

WHO work in the Area of Addictive Behaviours

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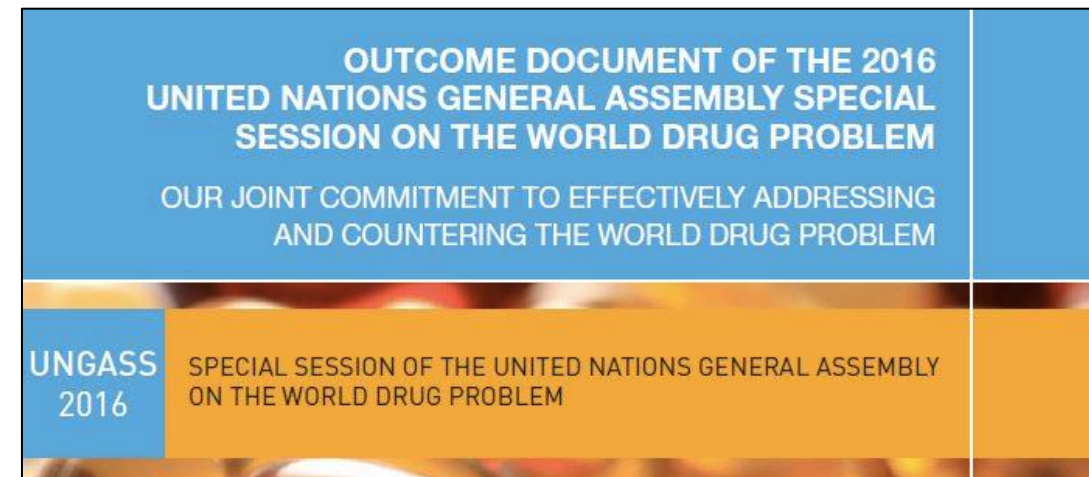
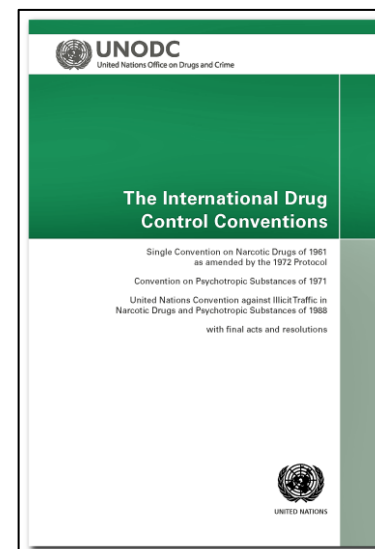
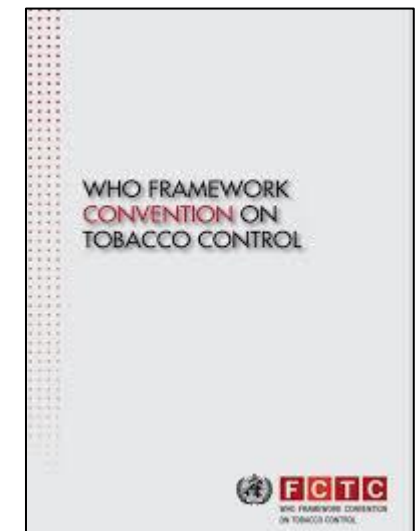
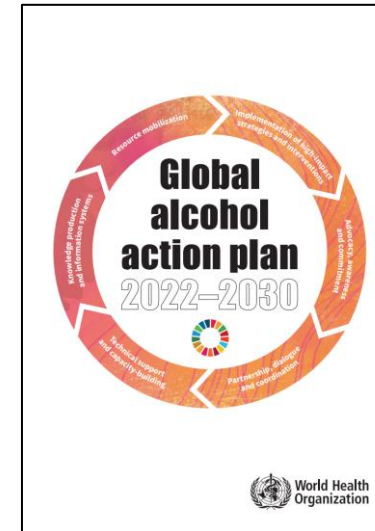
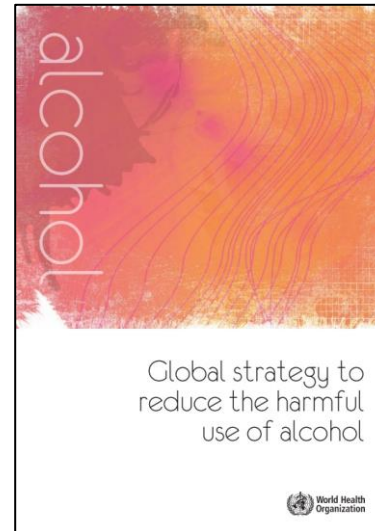
Disclosure of Interests



