



2020 National Survey of Gambling Addiction in Japan: Executive Summary



**National Hospital Organization
Kurihama Medical and Addiction Center**
<https://kurihama.hosp.go.jp/>

BACKGROUND AND OBJECTIVES

This report presents the results of a national population-based survey of gambling disorder in Japan, which was performed in October 2020. This survey was the first fact-finding study based on Article 23 of the Basic Law on Measures Against Gambling Addiction (Act no. 74 of 2018), and had the objective of determining the prevalence of gambling disorder. A second objective was to clarify the status of gambling-related problems, such as multiple debts, poverty, child abuse, suicide, and crime. This research project was funded by the Japanese Ministry of Health, Labour, and Welfare, with the aim of obtaining basic data to support countermeasures for gambling addiction in Japan.

*The full-length report of the current survey is available in Japanese at <https://www.ncasa-japan.jp/pdf/document41.pdf>

OUTLINE OF RESEARCH PROJECT

- Survey A :** A nationwide survey of the general population was performed, in order to estimate the prevalence of gambling disorder among the general adult population. In addition, the associations between gambling disorder and gambling-related problems, such as multiple debts, poverty, child abuse, suicide, and crime, were investigated.
- Survey B :** A survey of people with problem gambling at community mental health centers and self-help groups was performed, in order to identify the characteristics and support needs of people with gambling problems, and their families, who seek help from community mental health centers and self-help groups.
- Survey C :** A fact-finding survey of various institutions that provide consultation and counseling services, etc. (counseling institutions), was performed. The counseling institutions included were not specialized in addiction, but covered fields such as law, suicide prevention, economic hardship, child abuse, and consumer protection. However, such counseling institutions are likely to be accessed by people with gambling-related problems. The aim of the survey was to investigate how well counseling institutions that do not specialize in addiction treatment respond when a person suspected of gambling problem consults them.

METHODS

Procedures

The schedule, data collection method, and total number of valid responses to each survey are shown in **Table 1**. Self-administered questionnaires were used in all three surveys.

Survey A : Stratified random sampling based on the Basic Resident Register was used, with 17,955 adults between the ages of 18 and 74 collected. A total of 8,499 participants responded (response rate: 47.2%), of whom 8,223 were analyzed.

Survey B : Two recruitment methods were used. Firstly, questionnaires were distributed to people with gambling problems and their families by service providers at each community mental health center. Secondly, the secretariats of self-help groups for gambling addiction were asked to distribute questionnaires to their members.

Survey C : A questionnaire was mailed to the central office of each counseling institution.

Table 1

	Survey period	Data collection methods	Number of responses
Survey A	Oct. 22 to Dec. 16, 2020	Questionnaires mailed to the address of each household, and responses collected via Internet or mail.	Total responses: 8,469 (47.2%) Valid responses: 8,223
Survey B	Nov. 30, 2020, to Feb. 4, 2021	1) Questionnaires handed to participants in person by service staff. 2) Questionnaires distributed by secretariats of self-help groups via e-mail.	Gamblers' responses: 377 Family members' responses: 643
Survey C	Dec. 23, 2020, to Jan. 15, 2021	Questionnaires mailed to central offices, and data collected via Internet or e-mail.	Counseling institutions' responses : 166

Measurements

Survey A : Sociodemographic variables (sex, age, income, etc.), gambling behavior, gambling-related problems, screening tests for gambling disorder, cross-addiction, awareness of gambling addiction, and awareness of support resources were asked.

Survey B : In addition to the variables covered in Survey A, information about the backgrounds of participants referred to community mental health centers or self-help groups was obtained. Moreover, previous experience of treatment for addiction, experience of the use of other recovery facilities, and the time it took for participants to acknowledge their gambling problems and access support resources, were investigated. Opinions about government policies relating to gambling addiction were also canvased. Family members were asked about the most severe effects of the gambling problems on them.

Survey C : Each counseling institution was asked about its basic characteristics, that is, location, field of consultation, and respondents' specialties. In addition, each was asked, "Does your institution confirm about gambling behavior of clients who suspect they have gambling problems?" , and "Have you ever dealt with a client who had a gambling problem?"

This study was approved by the Ethics Review Committee of the National Hospital Organization, Kurihama Medical and Addiction Center.



RESULTS

Survey A: Nationwide general population survey

1. Participation in gambling by Japanese adults

In Survey A, 45.0% ($n = 1781$) of males and 22.9% ($n = 978$) of females reported engaging in some form of gambling at least once in the past year. Among those who responded that they had engaged in some form of gambling at least once during their lifetimes, the most popular type was the lottery (63.7%), and this was followed by pachinko (50.3%), horse racing (29.4%), and pachi-slot (22.7%) (**Figure 1**).

