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MONEY FLOWS SINCE THE „GERMAN GLÜCKSSPIELSTAATSVERTRAG“ BENEFICIAL FOR PG PREVENTION AND TREATMENT?

MONEY FLOWS SINCE THE „STATE TREATY REGARDING GAMBLING IN GERMANY“ „STAATSVERTRAG ZUM GLÜCKSSPIELWESEN IN DEUTSCHLAND“ (31.07.2007)

BENEFICIAL FOR PG PREVENTION AND TREATMENT?

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Outline

- Introduction
- Money spent (Examples: Hamburg, Bavaria, Hesse)
- Development of „addiction“ treatments für PG in Germany
- Summary



Introduction

- 2006 the Federal Constitutional Court decided that the existing state monopoly for Sports Betting was no longer justifiable
 - Reason: Promoting betting behavior via public advertising was seen contradictory to fostering prevention and treatment of „gambling addiction“ (= states primary obligation!)
 - In 2007 a new **State Treaty („Glücksspielstaatsvertrag“)** was decided upon by the respective ministries of all 16 Federal Lander (Bundesländer) in order to maintain the state monopoly for Lotteries and Toto
 - It was effective from 01.01.2008 – 31.12.2011 and has meanwhile been followed by the first amending law
- ➡ Corresponding measures were created and **a lot of money was spent** in all sixteen Lander, with – among others - also the **aim of:**
PG prevention and treatment and sometimes also in research .

What has it been used for?



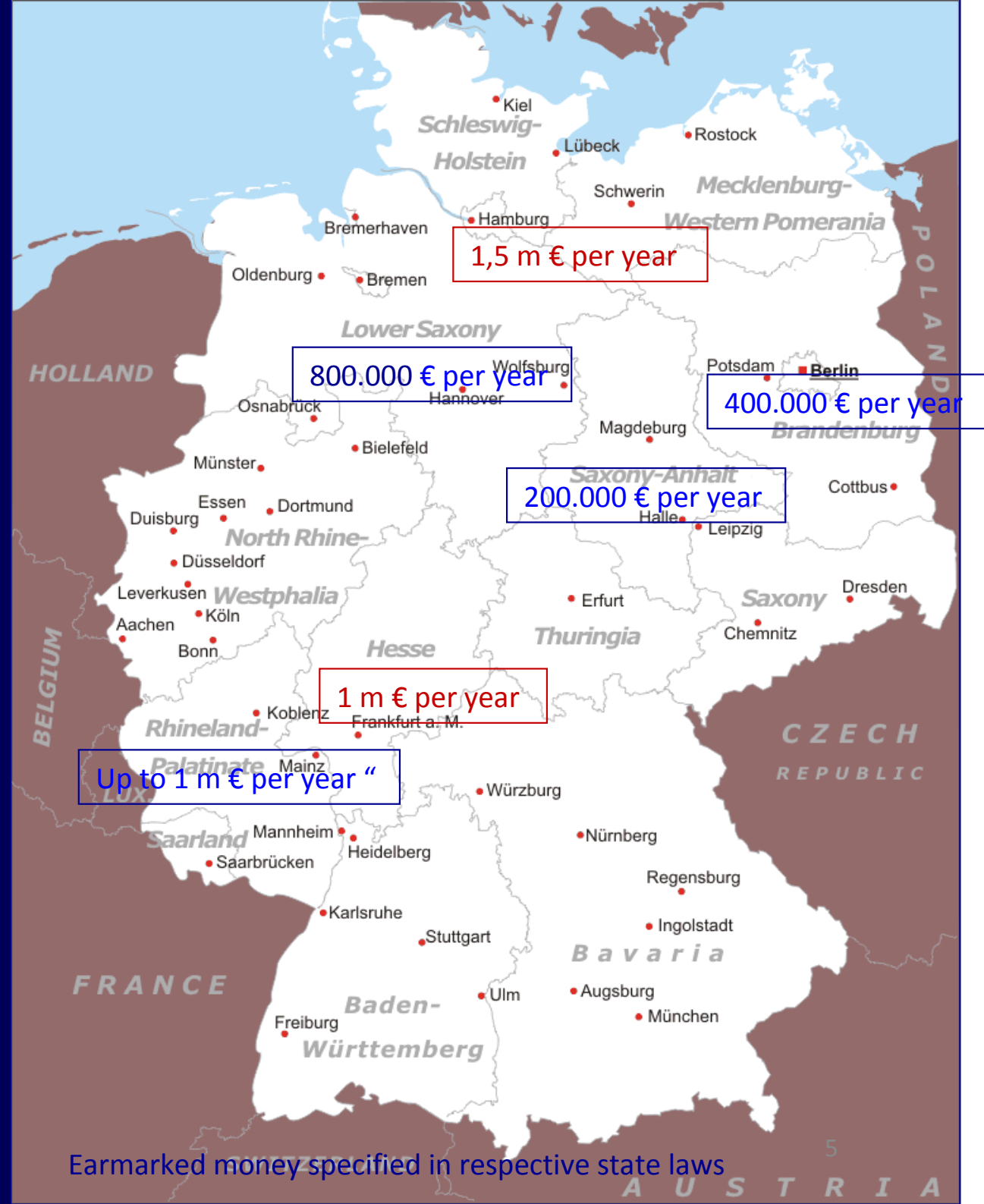
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MONEY SPENT BY THE FEDERAL STATES OF GERMANY DUE TO THE „GLÜCKSSPIELSTAATSVERTRAG“