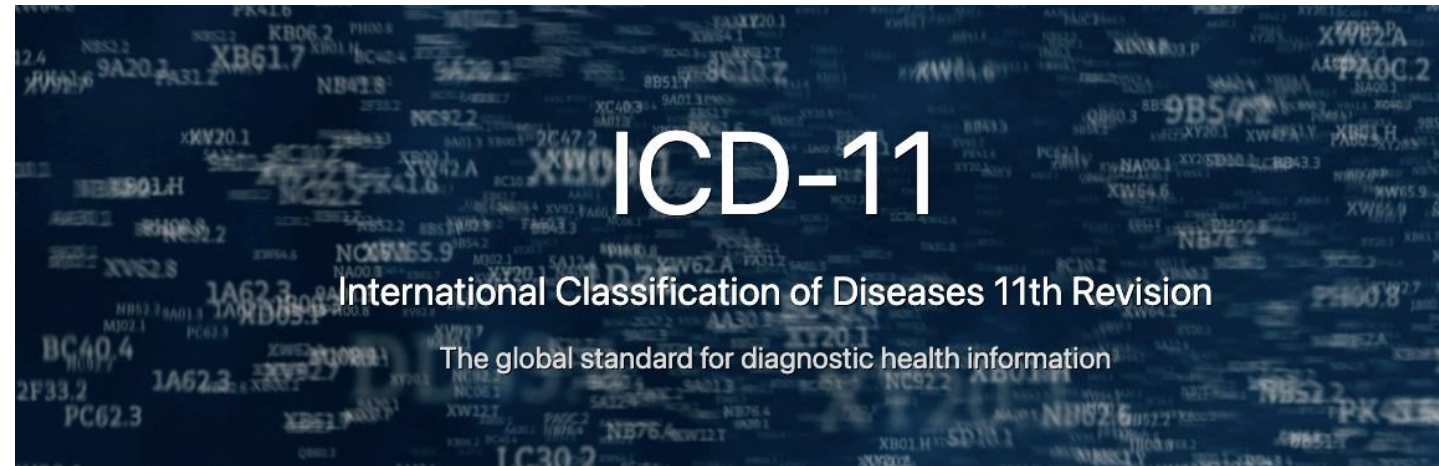
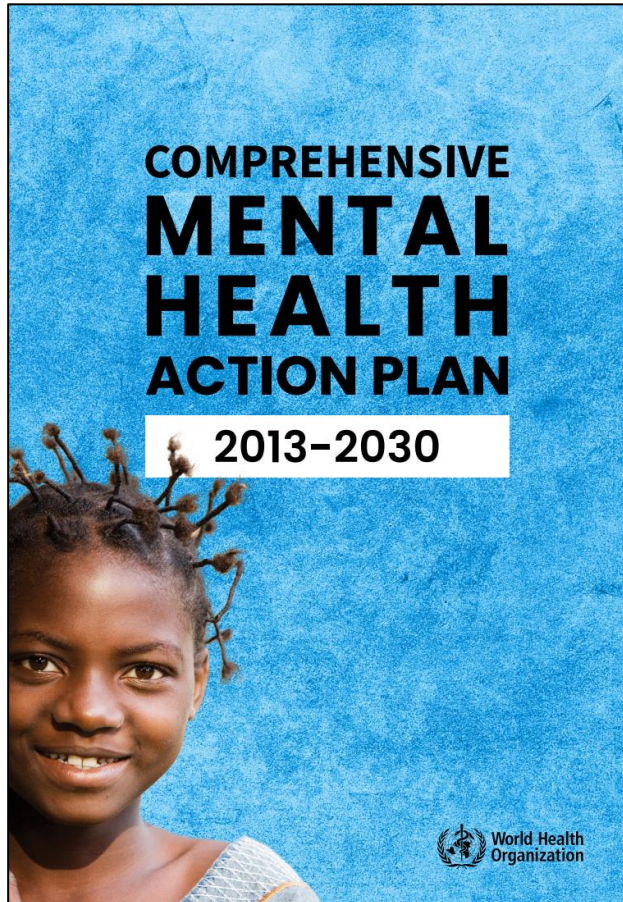
- I am a staff member of the WHO
 - WHO staff members **recuse themselves from any involvement in a matter which might give rise to an actual, perceived, or possible conflict of interest**
 - confirmed by regular clearance of declaration of interest forms

Global mandates to work on tobacco, alcohol and psychoactive drugs

The Sustainable Development Goals



Global mandates to work on addictive behaviours?



