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PUTTING ALL THE PIECES TOGETHER

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The Italian approach to gambling.
A Survey of Italian help resources.

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- Since the 1990', there has been in Italy a progressive offer of new games, and more opportunities to play different form of gambling games in different places.
- There is not, any special health legislation resulting from an epidemiological research or from analysis related to the social impact.
- The social problems linked to forms of gambling are becoming more and more evident alongside a lack of action.

<p>Social games: People played with other people and the game satisfied their needs or offered socialization</p>	<p>Solitary games: Modern games are now more characterised by the fact that money lost by a gambler is won by another one, and are characterised by a person gambling against an organization or a machine.</p>
<p>Difficult access: Participation to some games required the access to special and delimited places, for example with the exclusion of minors and, in the case of Casinos, even of residents or of particular professional categories.</p>	<p>Easy access: It is and it will be more and more possible to find games in places where people go also for other purposes and with far fewer controls.</p>
<p>Rituals: Gambling was part of a common ritual and it was often limited to particular occasions: Tombola at Christmas, lottery, etc..</p>	<p>Consume: Game loses its value and its ritual aspect and it is "consumed" in different occasions "chosen" by the subject.</p>
<p>Slowness: Many games required to be played slowly.</p>	<p>Rapidity: Most of the new games require to be played quickly and do not allow pauses.</p>
<p>Suspension: Gambling was regulated not only in certain places but also in certain times.</p>	<p>Continuation: With some games, for example those on the Internet, it is possible to play continuously.</p>
<p>Complexity: Many games of chance presented complex elements of agon (Caillois,1957)</p>	<p>Simplicity: Games are easier and easier and characterized by the prevalence of risk.</p>
<p>Contextualization: Games (e.g., many card games) were linked to territorial traditions and rules were often handed down from one generation to another.</p>	<p>Globalization: Games are more and more similar and local and cultural differences are flattened.</p>
<p>Not immediate collection: The collecting of the winning was not always immediate.</p>	<p>Immediate collection: The collection of winnings is immediate and sometimes virtual.</p>
<p>Manual dexterity: Games were handled (e.g., handing of cards, the throwing of dice, the drawing).</p>	<p>Technology: People play against a machine or a site. The physical action often corresponds and is limited to a "click".</p>

- **It is curious and indicative**
- to observe that, against increasing gaming opportunities, and the more evident problematic nature of the gambling (as reported by the news and by the mass media, and the data collected by the public services and by the voluntary organizations), it seems strange that social policy is inadequate, and that large scale epidemiological research has not been carried out, as is so frequent in other nations.
- This fact makes it difficult to evaluate the real dimension of the phenomenon, and of the cost/benefit relation related to increased gambling in Italy

- The first research study about gambling on a large scale was carried out in Italy by Eurispes and was published 2000.
- A few months before the research began, the same researcher had taken part in the creation of a society for the promotion of the Bingo game in Italy ("Formula Bingo").
- A well known national press agency, together with some commercial enterprise associations, were part of this society.
- The chain of actions that took place during the promotion and the opening of the first Bingo-rooms (*i.e., the diffusion of the results of the Eurispes' research, mass media coverage about the overwhelming "passion" of Italian people for the new gambling game, the involvement of contractors pushed to make investments in the new business, etc.*), caused some doubts about the scientific credibility of the research.

- Despite the lack of policies and governmental action related to the health, legal and social problems caused by gambling,
- there is an increasing series of initiatives both by public services and by voluntary organizations.

1. The research project

The research project has been funded by the Italian Ministry of Welfare in December 2007.

Its main aims are:

- ✓ creating a database and a virtual library about gambling and pathological gambling in Italy and abroad
- ✓ starting the monitoring of health services in Italy
- ✓ reflecting about research on gambling in Italy.

2. Monitoring of health services

Time: the monitoring of health services in Italy began in February 2008 and it is still going on. The end is expected in November 2008.

Method: survey; self-report questionnaire (closed and open questions).

Sample: the survey began by contacting all public addiction services (i.e. SERTs, 556 referring to an institutional list which dates back to 2005) and with 74 non-profit organizations known as help resources for gamblers.

Respondent: In May 2008, the total amount of respondent services was 236.

