Pathological gambling in Romania

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Introduction

• The events in 1989 led to a different degree of freedom for Romanian people that was also reflected in an increase in the offer of gambling games.

• Romania has a top position as far as the no. of places to gamble/no. of people ratio is concerned

• The pyramidal games and the televised bingo games showed their impact on millions of Romanians, leading to their impoverishment
Introduction

• In 2000, gambling was seen by most Romanians as the only chance to significantly improve their living standard. (Insomar polls, 1,241 people).
• 63% of Romanians admitted to having gambled or having won in such chance games.
• 23% of the ones who hadn’t gambled reported that they wanted to do so in the future.
Postcomunist perspectives about gambling in Romania

Next to the classical casinos there are approximately **900 firms** that already own authorized gambling devices, some of these firms developing real networks, thus greatly enhancing the number of locations where gambling becomes possible.
Postcomunist perspectives about gambling

• There are approximately 36,000 gambling devices in the country, meaning 1.5 devices for each 1000 inhabitants from classical electronic poker games in outskirt locations to the most sophisticated ones in luxury casinos.

• In Bucharest only there are 10 live casinos and there are another 10 live casinos in the large cities: Iaşi, Cluj, Timişoara, Bacău, Constanţa.
Table 1: Favorite gambling forms in 2000

<table>
<thead>
<tr>
<th>Gambling form</th>
<th>Participation rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TeleEurobingo</td>
<td>34.4</td>
</tr>
<tr>
<td>National TV Bingo Liberty</td>
<td>24.1</td>
</tr>
<tr>
<td>Super Bingo</td>
<td>19.1</td>
</tr>
<tr>
<td>Lotto</td>
<td>9.5</td>
</tr>
<tr>
<td>Other gambling forms</td>
<td>7.1</td>
</tr>
<tr>
<td>Lottery tickets</td>
<td>2.0</td>
</tr>
<tr>
<td>All bingo-type contests</td>
<td>1.7</td>
</tr>
<tr>
<td>Football coupons (Pronosport)</td>
<td>1.4</td>
</tr>
<tr>
<td>Ora 1 a venit</td>
<td>0.8</td>
</tr>
</tbody>
</table>
Gambling opportunities

• In the last few months of 2006, there was a massive increase in the number of locations where gambling was possible, especially in Bucharest.

• The number of authorized licenses granted by the Ministry of Finances reveals two massive increases in the number of gambling devices. The first one was at the beginning of the 1990s and the second one in the last two to three years.
Gambling opportunities

• In the last ten years, betting came into vogue in Romania.

• In 2006, there were 500 betting agencies in Romania of which 100 were in Bucharest. Those who bet in 2006 won 12% more than in 2005, the winning amount of money exceeding over €100 million.
Gambling opportunities

• The highest amount in 2006 was of €765,000, won with a combined ticket involving the European and national football championship.

• In months without special events, Romanians used to bet approximately 4,000,000 tickets, a number that is continually growing.

• Five years ago, among the 18- to 25-year olds, 1 in 10 Romanians gambled on sports-bets. This number has risen sharply to 8 out of 10. The highest chances of winning are on the tickets on which three to five events are bet, with a mean of €1.76 per ticket.
Gambling opportunities

• People of all ages bet, regardless social class, with the amount of money bet varying between €1.5 and €300. **There are three types of bettors:**
• (i) those that go to the betting agency 2-3 times a week and bet minimal amounts of money (€0.5-1);
• (ii) those who bet on a single event (e.g., football match) relatively large amounts of money (€30); and
• (iii) those who bet for maximum prizes and play in a syndicate with 3-4 other individuals.
Another notable trend is represented by games which take place on the internet (e.g., www.partygaming.com)
Gambling in adults

• At the moment, there are no studies regarding the prevalence of adult pathological gambling in Romania. An interview with one of the most important staff members of a big casino in Bucharest has revealed that this phenomenon has become an increasing problem in Romania.

