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The two gambling closures during the CoViD-19 pandemic in Italy: the impact on affected family members of disordered gamblers

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Abstract: Globally there is a scarcity of literature related to affected family members (AFMs) of disordered gamblers as a group vulnerable to economic, relational and personal well-being-related damages, with physical and mental symptoms, during the Covid-19 pandemic. Additionally, there are no other articles in the world dedicated to the experiences of AFMs in the second lockdown. This study analysed the verbatims of 68 semi-structured interviews using a thematic analysis. The interview guide was composed of questions related to the quality of life, relationships and psychological reactions of disordered gamblers' AFMs during two periods of substantial reduction in the possibility of land-based gambling, interspersed with four months of reopening. Our findings show that there has been an improvement in family relationships probably related to the impossibility of gambling and the activation of resilience processes. The main fear of AFMs concerned the time of reopening. The results that emerged in this study suggest to the health professionals and to politicians that environmental prevention due to external limitations that made gambling impossible or significantly reduced it, is an effective tool to limit its harmful economic, psychological and relational consequences as observed in AFMs of disordered gamblers. At the same time, the study suggests to health professional that AFMs need to be treated even after gambling behaviour has stopped, because suffering decreases but it persists.

Keywords: Gambling, Affected Family Members, CoViD-19, Italy, Lockdown, Relational Consequences.

Introduction

In a family where there is a person with Gambling Disorder (GD), everyone suffers economic, relational and personal well-being-related damages, with physical and mental symptoms (Patford, 2009; Dickson-Swift et al., 2005; Vitara et al., 2008; McComb et al., 2009; Velleman et al., 2015; Orford et al., 2005; Orford, 2020). Therefore, family members are always affected in three main areas: a) Finances _ the damages range from the gambler's theft of small sums of money to serious financial losses and economic devastation of the whole family, caused by the large losses and debts due to continued gambling, b) Relationships _ relationships between family members and their gambling relatives are often weakened by gambling secrets, quarrels, and worsen when the seriousness of the gambling becomes evident. Loss of trust is usually an important factor, c) Health _ due to the great stress, family members themselves are at high risk of mental and physical health problems, particularly anxiety, depression, insomnia and headaches.

The pandemic of CoViD-19 by SARS-CoV-2 forced Italy into restrictions and social isolation that led to two long periods of reduction of the possibility to gamble offline in the country. The first period of unavailability of most land-based gambling was between 30th March 2020 and 15th June 2020 and the second from 3rd November 2020 to 7th June 2021. The DPCMs (Decrees of the President of the Council of Ministers) and Directives of the Director of the ADM (Customs and Monopolies Agency) imposed the closure of betting agencies, bingo halls, slot rooms and the switching off of slot machines in bars and tobacco shops. During these periods of restriction in Italy, the possibility to gamble was limited to scratch cards and online gambling, giving rise to an artificial laboratory that made it possible to appreciate the consequences of a drastic environmental reduction of supply.

In particular, it is relevant to emphasize that during the two aforementioned periods of closure it was not possible to use EGMs (Electronic Gambling Machines), e.g. the two forms of slot machines, new slots and Video Lottery Terminals (VLTs), which are the most financially damaging type of gambling (Sulkunen et al., 2019) and cause 80% of the cases of illness for gamblers with gambling disorder cared for by the Addiction Treatment Services of the National Health Service in Italy (Pacifici et al., 2019; Avanzi et al., 2020). This made it possible to observe the consequences of this involuntary environmental prevention on the experiences and representations of family members of disordered gamblers in treatment, who were physically unable to continue gambling. A recent article by Donati et al. (2021), regarding the effects of reduced exposition during the COVID-19 pandemic in gamblers, showed that the majority of disordered gamblers interviewed (135) remained abstinent, there was no shift to online gambling and they experienced lower craving. Furthermore,

they achieved a significant improvement in their quality of life, e.g. by reporting an improvement in family relationships.

Italy is a country that allowed its citizens to lose 20 billion Euros through gambling in 2019, making Italy the fourth country in the world to lose money this way, after the US, China and Japan. These four countries alone spend 54% of what is lost worldwide on gambling (GBGC-Global Gambling Report, 2021). To be specific, Italy spends 5% of what is lost in the world and researchers attest that 3% of the adult population gambles problematically (Pacifici et al, 2018; Pacifici et al., 2019). This means that there are approximately 1,500,000 problem gamblers and if one considers that for every problem gambler there are 5-17 other people (Valentine & Hughes, 2010), including family members and contacts who are negatively affected, one gets the idea of how many people can be harmed.

The common experience of affected family members (AFMs) is of constant worry, stress, constant fear and despair because there seems to be no solution. Family members feel alone because they do not think that others might be experiencing a similar situation to theirs, they feel helpless and often very angry: it is a daily stress that can last for a long time before they are able to ask someone for help. Being affected by 'passive gambling' brings physical as well as psychological health problems (Dickson-Swift et al, 2005; Kalischuk et al. 2006; Shaw et al., 2007; Kourgiantakis et al., 2013). They feel guilty, ashamed and embarrassed all the time. If their gambling relative has agreed to get treatment, they feel a little better, but they are always afraid of lies and relapses. A review published in 2022 (Irie & Kengo, 2022) points out that the presence of conflict in families with a gambler is very high.