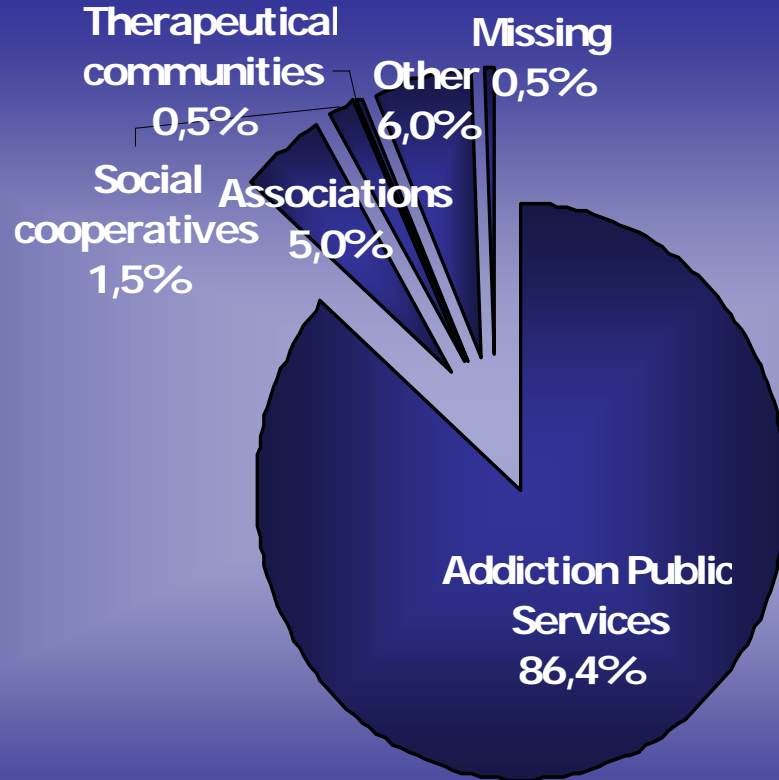
Among them, **199** services receive a help request about a gambling problem.

4. Organization type (N=199)

One of the questions was about the type of organization: most of respondents are public addiction services.

