Gambling with the nation's health?

Lottery is immoral

The whore and gambler, by the state
Licensed, build that nation's fate.

William Blake, *Auriges of Innocence*

EDITOR,—Martin McKee and Franco Sassi's editorial raises an issue that has been largely ignored in the polemic arising since the introduction of the National Lottery.¹ Well directed and amply endowed publicity can realise whatever it sets out to achieve, and selling vice is no exception. When governments set about peddling vice, however, perhaps we need to wake up and ask some questions. None would argue but that gambling is a vice—one in which most of us indulge from time to time without harm. But, as with all vice, there is the problem of over-indulgence, or addiction.

Is there any moral difference between a government that decides one day to nationalise the manufacture of alcohol and then to promote its consumption with a massive publicity drive to raise funds for worthy causes and a government that selects gambling and does likewise? The outcry that would accompany government promotion of alcohol would be focused on the harm that would be inflicted on those (a minority) who would become dependent on alcohol and on the other undesirable effects of that illness, such as road traffic accidents, family violence, and financial hardship. Why then is there no such outcry against government sponsored gambling? Again, addiction to gambling affects a minority of those who indulge in the lottery (and in the philosophy of morality the size of a minority is not permitted as a premise), and the social effects of gambling excesses are not dissimilar to those of alcohol dependence albeit they are less clearly defined, leading to poverty and the need to find alternative sources of finance. But the social effects of the lottery reach far beyond the unfortunate sector that becomes so hopelessly besotted by the television dicer.

An enormous fiscal readjustment in society has resulted since the introduction of the lotteries in both the Republic of Ireland and the United Kingdom, with the established charities now faced with starvation while the exchequer is fattened. How many other as yet undetected readjustments have also taken place, such as the diversion of family funds to the lottery from the nutritional needs of children, with consequences that may not

become apparent for a generation? Moreover, such occult effects will manifest themselves in the most deprived sectors of society, in which the lottery gives the greatest hope of release from abject poverty. Ironically, the lottery may be perpetuating the deprivation it seeks to alleviate.

Is it not incumbent on us, therefore, to insist that the government takes more account of the issues, real and potential, that may result from the lottery? We might start by having the lottery acknowledged for what it is—another tax which most affects the lower income groups of society.

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1 McKee M, Sassi F. Gambling with the nation's health? *BMJ* 1995;311:521-2. (26 August.)

Lottery has Orwellian resonances

EDITOR,—The fact that the National Lottery collects disproportionate amounts of money from poor people would not have surprised George Orwell. In his novel *Nineteen Eighty-Four* he describes the effect of a lottery on the "proles," the non-party members who constituted 85% of Oceania's population.

The Lottery, with its weekly pay-out of enormous prizes, was the one public event to which the proles paid serious attention. It was probable that there were some millions of proles for whom the Lottery was the principal if not the only reason for remaining alive. It was their delight, their folly, their anodyne, their intellectual stimulant. Where the Lottery was concerned, even people who could barely read and write seemed capable of intricate calculations and staggering feats of memory. There was a whole tribe of men who made a living by selling systems, forecasts and lucky amulets . . . the prizes were largely imaginary. Only small sums were actually paid out, the winners of the big prizes being non-existent persons.

Orwell does not state how Big Brother's regime spent its ill gotten gains. Perhaps some of the money was used to subsidise Winston Smith's rewriting and destruction of historical records in the Ministry of Truth. I wonder what Orwell would have thought of our government spending £13 million of National Lottery money to preserve the jottings of a more famous Winston, Winston Churchill.