Several studies emphasized the negative consequences that the health emergency had on mental and physical health in the general population. Increased anxiety, depression, stress, anger, fear, sleep and eating disorders have been reported (Dubey et al., 2020; Mazza et al., 2020; Rossi et al., 2020). Considering the effects of the pandemic on the psychological well-being of the general population and the fact that family members of disordered gamblers are an already vulnerable group (they have higher levels of stress and physical, financial and psychological problems), one can understand that this population should have been regarded with greater interest during the pandemic than they were. In fact, only one Italian study (Donati et al., 2022) considered family members of disordered gamblers' well-being, referring only to the first lockdown in 2020, it reported unexpected results: a general sense of relief in AFMs and a general interruption of gambling.

Therefore, it is important to assess the consequences of lockdown on this vulnerable population, so as to influence interventions in gambling prevention and treatment of family members of pathological gamblers. Starting from these premises and the scarcity of relevant publications (referred to affected family members and what happened during the CoVid-19 pandemic), we conducted an in-depth qualitative interview to observe

the psychological and relational state of AFMs and eventually to give them support.

Our aim was to explore how restrictions in accessibility to gambling can impact on the well-being of affected family members and on the relationships they have with the gamblers. More specifically we wanted to study: a) the effects of gambling closures on family life and relationships and whether there was a difference between the first and second closure periods; b) ways of coping with difficulties; c) the perception of possible relapses between the two periods of closure; d) the main concerns of the family members at the time of the interview; e) the activation of resilience processes (perceived strengths); f) the communication within the family, about gambling (we were interested to see if at a stage when gambling was not allowed, it was possible to talk about it, since it is normally a taboo subject in these families because it causes conflict and pain); g) the desire to receive professional support; h) knowing their opinion about the gambling lockdowns.

The interest of this study consists in the fact that it was conducted during an environmental situation of closed gambling that is difficult to replicate under ordinary conditions. Therefore, the lockdown made it possible to study which environmental factors can affect the well-being of AFMs of disordered gamblers.

Materials and Methods

Participants

Eighty-one family members of problem or disordered gamblers were involved in this project, 13 of whom did not agree to answer the questions.

Six AFMs who did not agree to respond to the interview were contacted by unknown to them healthcare professionals and the engagement was lower, for 4 AFMs there were difficulties in availability and others could not collaborate for personal or organizational reasons (3 AFMs).

The participants were contacted through the Iceberg project, by the private non-profit association La Ricerca and Coop L'Arco of Piacenza (Emilia Romagna) and through the National Health Drugs Service (Ser.D.P.) of Piacenza.

We therefore contacted 68 AFMs to give them support and to have information about their psychological and relational state during the lockdown, through the interview.

In the summer of 2020, we contacted 38 AFMs. Because a new gambling lockdown started in November 2020, we decided to involve a larger number of people. Thus, in the early 2021 the first 38 family members were recalled (8 of whom did not respond, however) and a further 30 were reached, answering questions on both the first and the second period of closure of the main land-based gambling (Table 1).

Table 1: Number of respondents at the 2 different interviews

NUMBER OF RESPONDENTS	
DOUBLE INTERVIEW (Summer 2020 and early 2021)	30
SINGLE INTERVIEW (Summer 2020)	8
UNIQUE INTERVIEW WITH QUESTIONS ABOUT BOTH THE FIRST AND THE SECOND LOCKDOWN (Early 2021)	30
DID NOT ACCEPT TO ANSWER	13

Procedure

We conducted a semi-structured remote interview (telephone call, video call), to investigate the effects on the quality of life, relationships and psychological reactions of the family members of disordered gamblers under treatment at the Ser.D.P. of the Piacenza AUSL during the first period of closure of gambling and during the second period of closure, again due to the CoViD-19 pandemic. Participants completed the interview after having given their informed consent.

The interviewers were a group of professional educators, psychologists, psychotherapists, social workers and counsellors. All operators were trained in gambling disorder and were experts in supporting AFMs of disordered gamblers.

The aim was to maintain or, in some cases, create a channel of dialogue with families in which the burden of the health emergency was added to that of gambling, using the following scheme of questions:

- What were the main differences in your family life during the lockdown?
 - How would you describe the relationships within your family during these months?
 - How did you manage the tension and difficulties?
 - Were there any relapses in gambling during the reopening?
 - In general, what is your concern/fear today?
 - Are financial worries the same as before/better/worse?
 - What was the unexpected (and positive) part?
 - What are the strengths of your family/yours?
 - Have you ever talked about gambling? And how?
 - Do you need help/support?
 - Can you give me a comment on the lockdown of gambling?
- The second interview also had this question: Were there any differences between the two periods of gambling closure?

Data Analysis

The interview involved open-ended questions to obtain the participants' experiences and concerns. We used an inductive thematic

analysis to capture emerging and recurring themes in the participants' answers. Two authors (DG and GP) first had an initial immersive reading to familiarize themselves with the content, and generated a thematic framework used for the coding. A thematic analysis was then conducted. During this phase, the thematic framework was refined. We decided to work with two dependent operators because of the novelty of subject and the scarcity of literature. Finally, the developed framework was discussed with all the authors and it was used to systematically code the answers by two authors (DG and GP). The analysis was carried out in Italian, translated, and revised for the purpose of reporting.

Results

The group of respondents consists of 68 AFMs, 53 females and 13 males (see Table 2).

The most represented age group is 50-59 year olds (17 AFMs), followed by 60-69 year olds (16 AFMs) and 40-49 year olds (15 AFMs). Then there are 11 family members aged 30-39, 5 young affected family members aged 20-29 and 4 elderly people aged 70-79.