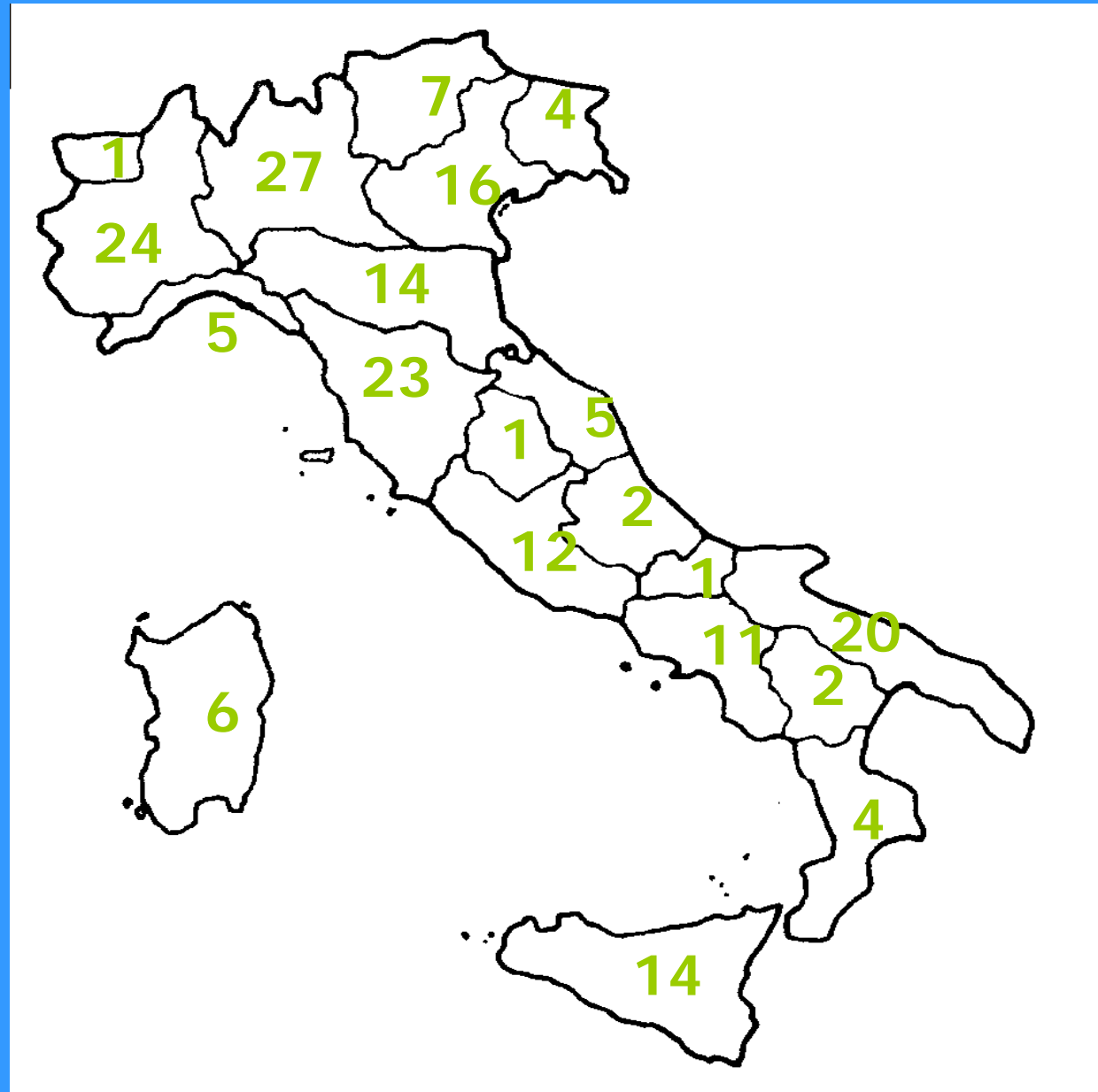


Addiction Public Services	N= 172
Associations	10
Social cooperatives	3
Therapeutic communities	1
Other	12
Missing	1



3. The distribution of help resources for gambling (N=199) in the Italian Regions

