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Original Work

Gambling addiction in India: A survey of Indian psychiatrists

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ABSTRACT: We surveyed 121 Indian psychiatrists to explore their understanding of gambling addiction, their exposure to patients with gambling addiction in their day to day clinical practice, and their perception about the feasibility of getting involved in managing these patients. 80.9% of psychiatrists who responded said they had seen patients with gambling addiction in their clinical practice. However, only 19.1% reported ever having received any teaching or training in the management of gambling addicts. 90.2% of psychiatrists said it was feasible for them to be involved in the management of gambling addiction, and 80.7% of those who responded specifically said they would like to receive training in the treatment of gambling disorders. At an operational level, much more needs to be done to improve training of psychiatrists in India as regards identification, assessment and treatment of gambling addicts. And strategy-wise, gambling addiction needs to be given a more prominent place in clinical, policy and academic discourse within the landscape of mainstream Indian psychiatry.

KEY WORDS: *Gambling addiction; Primary care; Psychiatrists; Management*

INTRODUCTION

Gambling, betting something of value (usually money) on an event whose outcome is determined by chance, as a social pastime is prevalent in most cultures across the world. For the large majority who gamble, they do so without it impacting negatively on their lives. However for a significant minority (estimates range from 1% to 3%)¹, it becomes a problem and can develop into an addiction. DSM V² for the first time in psychiatric classification has included gambling disorder in the category of addictions. Gambling is the only behavioural (or non-substance) addiction to sit alongside more traditional substance addictions as only this had the evidence base to support this transition³.

Gambling has a deep origin in ancient Indian texts and scriptures⁴ and it has been a popular pastime in ancient, medieval, colonial and modern India⁵. It is

difficult to estimate the size of the gambling industry (legal and illegal) in India. Rough estimates are that it is worth about \$ 60 billion per year, half of which is illegal. Anecdotally, illegal betting, primarily on sports such as cricket, is very popular. Currently, the legal forms of gambling in India are state-run lotteries, horse racing, card games and casinos (in two states). With the exception of the lottery, the Public Gaming Act of 1867 regulates most forms of gambling.

Despite the above, surprisingly very little systematic research has been published from India in the area of gambling addiction. Neither does gambling addiction seem to have any place within mainstream Indian psychiatry when it comes to research, policy or practice. However anecdotally, psychiatrists working in India come across gambling addicts and their affected families, in their clinical practice.

It is in this context that we carried out a survey of 121 psychiatrists in India. We wanted to specifically explore their 'exposure' to gambling addicts, their ability to manage these patients, their understanding of gambling addiction, their perceived role and feasibility in managing these

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patients, etc. To our knowledge, this is the first survey of its kind from India.

METHODOLOGY

We handed out self-completion questionnaires to 121 Indian psychiatrists who had come to attend a psychiatric conference in the state of Kerala, India. Psychiatrists working in various parts of India attended this conference, as this was a national conference.

A brief questionnaire was devised by the authors. The questionnaire consisted of some demographic questions (age, gender, years as psychiatrist, etc); some questions which could be given Yes/No answers; some statements with the option of choosing the following responses: strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree, and two open-ended questions. A copy of the questionnaire is available from the corresponding author upon request.

All the data was entered into a Microsoft Excel spreadsheet and analyzed using appropriate statistical methods

RESULT

Age and gender distribution of psychiatrists

102 of the 121 psychiatrists (84.3%) were men and 19 (15.7%) were women. The age distribution of the sample was as follows: less than 30 years (24; 19.8%) 31 to 40 years (54; 44.6%); 41 to 50 years (16; 13.2%); 51 to 60 (14; 11.6%); and aged 60 and above (13; 10.7%).

Psychiatrists' 'exposure' to patients with gambling addiction

Of the 121 psychiatrists, 98 (80.9%) said they had seen patients addicted to gambling in their clinical practice. Of the 93 who answered the question about how many of these patients they had seen in the past 12 months, 72% had seen between 1 and 5 patients, 16.1% had seen between 6 and 10 patients, 5.4% had seen between 11 and 15 patients, and 3.2% each had seen between 16 and 20 patients and more than 20 patients. Participants were also asked if they had seen 'patients indirectly affected by the gambling of a third party (e.g. partner, other family member, etc)': 76.8% said they had while 23.2% said they had not.

Teaching/training in the management of gambling addiction

When asked 'have you ever received any teaching/training in the management of gambling addiction?' 89/110 (80.9%) said they had not, and the rest had (21/110; 19.1%). Psychiatrists were also asked 'would you like to be involved in the management of gambling addiction?' 90/108 (83.3%) answered affirmatively and 18 (16.7%) said no.

Psychiatrists' understanding of gambling addiction

Table 1 shows psychiatrists' understanding of gambling addiction.