Including the subchapter on
disorders due to addictive
behaviours

WHA Resolutions WHA65.4 (2012)
and WHA74(14) (2021)

Global mandates to work on addictive behaviours?



SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY
Agenda item 15.3

WHA77.12
1 June 2024

Strengthening health and well-being through sport events¹

WHA Resolution 75/18 on sport (2024)

URGES Member States, in accordance with the national context and priorities:

(5) to ensure that actions are undertaken at sport events and settings to support global health priorities including physical activity, clean air, clean water and healthier diets, to limit the marketing of unhealthy products as well as to prohibit or restrict the advertising, promotion and sponsorship of tobacco, in accordance with the WHO Framework Convention on Tobacco Control, to promote policies on alcohol in line with the WHO action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, **and to minimize the negative consequences of gambling to health and well-being;**

WHO work on public health implications of addictive behaviours



CONCEPTUALIZING

- Compiling evidence and mobilizing global expertise
- Reaffirming concepts

DEFINING

- Global consultations on diagnostic categories and definitions
- ICD11 field testing
- Adoption of ICD11 by WHA in 2019

OPERATIONALIZING

- Advocacy and communication
- Diagnostic instruments
- Guidance on prevention and treatment
- Capacity building and workforce development

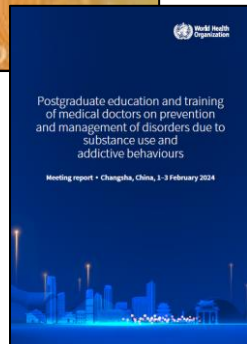
MONITORING

- WHO Global Surveys
- Strengthening information systems

WHO meetings on public health implications of addictive behaviours



- On public health implications of excessive use of the Internet, smartphones and similar electronic devices (Tokyo, Japan, 2014)
- On clinical descriptions, diagnostic guidelines and priorities for international research (Seoul, Republic of Korea, 2015)
- On policy and program responses (Hong Kong SAR, China, 2016)
- On convergence of gaming and gambling and clinical case studies of gaming disorder (Istanbul, Turkey, 2017)
- On diagnostic validity of gaming disorder, clinical descriptions and diagnostic guidelines, public health implications of gaming and gambling, development of new screening and diagnostic interviews (Changsha, China, 2018)
- Postgraduate education and training of medical doctors on prevention and management of disorders due to substance use and addictive behaviours (Changsha, China, 2024)
- **WHO Forum on Alcohol, Drugs and Addictive Behaviours (2017-2019-2021-2023-2025): 24-26 June 2025**



Fifth WHO Forum on Alcohol, Drugs and Addictive Behaviours (FADAB)
Aligning efforts, strengthening solidarity and partnerships

24-26 June 2025

Web-based from Geneva, Switzerland

BY INVITATION ONLY

Field testing of ICD-11 -Disorders due to substance use and addictive behaviours



- Phase I:

Public Health/Clinical Utility and Comparability with ICD-10

- **Aim of Phase I field testing:** to explore the public health and clinical utility (benefits), feasibility (applicability), and stability (comparability with ICD-10) of the proposed taxonomy, clinical descriptions, and diagnostic guidelines of disorders due to psychoactive substance use and addictive behaviors and related health conditions.

11 countries participated:

Australia
Brazil
China
France

Indonesia
Iran
Japan
Malaysia

Mexico
Switzerland
Thailand
UAE

Field testing of ICD-11 -Disorders due to substance use and addictive behaviours



Key messages on disorders due to addictive behaviors:

- *Overwhelming support*
 - in terms of added value, clinical relevance, facilitation of policy-making, prevention, detection and management of the conditions
- *Questioning*
 - separation into online/offline, when most patients mix both modes
 - boundaries with professional e-sport, hazardous gaming, gambling-gaming overlap
- *Concerns*
 - regarding the difficulty of diagnosis, risk of overdiagnoses, incorrect use of the category, perception by general population (as “pathologizing normal behavior”)
- *Calls*
 - for developing additional tools for diagnosis, glossary and definition, prevention and treatment guidelines, training courses, identifying features of games that increase risk of harm, developing regulating frameworks, etc.