How much **money** was spent due to the „German Glücksspielstaatsvertrag“?

Difficult to assess, due to varying transparency in the different counties



Earmarked money specified in respective state laws



Funding due to the „Glücksspielstaatsvertrag“ Federal State of Hamburg 2008-2010

Purpose of funding	Expenses
research	1.057.206 €
PG symposium	22.000 €
PG prevention	476.100€
PG treatment	??
government supervision/ federal gambling consulting committee	65.994 €
legal opinion	300 €
Sum/3 years	1.621.600 €

Scheduled expenses 2008-2010 1,500,000 € per year = **4.500.000 €**

Difference = 2.878.400 € !!!----- Spent for ... ???



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Trends in outpatient addiction aid in Bavaria

(Braun et. al 2012, Kraus & Braun 2012)

- Studies by the state office for gambling addiction in Bavaria with the aim to evaluate the acceptance of the PG treatment options
- Secondary data analysis of the German addiction aid statistics (Deutsche Suchthilfestatistik)
- Sample: outpatient addiction aid facilities (n=21-41) in Bavaria, pat. with the main ICD-10 diagnosis of pathological gambling

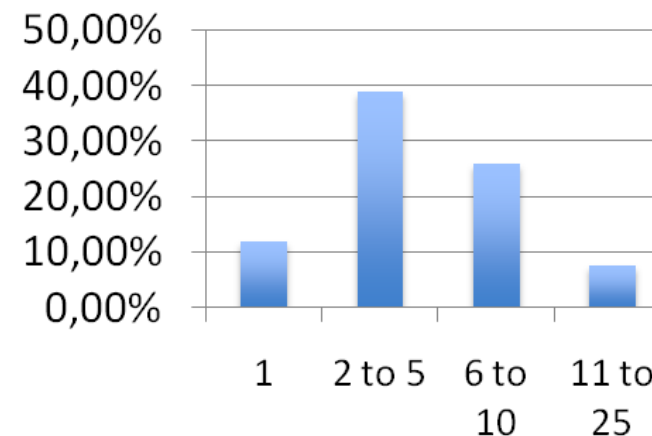


Trends in outpatient addiction aid in Bavaria 2001-2010

(Braun et. al 2012, Kraus & Braun 2012)

- Increase of number of clients per facility between 2001 (Ø 3.5 PG clients) and 2010 (Ø 19,2 PG clients)
- Number of contacts and client characteristics remained quite similar over the years
- Number of contacts in 2009:
 - Ø 9 contacts (SD= 11,8)
 - Drop out = 70,2%
- Authors describe a discrepancy between the need for and the use of treatment

number of contacts



➡ **Addiction treatment” – an aversive or inadequate offer for most PG?**



Problem-/pathological gamblers in Outpatient- Psychotherapy (in Bavaria 2009)

	<u>N</u>	<u>%</u>
Psychological Psychotherapists (PPT) in Bavaria	2520	100
Invited for Online Screening	726	28.81%
Participants	217	29,9% of 726 8,61% of 2520
PPT who treated PG	61	28,1% of 217
PG treated	149	=2,44 pat. per PPT

Estimates of the authors: All **2520 PPTs** together treated **1.437 PG**, of whom 801 had PG as their main diagnosis.

