

AN OVERVIEW OF GAMBLING IN KERALA

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ABSTRACT

Gambling is a popular pastime in most parts of the world, and Kerala is no exception. Most forms of gambling, except for some card games, lotteries and casinos in two states, are illegal in India. In this narrative review, I present a brief overview of what is known about gambling in Kerala, focussing on gambling legislation, state-run lotteries including Karunya Lottery, and research in this field that has emerged from Kerala.

Keywords: Addiction, gambling, Kerala, lotteries, public health

DEFINITIONS AND CONCEPTUAL ISSUES

Gambling refers to betting something of value (usually money) on an event whose outcome is unpredictable and determined by chance.¹ Gambling is a popular past time in Kerala, although accurate prevalence estimates are not available. Gambling is merely a leisure activity for most but for some it can become problematic. Problem gambling refers to gambling that disrupts or damages personal, family or recreational pursuits.² Similar to substance use, gambling (as a behaviour) 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 Problem gambling is often considered a less severe form of gambling disorder, where the full set of diagnostic criteria for gambling disorder are not met.

Gambling's risk as a behaviour with potential for addiction isn't widely known and/or acknowledged. This is partly due to the lack of 'visibility' of gambling-related harms as compared

to alcohol use or drug use. Hence it is often referred to as the 'hidden' addiction.⁴

Until recently, gambling addiction lacked conceptual and nosological clarity. Researchers and academics disagreed on whether it was an impulse control disorder or addictive disorder or obsessive compulsive spectrum disorder. Much of this has changed with the acknowledgement of 'Gambling disorder' as a distinct entity in DSM 5.⁵ It is now included in the section of addictive disorders, along with substance addictions, and is the only behavioural addiction to have been included. The diagnostic criteria for gambling disorder are very similar to the diagnostic criteria for substance addictions, and include the following nine of which at least four need to be met for a diagnosis: need to gamble with increasing amounts of money in order to achieve the desired excitement; 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; often gambles when feeling distressed; chases one's losses; lies to conceal the extent of gambling; has negatively impacted on a job, relationship or work; and relies on others to

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provide financial help to relieve desperate financial situations caused by gambling.

PREVALENCE

As there are no general population-based prevalence studies of gambling, problem gambling or gambling addiction from India, we have to look west. Most western studies found that between 60 and 80% of adults participate in non-problematic gambling, and also found a 3% prevalence rate for combined problem gambling and gambling disorder.⁶ In a more recent review, Calado and Griffiths⁷ looked at the prevalence of problem gambling among adults across the world. They found past-year problem gambling rates to range from 0.12 to 5.8% across different countries in the world.

Two studies from Asia, one from Hong Kong⁸ and the other from Singapore⁹, found rates of problem gambling to be 4% and 2% respectively, and rates of pathological gambling to be 1.8% and 2.1% respectively. British Problem Gambling Survey found 73% of adults to participate in gambling activities, 0.9% adults to be problem gamblers and 7.3% of adults to be 'at risk' gamblers (people who "may potentially experience varying degrees of adverse consequences from gambling" but who do not meet the criteria for 'problem gambling').¹⁰ Higher rates of problem gambling were found in vulnerable groups such as the young, ethnic minorities, single, separated or divorced, and unemployed.

PUBLIC HEALTH ISSUE

Gambling is an important public health issue, although this is rarely acknowledged. Gambling addiction adversely affects the gambler, his/her family and the wider society. Problem gamblers tend to report higher rates of various psychosomatic symptoms (cardiovascular, musculoskeletal, gastrointestinal and other non-specific psychosomatic symptoms)¹¹, and psychiatric problems such as depression, anxiety, substance misuse and personality disorders.¹² Problem gambling often results in large debts and even

bankruptcy, and some resort to crime to fund their gambling. Problem gambling can also adversely affect the gambler's interpersonal relationships¹³ and can result in relationship problems, neglect of the family, domestic violence¹⁴ and child abuse. And some of the above health and social costs borne by the society are difficult to quantify.¹⁵