Adoption of ICD-11 with section on Disorders due to addictive behaviours



SEVENTY-SECOND WORLD HEALTH ASSEMBLY

WHA72.15

Agenda item 12.7

28 May 2019

Eleventh revision of the International Classification of Diseases

Acknowledging that development and maintenance of the International Classification of Diseases is a core normative function of WHO,

- 1. ADOPTS the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11), to **come into effect on 1 January 2022**, subject to transitional arrangements

2. REQUESTS the Director-General:

- ... to **allocate sufficient resources** within the Organization for the regular updating and maintenance
- to **publish the ICD-11 in the six official languages** ... and put in place the **digital tools and support mechanisms** for its maintenance, dissemination and use ...;
- to provide **support upon request to Member States** in implementing ICD-11 ...;
- to provide **transitional arrangements** from 1 January 2022 for at least five years, and as long as necessary to enable Member States to compile and report statistics ...;
- to **implement a regular updating process** for ICD-11 ...;
- to **report on progress in implementing this resolution** ... in 2023, ... in 2027, in 2032, and to include in the 2032 report an assessment of the need for revision of ICD-11.

Adoption of ICD-11 with section on Disorders due to addictive behaviours



Clinical descriptions and
diagnostic requirements for
ICD-11 mental, behavioural and
neurodevelopmental disorders

2024

- ▽ Disorders due to substance use or addictive behaviours
 - ▷ Disorders due to substance use
- ▽ Disorders due to addictive behaviours
 - ▽ 6C50 Gambling disorder
 - 6C50.0 Gambling disorder, predominantly offline
 - 6C50.1 Gambling disorder, predominantly online
 - 6C50.Z Gambling disorder, unspecified
 - ▽ 6C51 Gaming disorder
 - 6C51.0 Gaming disorder, predominantly online
 - 6C51.1 Gaming disorder, predominantly offline
 - 6C51.Z Gaming disorder, unspecified
 - 6C5Y Other specified disorders due to addictive behaviours
 - 6C5Z Disorders due to addictive behaviours, unspecified

Hazardous gambling or betting and hazardous gaming

- QE21 Hazardous gambling or betting
- QE22 Hazardous gaming

WHO work on public health implications of addictive behaviours



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- Advocacy and communication
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MONITORING

- WHO Global Surveys
- Strengthening information systems

The Lancet Public Health Commission on Gambling (2024)



THE LANCET
Public Health

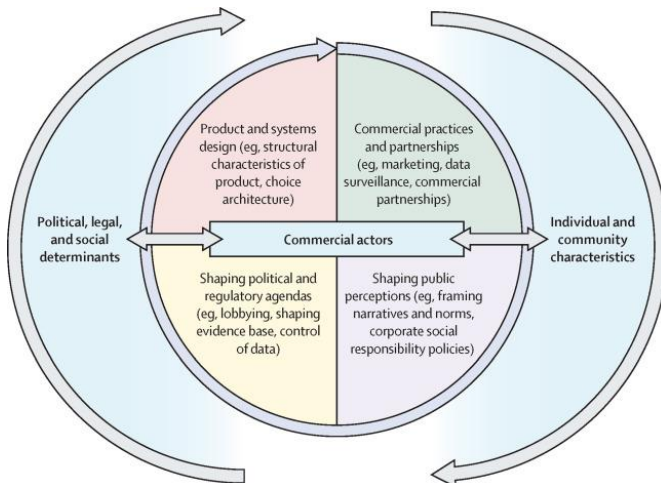
THE LANCET PUBLIC HEALTH COMMISSIONS · Volume 9, Issue 11, E950-E994, November 2024 · [Open Access](#)

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The *Lancet* Public Health Commission on gambling

[Prof Heather Wardle, PhD](#) ^{a,†} [Prof Louisa Degenhardt, PhD](#) ^{b,†} · [Virve Marionneau, PhD](#) ^c · [Prof Gerda Reith, PhD](#) ^a · [Charles Livingstone, PhD](#) ^d · [Prof Malcolm Sparrow, PhD](#) ^e · et al. [Show more](#)