Different types of family relationships are represented in this group, more specifically 23 wives, 14 sons/daughters, 12 brothers/sisters, 9 mothers, 5 partners, 3 fathers, 1 husband and 1 friend.

We decided to include the figure of "friend" among the respondents because this friend participated in the gambling therapy and did the financial control because the patient had no family members or other significant points of reference.

The definition of AFM (Affected Family Member) is progressively being joined by that of CSO (Concerned Significant Other) precisely because of the impact that the gambling disorder has on the gambler's immediate family, who may be part not only of the family but also of the gambler's own network of relationships and ties (and for that reason, may be negatively impacted by the gambler's behaviour) (Dowling et al., 2014). Thirty-six affected family members cohabit with the gambler, while 31 are not cohabiting and 1 did not respond.

Before the lockdown gamblers gambled at: New slots for 41 gamblers, VLTs for 14, Scratch cards for 4, sports bets for 3, Online sports bets 2, Lottery for 3 and Cards for 1 gambler.

Most gamblers therefore used land-based gambling games that were closed during lockdowns.

Table 2 shows these details.

Table 2: AFMs gender, age, relationship with the gamblers and gamblers' type of gambling

GENDER	
Female	53
Male	13
AGE	
20-29	5
30-39	11
40-49	15
50-59	17
60-69	16
70-79	4
TYPES OF FAMILY RELATIONSHIPS	
Wife	23
Son/Daughter	14
Brother/Sister	12
Mother	9
Partner	5
Father	3
Husband	1
Friend	1
COHABITATION	
Cohabitants	36
Not cohabiting	31
TYPE OF GAMBLING	
New slots	41
VLTs	14
Scratch cards	4
Sports bets	3
Online sports bets	2
Lottery	3
Cards	1

The effects of gambling closures on family life and relationships and whether there was a difference between the first and second closure periods. The data that emerged most clearly concerned the perceived improvement in family relationships attributed to their relative's abstention from gambling. Fifty of the respondents reported that their relationships improved or remained stable, while only 18 declared that it worsened. The abstention from gambling in several cases was due to the restrictions imposed by the gambling closures, in other cases it had already existed before and seems to have been linked to a greater tranquillity of the gambling relative and a greater amount of time spent together.

Family members who described difficult or even worsening relationships referred to isolation, concerns about health emergencies, the absence of escape outlets for themselves, conditions complicating the dynamics regarding gambling such as, for example, mental health problems or other co-morbidities, and concerns about possible relapses when reopening (Table 3).

Table 3: Differences in relationship during the lockdown

DIFFERENCES IN RELATIONSHIPS DURING LOCKDOWNS			
None	17	Stable	20
We didn't see each other	3	relationship	
More quiet	18	Improved relationship	30
We spent more time together/ saw each other more	9		
We saw each other less (because we didn't live together, less tensions)	3		
We saw each other more (more tensions)	6	Worsened relationship	18
Fear of covid and other medical problems	4		
Gambler in crisis due to closure/more nervous	2		
We could see each other less	2		
Gambler increased alcohol use	2		
Loss of external outbursts	1		
Desperation due to gambling problems	1		

The following sentences are representative of a) improvement, b) stability or c) worsening in relationships:

a) *"It was better, because nothing was open I was quiet and my husband was quiet too".*

"He was calmer, we laughed more. We tried to do things together, he got busy, he was also more proactive".

"The situation in the closed period improved on a relational level, as he couldn't go out he was quiet, he devoted himself to the house and looking after the garden".

b) *"For 2 months we only spoke on the phone, 2 or 3 times a day, but nothing changed".*

c) *“My husband always locked himself in the house because he was afraid of Covid I think he never gambled”.*

“It was much worse... because he was very sick physically, he was not autonomous and it was a very difficult time”.

“When the slots were closed he increased his alcohol consumption, he couldn't go to work so he drank more, it was not good”.

Ways of coping with difficulties

Although many family members perceived an improvement in relationships, 33 of them did not deny moments of tension and difficulty. In these cases - in order of frequency - they report having reacted with avoidance, control, successful attempts at communication and mediation, seeking help from outside, unsuccessful attempts at communication and conflict (Table 4).

Table 4: Ways of coping described by AFMs who referred difficulties in family life

WAYS OF COPING	
Avoidance	11
More control	8
Successful attempts at communication and mediation	7
Unsuccessful attempts at communication	5
Seeking help from outside	5
Conflicts	4

If there were changes in family life or relationships, these were already evident during the first period of closure. Changes in the second period of closure seem to be mostly due to relapses after the first reopening and to factors external to gambling.

Here are some examples of responses:

“I haven't said anything. We never talked about it, but the tension is felt. She gives the orders on how to handle mum, I suffer”.

“Avoiding. He never attacked. If he doesn't drink and gamble he is very quiet, he resets himself. I have never teased him”.

“Sometimes we argue, other times I try to pretend that nothing happened”.

“I always try to check if he is telling the truth”.

“I have learnt to handle the situation. I get angry but I manage to be tough with him and tell him clearly the things that are wrong”.

“We try to talk about it, even about some situations from her childhood, we talk a bit more. About financial difficulties, debts, we tell each other that we will deal with them”.

“We went to a psychologist with my daughter”.