GAMBLING LEGISLATION IN KERALA

The Public Gambling Act, 1867¹⁶ is the single piece of legislation that regulates gambling in India. This was brought in by the British during their rule of India to bring in some controls on gambling in India. This Act made a distinction between games of pure chance (such as Satta or numbers gambling such as betting on the prices of opium, gold and cotton, or on the amount of rainfall)¹⁷ and games that were a combination of chance and skill (card game like Rummy), and made the former types of gambling illegal and made the latter forms of gambling legal.

The Centre has devolved powers to individual states to make necessary amendments to the 1867 Act, as they deem fit, to regulate or de-regulate gambling within their own state boundaries. Lotteries are legal in 13 of the 29 Indian states and 5 Union territories, horse racing is legal only in six states and casinos are legal only in two states (Goa and Sikkim). Subsequent amendments of the Public Gambling Act, 1867, such as the Kerala Gaming Act 1960¹⁸ and The Lotteries (Regulation) Act 1998¹⁹, regulate gambling in Kerala. An amendment of the Kerala Gaming Act 1960, enacted in 2005, brought online lotteries and computer operated and electronic online gambling under its remit.

GAMBLING IN KERALA

Lotteries and some card games are legal in Kerala. Lotteries come under the remit of The Lotteries (Regulation) Act 1998.¹⁹ Yet again, individual state governments have the powers to make lotteries legal or illegal within their states. All lotteries in Kerala are run by the state government.

It also has to be noted here that it is impossible to get an idea about the scale of illegal gambling in Kerala. Anecdotally, gambling at festivals and betting on sports (such as cricket and football) are very popular in Kerala. For an in-depth account of Kerala's various festival and fair-related gambling activities such as *Kozhikettu*, *ottanumber*, *pakida*, *mucheetu*, *kulukkikuthu*, *panchees*, *aanamayilottakam* etc. please read 'Vey Raja Vey'.²⁰ With increasingly easy access to the internet on mobile phones and computers/laptops, we anticipate more people to participate in illegal online gambling in the future.

THE KARUNYA LOTTERY

"Karunya" in Malayalam means kindness. This lottery was set up by the state government in 2011 with a view to using the revenue generated for charitable purposes.

I would still argue that there is need for a wider debate here — i.e., does the end justify the means? Given that the end is to generate money for charity, is it correct and ethical on the government's part to provide and facilitate a behaviour (gambling) that has the potential to become addictive? Buying a Karunya lottery ticket is not always merely a charitable act; if it was, the buyer would not be keen to know if he/she has won a prize or not on the day of the draw, and this is not often the case. Charitable intentions may be there but are often not the sole reason, if indeed it was then one need not buy a lottery ticket as there are various other ways to give money for charity.

There are some other concerns too, and these apply to most forms of lotteries and not just Karunya lotteries. These include the following: First, engagement in 'soft' gambling activities such as the lottery at an early age might act as a 'gateway' to other 'hard' forms of gambling such as online gambling. Second, as lottery as a form of gambling is relatively more acceptable to peers and family, this might encourage many vulnerable young people to enter the world of gambling. Third, with no warnings of its risk potential for addiction, many

people are not aware that the behaviour they are engaging in is risky.

Given in Tables 1-3 are figures that throw some light on Keralites' participation in lotteries. The tables merely give the number of tickets sold and the revenue generated. Table 3 lists the amount of revenue that is spent on charity by the Karunya lotteries (personal communication).

The State of Kerala runs seven weekly lotteries including Karunya lotteries and six bumper draws. Between 4 crore and 4.5 crore lottery tickets are sold every week. For example, 4,05,13,630 lottery tickets were sold in the week 8/8/16 to 14/8/16. There are 34,417 authorized lottery agents and approximately one lakh retailers. Of this one lakh, only 33,249 retailers are registered with the Welfare Fund Board. About 1% of the state's revenue is earmarked for the welfare of lottery sellers.