Figure 1.

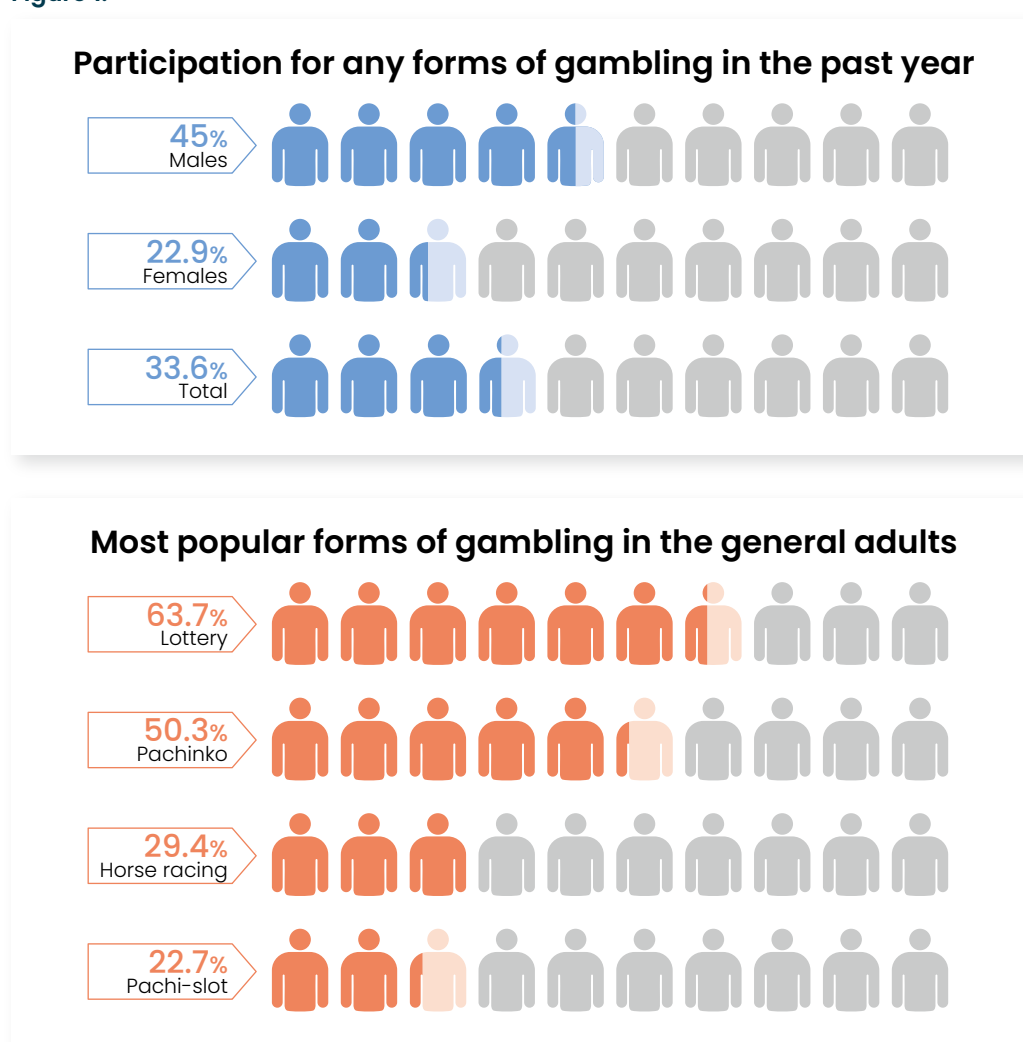