• This is despite the fact that there are only 10 casinos in Bucharest. Besides these, there are other 10 casinos in the large cities Cluj, Timișoara, Iași, Bacău, and Constanța. Each casino houses an average of ten gaming tables.
Gambling in adults

- **Roulette** is the most frequently attended game in Romanian casinos. The average number of clients attending a casino in Romania is of approximately **270**, depending on the day of the week, weekends corresponding to the highest frequency. From the adult clients of the casinos, the majority is middle aged, including women as well. Clients belong to all social categories.
Gambling in adults

• The pyramidal game called “Caritas” became hugely popular in Romania between 1991 and 1993. The number of individuals participating in the game was over 250,000, and who deposited large amounts of money at the “Caritas” agencies with its centre in Cluj-Napoca, hoping that the deposited amount would multiply by 7 to 8 times.

• The game made over €38,000,000 in a two-year period. Based on this phenomenon, a devaluation of the notion of money and a disjunction of the connection between earning money and honest working has appeared.
Gambling in adults

- A considerable number of participants are losing large amounts of money in this way without sufficient deliberation. The tendency to increase the stake at registration also exists, with players falsely believing that this may lead to prolonging the participation at the game, thus controlling profit. This was one of the ways in which the large expansion of gambling happened both at the social and individual level.
Gambling in adults

• Finally, the entire gambling business proved to be a huge financial swindle, the ‘game’ ending in June 2003, leaving behind a large number of victims, while the executive of the agency Ioan Stoica was arrested on August 25th 1994, and receiving a six-year prison sentence. After scamming hundreds of thousands of people all over the country, the legislative body ratified the law regarding gambling, which regulates, forbids, and punishes the creation of financial pyramids.
(Pathological) gambling: Evidence with regard to adolescents

Lupu, Onaca and Lupu (2002) have carried out research regarding the prevalence of pathological gambling in Romania on 500 high-school students in three counties (Cluj, Sălaj, and Bacău), with ages between 14-19 years, 56.6% being girls (n=283) and 43.4% being boys (n=217). An anonymous questionnaire included a standardized scale called “20 Questions of Gamblers Anonymous” and another 20 questions about age, gender, family, income, school, drug abuse, gambling preferences, the frequency and the amount of money they use in gambling, etc.
Results

• **6.8%** of the subjects could be diagnosed with pathological gambling, with a sex ratio of **4.66M/1F**.

• The mean age in starting gambling that the study revealed was **13.25±1.51** years.

• **82.35%** gambled in groups, while **17.64%** were individual gamblers.
Results

• 47.05% were highly frequent gamblers (almost daily), and 38.23% were frequent gamblers (at least once a week).

• The gambling games that were chosen at the highest frequency were: pool (55.88%), poker (35.29%), bingo (32.35%), basketball on a bet (5.88%), black-jack and roulette.

• The maximum sums gambled that the study revealed: USD 0.5-5 (32.35%); USD 5-10 (32.35%); USD 10-100 (20.58%), and USD 100-1000 (14.70%), the mean salary in Romania being around USD 80/ month at the time.
Results

• 41.17% belonged to families with low incomes, while 58.83% belonged to families with high and very high incomes.

• 64.70% were identified with absenteeism because of gambling; 52.94% showed modest results at school.

• 76.47% of the gambling subjects believed they could control the game; 26.47% stated that, in their vision, chance had no influence on the gain.
Discussion of results

• The results indicate a clear prevalence of pathological gambling in males, with a sex ratio of at least 4.66M/1F. This finding is in agreement with the data in DSM-IV (1994), which points out the fact that only 1/3 of the gamblers are females.

• The disorder starts more frequently earlier in males and later in females.

• The 6.8% prevalence of pathological gamblers among Romanian teenagers is very close to that found by Proimos (1998) in UK, of 6.0%.
Discussion of results

• The explanation of the high prevalence of pathological gambling in Romanian teenagers can be found in the desire to gain money, teenagers associate with social status, with is seen as highly valuable in the context of the general impoverishment of the population.

• The fact that the majority of teenagers (82.35%) practise group gambling is explained by the typical wish to be found at the age of adolescence: integrating into groups of individuals of the same age.
Discussion of results

• The study shows that an important part of the gambling teenagers neglect school, which gradually leads to their social dysadaptation.

• An extremely high percentage of gambling subjects felt that they could control the game, which confirms the diagnosis. This fact was already observed by Langer in 1975. He stated that gamblers develop an illusory perception of the game control, facilitated by the contact with the game, the degree of competition and involvement and the complexity of the game.
Discussion of results

• At present, the most popular gambling games are pool, poker and bingo.

