

Preventing and treating problem gamblers: The first Italian National Helpline

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Abstract

Gambling has become a public health issue, implying not just the suffering of problems by an individual and their families, but also involving economic and social costs. As already recognized by many authors, it is important to provide opportunities for differentiated preventions and treatments, not only as to methods, types of care, and counselling, but also in regard to settings, availability in time, and means of access. Acknowledging these findings, the first Italian National Helpline for Problem Gambling was established in October 2009. Out of concern for severe adverse psychosocial consequences and prevalence rates of problem gambling, the Italian Federation of Workers of the Departments and Services Addiction (FeDerSerD) initiated and then managed the gambling helpline and website service *Giocaresponsabile* financially supported by gambling operators. This service offers remote access to counselling and therapy in order to help treat problem gamblers who do not typically seek help from other addiction services. Compared to traditional therapeutic settings, this online approach presents several advantages: accessibility, anonymity, treatment flexibility, less time constraints, no geographical barriers, and public health cost reduction. The Italian experience shows that the financial support given by various gambling operators provides valuable services to those affected by problem gambling and that other gambling companies operating in other jurisdictions should financially support such initiatives given the benefits that such services bring to both problem gamblers and their families. This paper is an overview of the first five years of *Giocaresponsabile* activity.

Keywords Gambling Problem gambling Responsible gambling Problem gambling prevention Italian gambling helpline Online gambling counselling

Preventing and treating problem gamblers in Italy

Harmful effects of excessive gambling can affect individuals and their families economically, physically, psychologically, as well as society more generally. Given this, there is an argument that problem gambling (PG) should be higher up the political agenda. Over the last decade, the awareness of PG-related consequences in Italy has started to increase and this has coincided with the recent regulation of legal gaming and the increasing spread of gambling opportunities.

The notion of social cost, widely used in the economics literature applied to addictions (Grinols, 2004; Walker & Barnett, 2007), refers to an overall loss of social welfare and physical and psychological wellbeing. The choices, actions, and behaviours of problem gamblers can lead to direct personal costs (e.g., reduction in quality of life, health problems, suicide, etc.) and indirect societal costs (e.g., productivity loss, increased use of the healthcare system, welfare costs, prevention and punishment of addiction-related crimes, etc.) (Griffiths, 2004). Arguably one of the major social costs caused by PG is the gambler's loss of productivity and job loss, unemployment subsidies, indebtedness, bankruptcy, and usury (e.g., the use of loan sharks). There are also costs that are difficult to determine concerning gambling-related crime, health issues, broken families, and underage gambling.

For these reasons, several campaigns have been launched in Italy to raise awareness about the health risks associated with gambling, with some recent regulatory actions designed to prevent and fight PG spreading throughout the country. Provisions have been introduced to restrict gambling advertising and to ensure that information in gambling advertising is truthful and helpful (e.g., information about the probability of winning). According to new Italian gambling guidelines, it has been recommended that gaming operators should disseminate problem gambling information written by local health services within their venues. Such information is aimed at highlighting the risks associated with gambling and to provide information about how problem gamblers can access public services and private social organisations dedicated to the care and rehabilitation of people with PG-related illnesses. In order to prevent underage gambling, at least 10,000 annual inspections are carried out at Italian gaming venues placed in close proximity to schools, hospitals, and houses of worship.

Grassroot movements and local administrators are also demanding new legislative initiatives and projects, pushing the Italian Parliament to allow more regional power in gambling venue planning. There are also demands by concerned stakeholders to review the current taxation on the gambling industry, to protect children and teenagers, to have ethical advertising, and to provide therapies for problem gambling. Some pro-responsible gambling groups are demanding that free treatment for PG be included in the 'Essential Levels of Assistance' provided by the State along with treatment of other addictions (drug addiction, alcoholism, etc.). At present, the Italian Parliament is reorganising all its gambling legislation, even though there are many different stakeholders trying to exert their own views and influences.

The Italian gambling helpline service

It is known that problem and pathological gamblers do not necessarily perceive the desperate situation in which they find themselves. It is often others around them (family, employer, criminal justice system, etc.) that force such individuals to seek help to solve their health, psychological, and/or legal troubles. However, many problem gamblers feel embarrassed, alienated and/or stigmatized in seeking professional face-to-face (FTF) help. Consequently, many newer forms of professional help, guidance, and treatment have emerged using telephone and internet technologies (e.g., professional telephone helplines and online counselling via phone, and the internet). There is some evidence that problem gamblers (especially those who gamble online) would prefer to access help, guidance, and treatment via these non-FTF environments (e.g., Wood & Griffiths, 2007). These less expensive and more cost-effective interventions, allow a greater geographical coverage and easier accessibility for problem gamblers to seek professional treatment (Griffiths & Cooper, 2003). Some studies have shown that gamblers using helplines, online forums, counselling and treatment seek privacy and anonymity, an emotionally peaceful environment, time management flexibility, convenience and confidentiality (Griffiths & Cooper, 2003; Wood & Griffiths, 2007; Wood & Wood, 2009; Monaghan & Blaszczynski, 2009; Rodda et al., 2013). These suggestions have also been acknowledged with the introduction of telephone and online advisory services and support forums in different countries (e.g., *GamTalk*, *GamCare*, *GamblingHelpOnline* etc.).