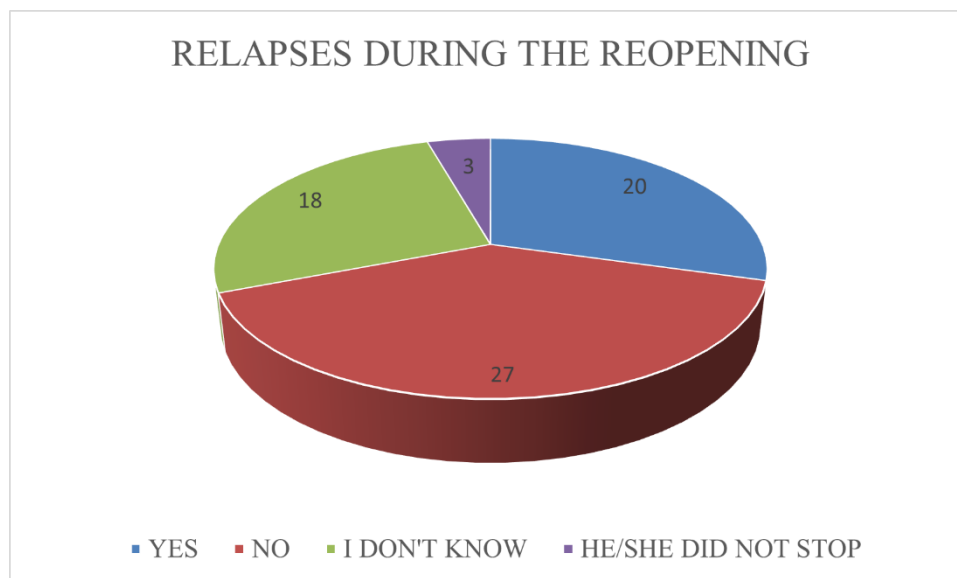
“You can't talk to him. He keeps denying it by attacking. He resents me to death. I have a pain in my heart and a constant feeling of weight”.

“As always, I have great difficulty, I tell him he has to get help and he clams up, he doesn't speak”.

The AFMs' perception of relapses of the relative gambler between the two periods of closure

We assessed family members' perceptions of relapse during the first reopening (Fig. 1). 18 felt they had no data to answer, 27 of the family members reported no relapses between the two lockdowns, while 20 reported them. Half of the aforementioned 27 who reported the gambler abstained, at the same time pointed out that before the first gambling closure, the gambler was active. There thus seems to be a confirmation that environmental prevention has a positive impact on curbing problem and disordered gambling.

Fig. 1: AFMs' perception of relapses between the two lockdowns



We add some verbatim as examples:

“No, I would have noticed when I checked the accounts”.

“Yes, he gambled in the summer when the bars were open. Then because he doesn't work all the time, he no longer had any money”.

“Yes, when they reopened he slowly started gambling again”.

“Yes, after the reopening there was a bad relapse. We couldn't find him and we had to call the Police. He was in a room all day with no phone and no ID”.

“I'm not sure. He may have relapsed but I don't know”.

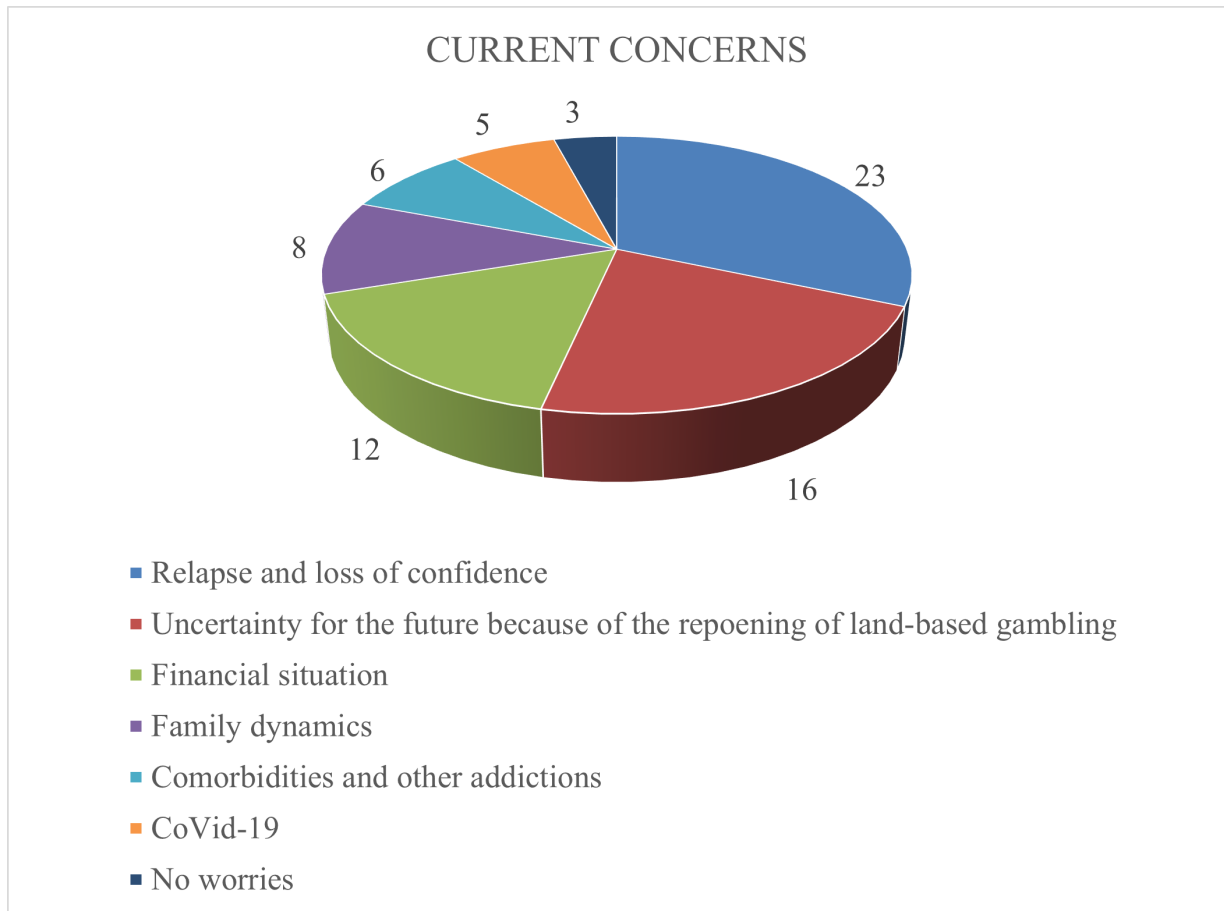
“I don't know, the girlfriend exerts a strong restraining influence on the expenses for the house and renovations”.