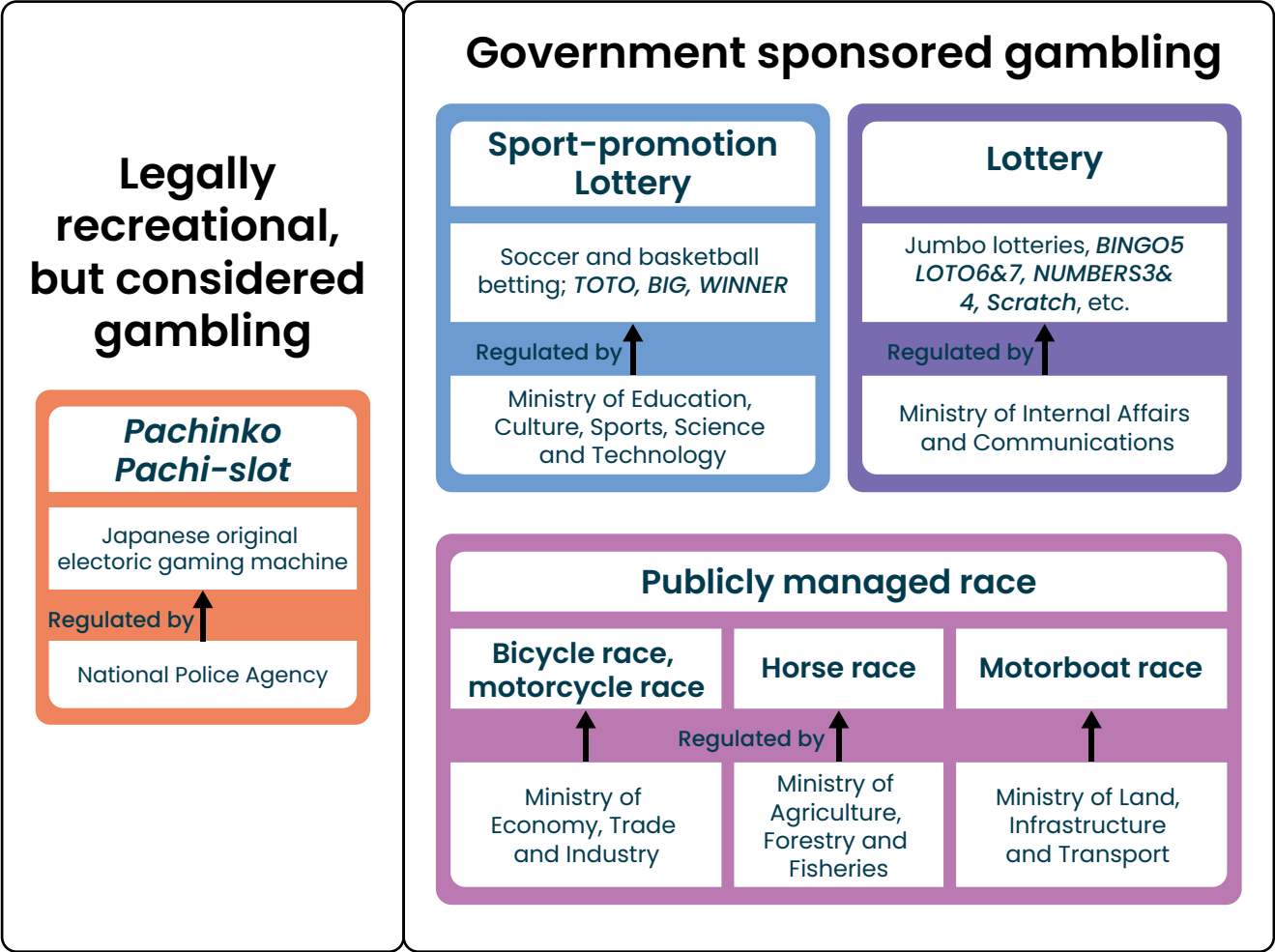
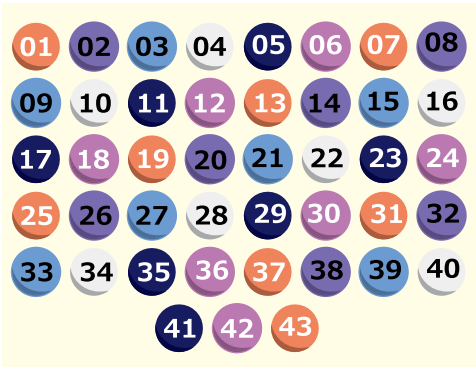


