**Title: Gambling as an Issue in Public Health Ethics: A Case Study of Government-run Lotteries in Kerala, India.**

Authors: Sanju George and Angus Dawson

\*Professor Sanju George MBBS, FRCPsych (UK) – corresponding author

Professor of psychiatry and psychology

Rajagiri School of behavioural sciences and research

Rajagiri College of Social Sciences (Autonomous)

Rajagiri P. O., Kalamassery

Kochi, Kerala, India - 683 104

*Phone:* (91) – 9895343515, (91) - 0484 - 2555564, 2911111

*Email*: [sanjugeorge531@gmail.com](mailto:sanjugeorge531@gmail.com)

Angus Dawson

Sydney Health Ethics,

Sydney School of Public Health

The University of Sydney

Level 1, Medical Foundation Building K25

NSW 2006

Australia

Tel: +61 2 8627 0964

Fax: +61 2 9036 3436

Email: angus.dawson@sydney.edu.au

Declaration of Interests: The authors declare that they have no competing interests.

Funding: The authors declare that they received no funding from any source for this research.

Acknowledgements: Our sincere gratitude to Dr K M Abraham, IAS, former additional chief secretary (Finance), Kerala for providing information given in the tables in this paper.

**Gambling as an Issue in Public Health Ethics: A Case Study of Government-run Lotteries in Kerala, India.**

**Abstract**

In this paper we outline why we should conceptualise gambling as both a public health issue and a concern for public health ethics. Gambling is a public health issue because we can study it epidemiologically: it produces clear harms, we can note population-level risk factors for those harms, risks are not distributed equally, and there are clear ways to reduce these risks through societal interventions. This is an issue for public health ethics because potential regulation of gambling raises fundamental issues about the balance between individual freedoms and societal responsibility to protect people from harm through a range of possible interventions. We call for urgent reform of existing legislation to remove the conflict of interest at the heart of state-promoted lotteries (including ‘charitable’ lotteries). The state should instead move to promote interventions to reduce the risk of individuals becoming problem gamblers and dedicate funding to support problem gamblers.

(148 words)

**Gambling as an Issue in Public Health Ethics: A Case Study of Government-run Lotteries in Kerala, India.**

**Introduction**

This paper has five sections. In the first section we outline what gambling is and its status as a psychiatric condition. In the second we explain why gambling can be seen as a public health issue. In the third we illustrate the discussion by providing a case study by describing the legal and political support given to gambling in India and Kerala in particular. In the fourth section we outline a series of arguments for why we should take a more restrictive attitude to gambling, drawing upon the literature from public health ethics. In the fifth and final section webring the ethical arguments and the example of Kerala lotteries together to suggest some possible reforms that might be introduced to better protect the population from the potential harms of problem gambling.

1. **What is gambling and why can it be a problem?**

Gambling involves wagering something of value (usually money) on a game or event whose outcome is unpredictable and determined by chance (Ladouceur et al, 2002). Across cultures, many people gamble recreationally, with no resultant adverse impact on themselves or others. However, between 1 and 4% of the population world-wide gamble problematically: that is, they find it difficult or impossible to control their gambling behaviour (Hodgins, Stea& Grant, 2011). The British Problem Gambling Study found that0.9% of the adult population of the UK were problem gamblers and a further 7.3% were deemed at risk of developing problem gambling in the future (they are ‘at risk’ gamblers)(Wardle 2010). Problem gambling can result in a range of harms including disruption or damage to personal, family or societal interests (Lesieur&Rosenthal, 1991).

Gambling can be thought to have similarities to substance use, in that gambling behaviours exist on a scale of escalating severity and adverse consequences, ranging from no gambling, normal/recreational gambling, through to problematic/sub-syndromal gambling to gambling disorder/gambling addiction.Gambling disorder refers to a condition involving excessive gambling and is defined by criteria set forth in the Diagnostic and Statistical Manual of Mental Disorder V (American Psychiatric Association, 2013). These are very similar to the diagnostic criteria for substance addictions and include characteristics such as the need to gamble with increasing amounts of money in order to achieve the desired excitement, a preoccupation with gambling, restless or irritable behaviour when attempting to cut down or stop gambling, and repeated unsuccessful efforts to control, cut back, or stop gambling. For the purposes of this paper we can remain agnostic about the robustness of ‘gambling’ as a diagnostic category and neutral as to the causal pathways. Our focus, here, is on the fact that some people are problem gamblers and that harm will tend to result from their behaviour.

