Slide 1

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MASSGAMING

Research Matters: From Plan to Practice

Mark Vander Linden, Director of Research and Responsible Gaming

Midwest Conference on Problem Gambling and Substance Abuse
June 22, 2023

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Slide 2

Why does this matter to us?

VISION: An effective, sustainable, measurable, socially responsible and accountable approach to gambling

GOAL: Healthier communities in which individuals who choose to gamble, practice healthy behaviors related their gambling

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Slide 3

Why does this matter to you?

Massachusetts has a large and growing repository of research focused on the impact of gambling and opportunities to reduce harm.

Evidence-based practice is important, and our resources are free, robust, and applicable in your jurisdictions.
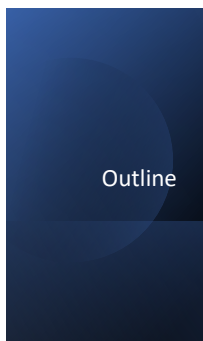
3

Outline

Foundation of our approach

Massachusetts Model and Framework

Research Spotlights
- SEIGMA
- Prevention Paradox
- MAGIC
- Positive Play Study
- Asian Cares
- Sports Wagering

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Responsible Gaming vs Problem Gambling
Massachusetts Responsible Gaming Framework

Responsible Gaming

The provision of gambling services designed to encourage players to maintain their gambling at a healthy level and minimize harm to consumers and the community.

McMillen, J., & McAllister, G. (2000, May). Responsible gambling: Legal and policy issues. In 3rd National Gambling Regulation Conference, Rex Hotel, Sydney (pp. 11-12).

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Responsible Gaming vs Problem Gambling
Massachusetts Responsible Gaming Framework

Problem Gambling

Difficulty in limiting money and/or time spent on gambling, which leads to adverse consequences for the gambler, others or the community.

Neal, P. N., Delfabbro, P. H., & O'Neil, M. G. (2005). Problem gambling and harm: Towards a national definition

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Understanding Gambling-Related Harms

Any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or wellbeing of any individual, family unit, community or population.

Dimensions of Gambling Harm:
- Financial
- Work or study
- Health
- Emotional or psychological
- Relationships
- Cultural
- Criminal activities

Langham, E., Thorne, H., Browne, M. et al. Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. BMC Public Health 16, 80 (2015).

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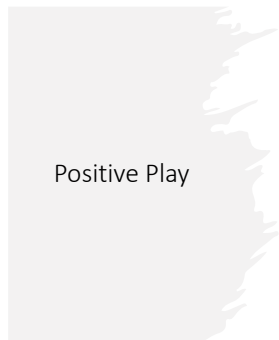## Positive Play

knowledge, attitudes, beliefs, and behavior of players about gambling so that it remains a recreational activity and creates minimal risk of experiencing gambling-related harm. For example, only spending what is affordable to lose and sticking to personally allocated spend and time limits.

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The Gambling Continuum

Non-Gamblers	Recreational Gamblers	At-risk Gamblers	Problem Gamblers	Severe Problem Gamblers
	Enjoyment Recreation Socializing	Betting more than planned Spending more time gambling than planned Borrowing $ to gamble Illusions of control	Impaired control Experiencing negative consequences Affecting family, friends, and community	Sustained impaired control Experiencing significant negative consequences Recurring problems over time

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Public Health Pyramid
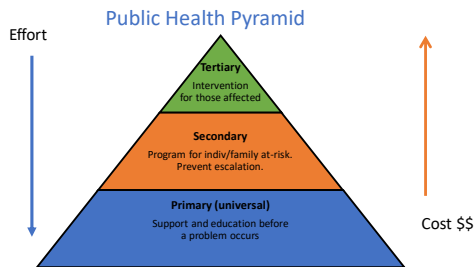
Effort

Tertiary
Intervention
for those affected

Secondary
Program for indiv/family at-risk.
Prevent escalation.

Primary (universal)
Support and education before
a problem occurs

Cost $$

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Framework and Foundation of the Massachusetts Model

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Foundation

- 2011 Expanded Gaming Act
- Allows for resort style casinos in three geographically diverse regions

- No more than one casino in each region

- Allows for one slots parlor statewide (not geographically restricted)

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Key MGC Mandates

Expanded Gaming Act

Explicit commitment to mitigate negative and unintended consequences
- Unprecedented funding
- Establish a Public Health Trust Fund
- On site space at each casino

Annual research agenda
- Understand the social and economic effects of casino gambling
- Study problem gambling
- Generally collect information about neuroscience, psychology, sociology and public health impacts of gambling

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Prevention & Mitigation Strategies

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RESEARCH AGENDA

- Over 60 research reports released to date on everything from epidemiology of problem gambling and health, social, and economic impacts across the state to reducing harm through safer gambling strategies, practices, and policies.