Alternative Hypothesis: **2520 PPT** treated **149 PG**

Both hypotheses are equally (non-) plausible



Evaluation pilot project in Hesse – Examples of good practice?! (Schu et al 2010)

- Pilot project was realized in 2008 by the state office for addiction in Hessen
 - Installation of an office of coordination
 - **13 additional employees for gambling addiction counseling**
(where from?)
 - Development of a conceptual framework for PG prevention and treatment
 - Further training for the counselors
 - Public relations
 - Development of PG handouts with uniform content
 - Development of PG specific documentation components



Counseling for PG

	Facilities with Specialized PG counseling (SC)		Facilities without SC	
	Number of PG	% of PG in total patients	Number of PG	% of PG in total patients
2006	167	4%	83	1%
2007	251	6%	93	1%
2008	445	10%	136	1%
2009	776	15%	121	1%

Counseling for PG relatives

	Facilities with Specialized PG counseling (SC)		Facilities without SC	
	Number of PG relatives	% of PG relatives in total relatives	Number of PG relatives	% of PG relatives in total relatives
2006	16	9%	17	17%
2007	39	13%	14	13%
2008	83	16%	27	17%
2009	139	15%	9	7%



Average time in treatment

	Facilities with Specialized PG counseling (SC)		Facilities without SC	
	>1 contact	1 contact	> 1 contact	1time
2006	80 days (N=75)	55.08% (N=92)	71 days	?
2007	86 days (N=152)	39.44% (N=99)	84 days	?
2008	79 days (N=187)	57.98% (N=258)	78 days	?
2009	80 days (N=344)	55.67% (N=432)	80 days	?



Treatment compliance

	regular		drop out		referral	
	with SC	without SC	with SC	without SC	with SC	without SC
2006 (N=15/23)	100%	96%	0%	4%	0%	0%
2007 (N=78/31)	60%	58%	28%	42%	12%	0%
2008 (N=184/75)	31%	48%	57%	29%	8%	13%
2009 (N=367/52)	29%	40%	55%	37%	9%	14%