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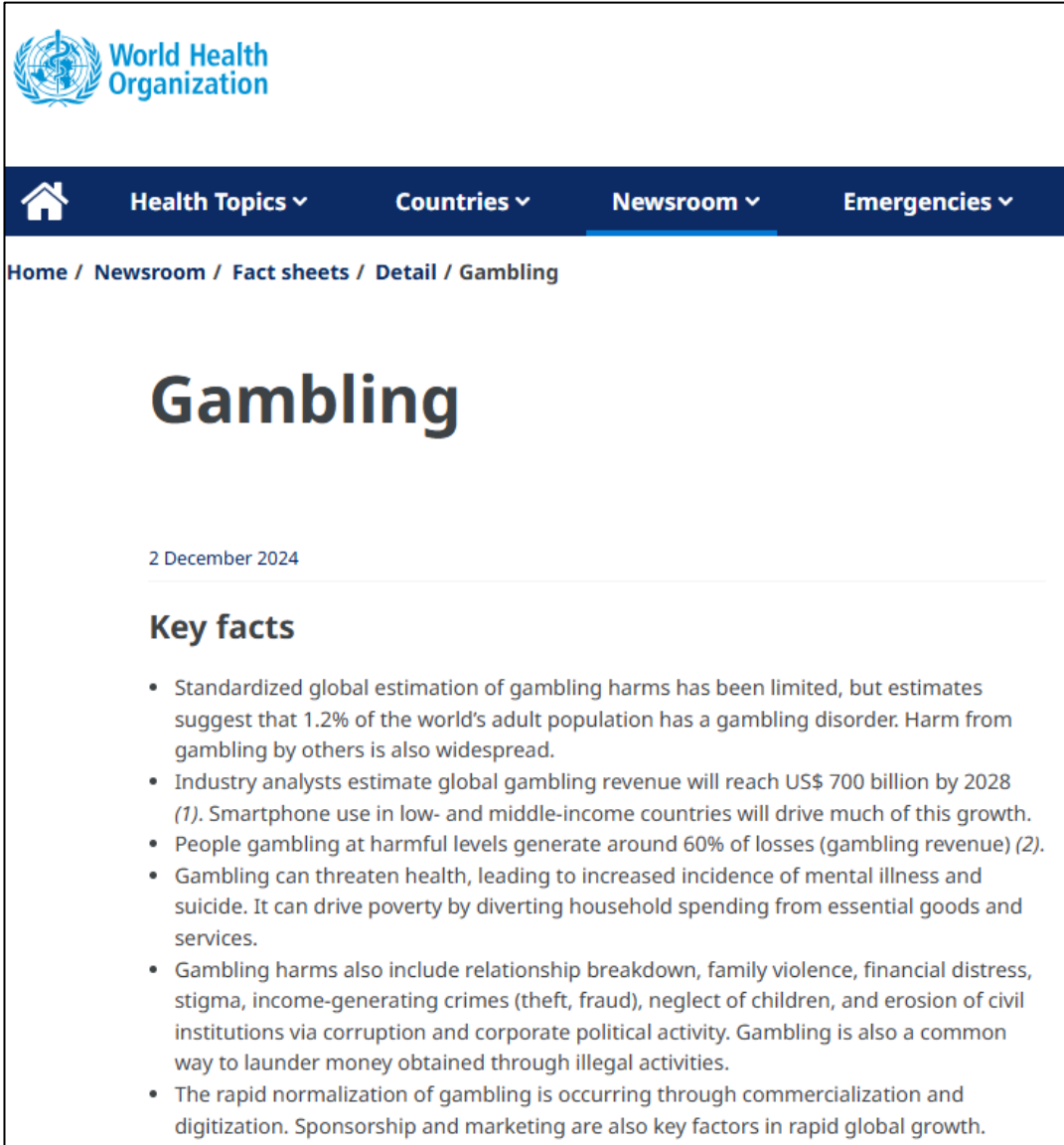
Panel 1: Key recommendations