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RG Framework Guiding Approach

This Responsible Gaming Framework is buttressed by MGC's annual research agenda. Information obtained from MGC-sponsored research guides the strategies and tactics described within this Responsible Gaming Framework

Evidence Based Approach:
Focus on the use of the best available evidence to bring about desirable results or prevent undesirable ones.

Precautionary Approach:
When an activity causes some threat or harm to the public or environment, general precautionary measures should be taken. Lack of scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent harm.

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Today we'll talk about research from these studies

SEIGMA SOCIAL AND ECONOMIC IMPACTS OF GAMBLING IN MASSACHUSETTS
UNIVERSITY OF MASSACHUSETTS SCHOOL OF PUBLIC HEALTH AND HEALTH SCIENCES

positiveplay

Community-Engaged Participatory Research

MAGIC MASSACHUSETTS GAMBLING IMPACT COHORT STUDY
UNIVERSITY OF MASSACHUSETTS SCHOOL OF PUBLIC HEALTH AND HEALTH SCIENCES

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SOCIAL AND ECONOMIC IMPACTS OF GAMBLING IN MASSACHUSETTS (SEIGMA)

SEIGMA SOCIAL AND ECONOMIC IMPACTS OF GAMBLING IN MASSACHUSETTS
UNIVERSITY OF MASSACHUSETTS SCHOOL OF PUBLIC HEALTH AND HEALTH SCIENCES

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BUILDING A BASELINE

Baseline Target Areas

To date, baseline data has been collected:

Statewide — Massachusetts

Regionally:
- Plainville & surrounding communities
- Everett & surrounding communities
- Springfield & surrounding communities

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BASELINE INDICATORS

Baseline Indicators

Indicators are being tracked across two pillars of population health

- Social & Health — 5 dimensions, 14 total indicators
- Economic & Fiscal — 6 dimensions, 15 total indicators

Economic & Fiscal

Social & Health

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A review of SEIGMA findings

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Gambling behavior before/after casino introduction and before SW launch
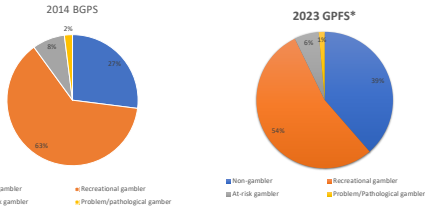
2014 BGPS

2023 GPFS*

- Non-gambler
- At-risk gambler
- Recreational gambler
- Problem/pathological gambler

Volberg, R. A., Williams, R. J., Stanek, E. J., Houpt, K. A., Zorn, M., Rodriguez-Monguio, R. (2017). Gambling and Problem Gambling in Massachusetts: Results of a Baseline Population Survey. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.
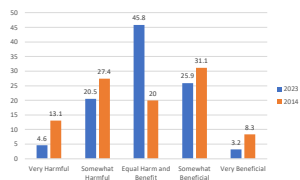**Note: 2023 data from Follow-Up General Population Survey is unreleased, preliminary data and subject to change.**

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Who is at risk?

- Men are 3 times more likely than women to be PG
- People who identify as Black are 4 times more likely than people who identify as White
- People with only a high school diploma are 3 times more likely than individuals with a college degree

At-risk and problem gamblers compared with recreational gamblers are more likely to report
- Serious problems with depression, anxiety, and other MH problems
- Tobacco use
- Consuming large amounts of alcohol at one time

Volberg, R. A., Williams, R. J., Stanek, E. J., Houpt, K. A., Zorn, M., Rodriguez-Monguio, R. (2017). Gambling and Problem Gambling in Massachusetts: Results of a Baseline Population Survey. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.

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Perceived Impact of Expanded Gambling in MA

- 2023
- 2014

	Very Harmful	Somewhat Harmful	Equal Harm and Benefit	Somewhat Beneficial	Very Beneficial
2023	4.6	20.5	45.8	25.9	3.2
2014	13.1	27.4	20	31.1	8.3

Volberg, R. A., Williams, R. J., Stanek, E. J., Houpt, K. A., Zorn, M., Rodriguez-Monguio, R. (2017). Gambling and Problem Gambling in Massachusetts: Results of a Baseline Population Survey. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.
Note: 2023 data from Follow-Up General Population Survey is unreleased, preliminary data and subject to change.