Jaisoorya et al.²¹ studied 5,043 high school students aged between 15 and 19 years, from 73 schools from the district of Ernakulam, Kerala. 1,400 (27.5%) students reported to have ever gambled. 7.1% of the sample were identified as problem gamblers. Of those who had ever gambled, 25.2% were problem gamblers. Sports betting (betting on cricket and football) was the most popular form of gambling, followed by the lottery. Problem gamblers, when compared with non-problem gamblers and non-gamblers, were significantly more likely to be male, have academic failures, have higher rates of lifetime alcohol and tobacco use, psychological distress, suicidality, history of sexual abuse and higher ADHD scores.

The authors highlight that only 27.5% of their sample reported having ever gambled, which is much lower than that found in studies of young people from across the world. They offer two possible reasons for this finding: the limited availability of gambling or a lack of acceptance of gambling as a leisure activity by peers and parents in the Indian culture. 7.1% of the sample were identified as problem gamblers. This was within the

Table 1: Revenue generated from lotteries from the financial year 2011-12 onwards

Year	Revenue Collection (Rs. Crores)	Profit (Rs. Crores)	Remarks
2011-12	1287.22	394.87	Approximate net profit is 21% of total revenue collection. In addition, 3% of revenue collected is paid as Sales Tax.
2012-13	2778.81	681.77	
2013-14	3793.85	788.43	
2014-15	5445.85	1168.26	
2015-16	6318.47	1461.16	
2016-17 (Up to 17th August 2016)	2902.78	-	

Table 2: Total Revenue and profit generated from Karunya lotteries from 2011-12 onwards

Year	Collection from Karunya Lotteries (Rs. Crores)		Profit from Karunya Lotteries (Rs. Crores)	
	Karunya	Karunya plus	Karunya	Karunya plus
2011-12	188.87	-	38.96	
2012-13	464.61	-	105.25	
2013-14	602.10	-	132.02	
2014-15	695.27	681.92	141.80	131.40
2015-16	803.45	823.91	155.59	147.96
2016-17 (Up to 13th August 2016)	275.86	261.12	76.66	67.06
Total	3030.16	1766.95	650.28	346.42
	4797.11		996.70	

Table 3: Of the total revenue (Profit) generated from Karunya Lotteries, fund allocation as detailed below has been made to Karunya Benevolent Fund Scheme.

Year	Fund Allotted to KBF (Rs. Crores)
2011-12	15
2012-13	100
2013-14	210
2014-15	200
2015-16	250
2016-17	-
	Total = 775 Crores

range (3 to 8%) reported in other studies of school student samples. Although only 27.5% of the sample had ever gambled, 25.2% of these school students were problem gamblers. The study by George et al.²² estimated the prevalence of gambling participation and problem gambling in college students. It also evaluated demographic and psychosocial correlates of gambling in that population. Authors surveyed 5,784 college students from 58 colleges in the district of Ernakulam. 5,580 completed questionnaires were analysed. 1,090 (19.5%) students reported to have ever gambled. Of these 1,090 individuals, 675 (12.1%) were non-problem gamblers and 415 (7.4%) were problem gamblers. Lottery was the most popular form of gambling, followed by betting on football and cricket, and playing card games. Only a small

minority (33 students) reported gambling online. Problem gamblers, as compared to non-gamblers, were significantly more likely to be male, and have a part-time job, greater academic failures, higher substance use, higher psychological distress scores, higher suicidality and higher ADHD symptom scores.

Here too, the authors highlight two key findings: although only 19.5% of this sample reported having ever gambled (much lower than that found in studies from Asia in young people where gambling participation rate has varied between 32 and 60%), the prevalence of problem gambling was 7.4% (within the range of that reported in other college student samples); and of the people who ever gambled, more than one-third (38.1%) were problem gamblers.