- 1 Gambling is a public health issue; in setting policy, governments should prioritise protecting health and wellbeing over competing economic motivations.
- 2 In all countries—irrespective of whether gambling is legally permitted—effective gambling regulation is needed; we recommend:
 - Reductions in population exposure and the availability of gambling, through prohibitions or restrictions on access, promotion, marketing, and sponsorship.
 - Provision of affordable, universal support and treatment for gambling harms.
 - De-normalisation of gambling via well resourced social marketing and awareness campaigns.
- 3 Jurisdictions that permit gambling need a well resourced, independent, and adequately empowered regulator, focused on the protection of public health and wellbeing; at a minimum, regulatory protections must include:
 - Protection of children and adolescents from gambling, by enforcing minimum age requirements, backed by mandatory identification.
 - Provision of effective consumer protection measures, such as universal self-exclusion, and user registration systems.
 - Regulation of products proportionate to the risk of harms, based on their characteristics.
 - Enaction of mandatory measures limiting gambling consumption, such as enforceable deposit and bet limits, and universal precommitment systems.
- 4 Gambling-related policy, regulation, treatment, and research must be protected from the distortionary effects of commercial influence; we advocate for a rapid transition away from industry-funded research and treatment, coupled with and enabled by increased levels of investment from independent sources.
- 5 At the international level, UN entities and intergovernmental organisations should incorporate a focus on gambling harms into their strategies and workplans for improving health and wellbeing broadly.
- 6 There is a need to develop an international alliance—including civil society, people with lived experience of harms related to gambling, researchers, and professional organisations—to provide thought leadership, advocacy, and convening of interested parties.
- 7 This Commission recommends the instigation of the process to adopt a World Health Assembly resolution on the public health dimensions of gambling.

KEY RECOMMENDATIONS

- ... prioritize protecting health and wellbeing over competing economic motivations
- effective gambling regulation is needed
- ... independent, and adequately empowered regulator
- ... protection from the distortionary effects of commercial influence
- UN entities and intergovernmental organizations should incorporate a focus on gambling harms into their strategies and workplans
- ... international alliance—to provide thought leadership, advocacy, and convening of interested parties
- ... instigation of the process to adopt a World Health Assembly resolution on the public health dimensions of gambling.

WHO Factsheet on Gambling (2024)



The screenshot shows the WHO website's navigation bar with 'Health Topics', 'Countries', 'Newsroom', and 'Emergencies'. The 'Newsroom' tab is active. Below the navigation bar is a breadcrumb trail: 'Home / Newsroom / Fact sheets / Detail / Gambling'. The main heading is 'Gambling'. Below it is the date '2 December 2024'. The section 'Key facts' contains a bulleted list of information about gambling harms and global trends.

World Health Organization

Home / Newsroom / Fact sheets / Detail / Gambling

Gambling

2 December 2024

Key facts

- Standardized global estimation of gambling harms has been limited, but estimates suggest that 1.2% of the world's adult population has a gambling disorder. Harm from gambling by others is also widespread.
- Industry analysts estimate global gambling revenue will reach US\$ 700 billion by 2028 (1). Smartphone use in low- and middle-income countries will drive much of this growth.
- People gambling at harmful levels generate around 60% of losses (gambling revenue) (2).
- Gambling can threaten health, leading to increased incidence of mental illness and suicide. It can drive poverty by diverting household spending from essential goods and services.
- Gambling harms also include relationship breakdown, family violence, financial distress, stigma, income-generating crimes (theft, fraud), neglect of children, and erosion of civil institutions via corruption and corporate political activity. Gambling is also a common way to launder money obtained through illegal activities.
- The rapid normalization of gambling is occurring through commercialization and digitization. Sponsorship and marketing are also key factors in rapid global growth.

- Key Facts
- Overview and scope of the problem
- Who is at risk
- Signs and symptoms
- Transmission
- Prevention and control
- Treatment
- Challenges
- Global impact
- WHO response

Diagnostic Interview Schedule for Disorders due to Addictive Behaviours (DISDAB)



- WHO Collaborative Project on the Development of International Screening and Diagnostic Instruments for Gaming Disorder and Gambling Disorder (since 2017): WHO Informal Expert Group
- **DISDAB (Diagnostic Interview Schedule for Disorders due to Addictive Behaviours)**
 - Draft instrument available for both gaming and gambling
 - Protocol for international validation study is in the process of development
 - Tentatively centers in >10 countries expressed an interest
 - The first protocol meeting is planned for December 2025 in Istanbul, Turkey

