

Mind the GAP*! Pathological gambling, a modern defy to public health

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Abstract

Due to its clinical aspects, pathological gambling is of paramount interest for Psychology and Psychiatry; however, it also has such characteristics that call for the interest and the intervention of Public Health, both at national and international level. This pathology is a growing problem in our society, particularly in some groups of vulnerable people; has a strong psycho-social impact on the individuals, their families, their social environment and the society as a whole; requires an organized, competent, structured and integrated intervention of the Public Health care services and of specialized private organizations; and, finally, it represents important economic implications. As far as the Italian situation is concerned, it is estimated that up to 50% of the population has experienced gambling at least once; consequently, the political world has taken interest in the problem, producing in 2016 a governmental Report on Pathological Gambling to the Parliament; moreover, pathological gambling has been included into the 2017 revision of the Essential Levels of Health Care Regulations, whose validity is nationwide, provided that, usually, the Regions legislate autonomously on health assistance aspects.

Recently, the Observatory on Contrast to Pathological Gambling and to Serious Gambling Addiction has published specific ad hoc guidelines and the Italian Parliament approved a law forbidding every form of gambling advertising (Law No. 96/2018). However, even considering the interest of the National Health Service in contrasting pathological gambling, the problem is far from its solution; firstly, because the State itself earns a considerable amount of money from the taxation of "legal" gambling, thus creating a resounding conflict of interest; secondly, because the peripheral branches of the National Health Service have responded unevenly so far when trying to organize the contrast. What is needed for the future is an effort of coordination between the National Health Service - at State, Region and local level - and the Non-Governmental Organizations, in order to face the cultural, political, communicational, organizational, technological and public health aspects of such a contrast, balancing incentives and disincentives wisely.

Introduction

The common Italian hybrid term *ludopatia* (from the greek "ludos" or amusement and "pathos" disease) defines a disease that can

be easily recognized, the one associated with compulsive gambling. However, this term is not a technical one and it appears in professional psychological, psychiatric and forensic literature only as a synonym for the

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* GAP is the acronym of the Italian translation of 'Pathological Gambling' (Gioco d'Azzardo Patologico)

Italian *gioco d'azzardo patologico*, translated in English as 'pathological gambling'. This definition, together with its acronym **GAP** (**G**io**c**o d'**A**zzardo **P**atologico") or **DGA** (**D**isturbo da **G**io**c**o d'**A**zzardo, 'gambling disorder'), is preferred in all scientific classifications, as shown in the Italian translations of both the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), edited by the American Psychiatric Association (APA) in 2013 (1), and in the 11th edition of the *International Statistical Classification of Diseases, Injuries and Causes of Death* (ICD-11), published in 2019 by the World Health Organization (2).

The definition *gioco d'azzardo patologico* is actually more accurate than *ludopatìa*: it contains a specific reference to the gambling component and therefore it constitutes, even if quite long, the recommended choice.

The dominant influence of chance and the irrelevance of personal abilities distinguish gambling from any other kind of game; article 721 of the Italian Penal Code states that we talk of gambling when the main aim is profit, while winning or losing are only, or almost entirely, aleatory.

Pathological gambling is clearly a type of what in Italian is called *dipendenza*, a term that can be translated in English into two different words, 'dependence' and 'addiction'. In this language, 'dependence' is used to describe a chemical craving associated to substance abuse, in which the body has physical reactions due to abstinence; 'addiction' describes a psychological obsession, which convince the subject that he cannot do without a specific something, in terms of feelings and emotions induced by it. Therefore, 'addiction' and 'dependence' don't always coexist and it is possible to develop the first one without the second: as a matter of fact, gambling addiction, as, for example, sex and internet addiction, are not related to the abuse of substances (3).

Some features of pathological gambling, as anonymity, accessibility through virtual currency and possibility to play both from home and other places, increase risks and trigger loss of control, particularly among adolescents (4). Participation to this kind of games can be highly predictive of a future gambling addiction (5). Today the market offers many different gambling opportunities, easily accessible and decontextualizing: the subject plays alone, often in an isolated context, and has to follow easy and general rules, without any contact with his counterparts (6).

In 2011 the European Commission published a Green Paper that describes gambling as a business that doesn't involve any kind of risks (7). Since this publication, the EC has also been paying special attention to online gambling, in rapid growth, and it has been trying to create a legislation that would be able to protect the gamblers, without intruding on the sovereignty of the Member States.