In Italy, the first National Helpline for Problem Gambling (GR-Helpline) was established in October 2009. Out of concern about severe adverse psychosocial consequences and prevalence rates of gamblers and problem gamblers, the Italian Federation of Workers of the Departments and Services Addiction (FeDerSerD) initiated and then managed the gambling helpline and website service *Giocaresponsabile* (i.e., the GR-Helpline). The helpline is mainly funded by the Italian gaming operators (*GTECH Group/Lottomatica*, *Sisal*) as well as smaller financial support from operators such as *Codere*, and the *Admiral Gaming Network*. The service operates 13 hours a day by telephone (9am to 10pm) and 24/7 on the Internet (e-mail and chat services). The helpline is friendly, confidential, convenient, freely accessible, and anonymous. The service is managed by therapists and other professionals (e.g., psychologists, psychotherapists, and lawyers) who provide counselling and assistance to people who seek help for gambling problems. As such, the service also provides support not just for gamblers but also families, friends, and others indirectly affected by gambling problems. To promote awareness of this service, information leaflets are distributed to general practitioners and social and health services providers, in addition to the gambling venues themselves. Based on anecdotal evidence, the most important source of information appears to be that placed in the network of general practitioners, followed by the Internet, and then the gambling venues.

The anonymity of users is guaranteed by assigning a system-generated alphanumeric code. This enables anonymous surveys to collect information on gambling behaviour and related problems (11,441 codes were collected in the first five years). Moreover, this code enables retrieval of personal information and subsequent addition of information collected through further contact. Information gathered and filled in the

database highlights users' overall profile, described by their demographic and socio-economic characteristics, gambling opportunities, and kind of games they are usually involved in (e.g., how long they play, how gambling has become a problem for them, where they usually play, which game and how often, how much money they invest weekly and have lost in their lifetime, etc.).

The team of psychologists, who have the initial contact, is supported by additional practitioners (e.g., psychiatrists, psychotherapists, and lawyers) who can be called upon by a user request or by the team for issues that require more in-depth analysis. To better assist users, the gambling helpline also provides access to face-to-face counselling and therapies, by sending an e-mail containing the code of the user to the services that have joined the network GR-Helpline and referred to the database of the website. Similarly, care services that receive communication confirm whether or not the person is receiving treatment to provide a partial measure of effectiveness.

To give some idea of the size of the users, in the first five years of the helpline's activity, the overall number of consulting service sessions were roughly 39,000 (30,607 phone sessions, 8,345 online chat sessions) conducted via questionnaires, designed and assessed using a diagnostic protocol developed by Ladouceur et al. (2001). This comprises a semi-structured clinical interview based on DSM-IV criteria and consists of 26 questions relating to problem gambling. In addition to the diagnostic criteria described in the DSM-IV, the interview investigates other aspects such as the reasons for the consultation, the events that have led to the decision to wanting help, information on how the individual obtained their gambling habits, details of the gambling problem, and the presence of other addictions.

Psychologists, who conduct consultations via phone or web, assess the seriousness of the situation, and enter details into an electronic database if they are diagnosed as problem or pathological gamblers according to the assessment tools used. From the outset of the project, the aim was to increase awareness about the risk factors present in gambling behaviour, promote skills and personal resources to change individual attitudes towards risky and dangerous-to-health conduct, and provide support to people in difficulty.

Recent research by Bastiani et al. (2015) analysed 5,805 helpline users (57.5% gamblers and 42.5% families/friends). In the sample male gamblers were more frequent users than females (ratio for males/females was 3:1) with a lower mean age (40.2 years versus 47.3 years), while female families/friends were more frequent users than males (ratio for males/females was 1:3). Most of the gamblers preferred non-skill-based games (77.4%; skill-based games – 11.4%; both – 11.2%). Non-skill-based games were preferred by more females (74.1% males and 87.6% females). The percentage of those exhibiting a regular frequency of weekly gambling was high for all age classes and gambling forms. Among gamblers aged 25–64 years, the skill-based gamblers reported having the greatest debt. In the older group, those who gambled on both skill-based and non-skill-based games had the highest level of debt.