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KEY FINDINGS

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KEY FINDINGS

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KEY FINDINGS

- The **Prevention Paradox** is a lens with which to explore the distribution of the harms of gambling in the population.
- Researchers analyzed the relative prevalence of gambling harms among groups with different levels of gambling severity.
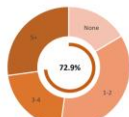- Prevention Paradox was supported in Massachusetts with approximately 70% of all harms arising from the lower severity groups.

Figure 1. Proportion of Harms Among Regular Gamblers by Gambling Severity Group

While almost all the individuals in the highest severity group reported one or more harms, any individual reporting one or more harms was far more likely to be in a lower severity group.

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Massachusetts Gambling Impact Cohort (MAGIC) STUDY

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MAGIC VS. SEIGMA

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RESEARCH GOALS

01 — Monitor changes in level of gambling and problem gambling over time within the cohort that might identify **impacts of MA-casino introduction.**

02 — Determine **stability and course** of problem, at-risk, and recreational gambling.

03 — Identify predictors of problem gambling onset, continuation, remission, and relapse for the purposes of developing an **etiological model of problem gambling.**

04 — **Operationalize above findings to optimize treatment and prevention** of problem gambling in MA.

MAGIC Research Team (2021). MAGIC: A Six Year Longitudinal Study of Gambling and Problem Gambling in Massachusetts. Amherst, MA: School of Public Health and Health Sciences, UMass Amherst. April 16, 2021.

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ESTABLISHING THE COHORT

| Group	Drawn Sample	Achieved Sample	Response Rate by Group %
Problem Gambler	133	81	61.4
At-Risk Gambler	450	295	65.7
Spends $1,200+ annually	1,088	726	67.2
Gambles weekly	792	534	67.6
Military service Sept 2001 or later	49	37	78.7
All other BGPS participants	2,348	1,466	63.1
Total	4,860	3,139	65.1

Mazar, A., Volberg, R. A., Williams, R. J., Stanek, E. J., Zorn, M. (2019). The MA Gambling Impact Cohort: Analyses Across Three Waves. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.

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INDIVIDUAL STABILITY OF NON-GAMBLING, RECREATIONAL GAMBLING, AT-RISK GAMBLING AND PROBLEM GAMBLING ACROSS WAVES

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Wave 1	Wave 2	Wave 3	Wave 4	Wave 5

Non-Gambler	Recreational Gambler	At-Risk Gambler	Problem Gambler
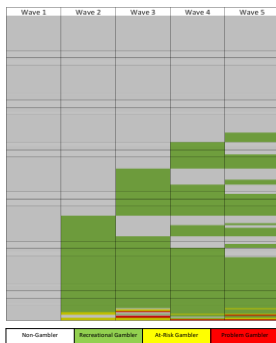
- N = 302; each row represents an individual

- **NON-GAMBLING** a fairly stable category, with majority in one wave continuing to be Non-Gamblers at the next wave.

- However, only minority Non-Gamblers in all 5 waves. Majority transitioned to Recreational Gambling in Wave 2, 3, 4, or 5 with minority transitioning back to Non-Gambling in following wave.

MAGIC Research Team (2021). MAGIC: A Six Year Longitudinal Study of Gambling and Problem Gambling in Massachusetts. Amherst, MA: School of Public Health and Health Sciences, UMass Amherst. April 16, 2021.

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34
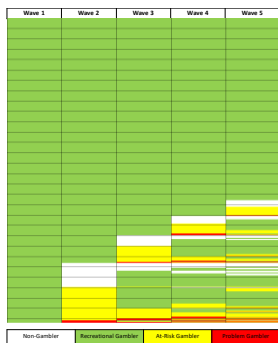
- N = 1471; each row represents 50 individuals

- **RECREATIONAL GAMBLING** a very stable category, with large majority continuing to be Recreational Gamblers in the next wave, and most being Recreational Gamblers in all five waves.