Pathological gambling: a public health problem

We are facing a question that appears to be strictly connected to the psychological and the psychiatric field; nowadays, these are the main disciplines dealing with this phenomenon, and they do so, inevitably, using a clinical approach. In 2013, the new *Diagnostic and Statistical Manual of Mental Disorders* listed gambling disorder among the substance-related and addictive disorders and the American Psychiatric Association (APA) explained that the diagnosis of such a "need to gamble with increasing amount of money to achieve the desired excitement" requires the presence of at least four of the following conditions (1):

1. restless or irritable when trying to cut down or stop gambling

2. repeated unsuccessful efforts to control, cut back on or stop gambling

3. frequent thoughts about gambling (such as relieving past gambling experiences, planning the next gambling venture, thinking of ways to get money to gamble)

4. often gambling when feeling distressed

5. after losing money gambling, often returning to get even (referred to as “chasing” one’s losses)

6. lying to conceal gambling activity

7. jeopardizing or losing a significant relationship, job or educational/career opportunity because of gambling

8. relying on others to help with money problems caused by gambling.

Some features can be distinguished here, as in all dependencies: craving, the strong and irresistible desire to play; abstinence, the state of apprehension of those who are temporarily unable to play; and tolerability, the need to increase the amount of time spent playing in order to reach greater euphoria and pleasure (8).

As it happens with the substance-related addictions, pathological gambling is associated with a high degree of psychiatric comorbidity (9); moreover, there are studies that seem to show the existence of a shared genetic vulnerability (8).

In addition to this, it has been proved that those who are addicted to gambling and to the use of substances present an atypical regulation of the neurotransmission system related to gratification (10).

Some gambling games have characteristics that make them especially dangerous, as those that create the illusion that winnings are almost guaranteed, like lottery scratchcards do (11). According to a neuropsychological study of 2014, pathological gamblers have a twisted perception of their possibilities and they are sure that, if they continue to play, they will be able to recover all their losses (12).

As shown by the international literature, those more at risk seem to be: (a) males

(approximately the 70% of the pathological gamblers); (b) subjects that have familiarity with pathological gambling; (c) young people with impulse-control disorders; (d) people with cognitive distortions; (e) people with mental disorders, alcoholics or psychotropic substances abusers; (f) divorcees; (g) adults/elderly people that don’t have big chances of engaging in leisure and social activities (for them gambling is a way to keep boredom at bay); (h) vulnerable adolescents with behaviour disorders and novelty-seeking temperament. By contrast, suicide risk associated with pathological gambling seems higher among females (13).

As far as the elderly population is concerned, the international literature identifies at least three factors of risks that may affect it: (a) individual factors, as the need to avert negative emotions (painful events) and everyday stress; (b) neurological factors, related to chronic illness as Parkinson or Alzheimer; (c) social/environmental factors, as the lack of leisure time or the feeling of being outdated and useless. Accordingly, isolation and solitude appear to be the greatest constants to push these subjects towards gambling, and with time the game assumes pathological features (14). The relevance of these social and environmental factors seems to be confirmed by a recent ISTAT (National Institute of Statistics) Annual Report: according to it, every day people with 65 years of age or older spend at least 6 hours alone (even more after 75), from 9 to 10 hours in bed and 7, at best, in the company of someone, compared to the 9 or 11 hours of the younger people (15).

Taking a broader view, we need to highlight that the WHO has been defining pathological gambling as a well-identified morbid dependency since the Eighties: a dependency that, without appropriate knowledge and preventive measures, could spread and become a real social illness (16).

Due to its increasing diffusion, this disease is considered a matter of public

interest, and we are probably more aware of it because of its frequent depiction on social media than because of our ability to measure its actual spreading.

A systematic review on the frequency of problem gambling, published in 2016 and relating to the 2000-2015 period, has revealed wide variations in prevalence rates in the world (0.12-5.8%) and in Europe (0.12-3.4 %). The research also highlighted the difficulty of comparing studies with each other, due to differences in their methodological procedures, instruments, limit values and time intervals. Moreover, no official data are available in countries where gambling is illegal, as China (17).

We have to remember that this phenomenon has also other implications, ethical, socio-economic, technical and organizational, and that these different dimensions raise some critical and complex questions to all public institutions, not only those related to health.

