

The problem of gambling disorder is increasingly drawing attention in Japan. First, the Act for the Promotion of Development of Specified Integrated Resort Districts (IR Promotion Act) was enacted in December 2016 to officially allow casinos in the country. Subsequently, when many people rushed to “pachinko”, a type of gambling originating in Japan, despite the government’s advice to refrain from going out as a measure against the COVID-19 pandemic in 2020 (Japanese laws did not allow lockdown), the mass media reported this, defining gambling as a social problem.

There are various types of gambling in Japan. Some of them are legal, and others are illegal. Easy access is a characteristic of legal gambling-related problems, whereas large debts are typical of those related to illegal gambling. Japan has also been reported to have a larger number of patients with gambling disorder than other countries. The lifetime risk rate of developing gambling disorder was 3.6% as of 2017. Thus, there are continued concerns about gambling as a social issue in Japan.

The treatment of gambling disorder is being established, but the numbers of treatment facilities and supporters remain insufficient. Additionally, although standardized treatment programs are also being established, evidence for the treatment has yet to be furnished. Under these circumstances, we cordially ask each applicant for the Fellowship Award Symposium 2021 to submit an abstract on gambling disorder, including some of the items specified in the following sections 1-4:

1. Background factors as a country

Such as the types of legal gambling available in your country (including foreigner-only

casinos and illegal gambling), their economic scales, accessibility, prevalence of gambling disorder, susceptible age, social backgrounds (e.g., poverty), and social problems in gambling or presentation of such problems if relevant statistics are unavailable.

## 2. Systems for treatment and consultation

Such as whether or not the treatment of gambling disorder and related consultation are provided as part of healthcare services, the number of treatment facilities, availability and details of standardized treatment programs, consultation facilities and systems, similarities and differences between the treatments of this and substance use disorder, hospital-clinic collaboration, scope of counseling, and medical insurance coverage.

## 3. Prevention and education

Such as prevention education for school-age children and students (e.g., mental health education), approaches for individuals with increased risks (including methods to identify them), support for patients with early-stage/mild conditions, family support, supporter training, and awareness-raising activities.

## 4. Future perspectives

Please describe future plans to address gambling disorder in your country or your opinion about desirable measures to be adopted on a nationwide or global basis.