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Problem gambling: Why do some people become addicted?

By Dr Ricardo Twumasi & Prof Sukhi Shergill King's College London

() 23 January 2020

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Taking risks is part of human nature. Whether it is gambling on a slot machine or riding a skateboard, every day we engage in activities offering both a potential risk and a potential reward.

We are motivated to take these risks by the release of dopamine. This feelgood chemical activates the same pleasurable **reward pathways in our brains**

as eating our favourite food, or having sex.

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Risk-taking can help to advance the human race when it leads to entrepreneurship, innovation and enhanced creativity. But problems can arise when an increased desire to take risks causes harm.

This includes problem gambling, which is estimated to <u>affect as many as 1%</u> <u>of the population</u>. Recent attempts to tackle the issue include plans to <u>ban</u> <u>internet betting with credit cards</u> and <u>making treatment more widely</u> <u>available</u>.

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Who is most likely to have a gambling problem?

Extreme gambling is $\underline{\text{recognised as a disorder}}$ by the World Health Organization.

Most people can enjoy placing an occasional bet, even if it means they lose some money. But some become problem gamblers, where the activity disrupts or compromises their lives and those of their families.

In 2016, the Gambling Commission estimated there were <u>up to 340,000</u> <u>problem gamblers in the UK,</u> with many more individuals at risk.

Their report suggested problem gamblers were:

- Five times more likely to be male than female
- More likely to be unemployed than in work, studying or retired
- Most likely to be aged 25 to 34 (if male)
- More likely to be from a black or other minority ethnic background than from a white or Asian background (on a three-year view)
- More likely to indicate signs of mental ill health
- More likely to indicate signs of low wellbeing

In the year to March 2019, UK gamblers collectively lost about £14.4bn.

Signs that somebody may have a problem include feelings of anxiety or stress around their gambling habit, betting more than they can afford to lose, and gambling ever larger amounts of money to feel the same "high" as before.

There are now plans to open 14 more problem gambling clinics by 2023-24.

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Gambling in numbers

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£14.4bn was collectively lost by UK gamblers in year to March 2019

£2 maximum bet on fixed odds betting terminals, cut from £100

340,000 people are thought to be problem gamblers in the UK

114% rise in gambling-related hospital cases in six years

Source: Gambling Commission, BBC, NHS England

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- Child gambling a 'growing problem' study

Why do some people have a problem?

Gambling, alongside the use of substances like drugs and alcohol and even activities like shopping, <u>can become an addiction</u> when its use becomes compulsive and spirals out of control.

These addictions stem from two separate reward pathways in the brain that affect our behaviour - liking and wanting.

Liking describes the spontaneous delight of eating a chocolate biscuit. Wanting is our desire to have one when we see a packet of chocolate biscuits in the supermarket.

Wanting something motivates us - it makes us desire things and do them repeatedly.

In essence, addiction can be simply viewed as rewiring of these reward systems.

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Compulsive gambling and other addictions can be viewed as a rewiring of the brain's reward systems

When people become addicted to gambling, or to drugs, these wanting and liking systems are no longer intertwined. The wanting remains constant, but the feeling of liking what we get is reduced.

The addicted person needs to engage in more of the behaviour or the drug to get the same pleasure

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Certain factors leave some people at greater risk of addiction. This can include **having family members with addictions**, or **encountering high-level stress or adversity** - experiences which relate to the way we are nurtured.

Nature can also play a part. A **study using brain scans** suggests problem gamblers may have lower impulse-control than the general population.

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Gambling 24/7

Some steps have been taken to reduce the problems gambling can cause.

In recent years, campaigns have focused on fixed odds betting terminals, with the maximum stake cut from £100 to £2. These machines have been described as the "crack cocaine of gambling" and had made it easy for users to lose a lot of money quickly.

The focus is now shifting to online and mobile gambling, which allows people to gamble 24 hours a day - often with the possibility of setting up automatic bets.

Extensive promotion of gambling on apps and betting websites includes sponsorship deals $\underline{\text{with famous sports players}}$ and teams supported by millions of people.

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Several sports teams are sponsored by gambling firms

Mobile gambling means individuals can easily lose large sums of money. There is also the risk of children using stolen details to gamble online, with one study suggesting two-fifths of 11-16 year-olds have gambled in the past year.

There have also been claims that **online data profiling** is being used to target poorer people, who tend to spend a higher proportion of their income on

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gambling.

One way to reduce the risks could be for problem gamblers to be recognised by the same algorithms used to offer rewards on gaming websites. Instead, they could be offered targeted support, and potentially have their access to these sites restricted.

There are growing calls for **gambling to be reframed as a public health issue**, like smoking and physical inactivity, which also disproportionately affect poorer people.

National campaigns about the dangers of gambling, similar to those used to combat obesity and smoking, could be launched, and the issue highlighted by health professionals, debt advisers and within the school curriculum.

In the future, we may have to ask ourselves as a society whether the benefits of promoting gambling outweigh the harms.

About this piece

This analysis piece was **commissioned by the BBC from experts working for an outside organisation**.

Dr Ricardo Twumasi is a lecturer in Organisational Psychiatry & Psychology at King's College London. You can follow him on Twitter **here**.

Prof Sukhi Shergill is a professor in Psychiatry and Systems Neuroscience at King's College London.

Edited by Eleanor Lawrie

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