Indo-Chinese comparison

Table 2 shows a comparison of responses of Indian and Chinese (marked in bold) psychiatrists to the same questions.

Table 1: Psychiatrists' understanding of gambling addiction

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Gambling is an important public health problem	45 (40.5%)	54 (48.6%)	3 (2.7%)	9 (8.1%)	0
Gambling is an addictive disorder	58 (51.7%)	47 (41.9%)	6 (5.3%)	1 (0.9%)	0
Gambling addicts have significant psychiatric comorbidity	51 (45.1%)	52 (46%)	9 (7.9%)	1 (0.8%)	0
Undetected comorbid gambling problems can adversely affect the mental health of an individual	37 (33%)	69 (61.6%)	6 (5.4%)	0	0
Gambling addiction can negatively impact on family members	66 (59.4%)	43 (38.7%)	1 (0.9%)	1 (0.9%)	0

Table 2: Indo-Chinese comparison

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Gambling is an important public health problem	40.5% vs. 51.8%	48.6% vs. 37.3%	2.7% vs. 8.2%	8.1% vs. 2.7%	0 vs. 0
Gambling is an addictive disorder	51.7% vs. 35.4%	41.9% vs. 47.3%	5.3% vs. 9.1%	0.9% vs. 6.4%	0 vs. 0.9%
Gambling addicts have significant psychiatric comorbidity	45.1% vs. 20%	46% vs. 48.2%	7.9% vs. 24.5%	0.8% vs. 6.4%	0 vs. 0
Undetected comorbid gambling problems can adversely affect the mental health of an individual	33% vs. 19.1%	61.6% vs. 70.9%	5.4% vs. 8.2%	0 vs. 0.9%	0 vs. 0
Gambling addiction can negatively impact on family members	59.4% vs. 56.4%	38.7% vs. 41.8%	0.9% vs. 0.9%	0.9% vs. 0	0 vs. 0.9%

Psychiatrists' perception of their roles in management of gambling addicts and their views on its feasibility

38.7% strongly agreed and another 59.5% agreed with the statement, 'Psychiatrists have a role in managing gambling addicts.' (1.8% had 'no opinion', and no one disagreed or strongly disagreed). To assess their views on the feasibility of getting involved, they were presented with the statement 'it is feasible for psychiatrists to be involved in the management of gambling addiction.' 31.9% strongly agreed with this statement, 59.3% agreed, 7.1% expressed no opinion and 1.8% disagreed. They were also asked if they would like to receive training in the treatment of gambling disorders and the responses were as follows: strongly agreed (30.7%), agreed (50%), no opinion (14%), disagreed (4.4%) and strongly disagreed (0.9%).

DISCUSSION

This is the only study from the Indian sub-continent to have explored psychiatrists' awareness of gambling addiction and their attitudes to getting involved in treating these patients. Despite the inherent limitations of a questionnaire survey, we still believe there are some important findings that warrant further thought and action.

The very large majority (80.9%) of psychiatrists had seen patients with gambling addiction in their clinical practice. However, only 19.1% reported ever having received any teaching or training in the management of gambling addicts. This points to a major gap and unmet need that exists currently within psychiatric teaching/training. More positively and much more encouragingly, 90.2% of psychiatrists said it was feasible for them to be

involved in the management of gambling addiction, and 80.7% of those who responded specifically said they would like to receive training in the treatment of gambling disorders. Equally encouraging was the proportion that agreed that gambling was a public health problem (89.1%), and those who saw it as an addictive disorder (93.6%).

The same questionnaire survey was carried out among a sample of Chinese psychiatrists, and the results are published elsewhere⁶. Apart from the higher proportion of Indian psychiatrists (19.1% vs. less than 1% of Chinese psychiatrists) who had received training/teaching in this area, results were broadly similar. Although direct comparisons are not particularly relevant as the gambling landscapes of the two countries are dissimilar, it is still worth noting (as shown in **table 2**) that psychiatrists in both countries come across gamblers in their clinical work, they acknowledge it as an addiction and a public health problem, large majority do not receive any formal training/teaching, and the large proportion expressed a willingness to get more involved in helping this patient group.

CONCLUSION

From this survey, two key actions could follow. First, more needs to be done to plug the gap that exists in teaching and training psychiatrists in India as regards identification, assessment and treatment of gambling addicts. As a minimum, psychiatrists should be trained in screening and brief interventions, and where expertise and feasibility permit, in the more specialist treatment of gambling addicts⁷. Second, at a more strategic level, gambling addiction needs to be given a more prominent place within clinical, policy and academic discourse within the landscape of Indian psychiatry. And this calls for collaborative strategic

planning and joint action by various stakeholders including policy makers, clinicians and academics. This is where India could look to the West to tap into existing expertise, knowledge and skills base.

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