- Small percentage transitioned into Non-Gambling or At-Risk Gambling and an even smaller percentage (4.0%) became Problem Gamblers.
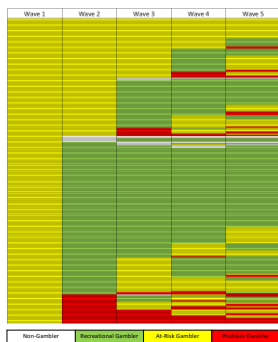

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- N = 262; each row represents an individual

- **AT-RISK GAMBLING** an unstable category, with minority being in same category in the next wave and only small minority continuing in this category for four consecutive waves.

- Although a significant percentage of At-Risk Gamblers subsequently become Problem Gamblers (19.5%), a much more common route was transitioning back to Recreational Gambling.

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- N = 167; each row represents an individual

- **PROBLEM GAMBLING** somewhat more stable than At-Risk Gambling, but still fairly unstable, with majority transitioning to At-Risk or Recreational Gambling in next wave.

- One year the modal duration of PG, occurring in 50.3%, with only 6% being PGs in all 5 waves. Risk of chronicity increased with each consecutive year of PG status.

- At-Risk Gambling preceded PG 49% of the time.

- High remission and relapse rates.
- Increase in PG in Wave 4 due to increasing relapse rates (74% of PGs in Wave 5 were relapsed PGs). This increase occurred prior to MGM & Encore opening.

IMPACT OF MEDIA AND ADVERTISING

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News Stories and Google Searches for PPC, MGM, WBH/EBH from 2013-2019

News Stories

Google Searches

MAGIC Research Team (2021). MAGIC: A Six Year Longitudinal Study of Gambling and Problem Gambling in Massachusetts. Amherst, MA: School of Public Health and Health Sciences, UMass Amherst. April 16, 2021.
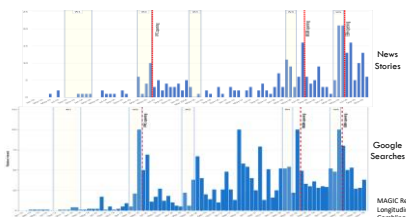
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PREDICTORS OF CONCURRENT AND FUTURE PROBLEM GAMBLING

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Four Strongest Predictors of PG

1. Biggest loss in single day
2. Biggest win in single day
3. Intensity of gambling involvement (#formats; frequency; $)
4. Importance of gambling as recreational activity

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Other Strong Predictors of PG

1. Higher impulsivity
2. Daily lottery game participation*
3. Instant lottery participation*
4. Higher # of significant property/financial life events*
5. Lower levels of happiness*
6. Lower household income
7. Male gender
8. Traditional lottery participation*
9. Problems with drugs or alcohol prior to past 12 months
10. Higher levels of antisociality/psychopathy
11. Sports betting participation*
12. Higher levels of gambling fallacies

* Over the past 12 months

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Predictors of Problem Gambling (PG) Remission

Variables that best predicted remission were:

1. No prior lifetime problems with gambling
2. Less severe current manifestations of PG
3. Fewer comorbidities
4. Fewer gambling fallacies

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RECOMMENDATIONS

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Policy Recommendations

1. A wide array of educational and policy initiatives
2. Effective treatment of substance abuse and/or mood disorders
3. Limit the placement of gambling opportunities and the marketing of gambling in lower socioeconomic neighborhoods.
4. Targeted educational efforts to promote knowledge, motivations, and attitudes conducive to responsible gambling.
   - **Demographic focus:** All ages, race/ethnicities, and genders with extra focus on males and lower income groups.
   - **Location focus:** Media campaigns, school-based programs, mental health and substance abuse clinics, gambling venues, on the gambling product.
   - **Content Focus:** Gambling fallacies, PG risk factors, Lower Risk Gambling Guidelines (LRGG), PG symptoms and help-seeking information.

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Policy Recommendations

5. Limit advertising
6. Increase availability of self-help materials
7. Encourage treatment-seeking
   - Strive for abstinence but have a low threshold for treatment access (i.e., 'reduced gambling' or 'harm reduction' as an initial step)
   - Treating comorbid mental health problems and gambling fallacies essential

MAGIC Research Team (2021). MAGIC: A Six Year Longitudinal Study of Gambling and Problem Gambling in Massachusetts. Amherst, MA: School of Public Health and Health Sciences, UMass Amherst. April 16, 2021.
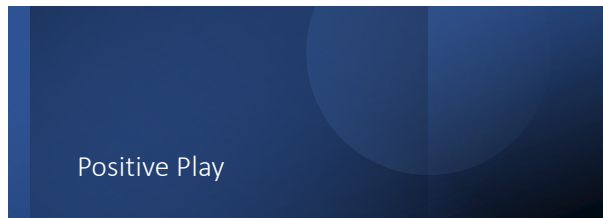
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RECOMMENDATIONS

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Positive Play

Positive Play: Measuring Responsible Gambling in Massachusetts

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The Properties of the PPS

THE PPS IS A 14-ITEM SCALE THAT ASSESSES POSITIVE BELIEFS AND BEHAVIORS ABOUT GAMBLING.

