



Review Article

An Overview of Gambling in India

Sanju George¹, FRCPsych, Jessy Fenn¹, PhD, Kripa Robonderdeep¹, BSc

¹Department of Psychology, Rajagiri College of Social Sciences (Autonomous), Kochi, Kerala, India.



*Corresponding author:

Sanju George,
Department of Psychology,
Rajagiri College of Social
Sciences (Autonomous),
Kalamassery, Kochi - 683 104,
Kerala, India.

sanjugeorge531@gmail.com

Received : 16 May 2020

Accepted : 04 June 2020

Published : 26 August 2020

DOI

10.25259/GJMPBU_7_2020

Quick Response Code:



ABSTRACT

Gambling is a popular pastime in India, as in most cultures across the world. Although research from India is limited, there is enough evidence to suggest that it should be of public health importance. In this brief paper, we look at the evolution of gambling in India and also discuss potential ways forward to address this issue.

Keywords: Addiction, Gambling, India, Problem gambling

INTRODUCTION

Gambling in India, just as it is in the rest of the world, is a common and socially acceptable leisure activity. Simply put, gambling involves wagering something of value (usually money) on a game or event whose outcome is unpredictable and determined by chance.^[1] Examples of popular gambling activities include lottery, slot machines, sports betting, card games, scratch cards, internet gambling, casino games, bingo, and private betting.

For the very large majority who engage in it, gambling remains merely a leisure activity but for some it can become problematic. Problem gambling is defined as gambling that disrupts or damages personal, family, or recreational pursuits.^[2] Just like substance use, gambling too exists on a spectrum or continuum of escalating severity (ranging from social or non-problem gambling, through problem gambling, to gambling addiction or gambling disorder) and can have multiple adverse consequences.^[3]

Lack of conceptual clarity and nosological uncertainty shrouded gambling until in 2013 when it was included as a distinct psychiatric (and addictive) disorder in the DSM 5 as “Gambling disorder.”^[4] The DSM-5 diagnostic criteria for gambling disorder (GD) mirror those of other substance addictions. For a diagnosis of GD to be made, there should be evidence of persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period: Needs to gamble with increasing amounts of money to achieve the desired excitement; is restless or irritable when attempting to cut down or stop gambling; has made repeated unsuccessful efforts to control, cut back, or stop gambling; is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, planning the next venture, and thinking of ways to get money with which to gamble); often gambles when feeling distressed (e.g., helpless, guilty, anxious, and depressed); after losing money gambling, often returns another day to get even (“chasing” one’s losses); lies to conceal the extent of involvement with gambling; has jeopardized or lost a significant relationship, job,

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

©2020 Published by Scientific Scholar on behalf of Global Journal of Medical, Pharmaceutical, and Biomedical Update

or educational or career opportunity because of gambling; and relies on others to provide money to relieve desperate financial situations caused by gambling. GD is further subdivided into: Mild: 4–5 criteria met, moderate: 6–7 criteria met, and severe: 8–9 criteria met.^[4]

Nearly three-quarters of the Western World engage in gambling but between 2 and 4% develop problem gambling or pathological gambling;^[5] similar prevalence rates have been found in Asian countries too. Although there are no community-based gambling prevalence studies from India, a study of college studies from South India found that only 19.5% of the sample had ever gambled.^[6] However, of those who gambled, a third was problem gamblers.

Most studies have also shown that gambling and problem gambling are more common in young people, the economically disadvantaged, and those with underlying mental health problems.

Gambling disorder not only adversely affects the individual but also the family and society. Those with gambling problems have higher rates of psychosomatic symptoms (cardiovascular, musculoskeletal, gastrointestinal, and so on),^[7] and psychiatric disorders including depression, anxiety, substance misuse, and personality disorders.^[8] It can obviously impact the gambler's and his/her family's finances, often leading to debts, poverty, bankruptcy, and sometimes criminal activities as a result. In addition, the interpersonal costs (relationship problems, neglect of the family, domestic violence, and child abuse) and societal costs are often difficult to quantify, as gambling is often "hidden" as opposed to substance addictions which have more "visible" (physical) consequences.

EVOLUTION OF GAMBLING IN INDIA TO THE PRESENT DAY

Gambling, as a pastime and as a vice, has been depicted in several ancient Indian texts (including the Mahabharata) and epics written in Tamil and Sanskrit before the Common Era (BCE).^[9,10] For an in-depth account of the depictions of compulsive gambling in ancient Indian texts, please read reference number 10.