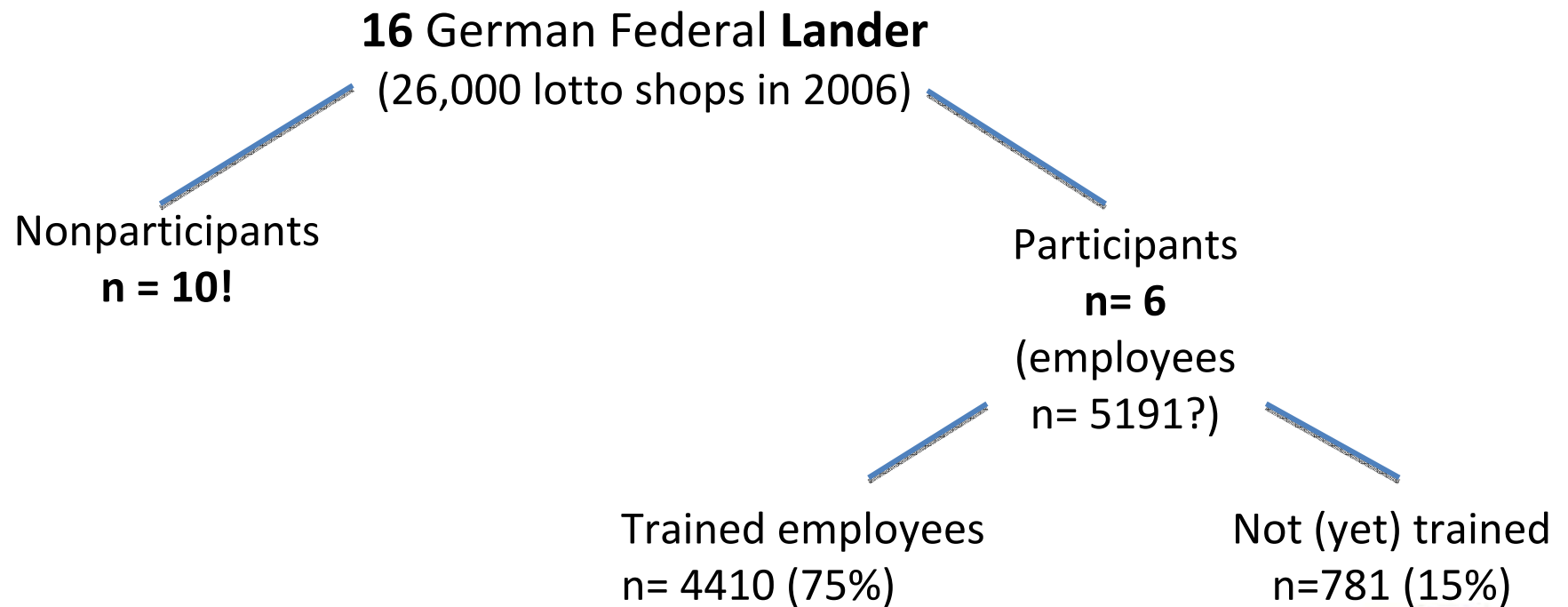
Treatment outcome

	succesful		improved		unimproved	
	with SC	without SC	with SC	without SC	with SC	without SC
2006 (N=68/38)	37%	29%	28%	32%	35%	39%
2007 (N=107/50)	20%	32%	31%	38%	48%	30%
2008 (N=65/73)	16%	19%	39%	29%	42%	52%
2009 (N=325/50)	16%	22%	44%	22%	39%	54%



Trainings for Lottery Employees to understand PG and detect it in customers

(A first evaluation by Kalke et. al 2011)





Employees' self-ratings

item	trained	not trained
Was able to detect problem gamblers	>90%	>80%
Approached problem gamblers*	56%	39%
Recommended professional help*	15,8%	4,3%
Handout given to problem gamblers*	40,4%	29%

(*These data comes only from these employees, who noticed problem gamblers among their customers)

➡ Number of customers contacted: Unknown



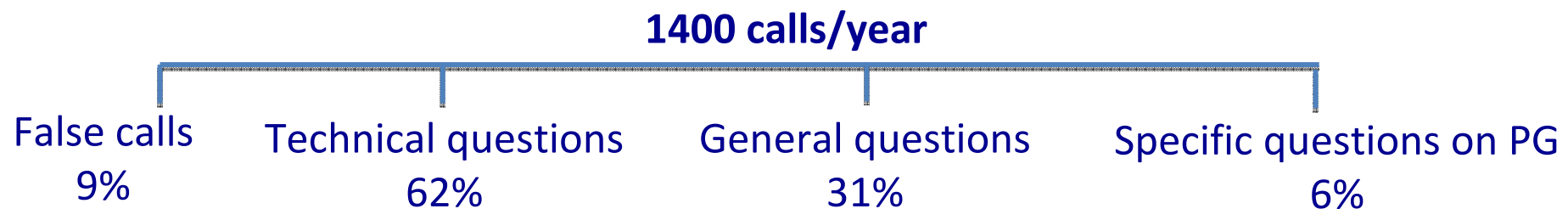
Criticism training for lotto/toto employees

- As the authors concede: There are several methodological problems
- A proof for a better detection of problem gamblers cannot be conducted:
 - Participation of only 6 of 16 Lander and apparently high heterogeneity of training content **and intensity** ? mainly indicate, that to estimate the impact of such trainings on PG prevention and treatment it is currently not possible
 - The self-assessment of the employees should be validated with more objective measures
- It is highly questionable, whether staff training qualifies for identifying pathological gamblers, especially in the Lotto/Toto sales offices where there is less of a chance to detect PG costumers than for example in casinos
(2 studies with casino employees showed that staff ratings were pretty unreliable)



Use of German Info-Phone on PG (Federal Center for Health Education, BzGA, 2011)

- Since 2000 sponsored by VDAI, since 2006 also used by the lotto/toto offeror, since 2007 two different phone numbers
- Level of familiarity: In 2007 6,7% and in 2011 8,2% of the general population state to know a number of a PG-Info-Line (n=10.000)
- Phone calls by gamblers 2010/2011:



Some 550000 (~ 1% of the adult population) Problem/ pathological gamblers in Germany.
Approximately 30% (165000) of those gamble at „amusement machines with prizes“
(another study mentions ~ 50000)



Conclusions PG-Info-phone

- Round about 10% of the general population knows of the Info-phone which is a pretty high level of familiarity
- of approximately 165,00 gamblers at “amusement machines with prizes” only 9.900 (6%) did contact the Info-Phone
- The annual costs for BzG service: ?€
- Each call costs the sponsor ?€

➡ Nobody knows, what effect the calls had on the gamblers

- How can the discrepancy between a rather good level of familiarity and the rather low level level of acceptance can be explained?