In addition to the physical and psycho-affective consequences already mentioned (apprehension and abstinence, craving, tolerability, suffering, lying and suicide risk), there are also some economic effects (debt, usury and bankruptcy, even more possible in the case of self-employment) and socio-behavioural repercussions on the job (frequent absences or theft). All these consequences provoke serious backlashes also on the families of gamblers, overwhelmed by the economic repercussion of their actions and often doomed to disintegration (which affects also the future of their children).

Nonetheless, publications about the impact of pathological gambling on public health are still few (18-21).

The Italian Context

According to the Institute of Clinical Physiology of the Italian National Research Council (*Consiglio Nazionale*

delle Ricerche), the latest IPSAD (Italian Population Survey on Alcohol and Drugs) and ESPAD (European School Survey Project on Alcohol and other Drugs) data for 2017 reveal that: “adults bet increasingly more, while gambling among the young, even online gambling, is decreasing in all Italian regions. Problem gamblers among adults have quadrupled in the last 10 years, going from 100.000 (0.6%) in 2007 to 400.000 (2.4%) in 2017. On the other hand, problem gamblers have been decreasing among students (15-19 years old), mainly in the north and the centre of the country, from 8.7% in 2009 to 7.1% in 2017, but they have been increasing in Sicily, Basilicata, Calabria, Abruzzo and Molise. During 2017, 17 million of Italians gambled at least once (42.8%), compared to the 10 million who did so in 2014 (27.9%): among them there were a little bit more than one million students (36.9%), less than the 1.4 million (47.1%) of 8 years before. Males usually play more than females (51.1% and 34.4%) and the male percentage among students almost doubles that of females (47.3% vs 26.3%). Scratch cards and sport betting are more and more popular” (22).

In addition to these studies, a different one was carried out to investigate the extent of the phenomenon in Italy. It produced two main focuses, one on a sample of young adolescents (14-17 years old) and the other on the over 65 (23).

The study on the Italian 14-17 years old students involved 15,602 subjects, 49.1% male and 50.9% female, coming from 201 different schools (187 public and 14 private): according to the existing legislation, the minimum legal age for gambling in Italy is 18 years old.

It has been observed that Italian students are mainly involved in instant lottery (21.1%), sports betting (17.1%), virtual betting (8.1%) and slot machines (6.8%); moreover, they often play in tobacco shops (46.7%), gambling rooms (41.1%) and cafés (28.8%).

Problem gamblers are the 3% (around 68,850 students) and there seems to be a link between gambling and unhealthy lifestyles (smoking, drinking and abuse of substances); among these gamblers, the 79.6% primarily play sports betting and the 59% of them do so in betting shops.

The percentage of students who play illegal gambling is higher than the one of the adults; moreover, boys have a three times higher probability of developing risky gambling behaviours than girls.

The study on adults involved 12,007 subjects, 47.6% male and 52.4% female, a sex-balanced sample of the population living in Italy.

According to the data, 36.4% of Italian males have gambled at least once during the year preceding the interview (about 18.5 million); gambling is more frequent among those between 40 and 64 years of age and it is common to start playing while being in the 18-25-year-old age group (51.8% of the cases). This seems to happen more in the centre of the country (42.7%) and appears to be chiefly associated to instant lottery (26.2%) and tobacco shops (82.6%), while problem gambling is mainly related to slot machines and video lottery terminals (23).

Problem gamblers here are the 3% (almost 1,500,000 residents) and the main age range is the one of those between 50 and 64 years of age (83.5%).

To support the future realization of a more efficient monitoring, a national hotline has been recently activated (800558822), operational from Monday to Friday and from 10 am to 4 pm in every part of the country. This number has been conceived as part of a bigger project by the Italian National Institute of Health and the Customs and Monopolies Agency and it guarantees immediate psychological help to the callers; it also provides useful information about the national resources in place to contrast this addiction, supporting both the gamblers and their families.

Taking into consideration the social and economic dimension, it should be noted that the gambling business is constantly growing and evolving, therefore its supply is increasingly wide and diversified (different types of lotteries, gaming machines, sports betting, online gambling). In 2017 an article from the Economist has ranked the countries of the world on the basis of the amount of their gambling losses during the previous year: Italy held the fourth position, with almost 19 billion dollars of losses in 2016, after USA (almost 117 bn), China (above 62 bn.) and Japan (above 24 bn.). As an alternative, we could consider the annual losses per resident, and Italy would rank eight with almost 380 \$ (Fig. 1) (24). According to the Customs and Monopolies Agency, in 2018 the gambling business amounted to more than 106.8 billion of euro, of which 10,4 million of tax revenue (25).

