence of gambling in the Republic of Ireland. The results of the current survey indicate that there has been a significant decrease since 2014–15 in the proportion of adults in Ireland who gambled in the last year and who gamble monthly. It is unclear why a decrease in the prevalence of gambling has been observed since 2014–15, as there have been no changes in legislation or policy in that time. The largest decrease was observed in the proportion of adults buying a lottery ticket or scratch card in person, but a decrease was observed in almost every gambling activity included in the survey, with the exception of playing lottery games online. In the same time period, decreases (albeit smaller than in Ireland) have been observed in the prevalence of last year gambling in England, Wales, and Scotland [20, 16, 21]. The decrease in gambling prevalence in England has been attributed to decreased participation in the National Lottery [21].

Similar proportions of males and females (51% versus 47%) reported gambling participation in the last year, and gambling participation in the last year was similar for all adults aged 25 years and over. These patterns are highly influenced by lottery-only gambling activity. When looking at gambling activity excluding those who only undertook lottery activities, different participation patterns emerge. Gambling activity (excluding lottery) was more common among males than females (26% versus 15%) and was at its highest for males aged 35–49 years (at 35%) and males aged 25–34 years (at 27%). Regarding socioeconomic factors, there was little variation in gambling participation by educational attainment. Employed respondents were more likely than unemployed respondents to gamble, and this remained the case when lottery activities were excluded. However, those who lived in the most deprived areas reported higher rates of last year gambling than those in less deprived areas.

The prevalence of at-risk gambling (low- or moderate-risk, as measured by the PGSI) was 3.2%, while the prevalence of problem gambling was 0.3%. Males were much more likely than females to meet the criteria for at-risk (5.4% versus 1.2%) and problem (0.6% versus 0.0%) gambling. In Ireland, at-risk and problem gambling appear to be strongly associated with poorer socioeconomic status. Those living in the most deprived areas were most likely to be an at-risk or problem gambler. While respondents in employment were most likely to participate in gambling activities, unemployed respondents were most likely to be at-risk or problem gamblers. Similarly, while those who had completed third-level education were most likely to gamble, it was those respondents who had attained primary or lower second-level education only that were most likely to be at-risk or problem gamblers. An association between problem gambling and lower socioeconomic status, particularly unemployment, has been identified in the international literature [22, 23].

While the overall prevalence of at-risk and problem gambling is relatively low, the data presented in this bulletin indicate that there is a need for treatment provision in Ireland for those with gambling problems. The Health Service Executive (HSE) addiction services have traditionally focused on problematic drug and alcohol use and do not provide specific gambling services. Although some cases of problematic gambling have received treatment in general mental health services or in alcohol or drug addiction services, the HSE has not been funded to develop a programme or intervention for problematic gambling [4]. The reporting of gambling treatment cases to the National Drug Treatment Reporting System (NDTRS) is optional; therefore, there are limited data on gambling treatment. In 2019, 344 cases that received treatment for gambling were reported to the NDTRS, which is an underestimate and under-represents the true extent of treatment for problem gambling.

Our results suggest that at-risk and problem gambling are strongly associated with smoking, AUD, and use of illegal drugs. A meta-analysis of population surveys found that problem gamblers experienced high levels of comorbid substance use disorders [24]. An analysis of Irish NDTRS data found that almost one-half of problem gambling cases had a comorbid substance use problem [25]. The presence of such comorbid conditions may produce difficulties for treatment, and it may be beneficial to tailor treatments to different types of gamblers.

While gambling is a cross-departmental issue, responsibility for gambling in Ireland has generally been assigned to the Department of Justice. In 2021, the Irish Government published its long-awaited *General Scheme of the Gambling Regulation Bill*. This legislation includes measures and safeguards to address problem gambling, protect children, and ensure public safety and well-being. The proposed Gambling Regulatory Authority of Ireland will have the power to create a code which may impose restrictions or prohibitions regarding the times each day when gambling advertisements can be broadcast; the volume and frequency of gambling advertisements that can be broadcast during sporting events; and the use of images of children, animated characters, or animals in gambling advertisements. The Bill also contains consumer protection measures, including: prohibitions on the offer of inducements such as free bets; prohibitions on the offer of credit or credit facilities to players; spending limits (where practicable); and restricting certain payment methods (such as credit cards).

