SEIGMA

SOCIAL AND ECONOMIC IMPACTS OF GAMBLING IN MASSACHUSETTS

UNIVERSITY OF MASSACHUSETTS SCHOOL OF PUBLIC HEALTH AND HEALTH SCIENCES

Gambling Harms and the Prevention Paradox in Massachusetts

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Background

- Recent shift in focus from ‘problem gambling’ to ‘gambling harms’
- Recognizes that harms are not limited to clinical entity of problem gambling
  - Many more people harmed by gambling than reflected in rates of PG
- Similar to public health approaches to alcohol consumption

Background

- 'Prevention Paradox' (Rose, 1992) called for shift from public health prevention strategies focused on individuals to strategies focused on populations
  - Reducing risks for populations means that measures bringing large benefits to the community may offer little to each participating individual
- In gambling, the 'paradox' is that there are far more low-risk gamblers than high-risk gamblers in the population
  - Hence, more harm in the aggregate is experienced by the low-risk gambling population even though high-risk gamblers suffer greater amounts of harm individually

Types of Gambling Harm

- Harmful gambling can be challenging to define and measure
- Emerging international consensus
  - Gambling behavior is distinct from gambling harms
  - Individual gamblers, their families, and their communities experience harms
  - Harm domains:
    - Financial
    - Relationship
    - Emotional/ psychological
    - Health
    - Work/school
    - Illegal activities

Measuring Gambling Harms

- Gambling Harms Checklist (72 items)
  - Used in surveys in Australia, New Zealand, Finland
  - Critique of Gambling Harms Checklist
    - Only assesses harm to individual
    - Some items do not represent unambiguous harm
    - Some items contain inappropriate value judgements
- Problem & Pathological Gambling Measure (PPGM) (14 items)
  - Used in numerous jurisdictions inc. MA
    - Asks about 'significant' harm in each domain
    - Asks about harms caused to individual or someone close to them

Methods

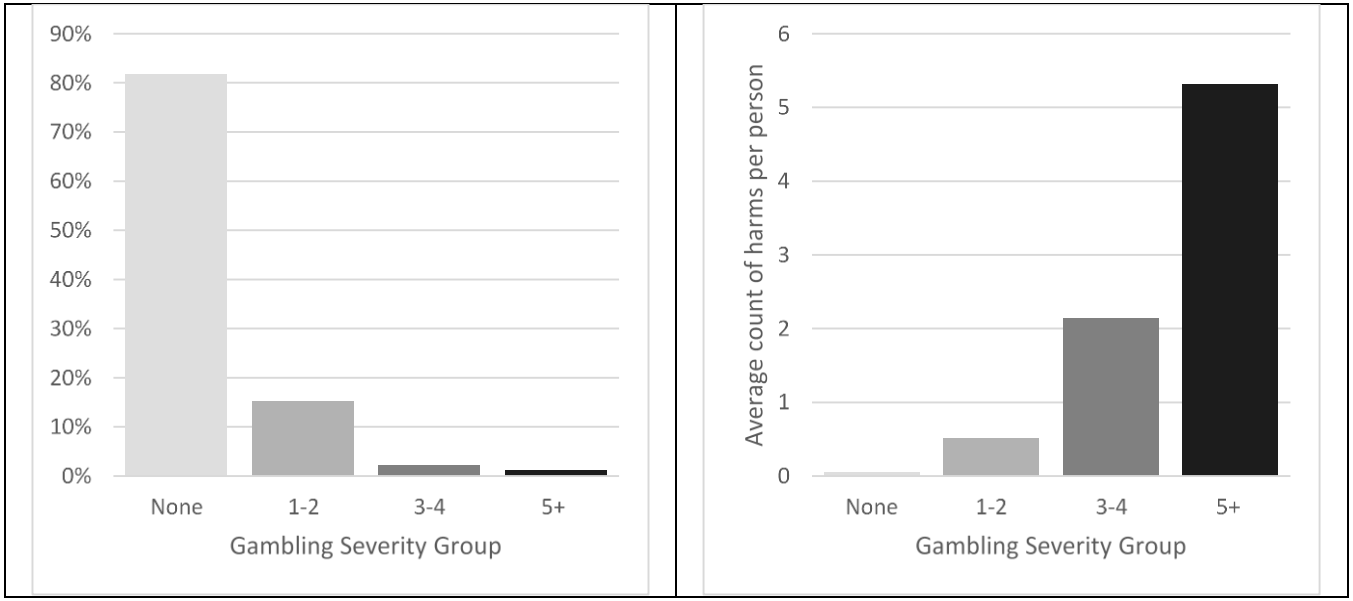
- Used data from BGPS and BOPS
  - BOPS respondents were more likely than BGPS respondents to be male, under 35, White
  - Less likely to have attended college, have annual HH incomes over $100,000
- Analytic approach
  - Selected regular gamblers (sample = 5,704)
  - Created gambling severity score using PPGM 'impaired control' & 'behavioral dependence' items
  - PPGM 'harm' items excluded from severity measure, used to create 6 harm domains