As it is plain to see, there is a moral question to take into account when considering gambling, and it doesn't concern only the single players. As a matter of fact, the role of the State as both guardian of the health of its citizens (institutional role laid down by article 32 of the Italian Constitution) and beneficiary of gambling revenues creates a conflict of interest.

National public policies to fight and prevent pathological gambling

The Italian Law No. 3/2012, also known as *legge salva suicidi*, ('law to avert suicides'), contains provisions on usury and extortion, as well as on the composition of over-indebtedness crises, and grants debt restructuring to eligible applicants. This legislation is extremely useful, especially for pathological gamblers: it relieves the economic pressure under which they continue to play, hoping to recover their losses, and allows the beginning of the recovery (26).

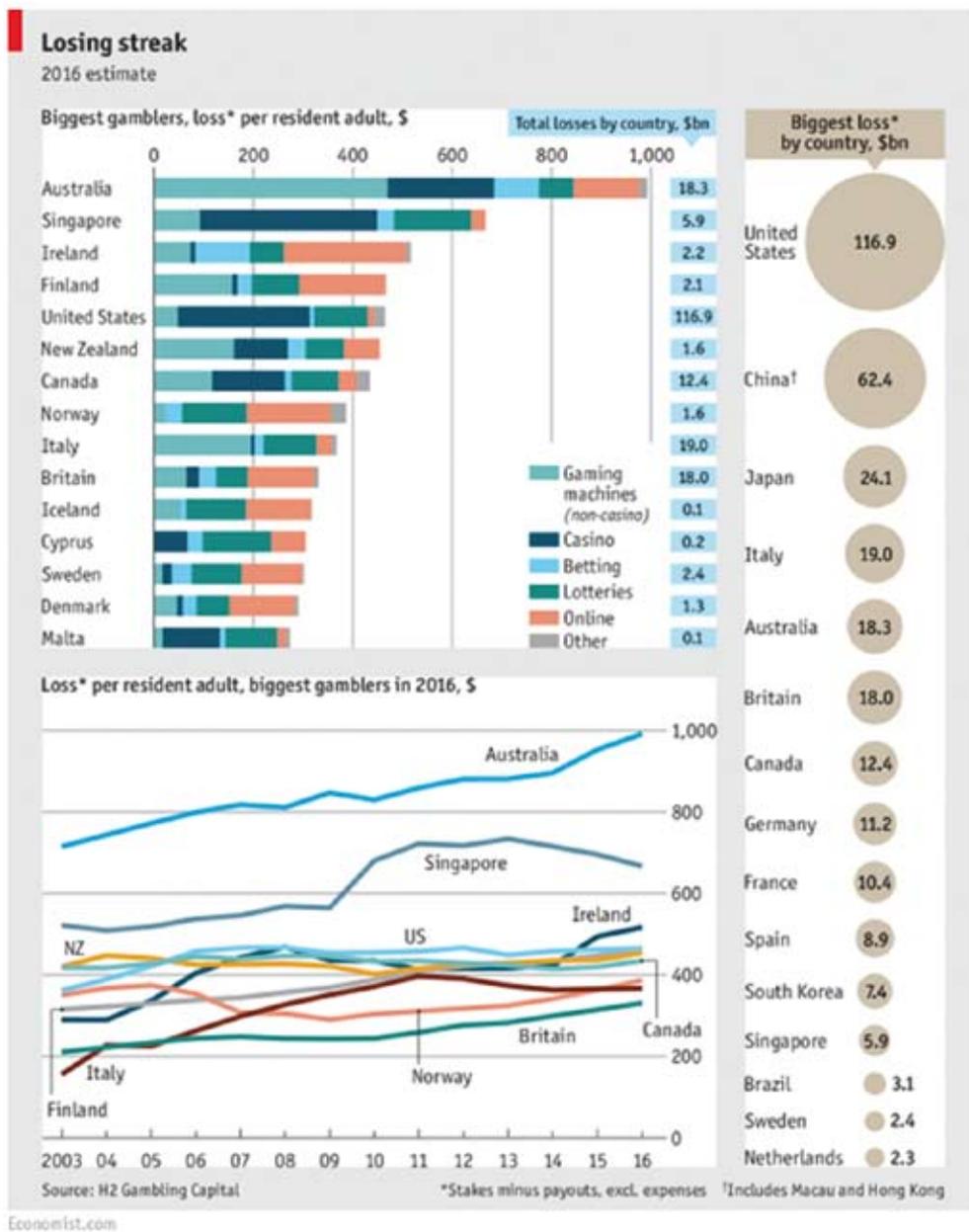


Fig. 1 - Biggest annual gambling losses by country and per resident (in billion U.S. dollars) – year 2016
Source: The Economist, 2016. Fonte: The Economist, Feb 9th 2017 (data 2016)

Another significant document is the Legislative Decree 13.09.2012 No. 158 (converted into Law 08.11.2012 No. 189), also known as *Decreto Balduzzi* ('Balduzzi's Decree', from the name of the then Health

Minister): it encourages the adoption of urgent measures to promote the development of the country according to higher standards of health protection (27). With this law the public sector focuses its attention

on the relationship between dependency and health, with special attention to the protection of minors. Its art. 7 brings a series of important innovations, as a mandatory distance between places with slot machines and schools, hospitals or places of worship; it also establishes some advertisement standards and the obligation of the Customs and Monopolies Agency's website to publish online the chances of winning for each game.

The fight against pathological gambling has been included in the so-called Essential Levels of Assistance Regulations (*Livelli Essenziali di Assistenza* or *LEA*), which are the fundamental services that the Italian National Health Service (*Servizio Sanitario Nazionale*) must provide to its citizens; after more than 15 years, they have been finally modified with the Prime Minister's Decree 12.01.2017, and now they grant prevention, cure and rehabilitation. More specifically, art. 28 recognizes gambling addiction as a pathological dependency of public interest and lays the groundwork for a new project in support of its citizens: it grants the establishment of individualized treatment plans that include specialized, diagnostic, psychological, psychotherapeutic and rehabilitative services, with the employment of the most advanced scientific methods and tools (28).