Figure 2. Types of government gambling and governmental regulatory agencies in Japan



Column 1 Types of gambling in Japan

In Japan, the first legislation to ban gambling dates from the seventh century. Currently, all forms of gambling are illegal in Japan. Crimes relating to gambling and sale of lottery crimes are defined by the Penal Code (Articles 185 to 187). However, there is an exception, termed **“government-sponsored gambling”**. The legal status of gambling, and special legislation for different types of gambling are shown in Figure 2. There is no central authority regulating these gambling practices, with each type being under the jurisdiction of and regulated by different governmental agencies.



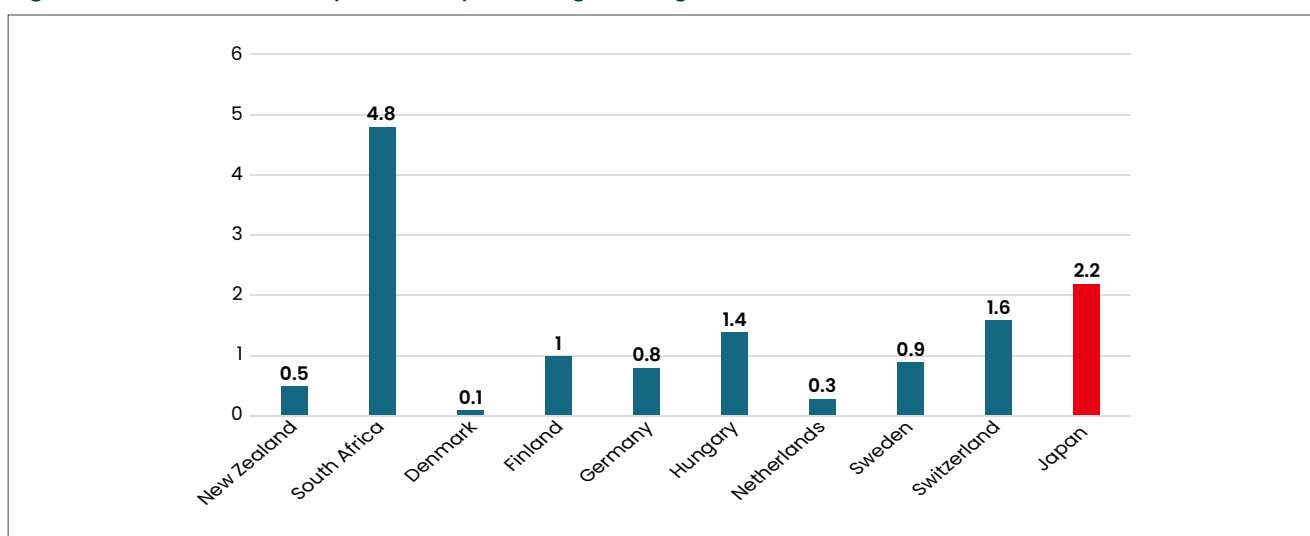
2. Prevalence of gambling disorder

The prevalence of gambling disorder was calculated using the **South Oaks Gambling Screen (SOGS)** total score. In this study, the cut-off point applied for the total SOGS score was five.

Therefore, individuals with a total SOGS score of five or higher were considered to have a gambling disorder. **The prevalence of gambling disorder was found to be 3.7%* in males, 0.7%* in females, and 2.2%* in total.** This rate is somewhat high in international terms, as shown in **Figure 3**.

* These rates were calculated with adjustment for age, on the basis of Japan's demographic distribution.

Figure 3. International comparison of problem gambling



(Data were obtained from Calado and Griffiths, Journal of Behavioral Addictions, 2016)

3. Association with gambling-related problems

Gambling-related problems that frequently occur among individuals with gambling disorder, including multiple debts, poverty, child abuse, suicide, and crime, were investigated. The χ^2 test and Fisher's exact test were used for statistical analysis (**Table 2**). The results showed that individuals with gambling disorder had higher rates of depression and anxiety, smoking, suicidal ideation, suicide attempts, and adverse childhood experiences than other individuals.