• Almost 15% of the teenagers gambled in one session sums that are higher than the value of the mean income in our country. (Lupu et al 2001a).

• The gamblers belonged to both social environments with modest incomes and social environments with high and very high incomes in similar proportions. (Lupu et al 2001b).
Discussion of results

• Buchta (1995) recommended the inclusion of this disorder in the prophylaxis programs of mental health centers for teenagers, upon finding a high incidence of pathological gambling in American teenagers.

• This could also be applied in Romania, considering the expansion and seriousness of the problem among Romanian teenagers.

• We consider that this objective requires the implementation of a national program for the prophylaxis of the development of gambling addiction, similar to the present national program for the prevention of alcohol and drug use among young people.
Conclusions

• 1) A high prevalence, 6.8%, of pathological gambling is found in Romanian teenagers;

• 2) The majority of gamblers are males (82.35%) and practise games in groups, preferring especially pool, poker and bingo.

• 3) Approximately 2/5 of the gamblers gamble in a single game session sums of money equal to or higher than the mean salary in Romania.
Conclusions

- 4) 3/4 of the teenagers believe that they can control the game

- 5) The majority of the teenagers also present school dysadaptation, along with marked absenteeism and modest results.

- 6) We propose the inclusion of the problem of pathological gambling in the prophylaxis programs of mental health centres from all over the country.
(Pathological) gambling: Evidence with regard to adolescents

• Another study (Lupu, Boroș, Miu, Iftene & Geru, 2001) analyzed the risk factors for pathological gambling in Romanian adolescents who were high school and vocational-school children (n=231), with ages between 14 and 18 years, in Cluj, Satu-Mare, and Argeș counties.
The most important risk factors for pathological gambling were:

- divorce/the separation of parents;
- a serious physical illness of one of the family members;
- the death of a family member;
- family break-up;
- the psychological disorder of one of the family members, and
- participation in a severe accident.
(Pathological) gambling: Evidence with regard to adolescents

- In 14% of the pathological gamblers, co-morbidity with the use of illegal drugs was also revealed, while sexual abuse of adolescents had also been identified as a potential risk factor for pathological gambling.
Two profiles of adolescent pathological gamblers

• 1) adolescents of 15-16 years of age, from an unfavorable family and social environment, where she/he has to deal with stressful, traumatic experiences, such as neglect, physical, and/or sexual abuse. In these cases, one may interpret dependency on gambling as a coping mechanism of chronic stress;
Profiles of adolescent pathological gamblers

- 2) adolescents of 15-16 years of age, from a favorable family and social environment with a medium to high income, where the most frequent reason for neglecting the adolescent is the parents’ extremely busy schedule. In these cases gambling may be a way to spend time and/or to attract a parent’s attention.
(Pathological) gambling: Evidence with regard to adolescents

• As in the study conducted by Lupu et al. (2002), the “20 Questions of Gamblers Anonymous” were used to assess gambling-related problems. However, the authors changed the scoring of the items by including a category of sub-clinical diagnosis, which offered more information about the frequency and proportion of gambling. This led to the following categories:
  a) non-gambling/recreational gambling and occasional gambling (0-1 positive answers = level 1);
  b) problem gambling (2-6 positive answers = level 2); and
  c) pathological gambling (7-20 positive answers = level 3).
Risk factors for (Pathological) gambling

• The data revealed that 34% of the participants do not gamble at all, or only gamble occasionally, 54% represented problem gamblers, and 12% could be classified as pathological gamblers.

• Cluster analysis disclosed a grouping of risk factors for gambling in three categories:
  • 1) personal risk factors (physical/psychological illness, severe accidents),
  • 2) family environment (physical abuse, neglect, education, separation of parents, number of siblings), and
  • 3) stressful events (the break-up of a romantic relationship, social mobility, number of schools attended, family traumas, sexual abuse).
For problem gamblers, the most important risk factors were:

- change of residence (61%);
- the existence of psychological (60%) or severe physical disorders in one of the family members (59%);
- the death of a family member (57%);
- severe physical illness (55%), and
- being an only-child (50%).
Risk factors for pathological gamblers