There are two beliefs subscales:

Personal Responsibility

Gambling literacy
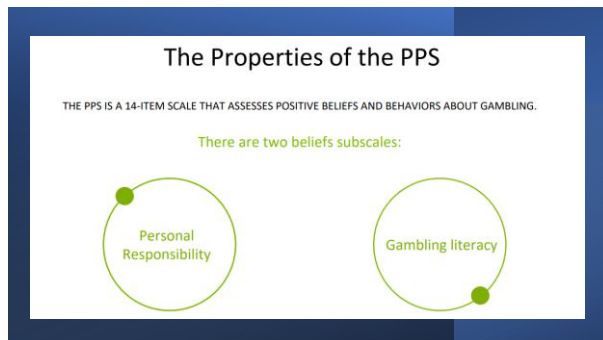
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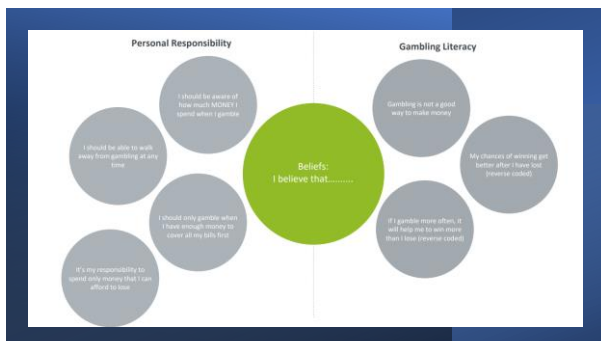
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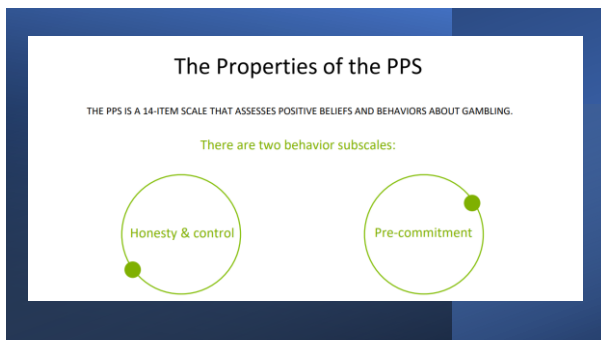
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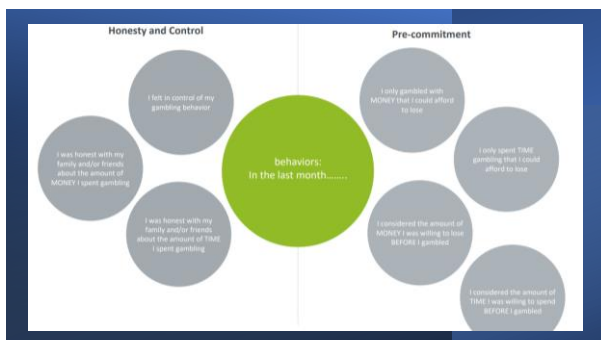
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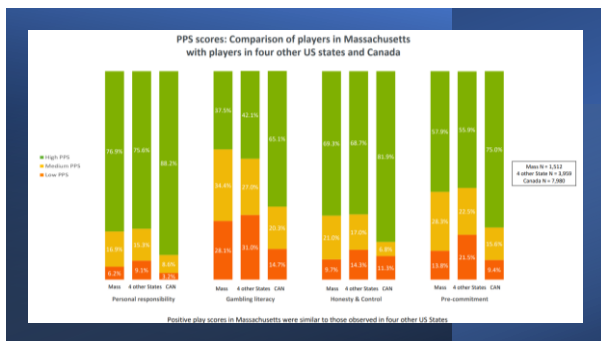
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Implications

- Focus attention on educating players about the nature of gambling.
- Address erroneous perceptions players may have about their chances of winning.
- Encourage players to use pre-commitment tools (time & money) before they begin gambling.

