

Editorial

Gambling Research - Looking Forward

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Editorial

Although progress has been made in the past 30 years in the assessment of problematic gambling, emphasis should now shift to evaluating harm minimisation policies and implementing more effective and population specific treatments. This editorial examines the gambling research issues that seem to be of greatest concern.

Problematic gambling became a psychiatric disorder when it was recognised in the Diagnostic and Statistical Manual for Mental Disorders [1]. It is currently conceived as a behavioural addiction and is estimated to affect approximately 2% of the adult population [2]. It is characterised as a persistent and chronic maladaptive pattern of gambling behaviour that negatively affects personal, financial, and social functioning [3]. Further, significant co-morbidities are reported in this population, indicating a possible trans-disease process [4,5], causing significant treatment complexity.

Although progress has been made in the assessment and prevalence of problem gambling there are still gaps in what we know and the type of research conducted. For example, despite some promising early evidence that opioid-based medications may reduce gambling symptoms [6], little progress has been made in finding effective pharmacological treatments for problematic gambling [7]. Research examining the biological mechanisms associated with gambling is currently gaining momentum [8,9,10], but further insights are needed before clients can have confidence that drugs will provide a reliable treatment. This will require several research approaches including; neuroimaging of disordered gamblers, animal studies of the reward and inhibition systems, genetic studies, and clinical trials of drug candidates.

Another area of future research is to address client engagement and treatment retention issues. Although approximately 8% of the population [11] experience some gambling harm, only 10% of problematic gamblers seek formal treatment [12]. Further, research has indicated up to 50% of treatment seekers exit treatment prematurely [13,14], compromising treatment efficacy. Examining these issues and developing strategies to engage with problem

gamblers and reinforce their attendance are likely to be important concerns for clinically orientated researchers. One possible approach is to use motivational incentives to attract and keep gamblers in treatment [15].

A related area of concern is the increase in the provision of gambling on the internet. Although participation rates of gambling on the internet are lower than overall participation rates [16], this activity is gaining momentum and will continue to be a focus for gambling researchers who examine player behaviour and for researcher-clinicians developing on-line treatment options. The provision of treatment services on the internet may also address the previous issue of client engagement and retention.

Clinically, the move to place the newly named Gambling Disorder within the Substance Use Disorders category in the recent revision of the Diagnostic and Statistical Manual for Mental Disorders was a consequence of a significant body of evidence that suggested gambling shares similar symptoms, development, and treatment approaches with substance use [17]. However, our understanding of the experience of gambling appears disjointed and often contradictory (e.g., the continuum vs. dichotomy debate) [18]. Developing a more nuanced understanding of gambling disorder symptoms and their interaction is likely to help us better understand the disorder and focus our neurological and clinical research.

Although significant resources have been placed into the estimation of problem gambling prevalence, delivery of treatment, and management of gambling policy, few independent studies have been conducted on the effectiveness of these policy driven activities. Consequently, research examining which policies appear to be working and development of new and effective evidence-based policy driven activities are necessary. This type of research is likely to have an immediate impact on reducing population level gambling harm.

Finally, one of the benefits from the attention placed on prevalence studies has been the identification of specific populations that require additional support. Historically, youth and dis-advantaged communities typically report higher problem gambling rates [19,20]. Future research should focus on these groups. Similarly, findings from recent prevalence studies appear to suggest changes in gambling activity rates and those gambling. Examples include the increase of gamblers engaging in particular activities (e.g., sports bettors), and the greater relative number of female gamblers experiencing gambling harm [11]. Examining these and other groups of interest will provide more knowledge about the rise and course of problem gambling.

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