Numbers refer to respondent structures.



6. Public addiction services (SERT): starting year of problem gambling treatment (N=172)

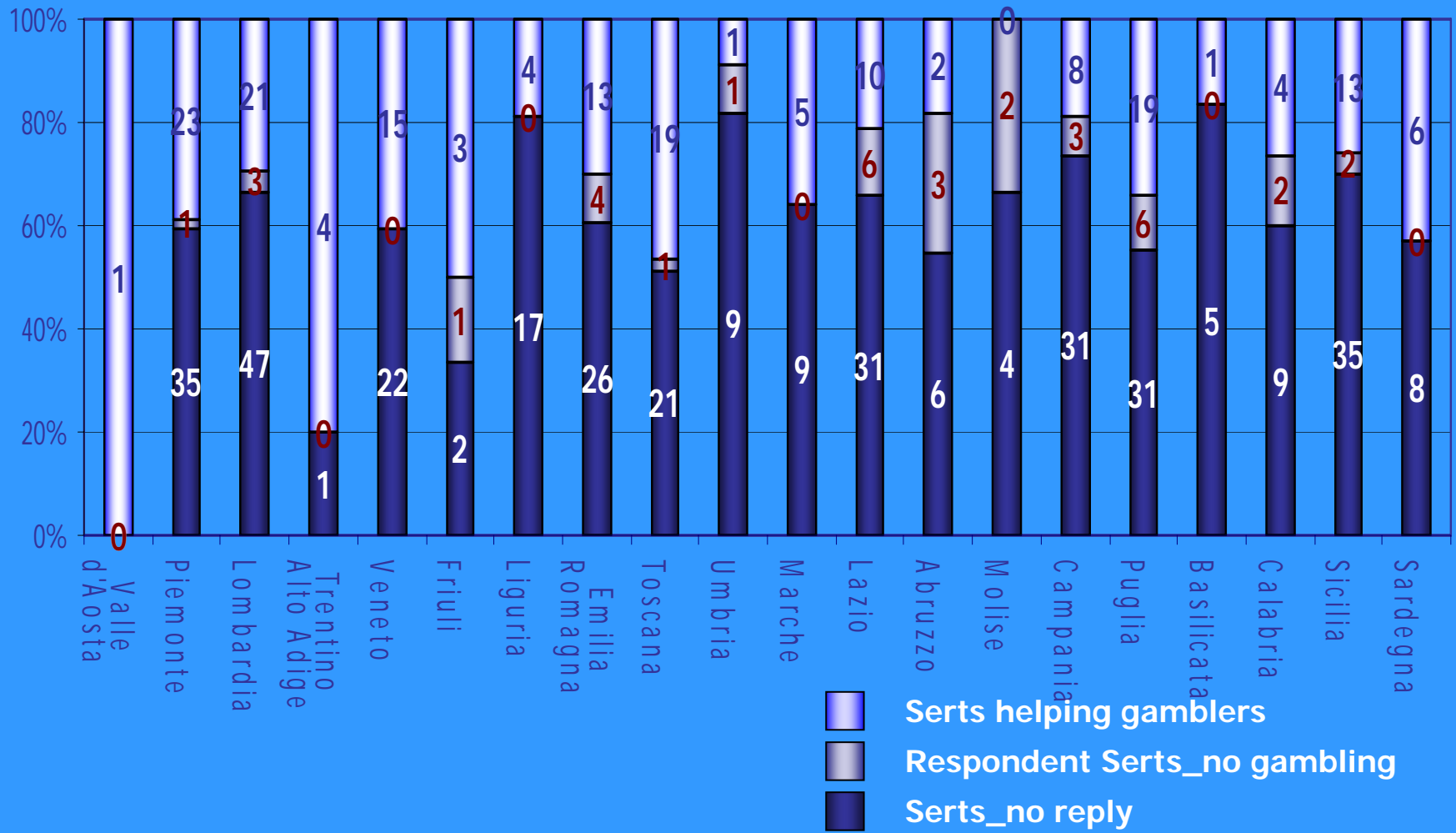
Most of SERTs in Italy began to treat problem gambling between 2004 and 2007.