It is recognised that problem gambling can harm the health and well-being of individuals, families, communities, and society. The available evidence suggests that a public health approach to gambling can reduce gambling-related harms via the regulation of access to gambling, through to the screening of individuals at risk and the provision of services for individuals with an identified gambling problem [26, 27]. Problem gambling behaviours differ in many respects from those associated with potentially harmful substance use. At the same time, it is encouraging to see that the marketing and access aspects of the new Bill mirror a number of provisions contained in the legislative response to alcohol use. The link between problem gambling and socioeconomic deprivation should also be a factor informing planning decisions around the density of gambling outlets. While a broad public health approach to gambling would be welcome, knowledge of the risk factors associated with problem gambling in Ireland is limited. There is a need for a greater understanding of the social and psychological mechanisms that lead to difficulties. This learning will help in deciding the extent and type of interventions needed and how best to integrate these with existing treatment services. Greater access to treatment will also increase awareness of the harmful consequences of problem gambling and provide detailed information on the patterns of behaviours associated with it. This is the evidence that will be necessary in order to both ameliorate the difficulties faced by individuals, and develop clear indicators to assess the regulatory response.

Appendix 1

This appendix presents the prevalence of last year gambling (Table 18), monthly gambling (Table 19), and at-risk or problem gambling (Table 20) by each of the 10 RDATFs. Figure 4 presents a map of Ireland with each of the 10 RDATF areas defined.

Table 18 Prevalence of last year gambling in each RDATF area, by sex and age group (%)

	All	Males	Females	15–34 years	35–64 years	≥65 years
East Coast	51.1	55.4	47.7	45.5	56.7	43.7
North Dublin	57.1	62.4	52.5	37.4	67.5	55.4
South Western	59.8	63.9	55.8	43.8	72.4	58.2
Midland	44.6	46.0	43.1	30.2	51.8	57.5
Mid-West	48.9	51.3	45.6	49.7	52.7	38.7
North Eastern	35.0	37.9	32.2	30.8	37.8	34.0
Northwest	39.8	38.0	41.7	31.0	44.2	41.5
South East	37.2	37.0	37.3	39.0	38.9	29.7
Southern	53.6	56.5	51.0	48.2	57.7	51.8
Western	48.1	47.3	49.0	29.5	60.6	46.3

Table 19 Prevalence of monthly gambling in each RDATF area, by sex and age group (%)

	All	Males	Females	15–34 years	35–64 years	≥65 years
East Coast	27.3	33.6	22.5	23.5	28.8	29.6
North Dublin	34.8	42.3	28.3	16.6	40.2	45.0
South Western	39.6	44.6	34.6	22.8	50.2	45.4
Midland	28.0	29.4	26.4	15.2	33.1	43.6
Mid-West	30.8	32.1	29.0	24.8	36.7	24.9
North Eastern	21.7	26.7	17.0	9.9	27.8	24.9
Northwest	30.8	31.5	30.0	16.7	37.5	34.4
South East	23.6	25.0	22.4	23.0	24.2	23.4
Southern	30.5	32.2	28.9	20.2	34.6	35.7
Western	34.3	36.2	32.2	15.7	47.1	31.3

Table 20 PGSI categories by RDATEF area (%)

	Non-problem/ no gambling	Low-risk gambling	Moderate-risk gambling	Problem gambling
East Coast	97.0	2.6	0.4	0.0
North Dublin	94.8	3.8	1.0	0.5
South Western	96.9	1.6	0.9	0.6
Midland	97.0	1.4	1.5	0.1
Mid-West	95.5	3.6	0.9	0.0
North Eastern	98.1	1.4	0.4	0.0
Northwest	98.1	1.2	0.5	0.2
South East	95.4	3.2	0.9	0.5
Southern	96.9	2.0	0.8	0.4
Western	96.1	1.8	1.4	0.8

Figure 4 Map of RDATEF areas in Ireland



NRDTF (Northern);
 ECRDATF=East Coast Regional
 Drugs and Alcohol Task Force;
 SWRDATF=South Western
 Regional Drugs and Alcohol Task
 Force;
 MRDATF=Midland Regional
 Drug and Alcohol Task Force;
 MWRDATF=Mid-West Regional
 Drugs and Alcohol Task Force;
 NERDATF=North Eastern
 Regional Drug and Alcohol Task
 Force;
 NWRDATF=Northwest Regional
 Drug and Alcohol Task Force;
 SERDATF=South East Regional
 Drug and Alcohol Task Force;
 SRDATF=Southern Regional
 Drug and Alcohol Task Force;
 WRDATF=Western Region Drug
 and Alcohol Task Force.

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