Current Addiction Reports (2025) 12:18
<https://doi.org/10.1007/s40429-025-00631-0>



The Development of and Rationale for Gaming Disorder in ICD-11 and a Review of Available Assessment Tools

John B. Saunders¹ · Hans-Jürgen Rumpf² · Natacha Carragher³ · Vladimir Poznyak⁴

Current Addiction Reports (2019) 6:331–337
<https://doi.org/10.1007/s40429-019-00262-2>

ICD-11 (D KING, S HIGUCHI AND V POZNYAK, SECTION EDITORS)



Epidemiological Challenges in the Study of Behavioral Addictions: a Call for High Standard Methodologies

Hans-Jürgen Rumpf¹ · Dominique Brandt¹ · Zsolt Demetrovics² · Joël Billieux³ · Natacha Carragher⁴ · Matthias Brand⁵ · Henrietta Bowden-Jones⁶ · Afarin Rahimi-Movaghar⁷ · Sawitri Assanangkornchai⁸ · Renata Glavak-Tkalic⁹ · Guilherme Borges¹⁰ · Hae-Kook Lee¹¹ · Florian Rehbein¹² · Naomi A. Fineberg¹³ · Karl Mann¹⁴ · Marc N. Potenza¹⁵ · Dan J. Stein¹⁶ · Susumu Higuchi¹⁷ · Daniel King¹⁸ · John B. Saunders¹⁹ · Vladimir Poznyak²⁰

ADDICTION

SSA SOCIETY FOR THE STUDY OF ADDICTION

LETTER TO THE EDITOR | Free Access

Brief overview of the WHO Collaborative Project on the Development of New International Screening and Diagnostic Instruments for Gaming Disorder and Gambling Disorder

Natacha Carragher Joël Billieux, Henrietta Bowden-Jones, Sophia Achab Marc N. Potenza, Hans-Jürgen Rumpf, Jiang Long Zsolt Demetrovics, Douglas Gentile ... [See all authors](#)

First published: 09 December 2021 | <https://doi.org/10.1111/add.15780> | Citations: 9

WHO Global Survey 2025: module on addictive behaviours (preliminary data)



- Data collected from Focal points in Ministries of Health in 115 Member States

WHO REGION	Submitted Responses	Response Rate
African Region	20/47 countries	42.5%
Region of the Americas	22/35 countries	62.8%
Eastern Mediterranean Region	16/21 countries	76.2%
European Region	39/45 countries	86.7%
South-East Asia Region	4/11 countries	36.3%
Western Pacific Region	14/27 countries	51.8%
TOTAL	115/186	61.8%

Future perspectives

- Strengthening monitoring and surveillance
 - WHO Global Survey 2025-26
- Advocacy and communication
 - WHO Technical Brief on Gambling and Gambling Disorders (2025)
 - WHO Report on public health dimensions of video games (2026)
 - WHO Factsheet on gaming (2026)
 - Series of WHO policy briefs on video games (2026-27)
- Diagnostic instruments
 - International validation study and release of DISDAB (2026-2027)
- Capacity building: competency-based education guides (2026)
- Global guidance on prevention and treatment
 - WHO Guidelines on disorders due to addictive behaviours (???)
- Technical assistance to countries upon requests

Acknowledgements

- WHO ADA colleagues (Anja Busse, Dzmitry Krupchanka, Dag Rekve, Alexandra Fleischman), including previous Unit Head Dr Vladimir Poznyak and consultants (Maèva Flayelle, Natasha Carrager, Ilinca Radu)
- Members of the ICD-11 Working Group on disorders due to substance use and addictive disorders/behavioral addictions, all involved in field testing of ICD-11
- Participants of expert group meetings on addictive behaviours
- Members of WHO Informal Expert Group on Gaming and Gambling
- Members of Lancet Public Health Commission on Gambling
- Focal points for WHO Global Survey and those involved in data analysis and dissemination
- WHO Collaborating centers in alcohol, drugs and addictive behaviours
- DISDAB development and validation group
- Kurihama Medical and Addiction Centre, Japan
- National Rehabilitation Center, UAE
- Turkish Green Crescent Society and IFGC, Turkey
- And all others who supported WHO in the advancement of the area
- And many more!

It is our joint commitment!

Thank you for your actions!

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