At the moment, 123 SERTs teams have a specific professional in charge of gambling treatment activities.

5. Focus on public addiction services (SERTs) in Italy (2005 list)

Data show the relationship between the total amount of SERT in each region and help resources for gamblers participating in the research..



7. Total amount of people receiving help in 2007 in SERT and other organizations

Gambling as the main problem 2109

Gambling + other addiction problems 1414

Total 3523

172 SerT –	1121 PG
26 (Others)	988 PG

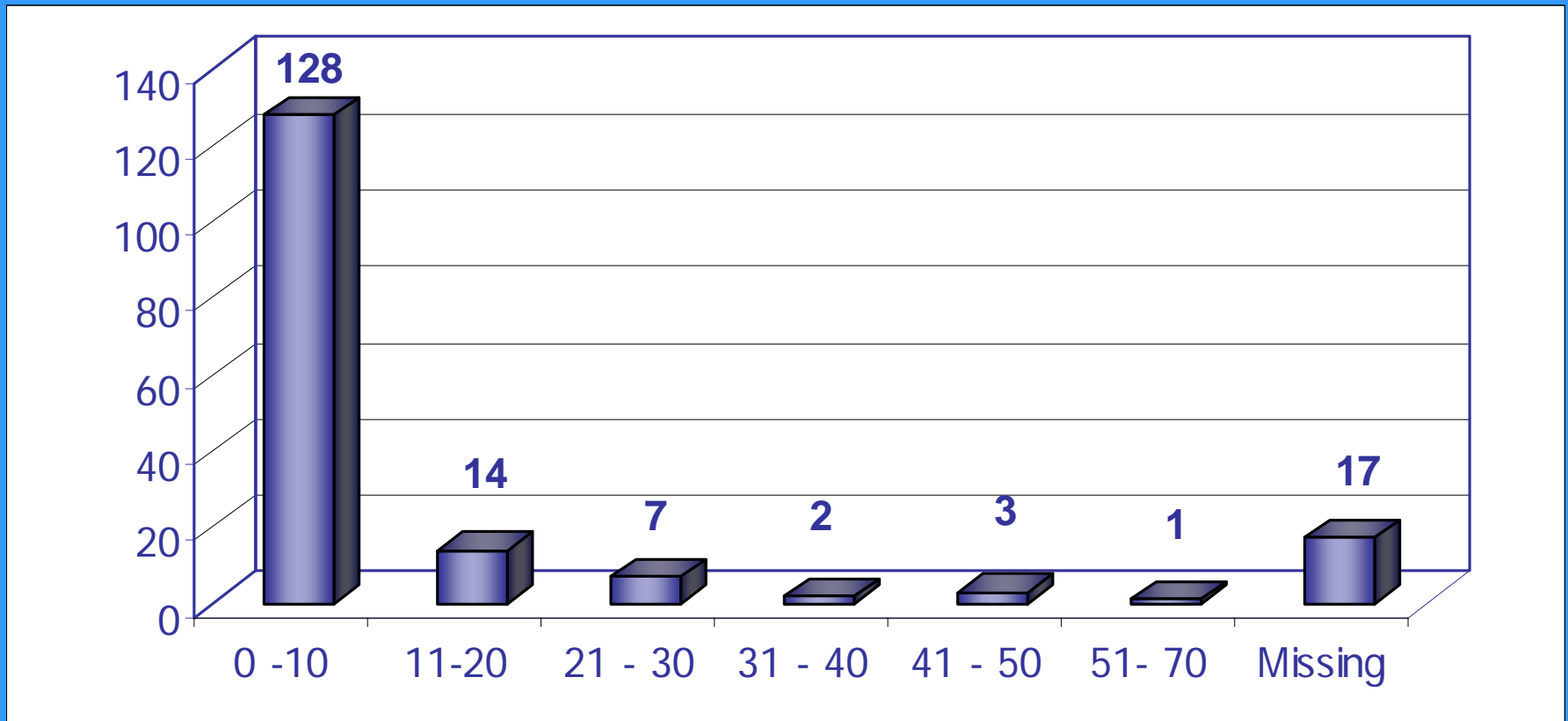
Gambling (**SERTs only**) 1121

Gambling + other addiction problems (**SERTs only**) 1165

Total 2286

8. Ranges of gamblers helped by SERTs in 2007

Data show that most of respondents meet small numbers of gamblers.



