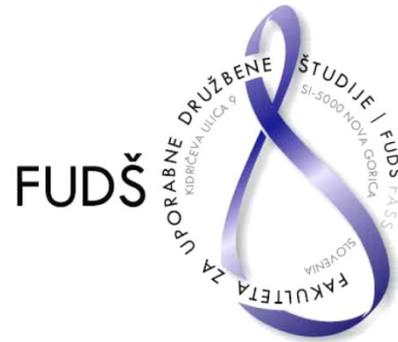




# **Slovenia: problem gambling in Slovenia: Prevalence assessment and evaluation of preventive/care mechanisms**

*Mirna Macur, Ph. D., Faculty of Applied Social Studies, Slovenia*

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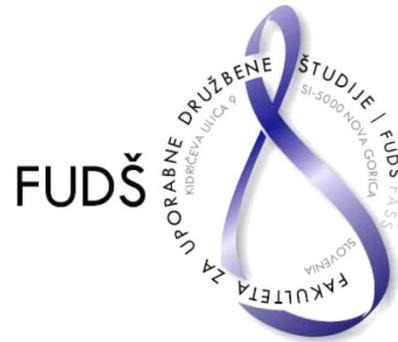
# Slovenia: Brief history

In 1946 (in former Yugoslavia) lottery for humanitarian and cultural-educational purposes was allowed, but only with explicit approval by the authorities.

The first basic legislation on gambling in former Yugoslavia was adopted in 1962 (lottery and sport's bets).

The first Slovenian 'republic' legislation in 1965 - the Gambling Act.

The first two casinos in Slovenia were opened in tourist resorts Portorož and Bled (1965) as a supplement to the existing tourist capacities.



During the 1980s, casino gambling became (while shifting more towards an 'American' concept of casino gambling) also a central tourist attraction of some places, such as in the case of Nova Gorica.

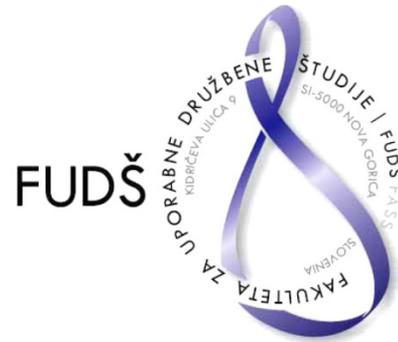
In 1991 Slovenia gained independence and in 2004 became new EU member, in January 2007 adopted Euro currency.

After 1990 the prohibition for the Slovenian citizens to play in the casinos was cancelled and a new system of concession contracts between the state and the providers of gambling services was established.

The systemic legislation still valid today was adopted in 1995 and latter amended in 2001 and 2003.



- In 2006, there were 4.2 millions of visits to the Slovenian casinos and the gambling halls.
- 86 per cent of the casino visitors and 54 per cent of gambling halls visitors are foreigners.
- In 2002, for example, the BDP from gambling contributed 22.4 per cent of all the BDP created by tourism



# Gambling: research

- Relatively recent phenomena in Slovenia, economic aspect has a key role in most of them.
- Completely separated and isolated from these mostly economic surveys, there were a few attempts to deal with the issue of gambling from the psychological and/or medical (especially psychiatric) perspective.
- The study by Rončević, Macur, Makarovič, Vehovar, & Zorec (2007) attempted to provide the first estimate of the amount of problem and pathological gambling in the Goriška region and in Slovenia as a whole.



- Estimates of problem and pathological gamblers – methodological problems:
  - Different measures for the two categories
  - Lack of data on a national level. Data obtained from HIT are not representative for Slovenia and not for this region:
    - visitors of the HIT casinos in Nova Gorica are foreigners, mostly Italians.
    - local population does not use the two HIT casinos as often as other gambling halls (with slot machines only)
    - other casinos and gaming halls in the other parts of Slovenia.



- The most recent study by Macur, Makarovic, Rončević, Vehovar and Zorec (Rončević et al. 2007) has been based on the assumption that the prevalence cannot be precisely estimated until a national gambling survey was done.
- There are up to 3 per cent of problem and pathological gamblers in Goriška. This is considered to be the maximum value. The equivalent maximal estimate for the entire Slovenia is set to 2.5 per cent.



# Evaluation of prevention/care mechanisms

Definition problem - What is pathological gambling?

- Mental disorder according to medical definition, or
- addiction problem.



Care for problem and pathological gamblers is hard to evaluate because of the two major reasons:

- It is hard for us to find a person with such a problem and willing to talk about it;
- Very few people with such a problem seek for therapy (according to some estimates only 3%).



Our evaluation focused on:

1. Organisations or persons that provide help to problem and pathological gambler
2. Mechanisms that seek to prevent such phenomena.