Table 2 Association with gambling-related problems

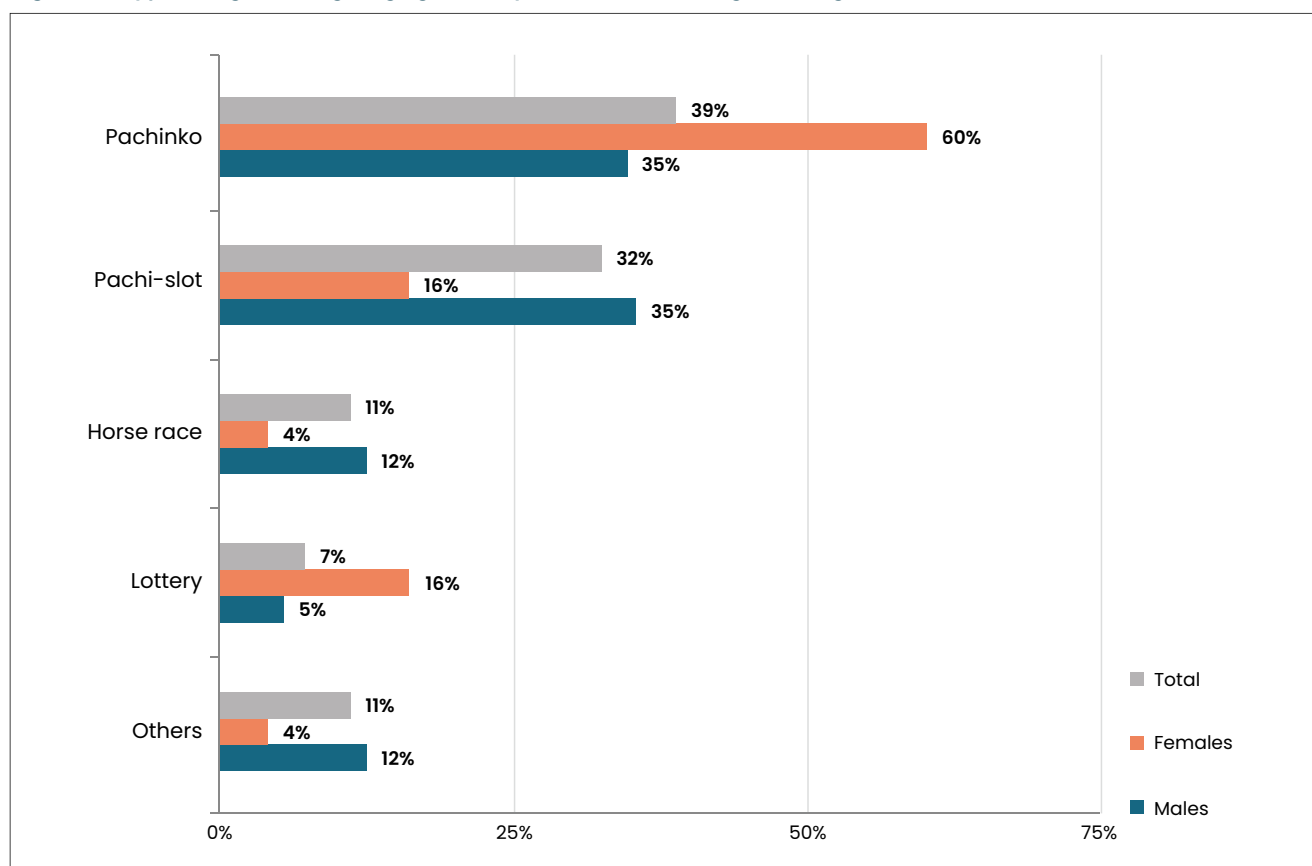
SOGS <5		SOGS ≥5
5.3%	Severe depression and/or anxiety suspected	16.6%
22.2%	Suicidal ideation (any time in past)	39.9%
2.8%	Suicide attempts (any time in past)	5.6%
16.8%	Smoking (current)	49.1%
31.4%	Alcohol problem	38.6%
24.8%	Adverse childhood experiences	34.8%

Survey A: Nationwide general population survey

4.Types of gambling engaged in by individuals with gambling disorder

Among individuals with gambling disorder, the types of gambling on which they had spent most money in the past year were *pachinko* (38.7%), *pachi-slot* (32.3%), and horse racing (11.0%). Among females, the percentage of lottery was 16%, which was the same as that of *pachi-slot* (Figure 4).

Figure 4. Types of gambling engaged in by individuals with gambling disorder



Column 2 Forms of gambling unique to Japan: *Pachinko* and *Pachi-slot*

Pachinko is a form of gambling that is unique to Japan. It is played on electronic gaming machines (EGMs), and is characterized by accessibility and simplicity. The basic principle of pachinko is somewhat similar to that of pinball; a small, silver-colored, steel ball is shot out, and when the ball drops into a hole the player wins. However, it is different from pinball in the following ways. Players do not place gambling money directly using the pachinko machine. At first, they pay money, and buy the steel balls. Subsequently, hundreds of silver balls move into the machines, and are shot out by turning a round knob located at the bottom right of the machine. When players win, they receive a large number of additional balls, which can be exchanged for prizes at the parlor, or for cash at an exchange located outside the parlor. Due to it working as detailed above, pachinko is classified legally as amusement rather than gambling. A photograph of a pachinko parlor with machines and players is shown below. Pachinko parlors are ubiquitous throughout Japan. Furthermore, like convenience stores, they are open for long hours, from 9:00 a.m. to 11:00 p.m. Anyone aged 18 years or more can easily enter pachinko parlors without an ID check. One can play with any amount of money, starting from ¥1,000.



Survey A: Nationwide general population survey

Pachi-slot is another type of EGM that is original to Japan, and operates in a similar manner to pachinko parlors. At first glance, it looks like a slot machine commonly found in casinos, but Pachi-slot is different in that the player can stop the spinning reels at any time with the press of a button.