- witnessing severe accidents;
- the psychological or somatic illness of a family member;
- the break-up of a romantic relationship;
- the death of a family member, and the divorce of the parents.
- The number of pathological gamblers was significantly higher (29%) in those who suffered a severe accident compared to those who did not (10%).
- Sexual abuse was twice as frequent in the case of pathological gamblers compared to problem gamblers, and significantly more frequent when compared to non-gamblers.
Risk factors for pathological gamblers

- The analysis of a synthetic index, which additionally comprises sexual abuse (stressful events), showed a significant difference in mean frequencies between pathological gamblers and non-gamblers.
- The same significant difference was also found in the case of another synthetic index (unfavorable family environment), with frequencies between 5.8 (in the case of non-gamblers) to 7.3 (for pathological gamblers).
Risk factors for pathological gamblers

- The third synthetic index circumscribes personal risk factors and registered a difference in the same direction (non-gamblers vs. pathological gamblers).
- The analysis of the data (see Table 2) shows significant differences between non-gamblers and pathological gamblers.
Table 2: Risk factors of adolescent pathological/problem gambling.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Non-gamblers/occasional gamblers (mean)</th>
<th>Problem gamblers (mean)</th>
<th>Pathological gamblers (mean)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse\textsuperscript{a,b}</td>
<td>0.00</td>
<td>0.09</td>
<td>0.18</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>0.36</td>
<td>0.40</td>
<td>0.57</td>
</tr>
<tr>
<td>Traumas in family\textsuperscript{a}</td>
<td>0.46</td>
<td>0.61</td>
<td>0.68</td>
</tr>
<tr>
<td>Unfavourable family environment\textsuperscript{b}</td>
<td>5.82</td>
<td>6.34</td>
<td>7.29</td>
</tr>
<tr>
<td>Stressful events\textsuperscript{a,b}</td>
<td>13.36</td>
<td>17.23</td>
<td>19.20</td>
</tr>
<tr>
<td>Personal risk factors</td>
<td>7.79</td>
<td>8.47</td>
<td>11.11</td>
</tr>
<tr>
<td>Gambling at the moment of assessment\textsuperscript{a,b}</td>
<td>0.05</td>
<td>0.22</td>
<td>0.36</td>
</tr>
<tr>
<td>Has ever bet\textsuperscript{a,b}</td>
<td>0.11</td>
<td>0.30</td>
<td>0.48</td>
</tr>
<tr>
<td>Monthly bet amount of money\textsuperscript{b}</td>
<td>€3</td>
<td>€33</td>
<td>€34.7</td>
</tr>
<tr>
<td>Frequency of gambling\textsuperscript{a,b}</td>
<td>-35.50</td>
<td>10.89</td>
<td>50.27</td>
</tr>
<tr>
<td>Has ever gambled\textsuperscript{a,b}</td>
<td>0.3</td>
<td>0.58</td>
<td>0.7</td>
</tr>
<tr>
<td>Highest amount of money invested in gambling\textsuperscript{b}</td>
<td>€2</td>
<td>€15.5</td>
<td>€54</td>
</tr>
<tr>
<td>Drug use\textsuperscript{b,c}</td>
<td>0.03</td>
<td>0.00</td>
<td>0.14</td>
</tr>
<tr>
<td>Arguments with family because of gambling\textsuperscript{b,c}</td>
<td>0.06</td>
<td>0.19</td>
<td>0.55</td>
</tr>
<tr>
<td>Deterioration of relationship with parents\textsuperscript{b,c}</td>
<td>1.59</td>
<td>1.73</td>
<td>2.14</td>
</tr>
<tr>
<td>Forbiddance of gambling on behalf of the parents\textsuperscript{a,b}</td>
<td>0.18</td>
<td>0.39</td>
<td>0.53</td>
</tr>
<tr>
<td>Number of absences from school in the last year\textsuperscript{b,c}</td>
<td>13.36</td>
<td>14.72</td>
<td>22.86</td>
</tr>
<tr>
<td>Low grades for conduct\textsuperscript{b,c}</td>
<td>0.03</td>
<td>0.10</td>
<td>0.25</td>
</tr>
</tbody>
</table>

\textsuperscript{a} p < 0.05 (significant difference between non-gamblers/occasional gamblers and problem gamblers)
\textsuperscript{b} p < 0.05 (significant difference between non-gamblers/occasional gamblers and pathological gamblers)
\textsuperscript{c} p < 0.05 (significant difference between problem gamblers and pathological gamblers)
Risk factors for pathological gamblers

• The most important consequences of pathological gambling appear to relate to the deterioration of the parent-child relationship. The pathological gamblers had a significantly higher number of arguments with parents because of gambling (parents usually forbade gambling).