Concerning the resources needed to sustain the fight against pathological gambling, Law No. 208/2015, also known as 'stability law' (*Legge di stabilità 2016*) (29), has established a fund, supervised by the Ministry of Health, in order to support prevention, cure and rehabilitation expenses. This fund should finance regions and autonomous provinces on the basis of criteria established by the Ministry of Health, together with the State-Region Conference and local entities. The budget allocated to it since 2016 amounts to €50 million per year, and it should be distributed according to the different possibilities of

access to the health services. Since every region has to present a detailed plan on the kind of actions it would like to promote and their costs, nowadays the use of these funds is still quite complex. Recently, the Coordination of Association for the Defence of the Environment and the Rights of Users and Consumers (*CODACONS*), has filed an appeal to the Regional Administrative Court in order to prevent the use of the funds; they motivated their decision explaining that some regions have presented extremely vague plans and that this could bring to a distorted use of the money destined to their realization (30).

Moreover, clause 941 of Law No. 208/2015 establishes that the Ministry of Health, in consultation with the Ministry of Education, University and Research, has to organize awareness-raising campaigns on the risks associated with gambling, taking into consideration both health consequences and the possible development of a dependency. Doing so, it should pay particular attention to schools, of every level and type, and should spread information, also on its website, about the services that the public structures and the third sector supply to fight this phenomenon.

Talking about public health, the inclusion of pathological gambling both in the LEA and in the National Plan for Prevention 2014-2018 shows the general awareness of facing a phenomenon that needs the direct involvement of the regional public health services. Paragraph 2.4 of the latter, entitled "Preventing substances addictions and behaviours", contains the APA definition of gambling and puts pathological gambling among its main targets. The Plan sustains the complexity of evaluating the real dimensions of the problem, given that those who suffer from it are often unaware of their conditions and that reliable diagnostic criteria are really difficult to use (31).

Going back to Law No. 189/2012, we must mention that it founded the Observatory

on Contrast to Pathological Gambling and to Serious Gambling Addiction, which has drawn up the National Plan of Action on Pathological Gambling 2013-2015; since April 2016, this Observatory has been established within the Ministry of Health and today it is made up of representatives of different bodies and institutions. Moreover, the Prime Minister's Office, together with the Department for Anti-drug Policies, has published online a number of useful definitions and recommendations as well as tests to recognize existing addictions; this website, <<http://gambling.dronet.org>>, is connected to a national network on dependencies, called DRONet (32).