1. **Gambling as a public health issue**

Despite the popularity of gambling it remains understudied. It is common to think about gambling as a matter of individual choice. On this view, people are free to spend their money on whatever they wish. Even when gambling becomes a problem, on this view, the issue is a clinical one and we should respond by focusing on the behaviour of the individual problem gambler, seeking to change their perception of their life and to getting them see the full consequences of their actions. However, we can also think of gambling in epidemiological terms. We can explore the degree to which it permeates society and we can also explore possible risk factors for problem gambling.

In this paper we argue that we ought to see gambling as an issue of public health, not just of clinical, psychiatric care. Of course, the concept of ‘public health’ is a contentious one but it can, roughly, be thought of as involving the health of a social group (e.g. community, society or population) as well as requiring the co-ordinated or collective activity of many individuals (which is why public health activity often involves state action) (Verweij& Dawson, 2007). Roaf (2015) sets out some of the reasons for thinking that gambling is a public health issue, including the idea that it causes harm, that such harm is significant within certain sub-groups, that gambling enhances or exploits existing vulnerabilities in such groups, and that government, society or a culture can perform a role in preventing, reducing and, importantly, also increasing,the risk of such harms.

Problem gambling can be seen to be an important public health issue because we can explore it epidemiologically, through its prevalence in general and the fact that a number of groups can be seen to be at increased risk of problem gambling (Roaf, 2015).For example, Wardle et al.(2010) suggests that in the UK there are higher rates of problem gambling to be found in those aged 16-35, those of Asian and Black background, those who are single, separated or divorced, and those who are unemployed.

Problem gambling can result in a range of health and social harms to the individual, the family and society. Gamblers tend to have high rates of various physical health issues (Morasco et al, 2006) such as psychosomatic symptoms (cardiovascular, musculoskeletal, gastrointestinal and other non-specific psychosomatic symptoms) and mental health problems such as depression, anxiety, substance misuse and personality disorders (Petry et al, 2005). Problem gambling often results in the gambler incurring large debts, poverty and even bankruptcy. It is also associated with criminal activities, ranging from theft and prostitution to violent crime, with obvious legal consequences. Problem gambling can also adversely affect the gambler’s interpersonal relationships (Velleman et al, 2015) and has been associated with neglect of the family, domestic violence (Mulleman et al, 2002) and child abuse. Finally, the costs of gambling borne by society include the cost of the crimes committed by gamblers and the various health and social care costs linked to treatment (Victorian Competition and Efficiency Commission 2012).

There is little published research on the impact of gambling in India. The major constraint on such research is that many forms of gambling remain illegal and thereby difficult to study. There have been no studies on gambling among adults in India, but two studies from Kerala have looked at gambling among school and college students (George et al, 2016; Jaisoorya et al, 2017). Students reported participating in a wide variety of gambling activities of which the most common was the lottery but many others reported participating in festival card games, betting on cricket, betting on animal fights, sophisticated card games like poker, using lotteries, internet gambling, betting on horse-racing and other sports, etc. Although the prevalence of gambling was low, the proportion of subjects who had problem gambling among those who gambled was significantly higher in comparison to studies from high income countries. Furthermore subjects with problem gambling in both these studies had several negative correlates such as greater academic failures, higher substance use, higher psychological distress scores and higher suicidality, similar to correlates reported from studies in high income countries among young people (Hyder et al, 2008). This suggests that negative correlates of problematic gambling remain cross-culturally similar. Furthermore, with the increasing technological penetrance in India, the expected availability of and accessibility to gambling opportunities will most likely lead to an increase in all forms of gambling including online gambling.

1. **A Case Study: Gambling in India, and specifically in Kerala**

India has a long tradition of gambling. We know that it was a popular pastime in ancient India as is evident from its depiction in several ancient texts and epics written in Tamil and Sanskrit before the common era (BCE) (Benegal, 2013).One of the earliest accounts of gambling anywhere in the world is in a hymn from the Rig Veda, an ancient Indian text written between 1700 and 1100 BCE. There are few clearer descriptive accounts of gambling’s phenomenology, psychopathology and adverse consequences (Bhide, 2007).Gambling’s popularity persisted during the medieval period (8th to 18th century CE) despite much of India being ruled by Islamic dynasties.