## EVALUATION CRITERIA of prevention and care system:

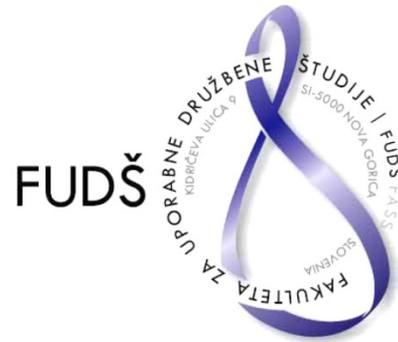
effectiveness – do these mechanisms prevent pathological gambling or cure this problem effectively;

efficiency – how much input (time, money, people) is needed to achieve desired result

accessibility – is care available to all the people that need such care;



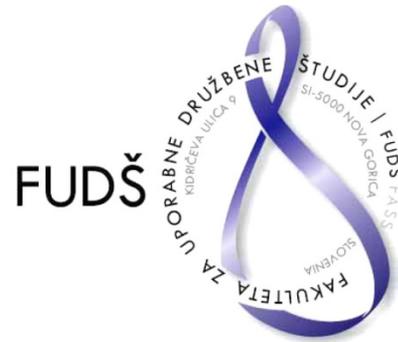
- equity – are patients (with equivalent problem) treated equally
- appropriateness – is available care relevant according to the needs;
- acceptability – is appropriate care acceptable for the patients (is it in accordance with tradition and/or religion etc.).



## MAYOR RECOMMENDATIONS

We need to develop responsible gambling and enhance public awareness of this problem through:

- educational program in primary and secondary schools, stressing dangers of various addiction problems, especially for young people;
- public brochures in health care facilities, centers for social care, various youth centers, addiction centers;
- summer schools programs, lectures, etc.



There are several mechanisms that casinos and gaming houses can adopt, like:

- give information to their guests about their rights and their options when problems occur (entry restrictions, counseling, etc);
- inform their guests about dangers of gambling addiction;
- monitor situation in a casino and talk to potential problem gamblers about their problem and possible solutions;
- exchange views and ideas about responsible gambling and management practices among themselves;
- exchange data about entry restrictions to various guests and consult on a common strategy for those individuals.



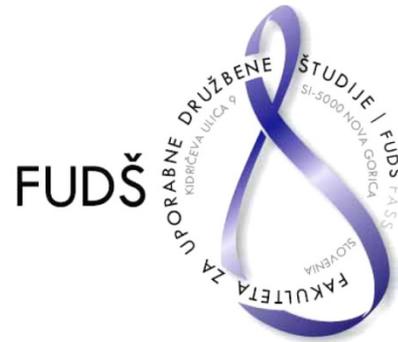
There is of course a lot to be done at a national level. Slovenia (State Office for Gaming Supervision and some other organisations) could:

- promote responsible gambling on various levels and encourage (also with resources) various actions and practices – like the ones already mentioned;
- promote prevention mechanisms;
- publish brochure about various addiction problems;
- organize (together with various experts in this field) conference on responsible gambling and discuss different strategies and actions;
- prohibit casino employees entry to the casinos (and gaming halls) in their spare time;
- define criteria for entry restrictions employed by casinos and gaming halls;
- build a single information system for all the casinos and gaming halls which include entry restrictions and other measures taken by different casinos and gaming halls.

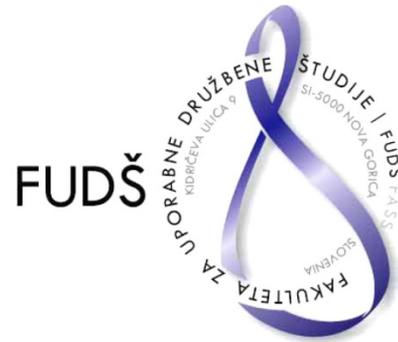


In the field of *health and social care* we find several actions important:

- we need more information on people who looked for this kind of help within Centers for social care and health care institutions.
- Definition of pathological gambling differs as well as treatment practices. We find it necessary to organize round-table discussion among experts about treating pathological gamblers and for exchange of best practices.
- We need more experts in the field of pathological gambling to enable equity in treatment and accessibility of such treatment. We should encourage some psychiatrists, who deal with various addiction problems, to specialize pathological gambling.



- We will probably need a national centre for treating pathological gamblers as well as network of psychiatrists who will regularly exchange ideas and best practices.
- The Ministry of health should follow responsible gambling strategy while delivering concessions to psychiatrists and encourage development of network of experts in the field.
- Treatment of pathological gamblers should be free of charge as a part of basic health care package
- We need SOS telephone for problem gamblers because of the low percentage of pathological gamblers who decide to get treated. Depending on resources available the telephone line can be established for pathological gamblers only or for all addiction problems individual might have (also drug addiction, alcohol).



We believe significant further research is needed in Slovenia, particularly:

- an extensive national gambling survey to indicate the extend of the current and potential gambling problems within the population and the categories within the population that may be particularly vulnerable to gambling problems
- longitudinal research in this regard
- national research on pathological gambling in the context of various addiction problems and the ways of their treatment
- a system of indicators designed to monitor the social, cultural and economic effects of gambling at the societal level (local community, society as a whole)
- research on the individual characteristics of gamblers, their behaviour, the risks they are potentially vulnerable to etc.