In December 2017, the Observatory drafted the "Courses of action to grant prevention, cure and rehabilitation to people suffering from pathological gambling". This document, inclusive of six attached files, goes into details and provides support to all those who work in this field in order to realize what is envisioned in the LEA (33).

These courses of action analyse this pathology taking into consideration its prevention and its diagnosis. In the first case, they promote the realization of informative and educative initiatives, together with the establishment of rules on the distribution of winnings and losses; in the second case, they suggest a number of elements that could be useful to support both the patient and his family in the most suitable way, like intake, assessment, diagnostic tools, psychotherapy, pharmacological treatment, tutoring and others.

By way of example, sometimes the conditions of pathological gamblers are so complex that hospital care is not enough to improve them, often because in many patients the gambling addiction coexists with other dependences: concerning these cases, the document usefully suggests types of interventions that can be carried on in outpatient clinics or care centres.

Moreover, the Observatory makes

many recommendations concerning the reorganization of the gaming spaces, their illumination, air conditioning and cash availability, and it supports the spread of detailed information on the chances of winning: these aspects are extremely important, fundamental for the actualization of future interventions.

During the last few years, waiting for the implementation of these actions at a local level, almost all Italian Regions have been following national laws on the topic, sometimes enacting even more specific provisions. For example, Lazio, Lombardy and, more recently, Tuscany have launched the "Slot Free" and "No Slot" brands, in order to reduce the number of slots and video lotteries on their territory and discourage the gamblers (34-36).

Taking into account the public perception of the phenomenon, on January 2013 some Italian mayors signed and published a manifesto to fight gambling and to promote the respect of legality (37). With this document they asked for: (a) a new national law, aimed at reducing gambling opportunities and containing their availability, also offering an appropriate amount of information regarding prevention and cure; (b) local laws able to explain the role of the regions with regards to the cure of pathological gamblers, risks prevention and support to local authorities; (c) the power of determining the opening hours of the gaming rooms and of imposing the respect of minimum distances between them and sensitive places; (d) the possibility of giving their prior opinion before the creation of new gambling venues.

These signatory mayors have decided to build a network made of associations, volunteers, local police and law enforcement forces, in order to start new cultural initiatives and to control, prevent and fight gambling; they are trying to do the same thing also at the supra-local level, where they have created a network with local health

Table 1 - Main variables and desirable outcomes in the fight against pathological gambling

Variables/determinants	Desirable outcomes
Cultural (e.g. presence of qualified teachers, from primary schools to universities)	Collective awareness of the problem and its consequences
Legal (e.g. implementation of the Legislative Decree 13.09.2012 No. 158)	Stronger sanctions and more extensive controls
Political: policies on health promotion and prevention (e.g. counter-actions in the case of usury)	New and widespread methods to encourage self-control and disincentivize pathological gambling, incentive measures for shopkeeper
Economic (e.g. financial allocation according to the 'stability law')	Guaranteed financial resources for the future
Welfare (e.g. efficient public services of support, medical practitioners' role in detecting the phenomenon)	Qualified experts able to take care of pathological gamblers
Social: support to patients and their families (e.g. dedicated help desk)	Welfare programs and rehabilitation projects over the whole country
Communicative/mediatic (e.g. widespread knowledge of the impact of pathological gambling on gamblers' lives and families)	Adequate media coverage of the problem
Strategic: stronger involvement strategies, collaboration between institutions and third sector	Realization of the principle of horizontal subsidiarity
Technological (e.g. use of a software capable of controlling gambling behaviours)	Increased awareness on the part of gamblers about their own problem

authorities, prefectures, police headquarters and antimafia investigative organisms. Aware that culture plays an essential role in the comprehension of gambling, these mayors have been working hard to increase both their knowledge on the topic and those of citizens and store owners, in order to promote a new mentality and new behaviours and to recover the lost values of society, maximizing the use of the available resources.

In the lights of the measures approved after this mayors' manifesto, we assume that many of the initiatives present in it have already begun.