A remarkable fact is that the periods of gambling closures do not seem to have affected financial concerns significantly. Among those who did not point out any differences (30), about half have a family member already abstaining from gambling and the other half are in any case experiencing either a very compromised financial or general situation, so that the closure periods appear to have been too short to make any appreciable effect felt. Moreover, between the lines of the answers to this question - and, more generally, between the lines of all of the questions - one can read concern for the post-closure period, disillusionment and fear for what might happen once the possibility to gamble becomes available again.

The main concerns of the family members at the time of the interview

The greatest concern of family members at the time of the interview related to possible relapse and loss of confidence (Fig. 2), both for those who had been abstaining for some time and for those who had not gambled during the periods of closure. Some affected family members cited the reopening of land-based gambling as a fear in itself. After the relapses 23, in numerical terms, some of the worries expressed were: 14 AFMs said uncertainty about the future, financial situation, reported by 12 AFMs, family dynamics 8, comorbidities and other addictions 6, and CoViD-19 5.

Fig. 2: Concerns of affected family members at the time of the interview



Respondents made their concerns clear:

“I still don't trust him 100 per cent, I'm afraid of relapse”.

“I'm afraid of losing confidence again”.

“My fear is relapse. He is very attracted to VLT game rooms (the darkness, the sounds, the colours...). He has been on the Ser.D.P. path for 3 years and even the psychologist has observed that on average he relapses every 6 months. Now it may be because of the lockdown, but it's been a year and it's the first time he got through it without gambling”.

“The relapse and that it could bring the whole family down. I think this fear will never go away”.

“The reopening of the gambling halls. The prospect that there will be no recovery”.

“In view of the reopening my fear is of the temptations my husband might still have towards gambling”.

“That he will waste all his retirement, still thinking that I will take care of it, even though I try to be quite strict and make him think. The fear is that everything will go back to the way it was before”.

“I regret that our youngest daughter still has an 'ugly' relationship with her father. She does not forgive him”.

“That the covid will return, for the gambling I'm not worried”.

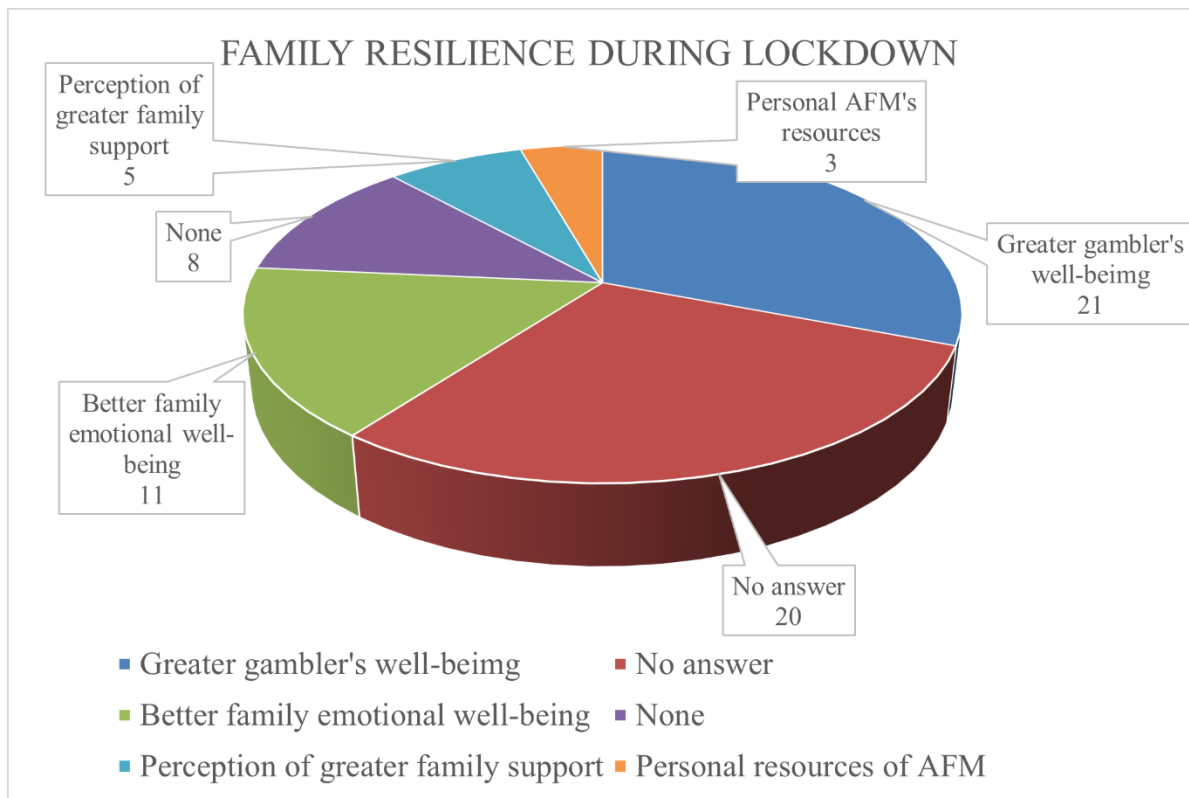
“That he will go back to substance use and gambling”.