“Check Dein Spiel- check your gaming” Online counseling program of BZGA (2007-2011)

Initial self-rating test
N= 43000

Program entered
N= 464

(mainly male, ~ 30 years old, previous help seeking behaviour, 11 years gambling history)

Program completed
N=244 (56% of 464)

Abstinence (at end of
program)
N=64 (14% of 464, 26% of 244)

3 months follow up:
only 24 % participants (N=94 of 464)
40% (N= 38 of 94) did not gamble last month
35% (N=33 of 94) gambled only 50% of previous
gambling



Conclusions:

- “Check Dein Spiel” is an effective and accepted early intervention instrument that adds to the outpatient addiction treatment” (Newsletter of the Journals SUCHT, 1.12)
 - Using the criteria of psychotherapy research, we conclude:
 - 244-446 program participants of 43000 problem/pathological gamblers with initial contacts - is an extremely poor acceptance rate
 - 38 of 464 (less than 10%) participants identified as „abstinent“ for the last month of a 3 month follow up is in our opinion a shamefully poor outcome – and even this has no real meaning. Effectiveness can not be judged before 1 year, better 2-4 year follow up.
 - The costs of the program over five years ?? The costs per „1 month abstinence“??
- ➡ “Check Dein Spiel” has not been accepted by the very vast majority of “first contact” gamblers, it even has not been very effective for program participants.



Gambling at “amusement machines with prizes” (BZGA studies 2007 & 2011)

3,7 % (2007) – 3,9% (2009) – 4,9% (2011) of all adults

But in the group of the 18-20 year olds:

4% (2007) – 12,8% (2011)!

(21-25 years-old: 7,2%, 45-65 years old: 0,7%)

Hypothesis:

- Far the most of the public warnings about the “dangers of gambling” referred to “entertainment machines”
- The age group 18-20 years includes a high proportion of vulnerable persons. Warnings of dangers in those provokes increased to engage in particularly this behavior

→ The extraordinary increase in gambling behavior in this age group may be the result of a psychologically ill designed campaign.

(“Addiction of the year” in 2011/12 seems to be the “internet addiction”?)



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Money spent (due to A Side-Effect of?) after the „Glückspielstaatsvertrag“

- The verdict of the Federal Constitutional Court on the addiction dangers of gambling very much intensified the public awareness of PG and the discussion about all kinds of gambling offers in the market.
- Anyone interested to stay in the market or to even enter it, had to invest in at least prevention and (unfortunately only in Addiction) -treatment.



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DEVELOPMENT OF „ADDICTION“ TREATMENT FOR PG IN GERMANY

ADDICTION AID STATISTICS AND RECENT STUDIES



PG in Outpatient Addiction Units 2005-2010

(source: suchthilfestatistik.de)

	2005	2006	2008	2009	2010
No. Of Addiction Treatment Units	703	741	647	747	759
No. of problem/pathol. Gamblers (PG)	2,865	3,017	4,346	6,078	4,532
Average No. of PG per Facility	4,0	6,6	6,7	8,1	5,9
<u>Comorbidity:</u>					
Alcohol	ns	ns	10,3%	10,6	ns
cannabis	ns	ns	4,0%	3,6	
Period of time (weeks)	ns	26.6 (SD=35,8)	25,6	24	ns
Number of contacts (days)		14,7	ns	ns	9,8



PG in Outpatient Addiction Units 2005-2010

(source: suchthilfestatistik.de)

Treatment compliance	2005	2006	2008	2009	2010
Treatment completers (out of which were changes to another facility)	ns	50,8% (17,0%)	52,2%	56,9%	45,3% (12,2%)
Drop outs	ns	46,8%	ns	ns	46,4 %
Other reasons for early termination (death, incarceration..)	ns	2,4%	ns	ns	8,3%