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Positive play by gender
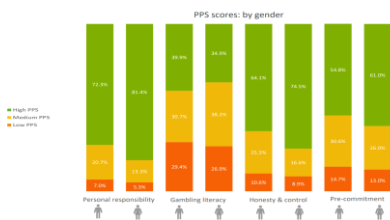
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Implications

Based on these findings we do not suggest investing in an RG strategy for Massachusetts that segments by gender, at least in reference to all players and the specific factors assessed by the Positive Play Scale.

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Positive Play by Age

PPS scores improved as age increased, on every PPS sub-scale

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Implications

- RG amongst younger players should be a strategic focus.
- One strategy may be to make RG initiatives more attractive or palatable to younger players, particularly in relation to improving their gambling literacy and precommitment.

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Gambling satisfaction mean scores (out of 7) by PPS category scores (2022 data)

most satisfied

least satisfied

	Personal responsibility	Gambling literacy	Honesty & control	Pre-commitment
Low	4.27	5.43	4.45	4.65
Medium	5.32	5.25	5.27	5.24
High	5.61	5.49	5.65	5.70

■ Low ■ Medium ■ High

Player satisfaction (past year) increased alongside positive play beliefs and behaviors

Wood, R., Wohl, M., & Tabri, N. (2022). Measuring responsible gambling in Massachusetts 2022: Benchmarking with the Positive Play Scale.

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Implications
- …?

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DEVELOPING CAPACITY FOR COMMUNITY-ENGAGED RESEARCH IN MASSACHUSETTS

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Why community-engaged research?

Existing research methods leave a gap in understanding potential gambling impacts on persons and communities at greatest risk of gambling harms.

Current research strategies, with "outside expert" perspectives, have proven to be poorly suited to address the issues that are related to racial and ethnic health disparities.

Minkler M, Wallerstein N. Introduction to community-based participatory research. In: Minkler M, Wallerstein N, editors. *Community-Based Participatory Research for Health*. San Fransisco: Jossey-Bass; 2003. pp. 3–26.

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Defining Community-based participatory research

CBPR as focus on social, structural, and physical environmental inequities through active involvement of community members, organizational representatives, and researchers in all aspects of the research process. Partners contribute their expertise to enhance understanding of a given phenomenon and integrate the knowledge gained with action to benefit the community involved.

Israel BA, Schulz AJ, Parker EA, Becker AB. Community-based participatory research: policy recommendations for promoting a partnership approach in health research. *Educ Health*. 2001;14:182–197.

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Characteristics of the CBPR approach

1	2	3	4	5	6
Recognize the community as equal partners	Build on the strengths and resources of the community,	Promote co-learning,	Strive for a balance between research and action that mutually benefits both science and the community,	Emphasize the relevance of community-defined problems,	Disseminate knowledge gained from the CBPR project to and by all involved partners

Israel BA, Schulz AJ, Parker EA, Becker AB, Allen AJ, III, Guzman JR. Critical issues in developing and following community-based participatory research principles. In: Minkler M, Wallerstein N, editors. *Community-based Participatory Research for Health*. San Francisco: Jossey-Bass; 2003. pp. 53–76.

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FUNDED CBPR STUDIES

- **Community Perspectives on Encore Boston Harbor Casino** *(NORC at the University of Chicago in partnership with the Institute for Community Health and a Community Advisory Board)*

- **Older Adults:**
  - **Aging Near a "Hometown" Casino: The Impact of Plainridge Park Casino on Older Adults in the Region** *(The Center for Social and Demographic Research on Aging (CSDRA), a research unit within the Gerontology Institute at UMass Boston's McCormack School)*

- **Veterans:**
  - **Screening for Gambling Disorder in VA Primary Care Behavioral Health: A Pilot Study** *(The VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC))*

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FUNDED CBPR STUDIES

- **Hispanic community members:**
  - **Understanding the Life Circumstances of Hispanic Residents of a Casino Neighborhood** *(ISI in partnership with Neighbor to Neighbor)*

- **Asian community members:**
  - **Asian CARES Research Report: Unpacking the Root Causes of Gambling in the Asian Community** *(Asian CARES (Center for Addressing Research, Education and Services) team, which is a coalition of ethnic based community-based organizations in the Greater Boston region providing linguistically and culturally appropriate services)*
  - **Talking about Casino Gambling: Community Voices from Boston Chinatown** *(Institute for Asian American Studies at UMass Boston in partnership with Boston Chinatown Neighborhood Center)*