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Inability to reason statistically is prime cause of lottery fever

EDITOR,—In their editorial Martin McKee and Franco Sassi express concerns about the public health consequences of the National Lottery, particularly in relation to its encouragement of gambling, redistributive wealth effects, and implications for donations to medical charities.¹ Several important points, however, are neglected. Firstly, the forces driving the spread of lotteries may be more powerful than the authors realise: in the

United States, state lottery revenues are now so huge that they have become a key part of political strategy because they enable politicians to cut unpopular income taxes and replace them with more electorally favoured lotteries.²

Secondly, the latest psychological research in the United States on large scale public wagering has shown another powerful driving force in addition to lotteries' fiscal attraction for governments: larger jackpots result in more betting, and increased betting produces larger jackpots.³

These are robust forces driving "lottery fever," yet not everyone plays the lottery. Hence a fundamental issue is the question of why people, given a free choice, choose to gamble when it is not in their interests to do so. The latest psychological research suggests that the answers lie in the public's inability to reason statistically.⁴ In fact, failure to appreciate probability and risk outcomes probably underlies most unhealthy behaviour, such as smoking, drinking, refusal of vaccination, and dangerous driving.

Hence public health campaigns should focus on this aspect of public education (perhaps starting in schools by emphasising basic probabilistic reasoning in the curriculum) if an attempt is to be made to combat the negative health effects of the lottery. Surely the medical profession's response to the lottery should be based on the view not that this is a new pathogen but instead that the lottery is a symptom of a wider problem, which occurs to a greater or lesser extent in all of us, not just pathological gamblers. After all, we are choosing, taking, and juggling risks all the time, not just when we scratch a card.

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Majority of secondary school children buy tickets

EDITOR,—Martin McKee and Franco Sassi's editorial on the National Lottery makes only brief reference to its impact on children.¹ In law, participation is restricted to those aged 16 and over. The results of a survey of children aged between 11½ and 15½ that I conducted in a mixed sex comprehensive secondary school are therefore of interest. The survey showed that 114 (61%) out of 187 children stated that they had bought lottery tickets. This is similar to the participation rate of those aged 16 and over. A more detailed report of the survey will be published in due course.

In the past, it was agreed that gambling should be confined to licensed premises, and in this way children could be excluded. Now, National Lottery tickets are sold in ordinary retail outlets, often next to sweet counters. The prohibition on sales to children has therefore become unenforceable, and 62% of these stores have been reported to sell tickets to under 16 year olds.² This has to be

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seen in the light of the fact that lottery tickets now include instant scratch cards, which have many features of hard gaming, with large jackpots and "heart stoppers" giving the illusion that the person has almost won a big prize.³

The availability and promotion of gambling facilities are important in the causation of pathological gambling.⁴ Before the introduction of the National Lottery, public policy under successive governments, including the present one, allowed gambling only to the extent needed to meet unstimulated demand. However, the lottery has been promoted vigorously, and this has involved children. In particular, the weekly draw is broadcast well before the 9 pm watershed, before which programmes are deemed to be suitable for children. Consequently, the National Lottery draw is the second most popular television programme among 10 to 15 year old children, with 38% watching.⁵

Gambling is adult entertainment and not a reliable way of making money for the punter. The only sure way of accumulating riches from gambling is to join the gambling industry. Punters who do not recognise this tend to "chase losses" with disastrous consequences. The most destructive effect of the National Lottery has therefore been the heavily promoted idea that it—and by implication gambling in general—is only about winning money. In fact, the vast majority of those who buy lottery tickets are losers. Nevertheless, intermittent small payouts and huge publicity about the few large ones reinforce the activity. Since this sequence can lead to gambling dependence,⁴ it is potentially dangerous for children.

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Doctors should concentrate on more serious issues

EDITOR,—I read Martin McKee and Franco Sassi's editorial on the National Lottery with surprise and some concern.¹ While I have no argument with the editorial's scientific content, I have some worries about the priority given to the National Lottery as a health issue. Lotteries are nothing new in society: the football pools are similar, as is betting on horse and greyhound racing. It may well be that some people are spending their money "unwisely" in the hope of improving their lifestyles and that some of the people who find themselves winners have problems in coping with this new state. Most of those who participate, however, are responsible people who are knowingly taking a risk. In a society that values empowerment are we now saying that people should take only risks that are good for them? And, if so, what is the risk?

A society in which people no longer have the opportunity to take risks is not a healthy society. Public health practitioners should understand this and should focus their attention on more serious issues. For a start, how about the misery and isolation of elderly people and the hopelessness of young people who are unemployed long term?