Gambling continued to grow in popularity duringBritain’s rule of India (from the 17th century to 1947). For example, seventeenth century accounts contain references to the ‘itch of gambling spreading like a plague’ among traders of the East India Company in Surat (Chatterton, 1924). Later in the 18th century, company men are portrayed as ‘would-be nabobs who spend much of their time gambling away their fortunes’ (Reynolds et al, 2008). A particular form of numbers gambling called Satta was very popular during the 18th century. In Satta, people would bet on the prices of opium, gold and cotton, or on the amount of rainfall (Hardgrove, 2002). Despite being aware of the ill-effects of gambling in India, the British actually encouraged some forms of gambling as it generated huge tax revenues. However, as the mood in Britain turned against gambling, and its negative impact on society such as bankruptcy, delinquency, crime, etc. became more apparent, anti-gambling legislation began to take shape in British-ruled India too.

It was to restrict and regulate gambling practices in India that the Imperial Legislative Council enacted The Public Gambling Act of India in 1867. This Act is still the main law that regulates gambling across India.It restricted most forms of gambling and also discriminated between games of pure/mere chance such as Satta (which were made illegal) from games of skill and those that were not just mere chance such as horse racing (which werelegal).However, this Actgives each individual state in India the power to decide exactly what types of gambling are legal or illegal within their boundaries through making State-specific amendments to the 1867 Public Gambling Act of India.As things stand today, the only legal forms of gambling in India are state-run lotteries (in 13 of the 29 states), horse racing (in 6 states), rummy card games, and casinos (in two states - Goa and Sikkim).Many Indians also gamble at festival fairs, as they offer a range of legal and illegal gambling opportunities, collectively referred to as ‘festival gambling’ (Benegal, 2013).

India also has a huge illegal betting market and betting on sports such as cricket is extremely popular. As it is illegal, figures are unverifiable. It was claimed recently that nearly Rs 2500 crore [nearly $375 million] was bet on an India vs. West Indies cricket match and that Rs 30,000 crore [nearly $4.4 billion] was bet on the 2016 T 20 Cricket World Cup (The Economic Times, 2016).

Against this background we can consider the place of lotteries in Kerala as an example. Kerala is a state in the south of India, and houses 30 million of India’s 1.2 billion people. The Kerala state-run lottery (the most readily available and the most commonly engaged in gambling activity in the state) was set up in 1967. The Lotteries Regulation Act 1998 of Indiais ultimately the legislation that governs all lottery operations in Kerala. On an average, between 4 crore and 4.5 crore tickets are sold each week (for example, 4,05,13,630 lottery tickets were sold in the period 8/8/16 to 14/8/16). It is estimated that there are 34,417 authorized lottery agents and although there is no accurate information on the number, it is estimated that there are about a lakh of unofficial retailers working in this field. The state government earmarks about 1% of the revenue for the welfare of registered lottery agents and sellers (including financial assistance, scholarships and pensions) (Kerala State Lottery, 2019).

Kerala as a state has derived substantial direct revenues from the lotteries it runs as well as taxation revenue (see table 1). Each year these income streams have increased. And in the last full year of reporting available (2015-16) stand at over Rs. 6318 Crores revenue and Rs. 1461 Crores profit. Due to the success of such lottery sales, Kerala started a new lottery called the “Karunya” (meaning kindness) lottery, in 2011 and yet another “Karunya Plus” in 2014. These state-run lotterieshave been hugely successful (see table 2) and most of their proceeds provide funding for the care of the sick and seriously ill in the state through the KarunyaBenevolent Fund Scheme (see table 3). Kerala now has a lottery draw on every single day of the week with different prize amounts, as well as six special bumper lotteries for various holidays and festivals (Lotto India, 2019). In addition, lotteries can be held for other special reasons such as one to aid the victims of the recent flooding in Kerala.

1. **Arguments for interventions to protect people from gambling-related harms**

We will outline two possible arguments to justify a greater focus on interventions designed to reduce the risks of gambling-related harm. The first focuses on the aims of public health as an activity or practice. The second argument builds upon the kinds of values that we suggest should be at the heart of public health and public health ethics.

The first argument builds from the idea of thinking through gambling as a public health issue as we sought to establish in section 2 above. What constitute the aims of public health will be contested, but we suggest that they are focused on securing the best possible levels of well-being for a population through interventions to prevent or reduce identified harms, promote the health of the population and reduce inequities within that population (Dawson, 2011). Such aims translate into action in relation to gambling through seeking to establish population-level explanations for behaviour (not just focusing on individual agency); conducting epidemiology to find those most at risk in the population, with the aim of articulating any particular traits that they may have; and proposing and acting upon population-level solutionsto reduce or remove these harms. In relation to gambling, we can think about gambling as a cultural practice, it is easier to, and more acceptable, to gamble in some places that others. If we wish to prevent and reduce individual-level harm for problem-gamblers and their families, it may be most efficient and successful to implement a population-level solution.

