

Gambling During the COVID-19 Crisis – A Cause for Concern

Anders Håkansson, PhD, Fernando Fernández-Aranda, PhD, FAED, Jose M. Menchón, MD, PhD, Marc N. Potenza, MD, PhD, and Susana Jiménez-Murcia, PhD

The COVID-19 pandemic has the potential to worsen mental health problems in the general population, including increasing engagement in addictive behaviors. Here, we describe observations suggesting that the current crisis and its sequelae may worsen problem gambling. The current pandemic may impact financial and psychological well-being due to social isolation during spatial distancing, and these stressors in conjunction with substantial changes in gambling markets (land-based, online) during the pandemic may significantly influence gambling behaviors. This situation calls for rapid research initiatives in this area and preventive and regulatory measures by multiple stakeholders.

Key Words: COVID-19, gambling disorder, problem gambling

(*J Addict Med* 2020;14: e10–e12)

Fear of disease, lost lives of close relatives and friends, or confinement and other restraints related to the ongoing COVID-19 crisis (the spread and consequences of the SARS-CoV-2 virus) have changed the daily lives of many people worldwide and may present a health hazard beyond the acute infectious disease. Researchers have called for attention to mental health consequences of the pandemic.^{1–3} This may include addictive behaviors; changes in gaming and pornography-viewing behaviors have been reported during the pandemic.^{4,5} While gambling may be impacted in many ways during COVID-19 (closing of casinos and cessation of sports may limit certain forms of gambling), internet gambling

From the Department of Clinical Sciences Lund, Psychiatry, Faculty of Medicine, Lund University, Lund, Sweden (AH); Gambling Disorder Unit, Malmö Addiction Center, Malmö, Sweden (AH); CIBER Fisiopatología Obesidad y Nutrición (CIBEROBn), Instituto de Salud Carlos III, Madrid, Spain (FFA, SJM); Department of Psychiatry, University Hospital of Bellvitge-IDIBELL, Barcelona, Spain (FFA, JMM, SJM); Department of Clinical Sciences, School of Medicine and Health Sciences, University of Barcelona, Barcelona, Spain (FFA, JMM, SJM); CIBER Salud Mental (CIBERSam), Instituto de Salud Carlos III, Madrid, Spain (JMM); Department of Psychiatry, Yale School of Medicine, New Haven, CT (MNP); The Connecticut Council on Problem Gambling, Wethersfield, CT (MNP); The Connecticut Mental Health Center, New Haven, CT (MNP); Department of Neuroscience, Yale University, New Haven, CT (MNP); and Child Study Center, Yale School of Medicine, New Haven, CT (MNP).

Received for publication April 23, 2020; accepted May 3, 2020.

The authors report no conflicts of interest.

Dr. Håkansson has received non-study-specific, overall research support from AB Svenska spel, the state-owned gambling operator of Sweden, and PhD student support and study-specific support from the research council of the same company. None of these fundings are related specifically to the present work. Håkansson also has received funding from the research council of Systembolaget, the Swedish alcohol monopoly, and from the Swedish Sport Foundation, for projects unrelated to the present work. Also, Håkansson collaborates with a company in a study on new technical devices for the clinical follow-up of gambling disorder patients, and in which the company (Kontigo care) provides the devices free of charge, although without any other fees or funding in that study (which is in a phase of early preparation). Håkansson has received honoraries from the Swedish book editor Studentlitteratur.

Dr. Potenza discloses the following relationships: Dr. Potenza has received financial support or compensation for the following: Dr. Potenza has consulted for and advised RiverMend Health, Opiant Pharmaceuticals, Idorsia, the Addiction Policy Forum and AXA; has received research support from the Mohegan Sun Casino and the National Center for Responsible Gaming; has participated in surveys, mailings or telephone consultations related to addictive disorders or other health topics; has consulted for or advised law offices and gambling entities on issues related

to addictive disorders and behaviors; has provided clinical care in the Connecticut Department of Mental Health and Addiction Services Problem Gambling Services Program; has performed grant reviews; has edited journals and journal sections; has given academic lectures in grand rounds, CME events and other clinical or scientific venues; and has generated books or book chapters for publishers of mental health texts. Dr. Potenza has also been a member of the World Health Organization, COST Action 16207 “European Network for Problematic Usage of the Internet” and other networks, expert groups or advisory groups on addictive behaviors. His work has been supported by the Connecticut Council on Problem Gambling and the Connecticut Department of Mental Health and Addiction Services.