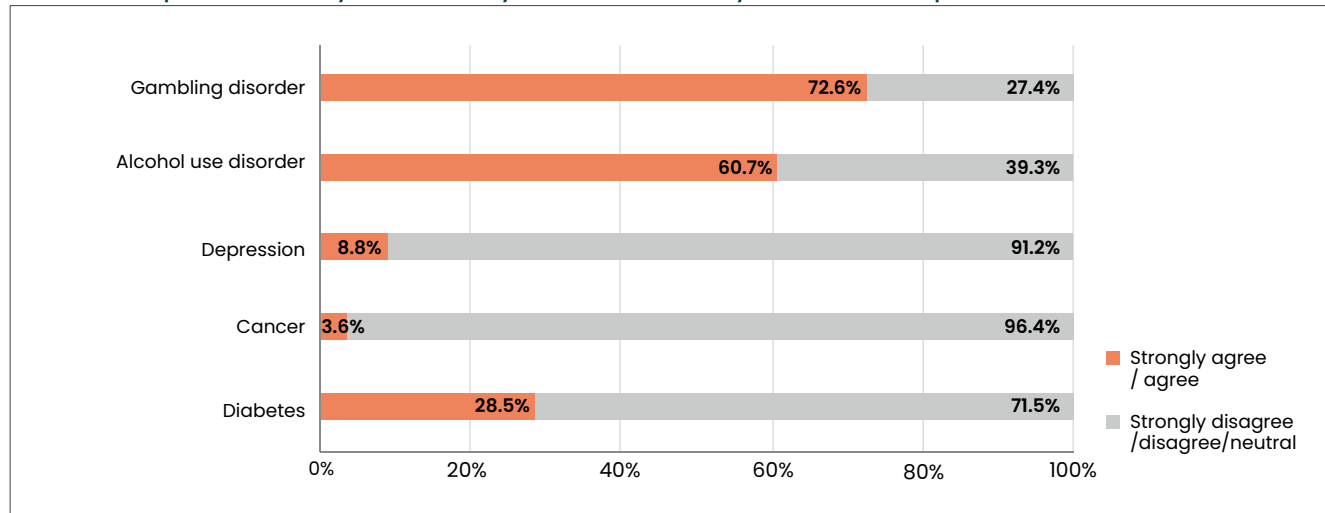
As mentioned above, in both pachinko and pachi-slot, players are fascinated by the feeling of being able to control the timing of a jackpot using their own skills. Furthermore, both games are designed to take full advantage of the characteristics of the EGMs, with a variety of themes to keep players hooked, including bright lights, noises, anime, movies, and historical themes.



5.Awareness of gambling addiction and preventive measures

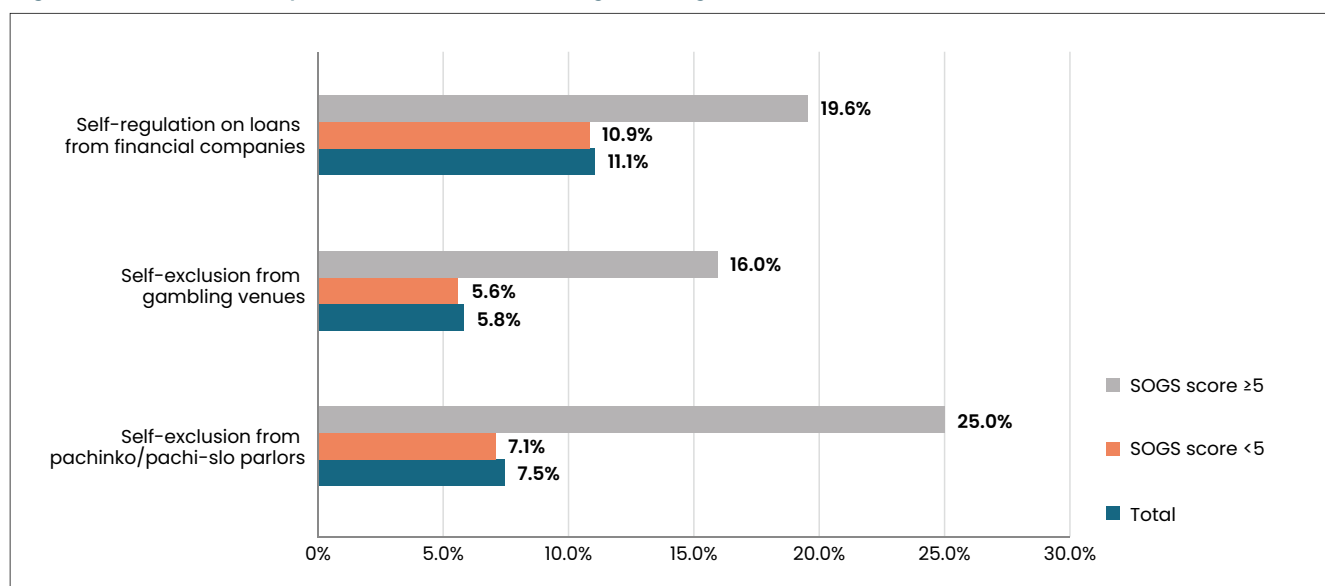
When individuals' thoughts about and attitudes toward physical and mental illnesses (including addiction) were surveyed, 72.6% answered that their gambling disorder was their own fault. This was higher than the 60.7% for alcohol use disorder and 8.8% for depression (Figure 5).