- **African American community members:**
  - **Casinos and Gambling in Massachusetts: African American Perspectives** *(ISI, Cambridge Health Alliance, Massachusetts Council on Gaming and Health, and Hampton University)*

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Asian Cares: Unpacking the Root Causes of Problem Gambling in the Asian Community

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ASIAN CARES STUDY

- Exploration of the many root causes of problem gambling in the Asian community, including poverty, social, and cultural loss due to immigration, and unhealthy stress relief.
- Motivated by the desire to fill in the gap of understanding how problem gambling manifests in the Asian community and to understand whether existing programs, services, and interventions are adequately serving this immigrant community.
- A look at the role of casinos in exacerbating gambling in the Asian community

Rubin, H. L., Colby M., Yau, Y., Hines, B. (2021). Unpacking the Root Causes of Problem Gambling in the Asian Community. Boston, MA: Massachusetts Gaming Commission.

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RESEARCH PROCESS

Bilingual/bicultural community fieldworkers conducted 40 in-depth qualitative interviews to better understand the nature and impact of problem gambling. Participants were community members from the Cambodian, Chinese, Korean, and Vietnamese communities.

Researchers also reviewed the state of the science relevant to gambling problems in Asian communities and looked nationally at a few existing programs.

Used existing resources within a coalition of organizations assisting Asian immigrants/refugees and Asian American families in Boston's Chinatown and surrounding communities that can be leveraged to engage hard-to-reach and at-risk populations.

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SELECT RESEARCH FINDINGS

- Lack of economic opportunity propels many to turn to gambling as an alternative source or to supplement income.
- Social and cultural isolation due to immigration results in a lack of social and recreational opportunities, often expressed as boredom.
- Casinos provide an environment in which the Asian community feels welcome and accepted.
- There is a lack of culturally appropriate treatment options available to the community and a lack of knowledge and trust in what is available.

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RECOMMENDATIONS

Develop programs geared towards helping working-class immigrants gain language and occupational skills needed for meaningful employment with benefits and wages

Invest in the neighborhoods where immigrants work, live and play by creating spaces of belonging.

Develop a steering committee to address the root causes of PG

Funding for ethnic-based organizations to deliver culturally and linguistically appropriate services for PG prevention and intervention.

Explore innovative reimbursement models for community-based organizations doing gambling treatment and intervention work

Conduct an equity audit about responsible gambling and responsible advertising to assess whether the casino industry engages in predatory practices.

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Legalized Sports Betting in the United States and Potential Impacts in Massachusetts

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Methods

- Authors examined the current status of legalized sports betting in the U.S., including variations in legislative, regulatory and operational models adopted, revenues generated, economic and social outcomes identified, and sports betting behavior observed in states where this activity has been legalized.
- Authors conducted a literature review on the demographic and behaviors of sports bettors, attitudes towards sports betting, harms associated with sports betting, prevention, the economic impacts of sports betting, and the relationship between sports betting and the pandemic.
- Authors also reviewed the findings from 2018 and 2022 U.S. national surveys, and from MA studies since 2013.

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Key Findings: Social Impact

Sports betting seem to occur in all demographic groups but appeals most to young, well-educated men.

Nationally and in MA, there is evidence of an increase in sports betting participation since 2018.

There is some evidence of an increase in gambling harms, nationally and in MA, aligning with a national increase of sports betting participation.

Problem gambling is higher among sports bettors. However, this is primarily because sports bettors are typically involved in a wide range of gambling activities that collectively contribute to gambling-related harm.

Legalizing sports betting in MA would likely increase the rates of gambling-related harm and gambling problems. However, the magnitude of these impacts is likely to be modest.

That said, concerns remain about groups not previously involved in sports betting, such as adolescents, young adults, women, immigrants, individuals in recovery from gambling problems, and college athletes.

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Key Findings: Economic Impact

There is very little research on the economic impacts of sports betting.

There is mixed evidence regarding the question of substitution, or cannibalization, of other types of gambling when sports betting is introduced

Revenue maximization would require having a variety of different online operators and land-based options, and is not contingent on having collegiate sports betting.

Economic benefits can occur by:
1) Redirecting money back to the state that is currently being spent on illegal sports betting out-of-state.
2) Creating additional state-based jobs.
3) Creating tax revenue for the state government that is utilized for the good of the state populace.