Dr. Fernández-Aranda has received honoraries as editor in chief from Wiley. Dr. Fernández-Aranda and Dr. Jiménez-Murcia have received financial support through the Ministerio de Ciencia, Innovación y Universidades (grant RTI2018-101837-B-100). FIS PI14/00290, FIS PI17/01167 received aid from the Ministerio de Sanidad, Servicios Sociales e Igualdad. Delegación del Gobierno para el Plan Nacional sobre Drogas (20171067 and 2019147), CIBER Fisiología Obesidad y Nutrición (CIBEROBn) and CIBER Salud Mental (CIBERSAM), both of which are initiatives of ISCIII. They thank CERCA Programme/Generalitat de Catalunya for institutional support. Fondo Europeo de Desarrollo Regional (FEDER) “Una manera de hacer Europa”/“a way to build Europe”.

Dr. Menchón is supported by the CIBER Salud Mental (CIBERSAM), which is an initiative of ISCIII.

Send correspondence to Anders Håkansson, PhD, Lund University, Malmö, Sweden. E-mail: anders_c.hakansson@med.lu.se.

Copyright © 2020 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of the American Society of Addiction Medicine. This is an open access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.

ISSN: 1932-0620/20/1404-0e10

DOI: 10.1097/ADM.0000000000000690

remains available, and COVID-19-related stress may increase engagement in gambling. Problem gambling may potentially be among the health hazards affected by the ongoing crisis and its aftermath. Public prevention efforts and systematic research data collection are warranted.

Problem gambling⁶ impacts many individuals worldwide and is linked to financial and mental health concerns.⁷ Prior national or international financial crises have influenced gambling behaviors and exacerbated gambling problems.⁸ For example, a prior financial crisis in Greece increased problem gambling, especially among women.⁹ After a financial crisis in Iceland, gambling participation and problem gambling increased, particularly problematic online gambling among men.¹⁰ While currently speculative, financial hardships may promote gambling as individuals may be motivated to gamble to try to win money. Although presently limited, existing data suggest that COVID-19-related financial concerns may increase gambling-related harms, and this possibility merits systematic research.

The characteristics of the gambling market should be considered. Online gambling has been increasing rapidly worldwide. Properties of online gambling may constitute a particular health hazard when many people are confined to their homes and have had rapid changes in working conditions, psychosocial stress, anxiety and depression, as has been described in China.¹¹ Online gambling may be particularly concerning due to its availability and velocity; online non-sports gambling has been associated with higher debt levels,¹² and in a recent study of online gambling in Sweden, recent online casino gambling was associated with higher rates of problem gambling and indebtedness, compared to recent online sports betting and other online gambling,¹³ suggesting that online casino gambling may represent a particular health hazard. Typical reasons for gambling online include ease and availability, although relief from boredom and escapism are also cited.¹⁴ These factors may be particularly relevant during the COVID-19 pandemic.

Another particular feature of the pandemic involves changes to sports, which could theoretically increase non-sports online gambling. Most sporting events upon which people typically gamble (eg, soccer) are currently cancelled due to COVID-19. It is unknown whether this will decrease overall gambling, as the extent to which individuals may switch from sports gambling to other forms is not known. Here, more research is promptly needed, especially given that nonsports online gambling has been strongly associated with indebtedness.¹³ The potential changes of the gambling market due to the cancellation of sports events and land-based gambling are not well understood and may be substantial. For example, Swedish media have reported that in the absence of professional sporting events, extreme sums of money have been gambled on teenage soccer games or amateur low-tier friendship games.¹⁵

There is a need for timely, systematic research of potential changes in gambling worldwide. Informing the general public about the addictive potential of gambling is important, as is the need for responsible gambling measures to be undertaken by multiple stakeholders including gambling operators. Regulation by legislators and policy-makers is also important presently, particularly when stress and confinement

overlap, in order to mitigate against excessive gambling among vulnerable people.

Advice and recommendations to the general public and professionals are needed. National or local links to information about treatment and support options are important, including ones that may be done remotely. Advice may also include information about: limiting the extent of gambling; not gambling to regulate negative emotions; not gambling to try to solve financial problems or financial concerns; not gambling under the influence of alcohol or drugs; carefully monitoring gambling-related time and financial expenditures; maintaining and establishing daily routines involving activities other than gambling; minding gambling-related attitudes and behaviors in the presence of minors; and not starting to gamble due to stressors. Advice may also address voluntary self-exclusion in case of gambling problems that may emerge or reemerge during the crisis.