Figure 5. Thoughts about and attitudes toward physical and mental illnesses:
Responses to "Do you think it is your own fault that you have developed this condition?"



Only approximately 10% of respondents were aware of self-exclusion, which is currently available as a countermeasure against gambling addiction, involving restrictions on loans from financial institutions and on entry to gambling venues. However, for all methods, the percentage who were aware tended to be higher among those individuals with gambling disorder than among those without (Figure 6).

Figure 6. Awareness of preventive measures for gambling addiction



Survey B: Fact-finding survey of users of community mental health centers and self-help groups for problem gambling

Responses from individuals who sought help from a self-help group for a gambling problem showed that the mean time between becoming aware of the problem and joining a self-help group was 63.1 months, with the median being 36 months.

On the basis of responses of family members, the most common impact on family members of someone having a gambling problem was “assuming debts”, in the case of users of both community mental health centers and self-help groups. This was followed by “financial difficulties” and “anger towards the person with a gambling problem” (**Table 3**). Furthermore, approximately 5 years passed from families becoming aware of a person's gambling problem to accessing support resources, with a mean of 58.2 months for families using community mental health centers, and 55.5 months for families using self-help groups.

Table 3 Effects on family members of people with gambling problems

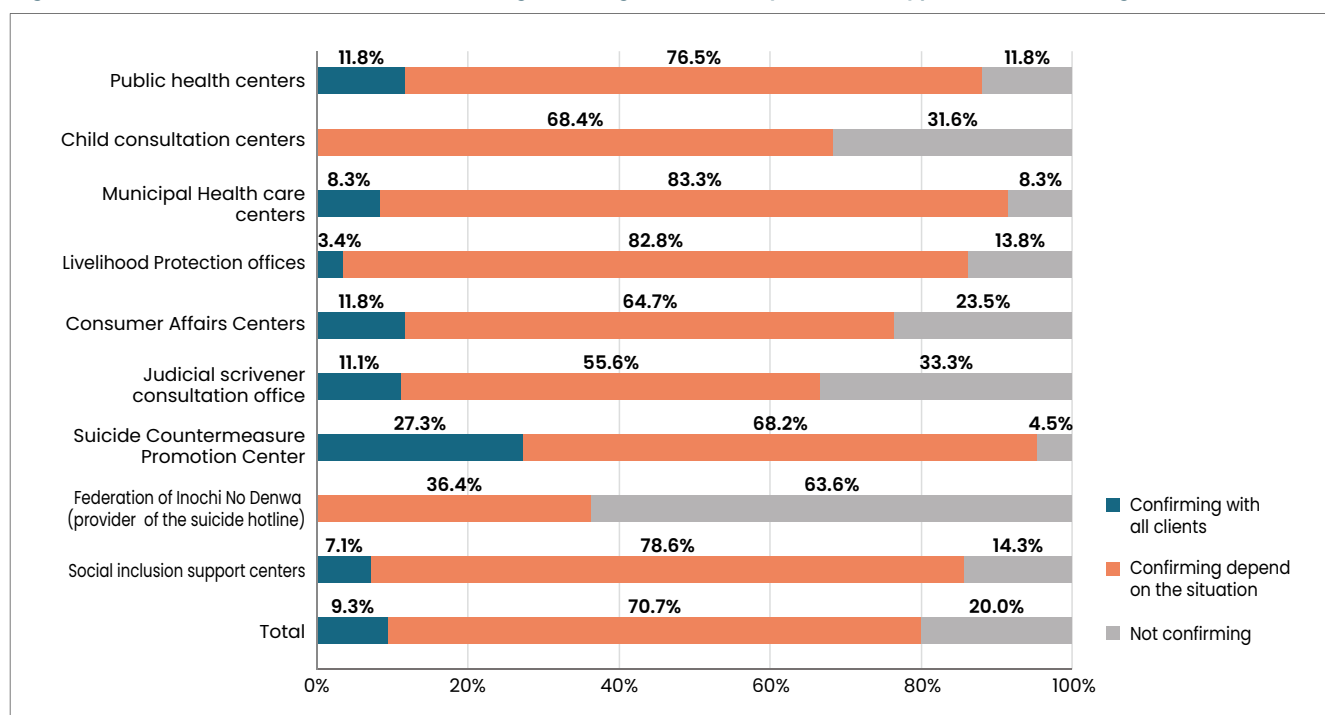
	Families using community mental health centers (n = 72)	Families using self-help groups (n = 378)
Financial difficulties	37 (51.4%)	205 (54.2%)
Assumed debts	46 (63.9%)	294 (77.8%)
Money and goods stolen	25 (34.7%)	186 (49.2%)
Physical violence	7 (9.7%)	22 (5.8%)
Family discord / separation / divorce	21 (29.2%)	153 (40.5%)
Depression	14 (19.4%)	97 (25.7%)
Verbal violence	16 (22.2%)	100 (26.5%)
Anger towards the person with a gambling problem	45 (62.5%)	273 (72.2%)
Inappropriate parenting of children	10 (13.9%)	63 (16.7%)
Alcohol problems (including drunk driving)	2 (2.8%)	23 (6.1%)
Nothing	3 (4.2%)	5 (1.3%)