The approval of Law No. 96/2018 (conversion of the so-called 'dignity decree', *decreto dignità*) represents another important institutional decision. The law intervenes to regulate the different types of gambling in order to monitor the pathology associated with them (38). In details, it prohibits the advertisement of games and bets involving prize money, abolishes the national deferred

prize-drawn lottery and supports the printing of tickets with messages similar to the warning labels on cigarettes packs. It also establishes that those who want to play must present their own European health insurance cards, so that minors can be easily controlled. In addition, it determines that places that want to show their disapproval towards gambling games can expose a "no slot" sign outside their properties.

Information about the risk of developing this specific type of dependency is also provided in responsible gambling messages on electronic gambling machines.

Conclusions

The complexity and the multidimensionality of pathological gambling requires the coordinated, convergent and continuative activation of multisectoral policies, measures and interventions, capable of acting on the

various variables/determinants of health at the individual, familiar, community and social levels.

Tries to schematize (Table 1) some desirable outcomes, in terms of public health, correlated with the different variables/determinants considered. It is with great pleasure that in a recent publication of the medical journal *The Lancet* we discovered a figure which, representing the socio-ecological model proposed by the author, reflects this same point of view (20, 21). The challenge is clearly a difficult one, destined to commit us for a long time: once again, health promotion and protection come into conflicts with strong economic interests, including the public ones, demanding a continuous redefinition of the political and social priorities.

Undoubtedly, it is complicated to estimate the economic and social costs of the gambling disorder: on one side because the line between problematic and non-problematic gamers is blurred, on the other because this pathology produces damages that affect a much larger percentage of the population than the one of the problematic gamblers and that influence entire public sectors (the health one of course, but also the welfare and the judiciary ones).

In Great Britain, careful estimates of social costs go from £ 200 million (€ 230 million; \$ 260 million) to £ 1,2 billion each year (39). Considering that these estimates are believed to be highly undervalued, it is reasonable to start thinking whether the gap between the amount of public entrances, although substantial, and that of the social costs of pathological gambling is considerably narrower than expected. The negative impact that pathological gambling has on people's lives and society suggests 1) the need of an in-depth public reflection and debate; 2) that each government should carry out extensive economic evaluations before making any political consideration, preferably using a sort of socially ethical

scale to estimate overall costs and profits of possible politics.

It should also be noted that we are facing dynamics that expose to high risks already vulnerable individuals and social groups, producing and amplifying social inequalities of individual and collective health.

At the national level, we appreciate that the Italian political institutions during the last few years have been realizing actions that aim at discouraging gambling and its pathological consequences through legislative and administrative initiatives. If, as many say, advertising is the soul of commerce, and since gambling should not be considered as a trade good, the prohibition of gambling advertising is an important step to keep the fragile elements of the population away from this disorder. It is now time for what has been programmed and normed to become operational and systematic, overcoming the predictable resistance of antagonistic interests and the bureaucratic inertia. These resistances could also arise from the State, bearing in mind that the recent advertising ban affects above all the legal game, from which the Ministry of Economy and Finance acquires considerable resources: to see them fatally reduced in the straitened circumstances of our time could be considered an impracticable sacrifice by the administration.

In the light of the diffusion and the significance of pathological gambling, as of the lack of a methodological reaction to it (based on evidence and valued for its effectiveness) - in Italy like elsewhere, for example Great Britain (21) - it is positive to see that some great international organizations have finally understood that this pathology, among other considerations, is a serious public health threat. Therefore, the DPCM 12.01.2017, awaited for more than fifteen years, has been greeted with a smile from the stakeholders: it reformulated the Essential Levels of Assistance, which in

art. 28 call for social and health assistance to people with pathological dependencies, gambling included.

Moreover, the budget laws of the more recent years have taxed these games in order to recover funds for the rebalancing of the State budget: therefore, they seem to recognize the negative nature of pathological gambling, similarly to other dependencies, like alcohol and smoke; these two are taxed in order to discourage their use, which is considered not only unnecessary, but also, and more importantly, dangerous for social health and stability.

We also need to take into account the repeated occurrence of the crime of abandoning a minor (art. 591 of the Italian penal code) committed by adults who, for example, have left their children locked in the car to go gamble (40): it is clear that institutions and no-profit private entities need to work together for the realization of a cultural intervention that should fight the inconsistent idea of an easy life-changing winning and should promote awareness on the serious risks of compulsive gaming, even if less noticeable than those of other dependencies.