In a pilot study at the Gambling Disorder and other Behavioral Addictions Unit of the Department of Psychiatry at the University Hospital of Bellvitge (Barcelona, Spain), a survey monitored the impact of the initial 4 weeks of COVID-19-related confinement. All patients who accepted participating in the survey were asked to provide signed informed consent at the beginning of their treatment in the unit. Due to the lockdown, individual sessions were performed by telephone instead of face-to-face. It was during the course of these therapy sessions that they were asked if they wanted to answer a brief questionnaire about the impact of confinement on their emotional state and gambling symptoms. All patients who were asked accepted. They had signed the informed consent after the first visit and before the start of their treatment. Therefore, all of them were under the approval of the Ethics Committee of University Hospital of Bellvitge (Barcelona, Spain) (Ref: PR329/19). There was no financial or other compensation for being included as part of the sample in this work. All the information was collected by psychologists with extensive experience in behavioral addictions and who are conducting individual cognitive-behavioral treatments with these patients. Twenty-six patients, mostly male ($n = 22$), with a mean age of 44.9 years (range 21–73) voluntarily receiving treatment for gambling problems completed a telephone survey. Most presented worries about increased uncertainties, such as the negative impact on their work, risk of COVID-19 infection of themselves or their loved ones and their treatment. After 2 weeks of confinement, 12% ($n = 3$) reported worsening gambling, 19% were completely abstinent ($n = 5$), 46% showed anxiety symptoms and 27% showed depressive symptoms.

In summary, when facing an unforeseen situation with confinement, fear of disease and financial uncertainty for the future, problem gambling may be an important health hazard to monitor and prevent during and following the COVID-19 crisis, especially given current online gambling availability. To date, research data are limited, and rapid action should be taken by researchers and stakeholders worldwide.

REFERENCES

1. Holmes EA, O'Connor RC, Perry VH, et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry*. 2020 [e-pub ahead of print]. doi: 10.1016/S2215-0366(20)30168-1.

2. Fernández-Aranda F, Casas M, Claes L, et al. COVID-19 and implications for eating disorders. *Eur Eat Disord Rev*. 2020;28(3):239–245.
3. Torales J, O'Higgins M, Castaldelli-Maia JM, Ventriglio A. The outbreak of COVID-19 coronavirus and its impact on global mental health. *Int J Soc Psychiatry*. 2020;66:317–320.
4. King DL, Delfabbro PH, Billieux J, Potenza MN. Problematic online gaming and the COVID-19 pandemic. *J Behav Addict*. 2020. doi:10.1556/2006.2020.00016. [Epub ahead of print].
5. Mestre-Bach G, Blycker GR, Potenza MN. Pornography use in the setting of the COVID-19 pandemic. *J Behav Addict*. 2020;9:181–183.
6. Calado F, Griffiths M. Problem gambling worldwide: an update and systematic review of empirical research (2000-2015). *J Behav Addict*. 2016;5(4):592–613.
7. Potenza MN, Balodis IM, Derevensky J, et al. Gambling disorder. *Nat Rev Dis Primers*. 2019;5(1):51.
8. Jiménez-Murcia S, Fernández-Aranda F, Granero R, Menchón JM. Gambling in Spain: update on experience, research and policy. *Addiction*. 2014;109(10):1595–1601.
9. Economou M, Souliotis K, Malliori M, et al. Problem gambling in Greece: prevalence and risk factors during the financial crisis. *J Gambl Stud*. 2019;35(4):1193–1210.
10. Olason DT, Hayer T, Brosowski T, Meyer G. Gambling in the mist of economic crisis: results from three national prevalence studies from Iceland. *J Gambl Stud*. 2015;31(3):759–774.
11. Cao W, Fang Z, Hou G, et al. The psychological impact of the COVID-19 epidemic on college students in China. *Psychiatry Res*. 2020;287:112934.
12. Estévez A, Rodríguez R, Diaz N, et al. How do online sports gambling disorder patients compare with land-based patients? *J Behav Addict*. 2017;6(4):639–647.
13. Håkansson A, Widinghoff C. Over-indebtedness and problem gambling in a general population sample of online gamblers. *Front Psychiatry*. 2020;11:7.
14. McCormack A, Shorter GW, Griffiths MD. An empirical study of gender differences in online gambling. *J Gambl Stud*. 2014;30(1):71–88.
15. Associated Press. Exposed to betting, lowly Swedish team gets death threats. Associated Press, April 1, 2020. Available at: <https://apnews.com/7b1f50916ca86b46c40150368519f111>. Accessed May 16, 2020.