The second argument looks to a set of values that are increasingly explored in public health ethics (Dawson, 2011). Again, what such values will be, will be contested. However, they should be values that fit with the concept and aims of public health as a practice. Clearly, the aimsabove push us to prioritise preventing harm and being precautionary about harm, where we can. We canmake these judgments for populations, through discussion, debate and policy deliberation, not just assertion. However, this approach is much less focused on individual-level ideas about autonomous choice than is often the case in medical ethics. In thinking about gambling, we might question the focus on individual preference and choice because of concerns about addiction and the degree to which gambling is a truly endorsed behaviour in situations where such actions are part of a widespread everyday culture.

Epidemiology, a key method for promoting public health, seeks to discover differences in groups within a population, explain the reasons why there are such differences, and where those difference are the result of inequities, propose solutions to remove them. This is why social justice, equity and solidarity can be seen to be at the heart of public health. In relation to gambling, as we saw above in sections 1 and 2, we have good grounds for seeing gambling as being a social phenomenon that we can look at in terms of risk factors and some of these relate to inequities in society. This means that we can provide an argument for questioning the lack of regulations governing gambling in many countries, by mounting a population-level, justice-based critique of an individual and autonomy-focused set of assumptions. In some cases, the most effective interventions might be those at the population level, and we should not just rule them out a priori because they restrict individual choice. We might decide to allow a degree of choice (certain groups can gamble if they wish – but not all can) but still argue for greater protection and restrictions as a means of protecting those at risk of harm, thereby contributing to the best possible chances of everyone leading flourishing lives in society. Public health ethics is not just about ensuring the greatest possible liberty, but also about other values, including the promotion of greater social justice and collective protection from harms (Dawson, 2016).

In the section below, we look at how a public health response to gambling and its harms might be brought to bear in relation to state-run lotteries such as thosein Kerala.

1. **An ethical way forward**

The Kerala government has an obvious conflict of interest due its involvement in lotteries. It collects substantial revenue from the lotteries that it runs and this contributes to the provision of infrastructure to the benefit of the citizens of the state, including those in greatest need. However, the state also has an obligation to protect citizens from foreseeable harms. We know that a culture of acceptance of, and even promotion of, lotteries will contribute to the harm of problem gambling. These are difficult issues to balance but the first step is being honest about the potential harms and benefits.

It might be easy to see only the benefits. For example, the Karunya lottery provides excitement and enjoyment to millions of individuals, it has provided Rs 1200 crore rupees to be spent on charity over the past five years, and several hundreds of people (and their families) receive employment or financial support as authorized agents, retailers, and other ‘unofficial’ lottery sellers.

However, we should take care to make sure that we also consider some of the potential problems. For example, buying a Karunya lottery ticket is an act of gambling and not merelya charitable act. The purchaser hopes to win a prize and there are other, more efficient ways to provide charity to those that need help.Playing the Karunya lottery is perceived to be more socially acceptable (among peers and parents), so it can be argued that some groups, particularly children, are more likely to start playing the lottery due to ‘modelling’ others’ behaviour. The state government actively promotes Karunya and other lotteries by advertising on radio and television. Such adverts, of course, only highlight the potential wins, not any negative impacts. There is no discussion of the potential risks of harm from such lotteries and how the greater visibility and prevalence of ‘soft’ gambling such as the Karunya lottery, feeds a culture of normality for gambling, potentially provides a bridge to greater acceptability of all gambling, including betting online, sports betting, etc.

Given these concerns, we call for urgent debate about the suitability of promoting lotteries in general, but the Karunya lottery in particular. Just because the government uses most of the proceeds of the Karunya lottery for charitable purposes, does not make it ethically sound.It is probably not practicalto suggest a total ban on lotteries at this time, but the state government needs to re-evaluate their policy in the light of all relevant potential harms and benefits. Certainly, the government must take more responsibility to protect public health and reduce gambling. One immediate thing that it could do is to create an independent body of experts to help lead and advise on policy measures to reduce gambling-related harms in the State. An early focus could be a review of possible safeguards such as acknowledging that gambling can be potentially harmful, restricting advertising,providing warnings to lottery tickets buyers, legislating for restricted access to the sale of lottery tickets (such as restrictions upon who can sell and age restrictions on who can buy them, etc.). Furthermore, the government should contribute some of the revenue collected to pay for harm reduction strategies for gambling and fund addiction help lines and treatment centres.