Perhaps, the earliest account of gambling in the world is in a hymn from the Rig Veda, an ancient Indian text written between 1700 and 1100 BCE.^[11]

From the 17th century to 1947, under the British rule, gambling grew in popularity in India. However, the British government did little to curtail it and in fact encouraged gambling as they stood to gain huge tax revenues from it. In light of gambling's increasing grip and its negative impact on society such as bankruptcy, delinquency, and crime, the British enacted an anti-gambling legislation (The Public

Gambling Act of India in 1867).^[12] To this day (2020), the Public Gambling Act of 1867 is the only law that regulates gambling in India. This act restricts most forms of gambling, and it was set up to discriminate what was seen as games of pure chance (which it made illegal) from games of skill and not just mere chance such as horse racing (which it made legal).

In the present-day India, of the 29 states and 7 union territories in India, gambling (and that too only certain types) is only legal in some. The only legal forms of gambling in India are the lottery, horse racing, certain card games, and casinos. Lotteries are legal in 12 states and 5 union territories and banned in the rest; horse racing is permitted in six states and casinos in two states). Festivals and fairs, in India, also offer popular opportunities to gamble both legally and illegally.

Sports' betting, especially on cricket, is a flourishing illegal betting scene in India. It is estimated that nearly Rs. 2500 crore (nearly \$375 million) was bet on an India versus West Indies cricket match in 2016 and that Rs. 30,000 crore (nearly \$4.4 billion) was bet on the 2016 T 20 Cricket World Cup.^[13] The Supreme Court of India, in 2016, mandated the Law Commission of India to examine the best way to deal with India's illegal gambling. In its 2018 report, the Law Commission of India^[14] said – "*since it is not possible to prevent these activities completely, effectively regulating them remains the only viable option.*"

In the present-day India, with the constantly increasing technological advancement and internet penetration, coupled with easy accessibility to and affordability of smart phones, there is a growing concern that more people will start gambling online, and subsequently, more people will have gambling-related problems.

Research into gambling in India has been very limited; only three prevalence studies deserve mention here. In a study of over 5580 college students in Kerala, George *et al.*^[6] noted 19.5% to have ever gambled in their lifetime and 7.4% reported problem gambling. Lotteries were the most popular form of gambling. Problem gambling was associated with greater academic failures and higher substance use and psychological distress. Jaisooriya *et al.*^[15] studied 4989 high school students in Kerala: They found that 27.9% reported to have ever gambled and 7.1% were problem gamblers. Sports' betting (betting on cricket and football) was the most popular form of gambling followed by the lottery. Problem gambling was found to be associated with being male, academic failures, higher rates of lifetime alcohol and tobacco use, and psychological distress. Both these studies noted that although the rates of gambling were lower than in the West, the rates of problem gambling among those who did gamble were high (38%).

Bhatia *et al.* studied the prevalence, patterns, and correlates of gambling in 1514 men from Goa.^[16] They found that nearly half had gambled in the past year and that lottery was the most popular. Current gambling was correlated with work-related problems, interpersonal violence, tobacco use, and AUD. They concluded that “the high prevalence of gambling and its association with social problems and risk factors for non-communicable diseases warrants further epidemiological research.”

The above sections are an attempt to highlight the severity of gambling problem in India. It has to be borne in mind here that there is only limited research data available from India in the area of gambling and gambling-related harm. Despite the scale of gambling and gambling problems in India, Indian psychiatrists and Indian psychiatry can and should do more to address this problem. George *et al.* noted that despite psychiatrists in India seeing gambling addicts in their clinical practice, they had limited awareness and knowledge of gambling addiction.^[17] However, more encouragingly, they found that most psychiatrists they studied were interested in getting involved in the screening and treatment of gambling addiction.

Given the LCI's recommendation, the debate about whether gambling should be deregulated or liberalized has gained further momentum. Those who favor deregulation would argue that the government stands to receive considerable tax revenues, it would reduce money laundering associated with illegal gambling and that it would create more job and tourism opportunities. Those who argue that gambling should be tightly regulated say that if gambling was to be deregulated, it would result in more people gambling and consequently more would have problematic gambling and gambling-related harms.

THE WAY FORWARD

If no action is taken, it is very likely that gambling and gambling-related harm will increase over the coming years in India. Possible reasons for this include lack of awareness among the general public about gambling's potential risk for addiction, weak anti-gambling legislation, plans in some states of India to permit casinos, and more lotteries as a means to generate tax revenue for the government, and the growing popularity of online gambling opportunities with more Indians accessing the internet on their phones, laptops, and so on.

To tackle the risks of related harms, in our view, we need to take a public health approach to gambling and gambling-related harms. In essence, a three-tiered approach for the prevention of gambling-related problems is warranted, consisting of primary, secondary, and tertiary levels of prevention.^[18] Primary prevention measures aim to prevent

gambling from becoming a problem; they target all gamblers and non-gamblers and focus on social, psychological, and legal strategies. Examples of primary prevention strategies include awareness-raising campaigns about various aspects of gambling, its potential for harm, signs and symptoms, how to seek help, banning and enforcing thereof (in both print and online media) of gambling advertisements, and promotions. Secondary prevention measures aim at early diagnosis and treatment, and they target at-risk and problem gamblers. Examples of secondary prevention measures include providing training to staff at gambling venues (casinos and lottery shops) to enable them to recognize problem gamblers; training non-specialists (primary health-care staff, mental health-care staff, etc.) in early identification of individuals who experience gambling-related harm, and training them in providing brief psychological interventions for problem gamblers. Tertiary prevention strategies target individuals experiencing harm from their own gambling or through their loved one's gambling; examples include specialist and intense psychological and psychiatric interventions for problem gamblers and support for their families.