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 10 al 33% (Agus, 1998; Lejoyeux M., Mc Loughlin M., Adès j., 2000, Lesieur, Blume, Zoppa, 1986, Spunt B., Lesieur H., Hunt D., Cahill L., (1995), 20,5% al 37,5% (Capitanucci e altri, 2000; 2004); 19,51% Croce et al (2005).

ROLE OF SUBSTANCES
DURING THE SESSION OF GAMBLING

- BEFORE: ACTIVATION – DISINIBITION
- DURING: ENHANCEMENT (attenuerebbero le sensazioni disforiche riducendo l'autocritica e le preoccupazioni inerenti il discontrollo del comportamento o dei sensi di colpa);
- AFTER :
- IF LOSS: MODULATION OF THE DOWN
- IF WIN : AMPLIFICATION OF EUPHORIC DIMENSION.

- 2 MODALITIES

- **IN THE NATURAL HISTORY OF ADDICTION**

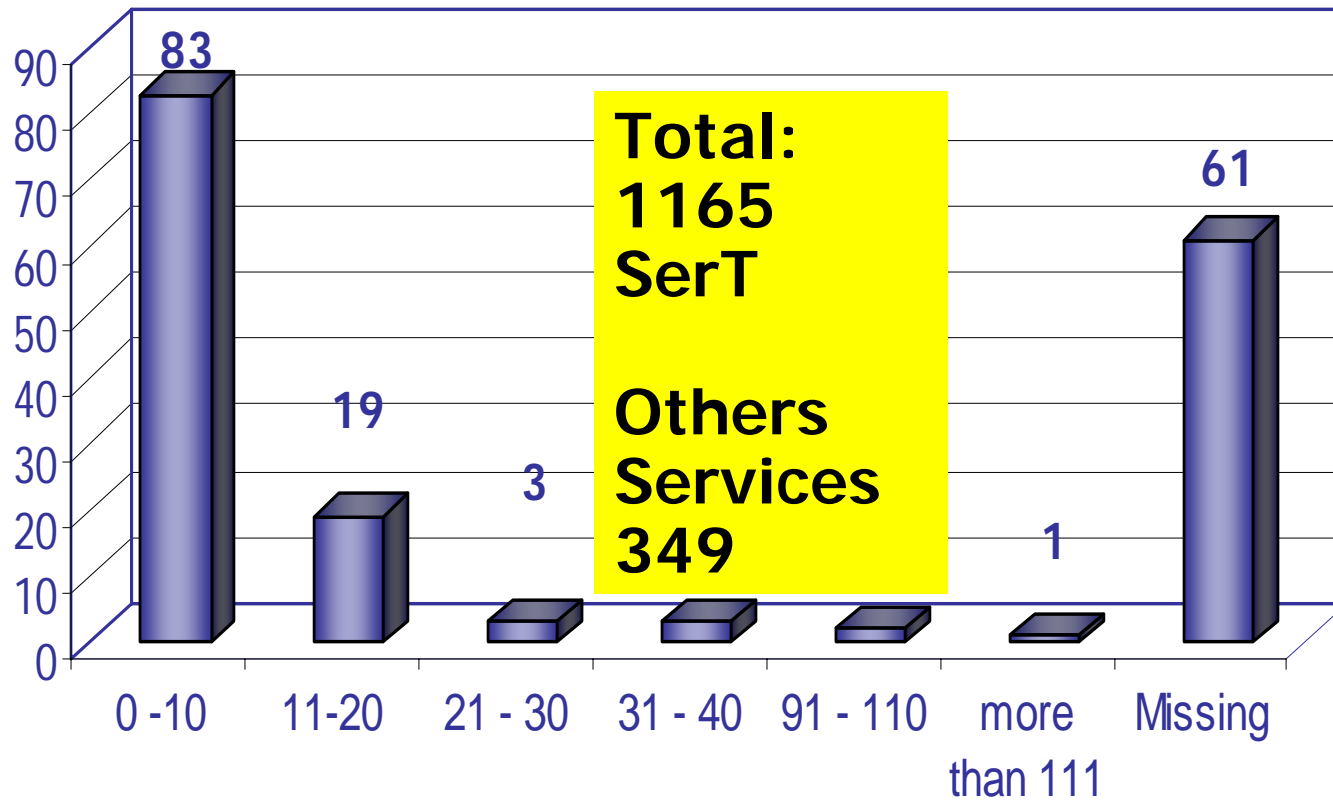
- AMPLIFICATION/CROSS ADDICTION
- (simultaneously PG&SubAddiction)
- SHIFT (from one to another) (In different Phases:
- PG or SubAddiction)