**Conclusion**

In summary, one thing is clear: not only do people in Kerala gamble, some gamble problematically. From the limited evidence available from research in Kerala, and from the vast international literature available it is clear that gambling in Kerala and India is an important public health issue. Ethical aspects of government-run lotteries need further debate, and as lotteries are a government monopoly they need to take more responsibility to reduce gambling-related harm rather than, directly and indirectly, encouraging it. Gambling is a social practice. Even if we are not all problem gambling we together create the space for our gambling culture. We need to see this as a problem that we share and that any adequate public health response is one that requires us all to change.

**References**

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th edn) (DSM-5).Washington, DC: American Psychiatric Association.

Benegal, V.(2013). Gambling experiences, problems and policy in India: a historical analysis. *Addiction*, 108, 2062–2067.

Bhide, A.(2007). Compulsive gambling in ancient Indian texts.*Indian Journal of Psychiatry* 49 (4), 294–295.

Chatterton E. (1924).*History of the Church of England in India since the Early Days of the East India Company*. London: SPCK.

Dawson, A. (2011). ‘Resetting the Parameters: Public Health as the Foundation for Public Health Ethics’. In: Dawson, A. (ed.) *Public Health Ethics: Key Concepts and Issues in Policy and Practice*. Cambridge: Cambridge University Press.

Dawson, A. (2016). ‘Snakes and ladders: state interventions and the place of liberty in publichealth policy’, *Journal of Medical Ethics*, 42: 510-513.

Economic Times.(2016). Wallets Grew Lighter as Hope Stayed Alive Till the Very End.*Economic Times*, Kochi (2 April).

George, S., Jaisoorya, T.S.,Sivasankaran, N.B., et al. (2016). A cross-sectional study of problem gambling and its correlates among college students in South India.*British Journal of Psychiatry Open,* 199-203.

Hardgrove, A. (2002)*Community as public culture in modern India: The Marwaris in Calcutta 1897-1997*. New York: Columbia University Press.

Hodgins CD, Stea JN, Grant JE. (2011). Gambling disorders.*Lancet*[Volume 378, No. 9806](http://www.thelancet.com/journals/lancet/issue/vol378no9806/PIIS0140-6736(11)X6048-8), pp.1874–1884.

Hyder AA, Juul NH. (2008). Games, gambling, and children: Applying the precautionary principle for child health. *Journal of Child and Adolescent Psychiatric Nursing*, 21(4), 202-204.

[Jaisoorya TS](https://www.ncbi.nlm.nih.gov/pubmed/?term=Jaisoorya%20TS%5BAuthor%5D&cauthor=true&cauthor_uid=27807640), Beena KV, [Beena M](https://www.ncbi.nlm.nih.gov/pubmed/?term=Beena%20M%5BAuthor%5D&cauthor=true&cauthor_uid=27807640), [Ellangovan K](https://www.ncbi.nlm.nih.gov/pubmed/?term=Ellangovan%20K%5BAuthor%5D&cauthor=true&cauthor_uid=27807640), [Thennarassu K](https://www.ncbi.nlm.nih.gov/pubmed/?term=Thennarassu%20K%5BAuthor%5D&cauthor=true&cauthor_uid=27807640), [Bowden-Jones H](https://www.ncbi.nlm.nih.gov/pubmed/?term=Bowden-Jones%20H%5BAuthor%5D&cauthor=true&cauthor_uid=27807640), [Benegal V](https://www.ncbi.nlm.nih.gov/pubmed/?term=Benegal%20V%5BAuthor%5D&cauthor=true&cauthor_uid=27807640), [George S](https://www.ncbi.nlm.nih.gov/pubmed/?term=George%20S%5BAuthor%5D&cauthor=true&cauthor_uid=27807640). (2017). Do High School Students in India Gamble?A Study of Problem Gambling and Its Correlates.[*Journal of Gambling Studies.*](https://www.ncbi.nlm.nih.gov/pubmed/27807640) 33(2):449-460

Kerala State Lottery. (2019). Agents and Sellers Welfare Fund Board. Website: http://kslaswfb.com/en/welfare-fund-board/ (Accessed 22/2/19).

Ladouceur, R., Sylvain, C., Boutin, C., et al. (2002).*Understanding and Treating the Pathological Gambler*. Chichester: John Wiley & Sons.