“I have no worries or fears”.

The activation of resilience processes (perceived strengths)

The two closures, from the perspective of most of the family members, fostered the emergence of unexpected and positive parts in their family relationships and their gambling relatives. Resilience processes therefore seem to have been activated during the periods when gambling was stopped, allowing them to reorganize certain aspects of their lives and habits in a more constructive manner. The latter refer to a recognized greater wellbeing in the gambler (e.g. in terms of less irritability, greater peace of mind, awareness, adherence to treatment), a better family atmosphere, greater family support and the activation of personal resources, as shown in fig. 3.

Fig. 3: Unexpected family resilience described by affected family members



The focus, even if all the most dangerous gambling games are turned off, is on the gambler and the gambling behaviour. Only three family members recognized and valued their personal resources.

We also asked which personal and family resources this situation activated, it seems significant that the ability to take care of oneself is never mentioned, with the focus shifted more towards the gambler. The ability to help others is also mentioned, but only one of the family members recognizes the ability to ask for help as a strength.

Here are a few indicative answers:

“In the lockdown he was always at home, he was serene and always available”.

“My son recovered, he woke up from a coma”.

“All the relatives noticed that he was different, attentive and interested like never before”.

“Some changes can be seen in him, he seems more relaxed and more responsible, he seems to value money more”.

“Being together more has brought us together, it has calmed me, it has, I think, strengthened us”.

“Having found more help in household chores, at family level in managing the house and the child”.

“My ability to resist, not to stress him and not to hold the past against me is a strength”.

The communication within the family, about gambling

From the interviews collected, it appears that in almost half of these households even during closed periods gambling is not discussed.

When the topic is broached, it is mainly done by talking about money, debts or critical and alarming events.

Often the discourse - mostly initiated and supported by the family member with reproaches and recommendations - creates tension and risks generating conflict. If the discussion takes place in a less confrontational manner, the gambler is usually going through a period of abstinence, or the communication is mediated by professionals or shifted to third parties, avoiding talking about their personal and family situation. These are, however, numerically fewer cases.

As complex and painful as it can be to talk about gambling, most of the family members agreed to answer our questions and showed an open attitude during the interview, welcoming the opportunity to express their experiences. Many interviewees - especially those who had already experienced support - became involved with interest, expressing a sense of contentment and reassurance. Family members appreciated the fact that they were thought about and listened to.

The following are some examples of answers:

“We talked mainly about the money to be returned”.

“I make recommendations to him, but I have to be careful not to make him too nervous”.

“If you contradict him then there's a fight. There are two or more people sleeping in that head. If you fight you also come to blows. This year fortunately it didn't happen”.

“It's a subject you can't talk about because he gets nervous immediately. You must forget, but I don't forget, on the contrary, if I think about the past, I get depressed”.

“We talked about it angrily. the daughter is angry above all, because the gambling continues.”

“Between us, the topic is difficult to discuss. Since he is in treatment, he prefers to talk about it only with the therapist. If I ask a question about gambling, he dismisses me”.

“I was glad for this opportunity for dialogue”.

“This conversation was good for my soul”.

The desire to receive professional support

Regarding the need for support, 7 family members did not respond, 23 considered this type of intervention useful and 34 did not consider it necessary at the moment of the interview.

Knowing AFMs’ opinion about the gambling lockdowns

The majority of the respondents expressed a very clear opinion with regards to the gambling closures: for them, they were a positive event and a relief.

We report some verbatims on the lockdowns’ effects:

“For those who used to gamble it was a help. In Albania the Government removed slot machines because it had become a social scourge (husbands beat their wives and drank more)”.

“Covid saved my son”.

“It's bad to say, but for us Covid was good”.

“Before it was hell, now I have rediscovered my son”.

“The lockdown had a beneficial effect on him because he was really serene. He had no temptations. Absurdly, I was more affected by the restrictions on social life”.

“Blessed be the lockdown”.

“My son has recovered, he woke up from a coma”.

“... finally, they found a way to close the gambling outlets, but does the Government need a lockdown, to pay attention and do something to curb this kind of addiction? The problem is when they will reopen”.

Some of the AFMs underlined their opinion about the reopening of gambling outlets, expressing their disapproval:

“It disgusts me to see the gambling outlets reopened”.

“Because of the reopening, my fear is about the temptations my husband might still have towards gambling”.

“Now I feel the need for help. During the lockdown I felt more protected because everything was closed”.

“It makes me sick to see the arcades reopened”.

Someone expressed their negative opinions on gambling:

“People would enjoy life more without those places (the gambling outlets)”.

“You must have sharp weapons to deal with this problem”.

“The Italian Government needs to seriously address the problem of gambling”.