- .

Drug & Alcohol Patient treated in 2007 by SerT about 40.000 (Thanks P.Jarre) 10% : 4.000

Ranges of addicted people with gambling problems helped by SERTs in 2007

When gambling is connected to other addiction problems, the number of people met by the SERTs is always small.

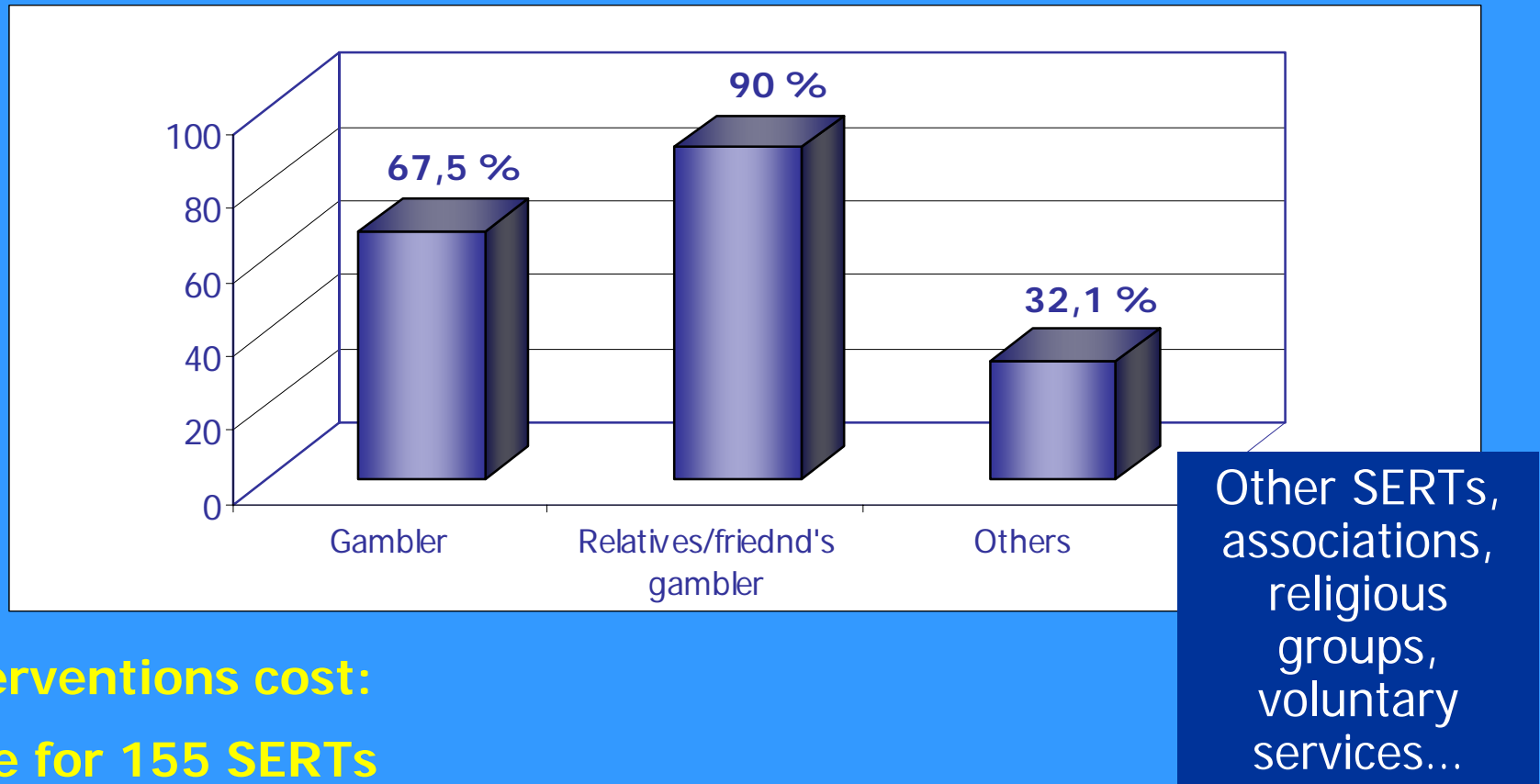


9. Who contacts public help services?

% of cases for each answer by respondent services (N=172)

Missing cases=12

Valid cases=160



Interventions cost:

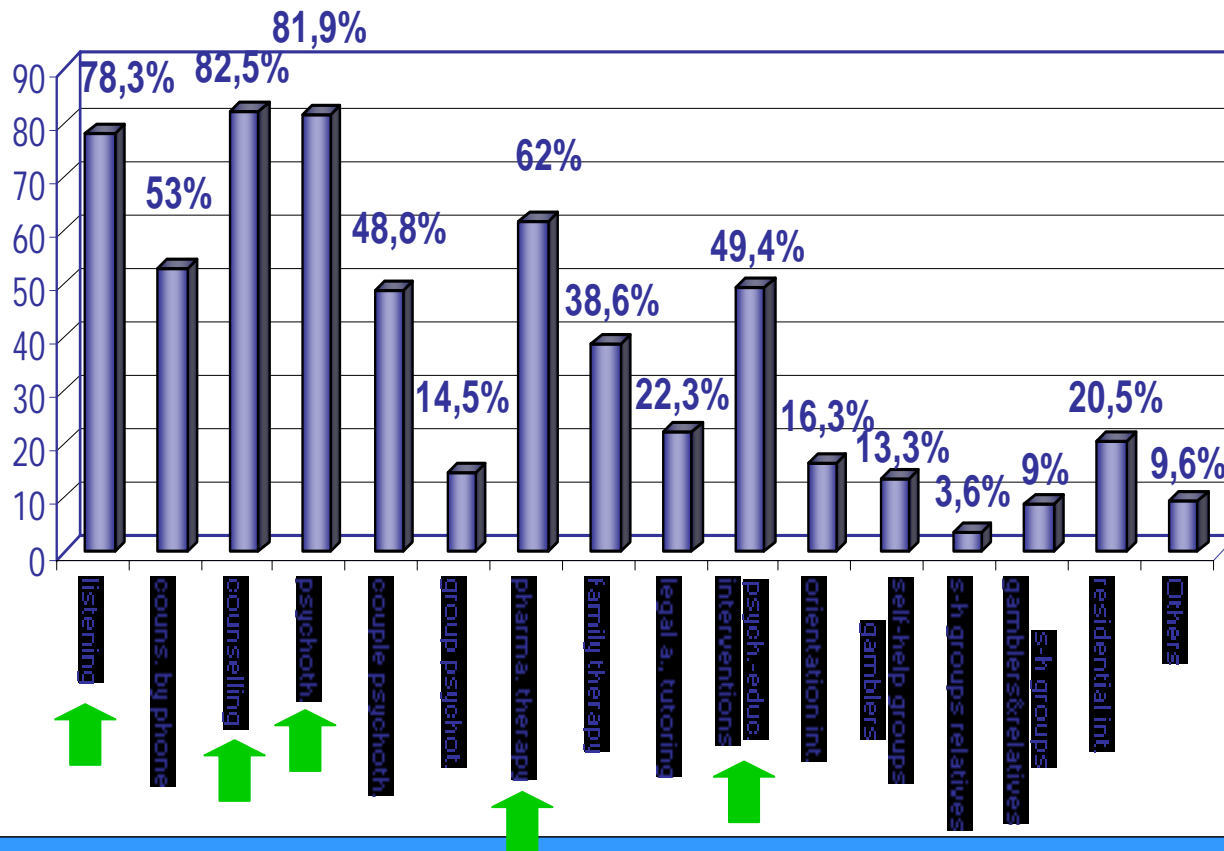
- free for 155 SERTs
- low payment for 7 SERTs