• Pathological gambling strongly correlated with the number of school absences, a fact underscored by the significantly higher number of pathological gamblers (25%) whom the grade for conduct was lower, compared to non-players (3%).
National politics to approach pathological gambling

• At present in Romania, there is no coherent strategy regarding the prevention and treatment of pathological gambling. This is despite the fact that the disorder is recognized by the Romanian specialists, being diagnosed, coded and reported according the WHO-ICD-10 classification, both at the level of psychiatric hospitals, ambulatories, and private offices.
National politics to approach pathological gambling

• Taking into consideration the fact that there is an empirical correlation between drug/alcohol addictions and pathological gambling in Romania, the inclusion of gambling into the actions undertaken by National Anti-Drug Association (NAA) is extremely welcome, particularly as pathological gambling can be seen as a form of non-pharmacological dependency. The proposal of its inclusion was presented by Lupu, Boroş, Miu, Iftene and Geru (2001).
The treatment methods currently available in Romania used for pathological gambling include:

1. Selective serotonin reuptake inhibitors (Fluvoxamine, Clomipramine, Prozac);
2. Mood stabilizers (Carbamazepine);
3. Individual and group cognitive and behavioral therapies (including rational emotive and behavioral therapy);
4. Counseling the gambler’s family;
5. Family therapy;
6. Psychological counseling.
Treatments

• These forms of therapy are available both for inpatients and outpatients. The vast majority of patients prefer to be treated as outpatients in private offices. Unfortunately, in Romania, self-help groups (such as Gamblers Anonymous) do not exist yet.
Prevention

• Taking into consideration the fact that the etiology of pathological gambling is multifactorial, including family/genetic, sociological, and individual factors, all these elements have to be attentively analyzed in order to conceive an efficient primary prevention, as well as a secondary and tertiary program in order to control pathological gambling in Romania.
Prevention

• Promising examples of such attempts are the broadcasting “Renaşterea” (“Rebirth”) from 2001, and an interactive live television program organized by Lupu in 2002, at the “Tele Europa Nova”, and in 2007 at “NCN TV” on the issue of pathological gambling.

• These programs have had a huge impact on the public in Cluj-Napoca.

• A large number of individuals, family members of pathological gamblers called on air, wishing to find out more about the possible forms of treatment in these disorders.
Prevention

• Consequently, the access to treatment has grown drastically, pathological gamblers being brought to specialized private offices by family members. This is an extremely important aspect, since pathological gambling is an ego-syntonic disorder, which leads to a low direct access to therapy.
CONCLUSIONS

• Taking into consideration the fact that the number of adolescents and young adults who gamble has been dramatically increasing in Romania, urgent regulation at national level of this issue has become a major issue.
CONCLUSIONS

• These observations should initiate the beginning of comprehensive empirical research in order to reveal the prevalence of gambling in adults and the monitoring of such tendencies in adolescents. These needs become more and more stringent especially because of the ‘explosion’ in the number of locations where gambling has become possible in the last two to three years in Romania.
CONCLUSIONS

• For this intervention to be efficient, one must obtain adequate financing, which might come from the taxes paid by the gambling industry in Romania.

Besides sensitizing the population, intervention has to be closely integrated with the legislation and specialists in the domain of mental health.
CONCLUSIONS

Thus, the Romanian population may find out when, where, and how one may ask the help of a professional in this regard, in order to get treatment.
CONCLUSIONS

• Nevertheless, the urgent setting up of support groups such as Gamblers Anonymous is essential. In this way, Romanian patients will benefit from all types of intervention available in Europe and around the world.

• Empirically validated forms of intervention should be implemented, as soon as possible, targeting primary, secondary, and tertiary prevention of pathological gambling in Romania.
THANK YOU FOR YOUR ATTENTION!