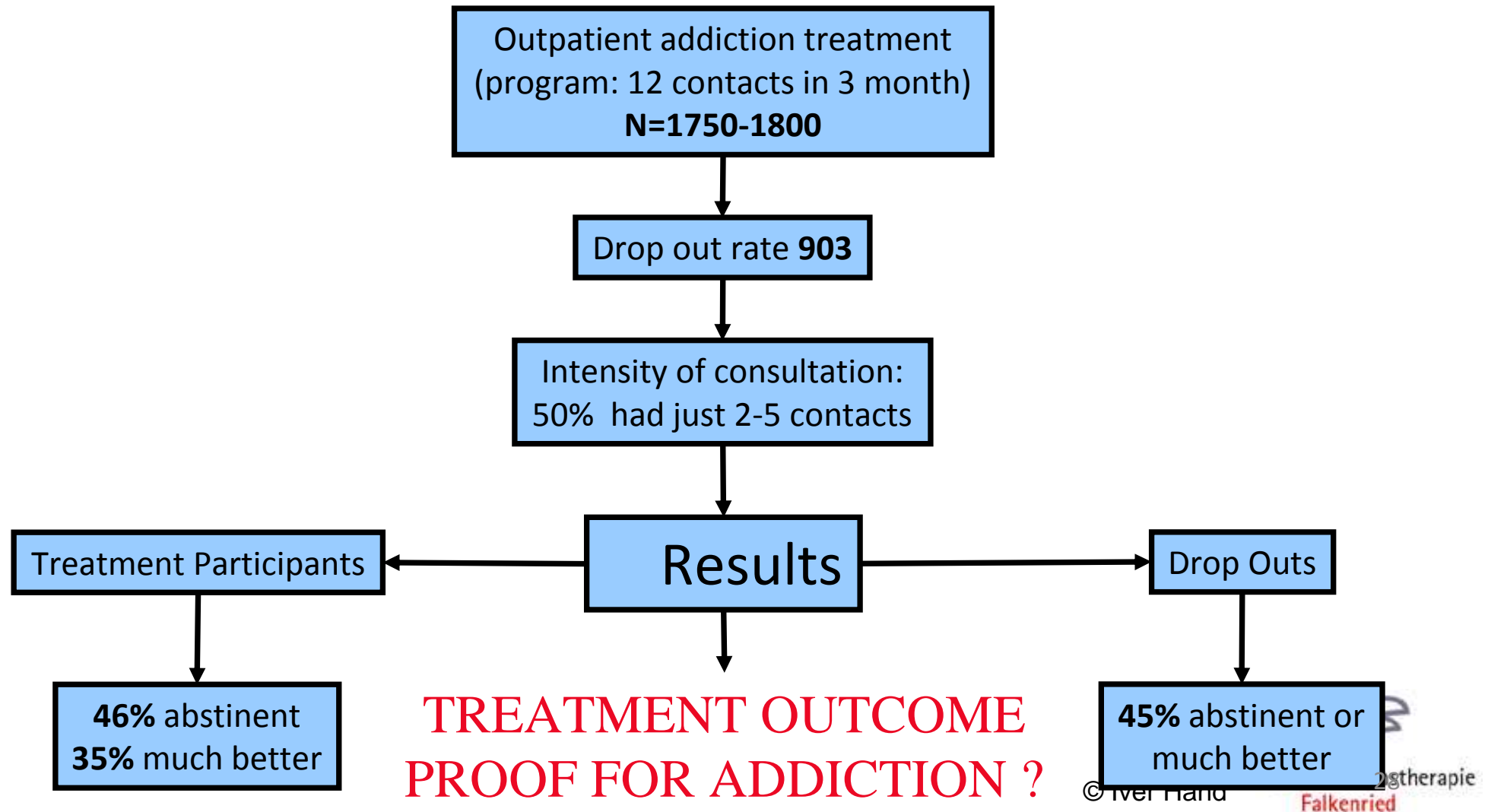
PG in Outpatient Addiction Units 2005-2010

(source: suchthilfestatistik.de)

Counseling success	2005	2006	2008	2009	2010
<u>Full Treatment (n= 1,218)</u>					
Successful	ns	51,2%	ns	38,7%	ns
Improved		31,1%		41,0%	
Unchanged		17,3%		19,3%	
Declined		0,3%		1,0%	
<u>Dropouts (n= 1,196)</u>					
Successful	ns	15,1%	ns	5,0%	ns
Improved		33,0%		28,0%	
Unchanged		50,3%		60,1%	
Declined		1,7%		7,0%	