10. Help interventions

% of cases for each answer by respondent services (N=172)

Missing cases=6

Valid cases=166

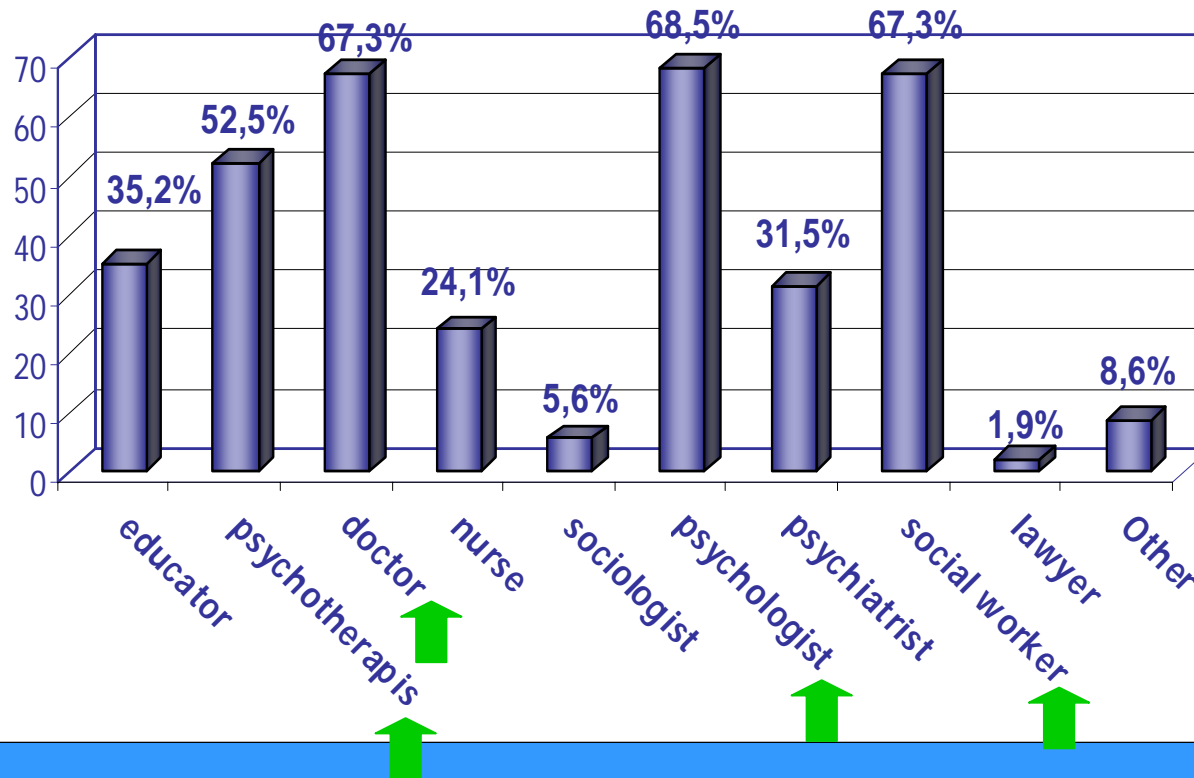


11. Professionals in helping teams

% of cases for each answer by respondent services (N=172)

Missing cases=10

Valid cases=162



12. Training organized by SERTs

To understand the specialization degree, one question was about training activities directly promoted by each SERT.

Data are supposed to show the experience level in treatment and analysis of gambling addiction.

Seminar	24,4%
Research	26,7%
Training course	31,1%
Prevention projects	32,2%
Other	41,1%

“Other” options:

- Information spreading about gambling
- Expert work groups
- Networking.

- *1993* 9,47
- *1994* 8,29
- *1995* 9,42
- *1996* 11,09
- *1997* 11,34
- *1998* 15,03
- *1999* 21,33
- *2000* 16,06
- *2001* 16,15
- *2002* 17,37
- *2003* 18,51
- *2004* 25,57
- *2005* 28,40
- *2006* 35,40