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On sex education at school

Articles neglect the needs of young gay men

EDITOR,—Douglas Kirby¹ discusses the papers on sex education by K Wellings and colleagues² and Alex R Mellanby and colleagues³ and concludes that the findings of both studies suggest that the education programmes did not hasten the onset of intercourse. Since Kirby includes "HIV/AIDS education" in the title of his editorial I find it surprising that he does not mention homosexual adolescents. Although these make up a small proportion of the whole school population, there are still large numbers of such young people, who, I suspect, are receiving inadequate information on sexual matters. This is particularly important in relation to teaching about the use of condoms when practising safer sex.

I accept that the remit of the two studies did not include this group. It would be helpful, however, if a separate study could examine the attitudes and needs of this neglected, and largely invisible, group of young people.

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Dutch surprise at British question

EDITOR,—The studies by Alex R Mellanby and colleagues¹ and K Wellings and colleagues² on the effect of sex education on adolescent sexual activity and the conclusions drawn raise the question why lessons learnt in other countries—particularly those in northern Europe, which have similar religious and cultural backgrounds—do not reach Britain and vice versa. This is probably true for many other fields in research and may be due to a language barrier, although much of the research done in the Netherlands, for instance, is written in English and easily accessible.

Being Dutch, I am baffled by the hesitance in England to incorporate sex education in schoolchildren's curriculums. A recent article by Visser *et al*, which reviewed the effectiveness of sex education for adolescents in Western countries, confirmed that it increases knowledge about sexuality but does not as a consequence increase sexual activity.³ Ketting and Visser discussed the reasons for the low abortion rate (as one of the indicators of risky sexual behaviour) in the Netherlands.⁴ Although the basis of the Dutch model of family planning was laid in the 1960s, before the era of AIDS, surely the issues are similar, with the proviso that even greater emphasis needs to be placed on barrier contraception. Recent publications have reiterated the lack of sexual and reproductive health care for adolescents.⁵ Research is needed into the specific needs of adolescents and to assess whether school based programmes are the most suitable for this purpose. Surely, though, there is no question that information and education are prerequisites for a better start to one's reproductive and sexual life.

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Early education about contraception is needed

EDITOR,—Alex R Mellanby and colleagues' study highlights the importance of targeted sexual education programmes involving doctors, teachers, and parents in the prevention of unwanted pregnancy in teenagers.¹ The rate of teenage pregnancy in Britain is among the highest in Europe and seven times higher than that in the Netherlands despite the similarity in the rate of teenage sexual activity among industrialised countries. Only 40% of American teenagers are reported to use contraception during their first year of sexual activity.²

At the same time, data suggest that it is possible to improve these statistics by introducing new contraceptive methods as well as by continuing to encourage the appropriate use of existing methods, with intensive counselling of users.³ It is essential, therefore, that appropriate education about contraception is delivered at an early stage by unbiased professionals and is free from public moralising. This should be accompanied by the availability of several choices of contraception to meet a range of lifestyle needs, and in this context long acting reversible methods have much to offer.⁴

It would be sad if the only way of policing effective education about, and provision of, contraception was by obliging professionals to directly fund the unacceptable number of terminations of pregnancy.

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Non-didactic methods are preferable

EDITOR,—Having been a volunteer resource person in the Singapore Planned Parenthood Association, I am encouraged by Alex R Mellanby and colleagues' description of the positive effects of sex education at school.¹ As a result of reticence on the part of policymakers, the Singapore Planned Parenthood Association is a major provider of school sex education in Singapore. Like Mellanby and colleagues, we have found that group discussions, role play, quizzes, and other workshop activities get the message across better than does didactic teaching. The association also has a considerable number of doctors among its members, who give talks or lead panel discussions, often during school assemblies.

I also support the idea of getting young people to teach their peers, an idea that the association has put into practice recently. Some five years ago we identified a dynamic pool of young people aged between 18 and 22. They had participated in our education programmes and volunteered to become facilitators in youth activities. The highlight of their work was to present scenes in local theatres, depicting topical issues in teenage sexuality, which were well received by other young people.