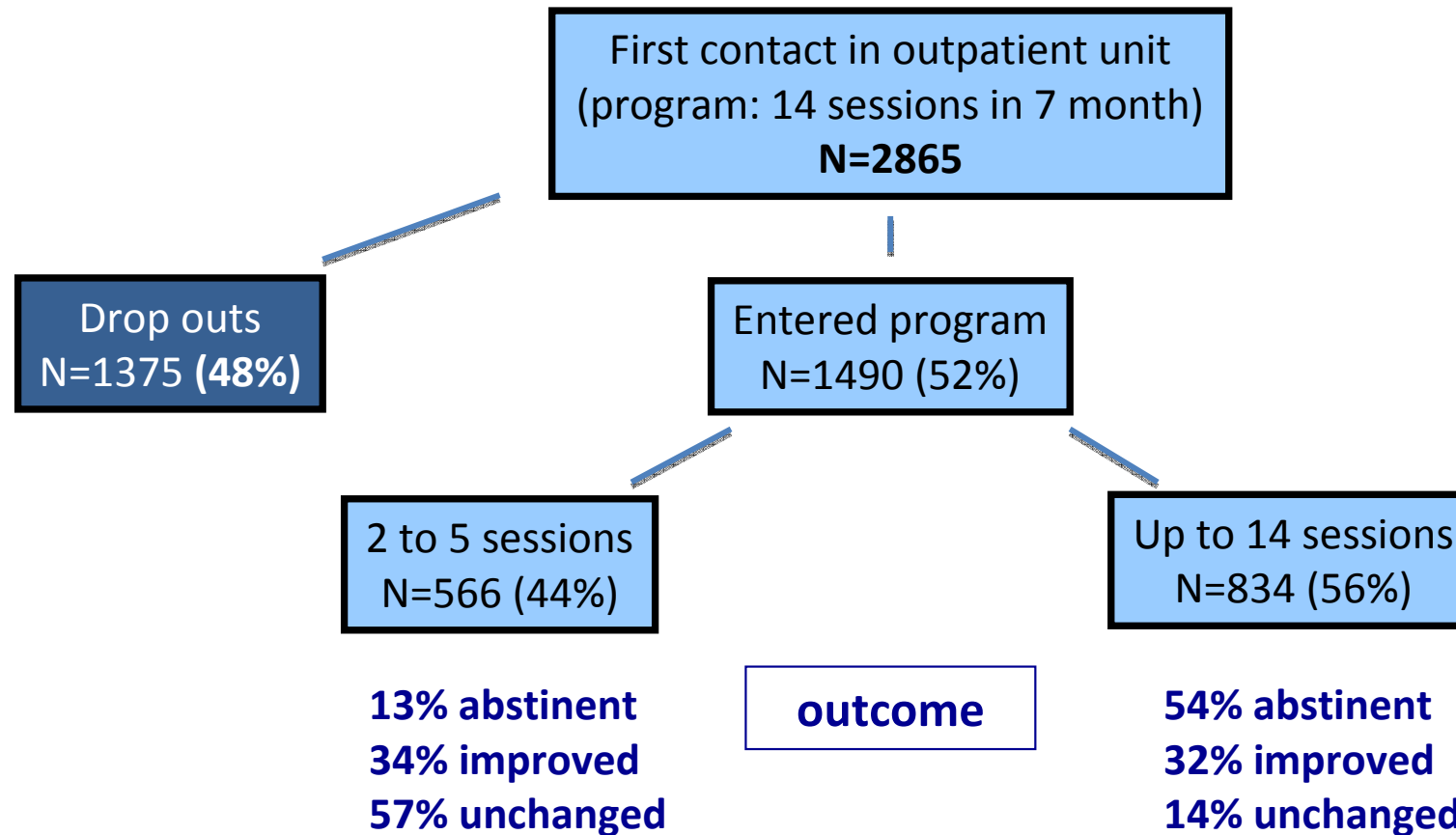


Pathological Gamblers and Outpatient Addiction Treatment (Sonntag u. Welsch, 2004)





Outpatient Addiction Treatment for PG in Germany 2005 (Adapted from Sonntag et al., 2006)