We believe that the control carried out by the State while managing public gaming is still not enough and that we need policies that implement what the laws have already decided, especially in terms of prevention. The Observatory we considered above, which has periodical meetings during the year, is insufficient: an effective national coordination is required between all the structures involved - Government, Ministries, regions, local healthcare companies, prevention departments and the third sector - with the authority of removing the numerous bureaucratic resistances or delays.

The activation of a national website could be useful: together with the different type of social networks, it could provide information on the activities realized by structures and

institutions, the results of studies on the phenomenon, lists of authorized treatment centres and useful websites.

Furthermore, speaking of the importance of control, we should implement, as soon as possible, what bravely envisioned in Law No. 44/2012: article 10 paragraph 1 establishes that the Autonomous Administration of the State Monopolies (today the Customs and Monopolies Agency) is authorized to set up, with a Decree of the General Manager and making use of its own resources, a fund with a maximum amount of €100,000 per year, intended to control and regulate the gambling games (41). The members of the Agency are authorized to play in premises where bets are placed or devices are installed (those listed in article 110, paragraph 6, letter a or b, of the Royal Decree 18 June 1931, No. 773 and subsequent amendments) for the sole purpose of acquiring evidence of any violations concerning public gaming, including those related to the prohibition of underage gambling.

Above all, the professional figures involved in this specific reality should be adequately qualified, teachers and parents should be familiar with this phenomenon, students should be sensitized, and it would be right not to neglect the elementary school, in order to avoid the development of a dependency already at an early age, bearing in mind that nowadays all children have a smartphone or a tablet which they constantly use to play.

We believe that much still can and should be done and that we must continue to implement existing laws and to work with the various sectors involved, hopefully with a role of stewardship on the part of health. Motivation, attention and professionalism should always guide our efforts, so that the game could become again a moment of leisure that promotes socialization rather than a form of dependence that brings each individual far from others and from himself.

Riassunto

Attenti al GAP! Il gioco d'azzardo patologico, una moderna sfida per la sanità pubblica

Il 'gioco d'azzardo patologico', oltre ad interessare inevitabilmente, per i suoi effetti sulla salute, specifiche discipline cliniche quali la Psicologia e la Psichiatria e, presenta una serie di caratteristiche tali da dover suscitare, a livello internazionale e nazionale, l'attenzione e l'intervento della Sanità pubblica. Si tratta infatti di un fenomeno: (a) che si va progressivamente diffondendo ovunque, benché maggiormente frequente in alcuni gruppi di popolazione, spesso già vulnerabili; (b) con un forte impatto psico-sociale sull'individuo, la sua famiglia, la sua rete di riferimento e la società nel suo complesso; (c) che richiede un intervento assistenziale e riabilitativo competente, strutturato, organizzato ed integrato da parte dei servizi pubblici e del privato sociale; (d) che "muove" importanti somme di denaro. Per quanto riguarda il contesto italiano, in cui si stima che oltre la metà della popolazione sia ricorsa almeno una volta al gioco d'azzardo, l'attenzione istituzionale per il 'gioco d'azzardo patologico' ha trovato spazio sia nella *Relazione annuale 2016 al Parlamento*, elaborata dal Governo, che nella recente introduzione del 'gioco d'azzardo patologico' nei Livelli Essenziali di Assistenza, per una maggiore garanzia di tutela di chi ne è colpito.

Sono inoltre di recente pubblicazione le Linee di Azione (2018) elaborate dall'"Osservatorio per il contrasto alla diffusione del gioco d'azzardo ed al fenomeno della dipendenza grave", e un provvedimento del Parlamento italiano che ne vieta ogni forma di pubblicità (Legge n. 96/2018). Tuttavia, anche tenendo in considerazione l'impegno del Servizio Sanitario Nazionale, il problema è lontano dall'essere risolto. Prima di tutto perché è lo Stato stesso a guadagnare in maniera considerevole dalla tassazione del gioco legale, creando così un evidente conflitto d'interessi; in secondo luogo perché i rami periferici del Servizio sanitario nazionale hanno finora risposto in modo diseguale nel tentativo di contrastare questo fenomeno. Nel futuro sarà dunque necessaria una maggiore coordinazione tra il Servizio Sanitario Nazionale - a livello statale, regionale e locale - e le organizzazioni non governative, così da prendere in considerazione gli aspetti culturali, politici, comunicativi, organizzativi, tecnologici e di sanità pubblica del contrasto al gioco d'azzardo, bilanciando saggiamente incentivi e disincentivi.

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