Category	Question #	Description of question
Financial	GP6a	Financial problems because of gambling
	GP6b	Filed for bankruptcy because of gambling
Health	GP7a	Health or stress problems because of gambling
	GP7b	Gambling-related health problems resulted in seeking medical or psychological help
Emotion/ psychological	GP10a	Significant guilt, anxiety or depression because of gambling
	GP10b	Suicidal thoughts because of gambling
	GP10c	Attempted suicide because of gambling
Family/relationships	GP11a	Relationship problems because of gambling
	GP11b	Domestic violence because of gambling
	GP11c	Separation or divorce because of gambling
	GP12a	Neglect of children or family because of gambling
	GP12b	Child welfare services involved because of gambling
Work/school	GP13a	Work or school problems because of gambling
	GP13c	Lost job or quit school due to gambling
	GP13d	Received public assistance or welfare payments because of gambling
Illegal	GP14a	Commission of illegal acts because of gambling
	GP14b	Average amount of money illegally obtained to gamble
	GP14c	Arrested because of gambling
	GP14d	Convicted of offense because of gambling
	GP14g	Incarcerated because of gambling

Results

- Looked first at relationship between gambling severity and gambling harms
- Then examined number of individuals in each severity group experiencing 1+ harms
- Next looked at proportional distribution of severity by number of harms
- Last examined proportional distribution of harms by domain

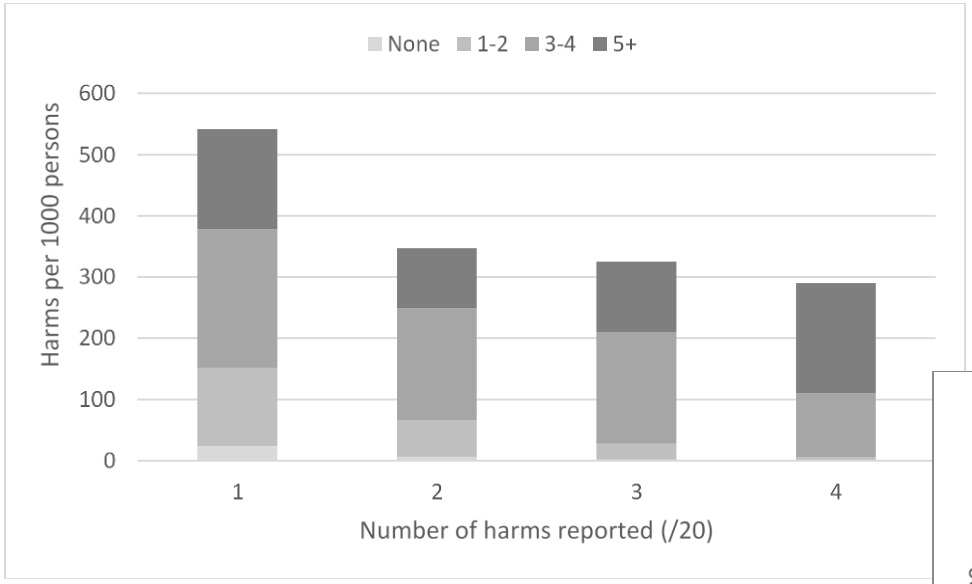
Gambling Severity & Gambling Harms

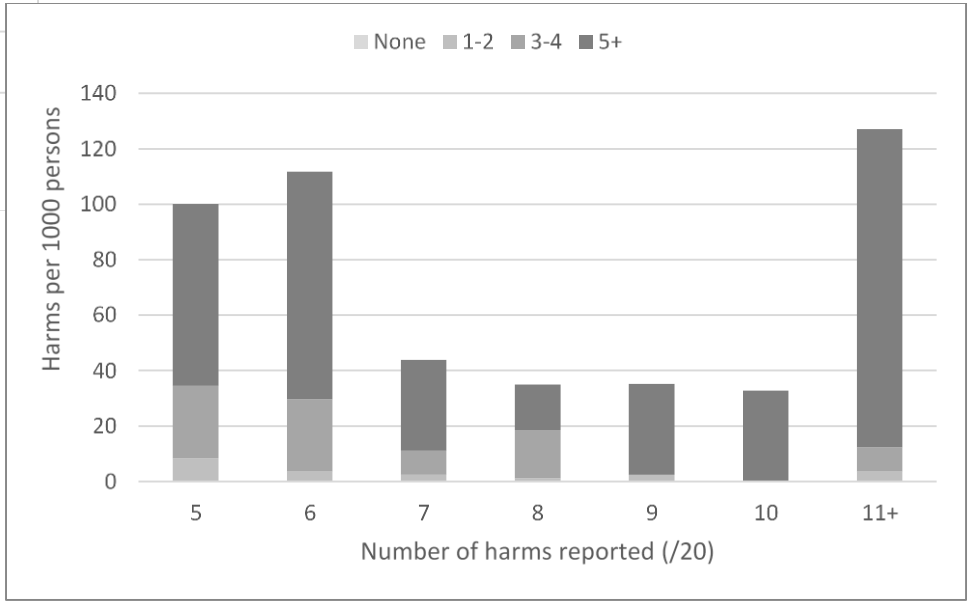


Gambling Severity Group	Group Size	Average # Harms	Total Harms by Group	Proportion of Harms by Group
None	4,476	0.0436	195	16.4%
1-2	829	0.5138	426	35.8%
3-4	115	2.1391	246	20.7%
5+	61	5.3114	324	27.2%
	5,481	0.2172	1,191	100.0%