Behavior Therapy for PG in Germany

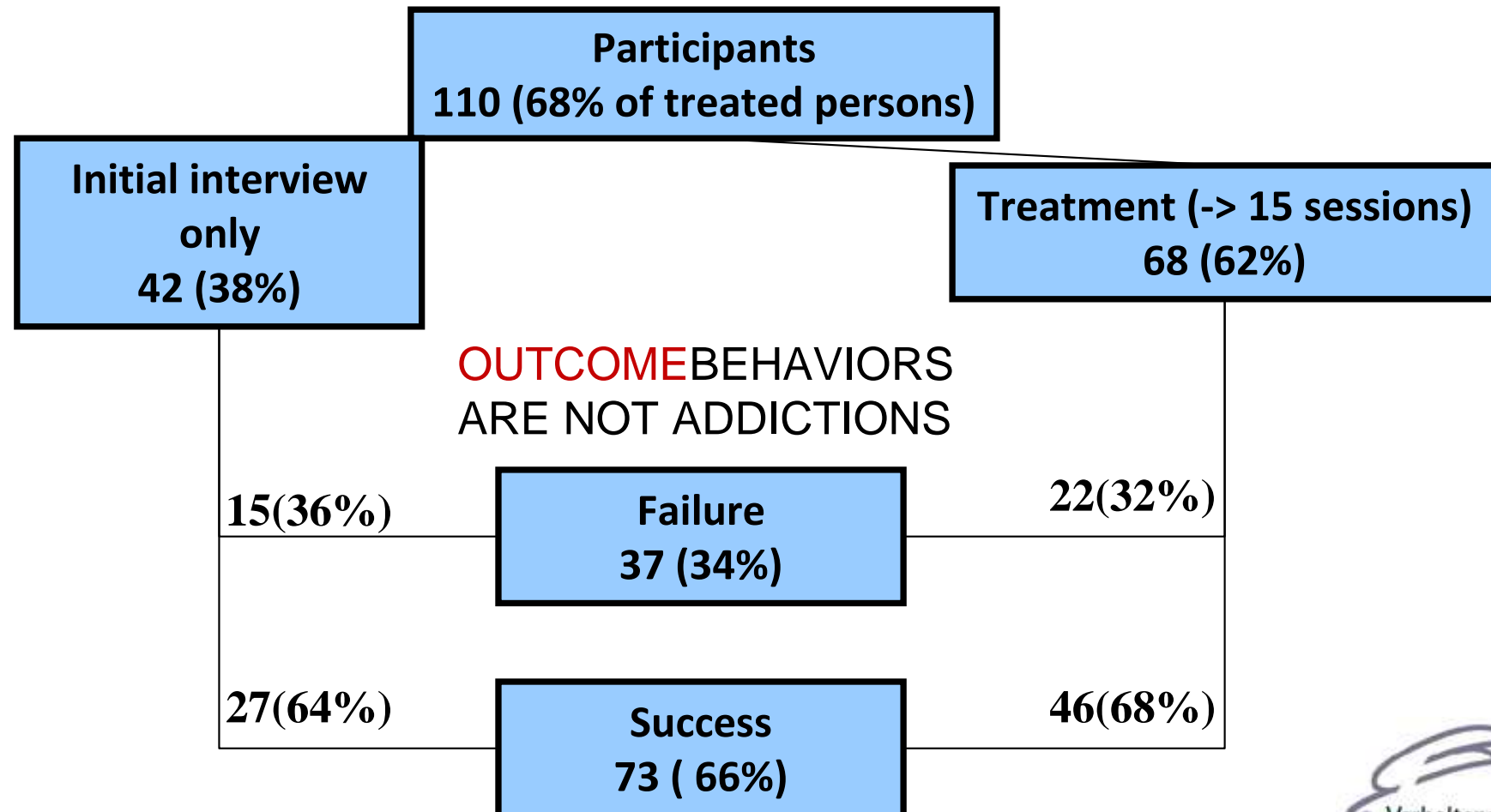
The world-wide first study with short-term, multimodal Behavior Therapy and its long-term effects in the late 1980s suffered from:

- A complete lack of interest in PG and its treatment in German psychiatry
- A not yet established legal basis for broader application of Behaviour Therapy
- The considerable interest of therapists in addiction units in a training in this new approach being suppressed from early on by their main employer (Caritas!)



Pathological Gamblers and Behavioral Therapy:

Hamburg Follow-Up Studies (I-III) ; up to 4 years after treatment





sources

- Sonntag, D., Bauer, C., Hellwich, A.K. (2007). Deutsche Suchthilfestatistik 2006 für ambulante Einrichtungen. Sucht, 53 (Sonderheft 1): 7-41.
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