While there is limited potential for net economic benefits in MA, there is significant potential for economic harm if:
1) Sports betting causes high rates of problem gambling.
2) A significant portion of the revenue from sports betting operations leaves MA.

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Recommendations

- Authors provided policy recommendations intended to optimize the economic and social benefits of sports betting in MA while minimizing economic and social harm, including:
  - Requiring operators to provide player data to the MGC on a regular basis and to cooperate with researchers.
  - Prohibiting in play sports betting as it is disproportionately utilized by problem gamblers.
  - Restricting advertising and celebrity endorsement.
  - Requiring responsible gambling features on all online sites.

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Supporting Evidence-Informed Practice in the Mid-West: Next Steps and a Call to Action

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Next Steps

- Our research priorities over the next two-years include:
  - Continue to monitor the impacts of gambling with focus on prevention and mitigation
  - Leverage casino and sports wagering player data to advance understanding of gambling behavior and develop effective RG tools
  - Focus on KTE and knowledge mobilization to support the reach, uptake, and use of MGC research among gambling harm stakeholders in the state (and beyond)

- MGC will be hosting conference in Spring 2024 with partners in the state—the event will welcome stakeholders from all over New England.

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CALL TO ACTION

As our gambling landscapes continue to increase in diversity and complexity, evidence-based policy and practice become even more important.

MGC's research is here. It is robust, freely accessible, and largely applicable in your context. We invite you to use our resources to support your work!

massgaming.com/about/research-agenda/

To stay in touch with us and to learn about emerging research, resources, and opportunities to engage:
- Email Bonnie Andrews, Research Manager (bonnie.andrews@massgaming.gov) to be added to our email list and receive news and updates
- Follow us on LinkedIn and Twitter (@MassGamingComm)

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Thank You!
Questions?

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Policy Recommendations

Because of their etiological connection, **effective treatment of substance abuse and/or mood disorders** will also help reduce the future incidence of problem gambling.
➢ For similar reasons, it would be useful to screen for gambling problems for people presenting for mental health or substance use problems.

Limit the placement of gambling opportunities and the marketing of gambling in **lower socioeconomic neighborhoods**.

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Policy Recommendations

Educational efforts are needed to promote knowledge, motivations, and attitudes conducive to responsible gambling.

- *Demographic Focus*: all ages, race/ethnicities, and genders with extra focus on males and lower income groups.
- *Location Focus*: media campaigns, school-based programs, mental health and substance abuse clinics, gambling venues, on the gambling product.
- *Content Focus*:
  o Countering gambling fallacies
  o Risk factors for problem gambling identified in the present research
  o Lower Risk Gambling Guidelines (LRGG) (critical, as intensive gambling involvement is the primary antecedent to problem gambling)
  o Symptoms of problem gambling and where to get help

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Policy Recommendations

6. **Limit advertising** as it potentially precipitates relapse and may counteract educational messaging.

7. **Increase availability of self-help materials**, as only minority of problem gamblers want or will ever seek out formal treatment.

8. **Encourage treatment-seeking**, as people who obtain formal treatment have better long-term outcomes.
   ➢ Strive for abstinence but have a low threshold for treatment access   (i.e., 'reduced gambling' or 'harm reduction' as an initial step)
   ➢ Treating comorbid mental health problems and gambling fallacies essential

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Policy Recommendations

9. **Implement policies recommended by other research**:
   - Restrict access to ATMs in gambling venues.
   - Mandatory player pre-commitment on player reward cards.
   - Automated alerts to players when gambling behavior escalates.
   - Reward *responsible gambling* rather than just gambling consumption on player reward cards.
   - Restrict alcohol on the gaming floor.
   - Limit the availability of gambling:
     - Continued age 21 restrictions for casinos
     - Continued prohibition of EGMs outside of dedicated gambling venues
     - Limitations on online gambling

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Implications

- Playing responsibly and holding responsible beliefs about gambling does not appear to decrease satisfaction with gambling, suggesting that RG promotion to date is not a deterrent to responsible play, and may provide added value.

- That *Pre-commitment* and satisfaction are linked makes intuitive sense. Players who pre-determine how much they can afford to lose and then adhere to that limit are unlikely to experience high levels of anxiety due to their gambling losses.

- Higher scores on *Personal responsibility* & *Honesty and control* may be indicative of an overall high level of psychological well being, which may translate into less worry and concern about losing control over gambling than those players who have lower PPS scores.

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