Discussion

The periods of offline gambling closures, and thus the strong environmental restriction, saved Italian households seven billion Euros in 2020 compared to 2019 (ADM, 2021; ADM, 2020) - an exceptional and unexpected 'relief'. This is an important figure if we consider all the years of hidden taxation due to gamblers' losses. Of course, a few months of closure is not enough to heal compromised financial situations, but the interviewees reported an improvement in family relationships related to the impossibility of gambling and the activation of resilience processes.

This is an important fact that is in continuity with the findings of the already mentioned study by Donati and colleagues (2022) regarding the first lockdown. In the first lockdown, the authors highlighted both the abstention from gambling and a general sense of relief for the restrictions in accessibility to gambling, together with the perception of good family relationships. All of this is significant if we think that conflicts are generally very frequent in the families of gamblers, as evidenced by the review conducted by Irie & Kengo (2022).

The perception of an improvement in relationships appears even more significant if we consider the historical and emergency period – from a public health point of view.

Families found themselves immersed in a situation of radical change in just a few days. "The social isolation, the uncertainty generated by the invisibility of the danger, ... had then triggered potential situations of psychological emergency ... red areas (see Note) were highlighted with experiences of stress, potentially traumatic, ... To this were added the experiences of isolated people, of families compressed into overlapping spaces and times, children and adults with disabilities left without references, people confronted with new and old fragilities ..." (Tettamanzi, 2020). Despite this, in the families of disordered gamblers, relief from the danger of gambling and the possibility of returning to distant moments of relational normality and shared life, without lies and the need for control, prevailed. The presence of established and effective gambling-specific therapeutic courses is another factor related to the perceived serenity in relationships (Donati et al., 2021).

The ones who did not show any differences seemed to be in a family stalemate, with constant ups and downs.

Another interesting aspect we observed concerns the ranking of worries highlighted by family members. The greatest fear is 'relapse and loss of confidence', followed by 'uncertainty for the future', and only in third place come money management and the financial situation. Even without linking the latter concern to the former, it is evident that money worries matter less than relapse and loss of confidence. This is a fact that is constantly found when working with family members: lies and the resulting lack of trust hurt and cause pain.

They continually return to the minds of family members and these emotions that keep resurfacing are usually very badly received by gamblers who sometimes, while still feeling ashamed, think that their current change (abstaining) cancels out what happened in the past. Another aspect that seems worth reflecting on is that the family members interviewed emphasized the relief of abstaining from gambling together with the certainty that their relative, even if they wanted to, could not gamble.

As the above observations show, there is a tendency in families not to talk about gambling. It creates so many wounds in the families that it is easy to understand why they do not talk about it, except in exceptional circumstances - out of necessity or because a quarrel has broken out. Gamblers avoid the topic because they find it unpleasant, annoying and basically useless, while family members fear anger (their own or others') and find gambling to be a risky and useless topic. Avoiding the topic, however, builds 'elephants in the room' and prevents relationships from being rebuilt in an authentic way. Tackling the topic is dangerous: one risks saying and doing things that lead to saying and dealing with other things one does not want to deal with. Avoiding the topic makes family members feel bad but seems to hold relationships together. Is talking about gambling difficult and risky? Sure. Is talking about gambling helpful? Of course, and, at least for family members, it is indispensable to be able to rebuild trust, and to be able to understand the meaning of any relapse. So, it is important that gamblers and their family members are helped to understand that talking about gambling is essential, what it has caused in their families and what it is still creating. And then, if they are helped to do so, they can experience that talking is possible and useful. All this has been possible thanks to the closure of the gambling outlets.

One big concern was about the timing of the re-openings, as pointed out by many of the AFMs' previous verbatims. This finding is also presented in another study where it is noted that even if the AFMs "had a general positive orientation towards the future, they experienced fear when thinking about the reopening of gambling opportunities at the end of the lockdown". (Donati et al., 2022)

The difficult situation during the CoViD-19 pandemic, although stressful due to being emotionally exhausting as well as being afraid of falling ill, favoured the containment of gambling and consequently the improvement of relationships within the families of disordered gamblers.

This study made it possible to show that affected family members of disordered gamblers experienced positive feelings and relief in an unintentional and unrepeatable external situation, in which gambling was not accessible, benefits that patients with other kind of addictions (alcoholics and drugs addicts) did not experience (Avanzi et al., 2020).

Those who studied the disordered gamblers could see how beneficial Covid-19 was to them because of the preventive environment that protected them from gambling (Donati et al. 2021; Donati et al, 2022; Avanzi et al., 2020). No one would have been able to convince one of the

most powerful lobbies in the world, the gambling industry, to shut down even for a few months their proposals that have now become so widespread everywhere. We were thus able to study an unintended, unplanned scenario resulting from the Covid-19 pandemic.

This public health emergency created an environment of prohibition that reminded us of the American prohibition of alcohol from 1920 to 1933. "Decreasing the supply of substances (and behaviours) reduces exposure and the risk of addiction and related harms". (Lembke, 2021). Prohibitionism led to a sharp decrease in the number of Americans who consumed alcohol and became addicted to it (Hall, 2010). "The positive impact of prohibitionism on alcohol consumption and related morbidity is largely underestimated... The effects persisted until the 1950s" (Lembke, 2021). We had a unique and unrepeatability opportunity during the Covid-19 pandemic, to study the environmental "gambling prohibitionism" on affected family members of disordered gamblers even if we were not able to fully exploit its value with a study based on validated scientific criteria. The regret is that many studies in the world on gambling in this period, have been conducted on large numbers and with scientific criteria but on the general population or in countries where there has been no lockdown (e.g. Sweden). This has not allowed us to recognize the benefits that have come to the already addicted gamblers and their families from the lockdown, but only one of the consequences: the huge development of online gambling.