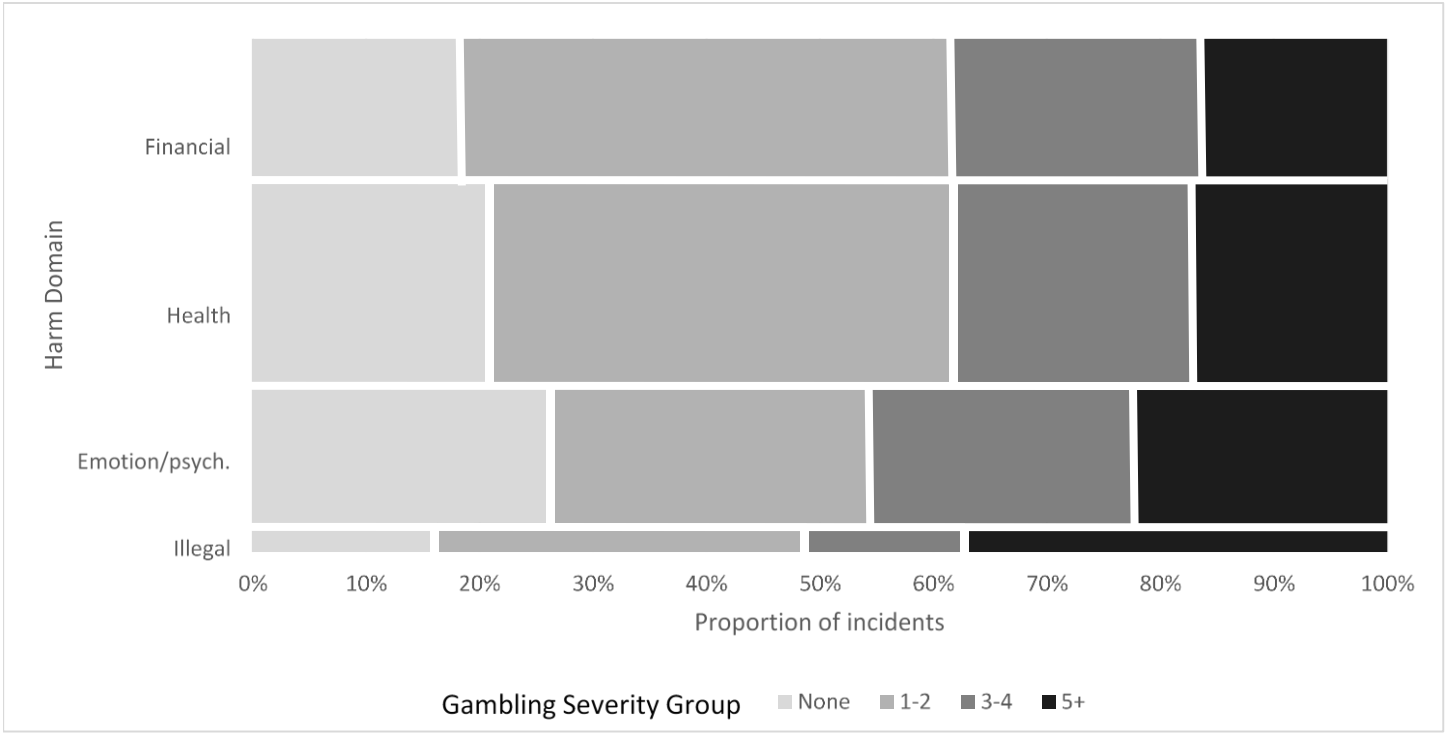
Gambling Severity & 1+ Harms

Gambling Severity & # of Harms





Gambling Severity & Harm Domains



Conclusions

- ‘Prevention Paradox’ is supported in MA with just over 70% of all harms arising from lower severity groups
- Among regular gamblers in MA, any particular individual reporting 1+ harms is most likely to be in a lower severity group
- Majority of highest severity group report experiencing multiple harms
- Some harms are more common and more broadly distributed across severity groups
- ‘Prevention Paradox’ in MA is supported across all harm domains

Implications for Prevention & Treatment

- Existence of 'Prevention Paradox' supports directing more resources toward primary prevention
- High rates of financial & health harms
  - Raise awareness about gambling harms among community organizations, health professionals, financial counselors, financial institutions
- Wide array of initiatives needed to minimize & mitigate gambling harms in MA

Limitations

- Limitations of the surveys
- Data collected in 2013 & 2014
- Cannot generalize to the adult population of MA
- Potential of bias due to self-report
- Does not include harms experienced by affected or concerned others or those who gamble only occasionally

To read more:

Volberg, R.A., Zorn, M., Williams, R.J., Evans, V. (2021). *Gambling Harms and the Prevention Paradox in Massachusetts.* Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.

Available at: www.umass.edu/seigma/reports