In summary, these two studies of high school students and college students from Kerala show that these students do participate in gambling and that there are significantly high rates of problem gambling among those who gamble. This means that students who gamble are highly likely to develop problems from it; and this is very significant from a prevention perspective.

Further, there has been one published survey of Indian psychiatrists' awareness of gambling and their experience of treating gamblers.²³ In a sub-analysis of their survey, George et al. identified 38 psychiatrists who practised psychiatry in Kerala, and explored their knowledge, awareness of and attitudes towards gamblers. This was part of a larger study, and the psychiatrists from Kerala comprised of 31.4% (38/121) of the total sample of psychiatrists from all over India. Of these 38 psychiatrists, 25 (65.7%) had seen gamblers in their psychiatric practice; 22 (57.8%) had seen those affected by someone else's gambling; 32 (84.2%) stated they had never received any teaching in the management of gambling addiction; 30 (78.9%) considered it feasible to treat problem gamblers within their mainstream psychiatric practice; and 34 (89.4%) said they would like to receive training in the management of gambling addiction. All in all, there

were no major differences in opinions expressed by psychiatrists practising in Kerala and the rest of India. Perhaps, the most important finding was that while most psychiatrists see gamblers and their loved ones, very few psychiatrists are well equipped to treat them. It was particularly encouraging to note that most psychiatrists were eager to receive more training in this regard, and considered it feasible to treat gamblers in their mainstream psychiatric practice.

WHAT SHOULD PSYCHIATRISTS DO?

First and foremost, psychiatrists need to acknowledge gambling disorder as an addictive disorder. Individual psychiatrists and the Indian Psychiatric Society as an organisation need to give it its rightful place in mainstream psychiatry. Individual clinicians need to be more aware of gambling among their patients and need to screen them, and then treat or sign post as required. Addiction specialists, especially, in their clinical practice need to enquire about gambling as they would about smoking or drinking. In terms of treatment provision, policy and regulation, a wider debate needs to take place involving clinicians, academics, policy makers, law makers and other relevant stake holders. Although I have limited myself to discussing the role of psychiatrists, it might equally well apply to a range of other mental health care professionals as well.

The government too has a wider responsibility here. As the state government is the only agency that runs lotteries in the state, it can be argued that it has a responsibility to put in place measures to reduce gambling-related harm. And here too, psychiatrists are key to making this happen. As a starting point, the government ought to acknowledge gambling as a risky behaviour with potential for addiction. It needs to see gambling as a public health issue. Examples of some such public health measures or strategies include:

1. Primary prevention measures (aiming to prevent gambling from becoming a problem):
 - Awareness-raising campaigns,

- Social marketing programmes (about various aspects of gambling, its potential for harm, signs and symptoms, how to seek help, etc.),
 - banning of gambling advertisements and promotions,
 - increasing in-counter-advertising (advertising focussing on gambling-related harm/negative consequences), and
 - limiting the availability of gambling opportunities.
2. Secondary prevention measures (aimed at early diagnosis and treatment):
- Providing training to staff at gambling venues such as lottery shops (to enable them to recognise problem gamblers),
 - Training non-specialists (primary health care staff, mental health care staff, etc.) in early identification of problem gamblers and training them in providing brief psychological interventions for problem gamblers, and
 - Training other groups who are likely to come across gamblers (financial/debt advisors, family counsellors, school and college staff, etc.)
3. Tertiary prevention strategies:
- Provision of a range of appropriate treatments (psychological and pharmacological) for problem gamblers and those affected by someone else's gambling.

CONCLUSION

In summary, Keralites do gamble. Yet its public health risk isn't acknowledged. Much more work needs to be done to raise the profile of gambling as an important public health issue, and to get it widely acknowledged as a behaviour with addiction potential. In this regard, both psychiatrists and the government have key roles to play.

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