Survey C: Fact-finding survey of various counseling institutions

A survey was performed with counseling institutions that may encounter problems relating to gambling addiction, despite not being specialized in counseling about gambling addiction. These institutions were asked, “Does your institution confirm about the gambling behavior of clients who suspect they have gambling problems?” , and 64.2% of institutions responded that they did so, depending on the situation (**Figure 7**). In addition, with the exception of child consultation centers, most counseling institutions responded that they had had experience of dealing with gambling problems.

Figure 7. Status of confirmation of clients’ gambling behavior by different types of counseling institution



IMPLICATIONS FOR POLICY AND PRACTICE

The results of **Survey A** showed that the prevalence of gambling disorder in the general adult population was 2.2%. This corresponds to approximately two million people in Japan, so it is clear that a considerable number of people in Japan are suffer from gambling disorder.

Furthermore, as individuals with gambling disorder has been shown to be associated with depression and suicidal ideation, it is essential to provide support for gambling addiction at the same time as suicide prevention. However, analyses that take into consideration the effects of confounding factors are needed.

The types of gambling in which individuals with gambling disorder engage are predominantly pachinko, pachi-slot, and government-sponsored horse racing. It is therefore expected that any measures taken will focus on these types of gambling.

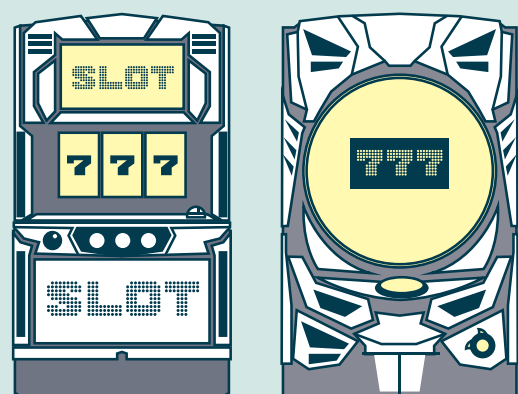
More than 50% of respondents believed that addiction to gambling was their own fault, and awareness of measures to prevent addiction (e.g. self-exclusion, such as restriction of access to loans and entry to gambling venues) was low. Therefore, it is necessary to provide the public with accurate information about addiction, and to disseminate awareness of preventive measures.

The results of **Survey B** showed that it is not until 3 to 6 years after gambling problems are recognized that the affected person and his/her family contact a community mental health centers or self-help group. From this perspective, it is necessary to establish an environment in which people with problems can access support resources much earlier.

Survey C was a survey of counseling institutions that do not specialize in gambling addiction counseling, but are likely to deal with gambling addiction problems, such as those relating to severe debts, poverty, abuse, and suicide. More than 50% of respondents said they had experience of consultations linked to gambling problems. Therefore, it is necessary for the staff at these counseling institutions to improve their skills for dealing with gambling addiction.

CONCLUSIONS

The aim of this project was to clarify the prevalence of gambling disorder, and the status of gambling-related problems, using three surveys. The results provide basic materials for taking measures against gambling addiction in Japan. However, it should be noted that these surveys were performed during the spread of COVID-19, so the survey method was limited to questionnaires sent by mail, and the psychosocial conditions of the respondents were different from normal times. It would be preferable to continue to accumulate data, and to assess the situation on a long-term basis.



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CONFLICT OF INTEREST DECLARATION

The authors declare no conflict of interest in relation to this report or project.

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