This is unfortunate because the disordered gamblers, as results from several studies show, are the population who benefited most from the lockdowns, and were most affected by the reopening because they are the ones who lose the most money and keep the gambling business running: "from 30 percent to a staggering 60 percent of total gambling revenues have been found to derive from problem gamblers" (Schüll, 2012). Therefore, disordered gamblers are "a very small part of the population and of those who gamble account for the large share of the total spending" (Sulkunen et al., 2019) as results from several other studies (Wardle et al., 2022; Williams & Wood, 2007).

Who benefited or got rich during the Covid-19 pandemic? Pfizer, whom we thank for the vaccine, the manufacturers of masks and disinfectants, the digital platforms that helped maintain contacts (e.g. Zoom), social networks (e.g. Facebook), some video game manufacturers (e.g. Fortnite), home service providers (e.g. Amazon) (Gabanelli & Massaro, 2020) and, in the general population, almost certainly the AFMs of disordered gamblers.

The practical implication of our findings is that AFMs of disordered gamblers experienced positive feelings and relief in an involuntary and unrepeatability situation, in which the widespread availability and easy accessibility of gambling was controlled: due to external limitations it was not possible to gamble.

This study has some strength; first it is a unique study that considered two different periods when gambling was unavailable and this

allowed us to observe how restrictions in accessibility to gambling can positively impact on the well-being of AFMs and the relationships with their disordered gambler.

Second, it shed light on the experience of AFMs of disordered gamblers, valuing their point of view that is often ignored or underestimated. This is a very significant target because their sick gambling relatives spend a large share of the money lost in gambling.

The semi-structured interview permitted us to obtain information that reflects participants' priorities and perspectives which allowed important elements to emerge (such as relief, improved family relationships and anger at the excessive accessibility of gambling).

The study has also some limitations. The number of interviews is small and should be increased in order to have statistical significance and they were collected only in a part of Northern Italy.

Another limitation is the data collection method, which was consistent with our primary purpose - to offer listening, closeness and support to affected family members – but could have greater scientific rigour and not only a qualitative aspect. Furthermore, this study presents a lack of some demographic data due to its qualitative aspect.

Conclusion

Our study gave voice to AFMs of disordered gamblers in both periods when the most dangerous land-based gambling outlets were closed and showed an improvement in family relationships.

Relief from the danger of gambling and the possibility of returning to moments of life without lies and the need for control prevailed in the AFMs.

The brief and involuntary environmental prevention due to the restrictions related to the pandemic suggests that measures to limit the accessibility and availability of gambling are crucial to reduce the economic, psychological and relational damages and it showed how effective they would be if they were properly regulated.

All these things should give pause for thought to the policy makers who have directly or indirectly participated in inducing the mass consumption of gambling in Italy and the consequent establishment of an addiction with harmful consequences for families in order to benefit from a tax disguised as a false opportunity for profit and entertainment. Gambling must be addressed in terms of public health concerns.

At the same time, the study suggests to health professionals that AFMs are a population that needs to be treated even after the gambler's gambling behaviour has stopped, because suffering decreases but it persists. Together with the perceived improvement there remain important concerns that relate mainly to reopening, possible relapse, and consequent loss of trust.

In these families there is a tendency not to talk about gambling, even during periods when the possibility of gambling is limited, but avoiding the topic is not conducive to rebuilding relationships.

It is helpful to support these families to talk about it in a safe framework, sustaining their resilience processes.

For the future, it would be of interest to conduct new studies with larger samples, analysing the trend of the situation in the post-COVID-19 period and the impact this time had on the lives of AFMs and their relatives.

Declaration of conflict of interest

The authors declare that they have no conflict of interest. Dr. Turner has received funding from the Ontario Ministry of Health and Long-Term Care, The Ontario Problem Gambling Research Centre, the National Center for Responsible Gambling (NCRG), and from Ontario Lottery and Gaming (OLG). In all cases, the contract included guarantees of independence and intellectual property rights for the researcher and the funders made no attempt to influence the study at any point. Turner has also acted as a consultant on gambling problems for various government and legal entities, reviewed grant applications and articles for publication, and developed treatment and prevention materials for problem gambling.

Statement of Competing Interests

None declared

Ethics

Ethical review and approval were not required for the study on human participants in accordance with the local legislation and institutional requirements. The family members provided a written and informed consent to participate in this study.

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Authors' contributions

All authors conceived of the study and cooperated in drafting and reading the manuscript. GP and DG conducted the data analyses. All authors approved the final version.

Research Promotion

This study, made during the CoViD-19 pandemic, analysed the quality of life, relationships and psychological reactions of disordered gamblers' Affectd Family Members (AFMs) during two gambling closures.

Our findings show that there has been an improvement in family relationships probably related to the impossibility of gambling.

The results that emerged suggest that environmental prevention is an effective tool to limit gambling's harmful economic, psychological and relational consequences as observed in AFMs of disordered gamblers.

Note: During the first period of the pandemic, the Italian government created stricter measures in certain areas where Covid infections were highest, in order to limit the spread of the virus. In these zones, called 'red zones', all movement was forbidden, even within one's own municipality, at any time except for proven reasons of work, necessity and health. Bars and shops were to be closed except for supermarkets, food and necessities. Schools and universities were also closed.

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