Problem gambling is a public health concern

Archaeological finds from China, Egypt, and Persia show that gambling has been a pastime for 5 millennia. Most readers will have gambled at some time, and 63% of people older than 16 years of age in Great Britain did so in the past year. But at what financial, social, and health cost is poorly understood. *Gambling Behaviour in Great Britain in 2015*, a report by NatCen for the Gambling Commission, published on Aug 24, provides a glimpse of who gambles, where, and how in England, Scotland, and Wales

Gambling and its health and social consequences concern all countries. A 2016 systematic review found the prevalence of problem gambling (as defined by the South Oaks Gambling Screen) was 0·1–5·8% worldwide, though estimates varied and data for many countries—such as China, where gambling is illegal—were unavailable. Particularly high rates of problem gambling were found in places as diverse as Estonia, Hong Kong, South Africa, and the USA.

In Great Britain, men gambled more than women and the highest rate of 68% was in Scotland. The national lottery was the most common pursuit, with 46% participation. Findings came from 15 563 responses within health surveys in Scotland and England, and a separate questionnaire in Wales. Estimates were based on the *Problem Gambling Severity Index* (PGSI), a screening tool validated in Canada, and the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV), a diagnostic guide. At-risk gamblers are those who show problematic traits, but are below the screening threshold for problem gambling (defined as "gambling to a degree that compromises, disrupts or damages family, personal, or recreational pursuits").

The report classified 2·8% of all British adults as low-risk and 1·1% as moderate-risk gamblers by the PGSI. On the basis of either PGSI or DSM-IV, 1·5% of men and 0·2% of women were problem gamblers, or between 180 000 and 560 000 people, depending on which metric was used and the 95% CI. Problem gamblers, and those at risk of being so, were most often male, aged 16–54 years, and economically inactive. Moreover, the type and range of gambling differed from those not at risk: particularly spread betting, club poker, online gambling, and machines at bookmakers, including fixed-odds betting terminals (fobtees). Fobtees are a particular concern because they allow bets of up to £100 every 20 seconds and 70–80% of those who use them will be net losers. In the past year, £1000 or more was lost on 233 071 occasions. Fobtees are a major source of revenue for bookmakers and contributed £1·8 billion of the £13·8 billion that gamblers lost across the UK in 2015–16. Less publicised is the growth of online gambling, with a potentially greater danger to health than other forms of gambling, particularly for those younger than 16 years of age.

Factors that contribute to problem gambling and solutions for people at risk will be multifactorial and likely require a holistic approach that goes beyond any one type of wager or stake limit. Regrettably, there is little firm evidence to guide either health policy or patient management. The Responsible Gambling Trust and others are working to fill the gap, but more research is needed. Problem gambling only entered DSM in version III, was listed as an impulse-control disorder in DSM-IV, and then recategorised in 2015 as a non-substance-related addictive disorder in DSM-5. The condition is heterogeneous, associated with substantial comorbidity (notably disorders of mood, anxiety, and substance use), and is often episodic. It can respond to cognitive behavioural therapy. Genetic tendencies are noted, but little is known about the underlying neurobiology or resulting harms. One study of suicide in Hong Kong found that 20% of deaths were in people who gambled, half of whom had debts.

Incomplete understanding is not an excuse for inaction on problem gambling. As with other addictions, responsible governments need to balance tax revenue with a duty of care to vulnerable members of society. This is yet to happen in the UK. A parliamentary study of fobtees (taxed at 25%) was undertaken in 2016, but has not been released. By identifying young men at risk and their gambling habits, *Gambling Behaviour in Great Britain in 2015* provides a start for broad-ranging, precautionary, public health strategies to reduce harm. Those harms are not confined to individual or family tragedies, but touch communities and society with direct consequences for mental health, crime, and the very composition of Britain's bookmaker-dense high streets. ■ *The Lancet*

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For **Gambling Commission report** see http://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2015.pdf