In addition to the above public health measures to prevent gambling-related harms, immediate attention needs to be given to revise the archaic gambling legislation in India. It needs to be made more appropriate and up to date to the current gambling landscape of India. This work needs to proceed alongside a broader discussion about whether to further regulate or deregulate various forms of gambling in India. Third, as is obvious from the earlier discussion, much more research needs to be done to get robust and country-specific data on the prevalence, comorbidity, treatment, course, and outcome of gambling in India. Fourth, it would help if India or individual states in India had a coherent strategy and action plan to mitigate gambling-related harms. Alongside this strategy, there also needs to be a body to oversee the various research, education, and training aspects of gambling in India. Finally, we also call for a wider debate of this topic among gambling researchers, academics, policy-makers, and other relevant stake holders.

Acknowledgments

No financial support or non-financial support was received for this paper from any individual or funding agency.

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Ladouceur R, Sylvain C, Boutin C, Lachance S, Doucet C, Leblond J, et al. Cognitive treatment of pathological gambling. *J Nerv Ment Dis* 2001;189:774-80.
2. Lesieur HR, Rosenthal RJ. Pathological gambling: A review of the literature (prepared for the American psychiatric association task force on DSM-IV committee on disorders of impulse control not elsewhere classified). *J Gambl Stud* 1991;7:5-39.
3. Orford J. *Excessive Appetites: A Psychological View of Addictions*. 2nd ed. London, UK: Wiley; 2001.
4. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington, VA: American Psychiatric Association; 2013.
5. Stucki S, Rihs-Middel M. Prevalence of adult problem and pathological gambling between 2000 and 2005: An update. *J Gambl Stud* 2007;23:245-57.
6. George S, Jaisooriya TS, Sivasankaran NB, Rani A, Menon P, Madhavan R, *et al.* A cross-sectional study of problem gambling and its correlates among college students in South India. *Br J Psych Open* 2016;2:199-203.
7. Morasco BJ, Pietrzak RH, Blanco C, Grant BF, Hasin D, Petry NM, *et al.* Health problems and medical utilization associated with gambling disorders: Results from the national epidemiologic survey on alcohol and related conditions. *Psychosom Med* 2006;68:976-84.
8. Petry NM, Stinson FS, Grant BF. Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: Results from the national epidemiologic survey on alcohol and related conditions. *J Clin Psychiatry* 2005;66:564-74.
9. Benegal V. Gambling experiences, problems and policy in India: A historical analysis. *Addiction* 2013;108:2062-7.
10. Bhide AV. Compulsive gambling in ancient Indian texts. *Indian J Psychiatry* 2007;49:294-5.
11. Singh NS. *HH Wilson's Translation of the Rig Veda Samhita (Enlarged)*. 2nd ed. New Delhi: Nag Publishers; 1990.
12. The Public Gambling Act; 1867. Available from: <http://www.sangrurpolice.in/wp-content/themes/intrepidity/images/actrule/publicgamblingact1867.pdf>. [Last accessed on 2020 May 09].
13. Economic Times. *Walleys Grew Lighter as Hope Stayed Alive Till the Very End*. Kochi: Economic Times; 2016.
14. Legal Framework: Gambling and Sports Betting Including in Cricket in India, Report No. 276; 2018. Available from: <http://www.lawcommission.nic.in>. [Last accessed on 2020 Aug 15].
15. Jaisooriya TS, Beena KV, Beena M, Ellangovan K, Thennarassu K, George S, *et al.* Do high school students in India gamble? A study of problem gambling and its correlates. *J Gambl Stud* 2017;33:449-60.
16. Bhatia U, Bhat B, George S, Nadkarni A. The prevalence, patterns, and correlates of gambling behaviours in men: An exploratory study from Goa, India. *Asian J Psychiatr* 2019;43:143-9.
17. George S, Kallivayalil RA, Jaisooriya TS. Gambling addiction in India: Should psychiatrists care? *Indian J Psychiatry* 2014;56:111-2.
18. George S, Velleman R, Nadkarni A. Gambling in India: Past, present and future. *Asian J Psychiatr* 2017;26:39-43.

How to cite this article: George S, Fenn J, Robonderdeep K. An Overview of Gambling in India. *Glob J Med Pharm Biomed Update* 2020;15:4.