

The Lancet Public Health Commission on gambling



Gambling is pervasive in society and is provided by increasingly powerful supra-national corporations, whose reach transcends national boundaries. The development of commercial gambling practices is deeply tied to technological development, and leaps in communication technologies have resulted in the expansion of commercial gambling.¹ This pattern is also evident with online infrastructure, where the development of smart phone technology and increased accessibility and speed of access to the internet has generated new gambling products that were previously unavailable (eg, in-play betting). As technology continues to develop, so will the commercial gambling sector. For example, 5G capabilities will increase the strength and speed of connections between consumers and corporations and could be one of the next major innovations to expand the reach of gambling corporations. Gambling companies are seeking to learn from gaming industries about how to attract and retain customers, while gambling-like activities have, controversially, been introduced into some games.²

Yet gambling is no ordinary activity. It is risk-based and health harming. Gambling can harm the health and wellbeing of individuals, families, communities and society.³ These harms are wide ranging, affecting people's health, wealth, and relationships. Those harmed by gambling have markedly poorer health and wellbeing, with the wellbeing scores of problem gamblers estimated to be similar to those who are unemployed or in very bad health.⁴ Few countries have estimated the scale of gambling harms. Those countries that have (eg, Australia and New Zealand) estimate that harms from gambling are of a similar magnitude to major depressive disorder or moderate alcohol misuse or dependence.⁵ In some jurisdictions, there is increasing recognition of gambling as a public health issue requiring greater focus on universal preventive measures to address the harms it generates.⁶ There is also recognition of the interrelation between gambling and other health issues, including mental health, substance misuse, and suicidality, with gambling contributing as both a cause and consequence.⁷

For most of the latter part of the 20th century, gambling has been overlooked as a public health issue. Gambling harms are hidden and often complicated

by associations with other health difficulties. Unlike alcohol, there are few diseases to which the impact of gambling engagement can be unilaterally attributed. This has served to mask the health harms associated with gambling, and to shield gambling as a public health issue from the view of regulators, legislators, and public health specialists alike. In some jurisdictions, such as the UK, the catalyst for change has been agitation from increasingly well organised and effective campaigning organisations that represent those with lived experience of gambling harms. These groups have been powerful in drawing attention to the health harms of gambling but also represent an unsettling reality that the public health community itself has been found wanting in drawing attention to these issues.

Pathological gambling was already recognised as a mental and behavioural disorder in the WHO International Classification of Diseases, Tenth Revision (ICD-10) and is included in the ICD-11 as gambling disorder (6C50), with a new category of gaming disorder (6C51) added to accompany it.⁸ These two disorders are within the larger category of disorders due to addictive behaviours, yet the scale and impact of gambling upon health and wellbeing remains a largely neglected topic of inquiry. Information and evidence on early identification and management of problem gambling and gambling and gaming disorders is also largely lacking.

Looking globally, regulators and legislators have struggled to keep pace with the rapid development of the commercial gambling industry. There are wide variations in what forms of gambling are legally permitted in different jurisdictions and an equally broad number of economic models for the provision of commercial gambling—which in turn, feeds into wide variations in the range and scope of regulatory models. As observed with other health harming industries, there is also a clear pattern whereby increased regulation or perceived market penetration in some jurisdictions encourages greater attention on low-income and middle-income countries as the next opportunity for commercial gambling markets.⁹ African nations, for example, have been viewed as large growth market, with many nations having strong sporting cultures, rapidly growing mobile phone ownership, and penetration and technology companies aiming to

provide bespoke solutions to increase the speed with which payments can be processed. Online gambling and its marketing remain poorly regulated in many nations and the risks posed by expanding commercial gambling, and specifically online gambling, are high, especially due to the lack of support mechanisms for those most impacted by gambling harms.

The COVID-19 pandemic has created unprecedented restrictions on people's movements. The cancellation of major sporting events and the closure of commercial and social venues altered the gambling landscape during this time. Many jurisdictions are now examining the long-term impact of COVID-19 upon gambling behaviours and industry responses to this. In the UK, the gambling regulator has described COVID-19 as accelerating key trends,¹⁰ such as the growth of online gambling and increased interest in certain products, such as esports.

It is against this backdrop that The *Lancet Public Health* Commission on gambling has been established. By assembling world leaders in public health, mental health, policy, and gambling studies, and supported by an advisory group that will include those with lived experience, the Commission aims to thoroughly consider the global issues related to gambling. The Commission will focus on the political and corporate determinants of harm, the epidemiology of gambling harms, including examining inequalities, interventions to reduce harms, and critical appraisal of regulatory, political, and public health responses to gambling. The ultimate goal of the Commission is to set a progressive agenda to guide action to reduce population-level gambling harms, to protect people from these harms, and to provide evidence-based care when needed. To inform the work of the Commission, *The Lancet Public Health* would welcome submissions

on these topics. With rapid change in how gambling is promoted and provided, and the fast pace of change evident among gambling industries, it is vital to support the impetus for change to address and prevent gambling harms.

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