

HOW TO INTERVENE ON GAMBLING AND RECREATIONAL USE OF CANNABIS: OVERLY DIVERGENT RECIPES FOR RELATED BEHAVIOURS

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A large and increasing body of evidence confirms that the similarities between behavioural addictions and substance-related disorders outweigh the differences. It is therefore far from surprising that the American Psychiatric Association decided to include pathologic gambling in the Fifth Edition of the *Diagnostic and Statistical Manual of Mental Disorders*¹ in the chapter on substance-related disorders.

To date, public and political opinion in various nations, including Italy, has remained ambiguous on a scientific unitary perspective between substance and behaviour addiction. The overly divergent or even opposing recipes proposed for moderating diffusion of gambling and recreational use of cannabis are a good example of this discrepancy. On the one hand, non-medical discussion on the consumption of street cannabis seems to promote light regulation or even largely liberalized access to the substance because of a general cultural trend that minimizes or denies any detrimental effects on human health. On the other hand, the indications concerning modalities of access to gambling are in the direction of a poorly permissive, softly prohibitionist approach, in full agreement with non-medical debate largely inclined to magnify the negative consequences of this addictive behaviour.

The fact that a restrictive approach to gambling has so far largely been directed against slot machines and related electronic game machines (Fig. 1) is easy to understand: players who play on slot and electronic game machines constitute a special population with the highest rate of transition from non-problematic to problematic and pathologic gambling. However, cogency is inevitably coupled with misleading potential: the almost exclusive focus on slot and slot-like machines is at risk of promoting the false idea that other forms of gambling are largely immune from unfavourable transition, with the consequence of making a fair evaluation of the pros and cons of restrictive policies difficult.

A restrictive approach to gambling also conflicts with at least four other important considerations.

1. Many governments have legalized gambling and emphasize the social use of funds related to gaming taxes.
2. Growth of the global village offers previously unimaginable possibilities of advanced gaming technologies making easy control of gambling impossible.
3. In analogy with the use of street cannabis, the choice between re-



FIGURE 1.

Slot machines on the Norwegian “Kroprinz Harald”. Photo by Alexander Blum.

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strictive and liberalized policies with regard to gambling is not sufficiently evidence-based.

4. The costs needed for full application and control of extended restrictive measures make systematic application of tough prohibitionist measures complicated; this consideration is especially important nowadays, given the current economic shortages and the probable loss of the tax yield that would reasonably follow.

Therefore, there are good reasons to question whether it is preferable to spend time and money on policies largely based on restrictive interventions or to shift to more versatile and diversified strategies based on a few selected benchmarks. However, it is essential to accept unconditionally that not only is pathologic gambling a definite, often severe, mental disorder but also both problem and pathologic gambling interfere negatively with quality of life, impose a significant burden on families and the wider society, promote unhealthy lifestyles, are associated with abnormally high rates of comorbidities with other mental disorders and numerous medical conditions, consume a surplus of health care resources, and are at special risk for criminal and delinquents acts. It is also important to consider that problem and pathologic gambling are treatable clinical conditions and, at the same time, that only a minority of problem and pathologic gamblers seek and receive help ². Furthermore, it is frequently forgotten that if it is true that the large preponderance of the adult population worldwide has experienced gambling at least once, it is also true that “most people who gamble do not develop a gambling problem” because only a small fraction of gamblers “will escalate gradually to larger bets and greater risks” ³. It is evident that the need for shared interventions also applies to problem and pathologic gambling in full alignment with other health care conditions: the gambler is indeed the ultimate decision maker in choosing if and when to gamble.

These key points clearly call for a public health approach to problem and pathologic gambling that not only *protects* vulnerable groups, *promotes* informed and balanced attitudes, behaviours and policies toward gambling, and *prevents* gambling-related problems ⁴ but also *publicizes* the idea of problem and pathologic gambling as treatable conditions, *predisposes* facilitated access to treatment, and *privileges*

dedicated pre-clinical and clinical research with special interest in the risk factors and their early detection. These 6P goals address the implementation and a strong revision of current educational plans: people continue to be largely unfamiliar with the problems related to gambling; prevention campaigns are in many cases restricted to billboard commercials and flyers; the emerging image of problem and pathologic gambling is that of an almost unpredictable adverse event; and the community is not sufficiently informed about the dimensions of this escalation and the best strategies for preventing this negative situation. On the contrary, educational campaigns of the future should pay special attention to informing about the risk associated with gambling “without overtly disturbing those who gamble in a non-problematic manner” ⁵ and promoting responsible gambling, offering third-party information about gambling’s false myths, the probabilities of winning, the hazards deriving from irresponsible behaviour, and the existence of affordable and effective strategies that can counteract the unfavourable transition from recreational gambling. Of course, correct information requires adequate scientific support and both education and research need robust investment. Toward this aim, it is reasonable to assume that some economic savings would come from parsimonious, almost exclusive use of restrictive policies to protect highly vulnerable groups, such as adolescents and people with severe mental illness. This substantially liberal strategy, however, must be coupled with a firm resolution to apply severe sanctions on those who do not observe the rules. The offer of an “appropriate balance of individual freedom, personal choice and responsibility,” must indeed always be balanced with “necessary safeguards and protection strategies to minimize potential harm” ⁶. The role of psychiatrists within this scenario is essential, given their involvement in the diagnosis, treatment, and prevention of problem and pathologic gambling and competence in dedicated education and research. Nevertheless, psychiatry has been largely excluded, at least in Italy, from the debate and management of problem and pathologic gambling. The same has applied to the debate on liberalization of recreational cannabis ⁷. This bitter evidence could be seen to be a metaphor on the similarities that link substance and behavioural addictions.

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