Lesieur HR, Rosenthal MD .(1991). Pathological gambling: a review of the literature (prepared for the American Psychiatric Association Task Force on DSM-IV Committee on disorders of impulse control not elsewhere classified). *Journal of Gambling Studies*, 7: 5–40.

The Lotteries (Regulation) Act, 1998.[India]. Available from:http://legislative.gov.in/sites/default/files/The%20Lotteries%20%28Regulation%29%20Act%2C%201998.pdf(Accessed: 19/2/2019).

Lotto India. (2019). List of Kerala State Lotteries. Website: https://www.lotto.in/kerala-state-lotteries/ (Accessed: 22/2/2019).

Morasco BJ, Pietrzak RH, Blanco C, Grant BF, Hasin D, Petry NM, et al. (2006). Health problems and medical utilization associated with gambling disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychosomatic Medicine*; 68: 976-84.

Mulleman RL, Denotter T, Wadman MC, Tran TP, Anderson J. (2002).Problem gambling in the partner of emergency department patient as a risk factor for intimate partner violence.*Journal of Emergency Medicine*, 23:307-12.

Petry, NM, Stinson FS, Grant BF. (2005). Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry*, 66: 564–74.

The Public Gambling Act, 1867 [India].Available from: http://theindianlawyer.in/statutesnbareacts/acts/p79.html (Accessed: 19/2/2019).

Reynolds, N. (2008).PhebeGibbes, Edmund Burke, and the Trials of Empire. *Eighteenth Century Fiction*, 20, 2: 151-176.

Roaf, E. (2015).Gambling and public health. In: Eds: Bowden-Jones, H & George, S. *A clinician’s guide to working with problem gamblers*.London: Routledge.

Velleman R, Cousins J, Orford J. (2005). Effects of gambling on the family. In: Bowden-Jones H, George S, editors. *A clinician’s guide to working with problem gamblers*. London: Routledge; pp. 90 –103

Verweij, M. & Dawson, A. (2007) ‘The meaning of “public” in public health’. In: Dawson, A. &Verweij, M. (eds.) *Ethics, Prevention, and Public Health*. Oxford: Oxford University Press.

Victorian Competition and Efficiency Commission. (2012). *Counting the Cost: Inquiry into the social and economic costs of problem gambling*. Melbourne: VCEC.

Wardle H, Moody A, Spence S, et al. (2010).*British Gambling Prevalence Survey*. London: The Stationery Office.

**Appendix: Tables**

**Table 1: Total Revenues and profit from Kerala Lotteries from 2011**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Revenue Collection (Rs. Crores)** | **Profit (Rs. Crores)** | **Remarks** |
| 2011-12 | 1287.22 | 394.87 | Approximate net profit is 21% of total revenue collection. In addition 3% of revenue collected is paid as Sales Tax. |
| 2012-13 | 2778.81 | 681.77 |
| 2013-14 | 3793.85 | 788.43 |
| 2014-15 | 5445.85 | 1168.26 |
| 2015-16 | 6318.47 | 1461.16 |
| 2016-17 (Upto 17 August) | 2902.78 | - |

**Table 2: Total revenue and profit generated from Karunya lotteries from 2011-12**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl.No | Year | **Collection** from Karunya Lotteries  **(Rs.Crores)** | | **Profit** from Karunya Lotteries **(Rs.Crores)** | |
| Karunya | Karunya plus | Karunya | Karunya plus |
| 1 | 2011-12 | 188.87 | - | 38.96 |  |
| 2 | 2012-13 | 464.61 | - | 105.25 |  |
| 3 | 2013-14 | 602.10 | - | 132.02 |  |
| 4 | 2014-15 | 695.27 | 681.92 | 141.80 | 131.40 |
| 5 | 2015-16 | 803.45 | 823.91 | 155.59 | 147.96 |
| 6 | 2016-17 (13 August) | 275.86 | 261.12 | 76.66 | 67.06 |
| **TOTAL** | | **3030.16** | **1766.95** | **650.28** | **346.42** |
| **Grand Total** | | **4797.11** | | **996.70** | |

**Table 3: Allocations made to Karunya Benevolent Fund Scheme from lottery revenue**

|  |  |  |
| --- | --- | --- |
| **Sl.No** | **Year** | **Fund Allotted to KBF(Rs.Crores)** |
| 1 | 2011-12 | 15 |
| 2 | 2012-13 | 100 |
| 3 | 2013-14 | 210 |
| 4 | 2014-15 | 200 |
| 5 | 2015-16 | 250 |
| 6 | 2016-17 | - |
| TOTAL | | 775 |