The findings showed that the helpline approach was able to attract a great number of problem and pathological gamblers. A small proportion of individuals with gambling disorders, less than 10% of the total, contact the helpline to get formal

treatment based on clinical grounds due to internal factors such as shame, fear of stigma, embarrassment and pride, difficulty in admitting the existence of a problem, and a desire to solve it independently. Secondly, the callers acknowledge there are difficulties in seeking external help that hinder access to treatment, including lack of knowledge on health services and about addiction care availability, the distance from the place of treatment, and family and work commitments.

The Italian online therapy service

Since August 2013, gambling help has been available on an online website (<http://www.giocaresponsabile.it/>). This service is for gamblers who want to be treated by specialists online rather than FTF. Registered users are guaranteed anonymity and confidentiality throughout their treatment. Access to treatment is granted after assessment of both severity and motivation to treatment. The program's modules are visible in the private session that is accessed through user ID and password, and are managed by the therapists in agreement with the patient. The user has a weekly appointment of 30 minutes telephone conversation with the therapist. The mean duration of treatment is approximately six months, with a follow-up at three and six months. During the first year of activity (August 2013 to August 2014), there were 571 registered users (male: 82%). Of these, 172 accessed the online treatment and 111 ceased the online therapy before the fifth session with the therapist, with 18 continuing the treatment to an end. At the start of August 2014, there were 43 problem gamblers in treatment.

Online users' gambling behaviour was similar to the helpline users. Most of them had been gambling for five or more years, and for 40% of them, gambling had been a problem for five years or more. Approximately two-thirds played slot machines, and one-third played lotteries, betting, card games, mostly in physical places (bars, pubs, gaming rooms, etc.). One in five (20%) gambled online. However, those problem gamblers accessing online treatment had very different socio-demographic characteristics than those accessing the telephone helpline. They were younger (mean age: 39 years), more educated (65% of the users have high school diploma or degree), and had a regular job (63% waged, 22% self-employed). This is most likely because younger gamblers with a higher level of education are more familiar with the internet (Monaghan & Wood, 2010), and are more likely to use the internet for many other activities (not just gambling). However, research is also needed to examine why many individuals proceeded to fill in all required fields for treatment registration but then did not make an appointment with the psychotherapist. It may be because the registration form was relatively easy to access, and that registration could simply be the result of impulse or curiosity rather than of actual reflection and motivation.

For both the telephone helpline and the online therapy service, the request for help is also correlated to socio-environmental variables (e.g., gender, age, geographical region of residence, source of information on service, forms of gambling, gambling behaviour, etc.). As already recognized by many authors (e.g., Gupta & Derevensky, 2000; Griffiths & Cooper, 2003; Wood & Griffiths, 2007; Gainsbury & Blaszczynski, 2011) it is important to provide opportunities for differentiated treatments, not only as to methods, types of care, and counselling, but also in regard to settings, availability in

time, and means of access. It may also be useful to provide information channels for different target groups, not only in accordance with the type and mode of game and age, but also to the medium of preferred treatment (e.g., online gamblers may prefer to be treated online as they are trusting and feel comfortable in that medium). It appears that remote access to counselling can be an effective instrument of promoting treatment for problem gamblers who do not otherwise appeal directly for services.

Conclusions

Both the GR-helpline and the GR-online therapy website have advantages and disadvantages. Some of the major benefits of these Italian services are that for potential users (including both problem gamblers and their families) they are easy to access, cost-effective, overcome geographical restraints (in that the services can be accessed from where the person is located rather than them having to travel to contact and/or talk to a practitioner), provide flexibility in terms of help and/or treatment, are completely anonymous, and provide confidentiality. There is also anecdotal evidence in relation to the Italian telephone and online services, they are more likely to attract people that would not normally seek face-to-face therapeutic help (such as younger gamblers) as well as being more attractive to those that feel comfortable in the online medium (such as internet gamblers). However, it should also be noted that accessing the services depends upon the gambler and/or their family members being acquainted with the online skills and/or access to the telephone and/or the internet when seeking help. Also, on the Italian website, there are those individuals who fill out all their details in wanting help from a professional therapist only for them not to book and/or turn up for appointments.

This short article has attempted to highlight the many benefits introducing services for gamblers that are funded by the gambling industry. Any industry that delivers a consumptive product that can cause problems for some individuals should feel bound as a part of their 'duty of care' to help fund programs that help educate, prevent and treat problem gamblers. The Italian experience shows that the financial support given by various gambling operators provides valuable services to those affected by problem gambling and that other gambling companies operating in other jurisdictions should financially support such initiatives.

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For some examples of online support services, www.gamblinghelponline.org.au/, www.gamcare.org.uk/, www.gamtalk.org/, www.giocaresponsabile.it/