

Introduction

The Maryland Center of Excellence on Problem Gambling Needs Assessment Prevention Goal:

The goal is to compile quantitative and qualitative data into one document to use as a guide in creating a strategic plan for problem gambling prevention in Maryland. The goals of the strategic plan are to:

- ❖ Prevent underage gambling.
- ❖ Promote safe gambling practices among adults in Maryland.

The Strategic Prevention Framework

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Strategic Prevention Framework (SPF) is a model that guides the selection, implementation, and evaluation of evidence-based, culturally appropriate, sustainable interventions addressing gambling and other addictions. The model has five components:

1. Assessment of needs and resources
2. Capacity building
3. Development of a strategic plan
4. Implementation of effective prevention programs, policies, and practices
5. Monitoring and evaluation of outcomes

Although presented here as a list of sequential steps, the SPF model is a circular process; there is substantial overlap among the five components. For example, assessing and addressing capacity needs, listed as Steps 1 and 2, must take place throughout the SPF process. Similarly, plans for evaluation (Step 5) should begin immediately and continue after intervention activities end. Issues related to sustainability and cultural competence (listed at the center of the figure) must be addressed throughout each of the five steps.



The Purpose of a Needs Assessment

The first step in the SPF model is to systematically gather and analyze local data related to underage gambling and adult problem gambling. This data identifies the five W's (What, Who, Where, When, and Why) and provides a better understanding of underage and adult problem gambling in Maryland. This step of the SPF is important for identifying appropriate strategies for prevention.

A comprehensive assessment should:

- Identify the nature and extent of gambling problems in different groups, including those defined by age, gender, race/ethnicity, or other demographic characteristics (WHAT, WHO)
- Identify the geographic areas where the problem is greatest (WHERE)
- Times of the day, month, or year when the problem is greatest (WHEN)
- Define one or more target populations at greater risk of gambling problems (WHO)
- Identify contributing factors (factors linked to problem gambling in Maryland) (WHY)
- Establish baseline information to track progress in addressing the issue.
- Determine the community's readiness to address gambling problems.

Rationale

Gambling has been in existence for decades, but the public health concerns of gambling are not recognized by many. Two Million U.S. adults (1 %) are estimated to meet the criteria for gambling disorders each year. Approximately, 4-6 million (2-3%) would be considered to have mild or moderate gambling problems in the United States. Gambling poses a significant economic burden on the American population. It is estimated that the annual social cost of problem gambling is \$7 billion dollars. These costs include gambling-related criminal justice and healthcare spending as well as job loss, bankruptcy, and other consequences (National Council of Problem Gambling, 2023).

Problem gambling behaviors negatively impact the public health of Maryland residents and communities through economic, criminal justice, and service burdens. The Center seeks to protect vulnerable groups from gambling-related harm and work to foster and promote personal and social responsibility in all populations. Historically, there are certain populations at greater risk for developing gambling problems. These groups are commonly identified as youth, older adults, ethnic minorities, veterans, and persons with a history of substance abuse or mental health disorders. Individuals involved in the criminal justice system, with economic need, and in poor health are also at increased risk of underage or problem gambling behaviors.

While there has been limited research in this area, the Statewide prevalence studies conducted by the University of Maryland Research Division provide data on the significance of the issue.

- Ninety-Five percent of Marylanders have gambled in their lifetime, with 21.9 % reporting gambling monthly in the past 12 months and 15.3% gambling weekly in the past 12 months.
- It is estimated 5.5 % of Marylanders are disordered gamblers, 3.1 % problem gamblers, and 11.5 % are at-risk gamblers. This represented an increase in problem gambling behaviors compared to the 2010 and 2017 surveys. In the 2010 sample, these percentages (again from most severe to least severe) were 1.5%, 1.9%, and 9.0%, respectively; in 2017, the percentages were 1.2%, 0.7%, and 2.6%, respectively.
- Minority populations are more likely to be disordered gamblers: Non-Hispanic White 6%, Black/ African American 11%, Asian/Pacific Islander 10%, Hispanic 18%, and American Indian 8%.

Methods:

Brief Description of The Data Collection Tools and Methods Selected to Conduct the Needs Assessment

Data provides an understanding of the problem of underage and adult problem gambling in Maryland. Both quantitative (e.g., numbers, statistics) and qualitative (e.g., beliefs, attitudes, and values of stakeholders) data are useful to the assessment process. Data collection for the needs assessment was originally initiated in 2019, but due to the COVID 19 pandemic, focus groups were put on hold until they could be conducted in-person. In October 2021, the needs assessment was re-initiated. Through August 2023, the prevention team collected, reviewed, and analyzed all available primary and secondary sources of quantitative data; and summarized and analyzed data from the key interviews, focus groups, and environmental scans conducted in 2021 and 2022.

Data Collection to Assess Needs

Data collection tools were adopted from the toolkits provided by the University of Maryland, Baltimore, School of Pharmacy, Behavioral Health Resources and Technical Assistance (BHRT) Program to track themes that emerge from each of the focus groups and key informant interviews. The prevention team created an environmental scan tool based on Virginia's form to gather data on underage, responsible gambling, and problem gambling resources signage visible at casinos and lottery retail establishments. Qualitative data was categorized by the

public health risk factors of community norms, retail access, social access, enforcement, perceived risks, and individual factors.

Source of Quantitative & Qualitative Data Used in the Needs Assessment

Quantitative data. Quantitative data was used to better understand the extent of underage and problem gambling and related consequences in Maryland. Gambling consumption data, including frequency and patterns were analyzed by demographics of age, race, and gender, when available. Quantitative data came from State sources and research studies conducted in Maryland within the last ten years. This data showed the who, where, when, and what of underage and problem gambling in Maryland. The primary sources of quantitative data used in the needs assessment to measure the significance/ risks of underage and adult problem gambling in Maryland included the Maryland Prevalence Study and the Youth Risk Behavior Survey (YRBS).

In addition to consumption data, each quantitative data source was analyzed for consequences of underage and adult problem gambling behaviors. These consequences included physical and mental health problems, co-occurring disorders (tobacco, alcohol, and other substance use), family problems, financial problems, violence, legal problems, and even death.

Data related to consequences can help provide an understanding of the social, economic, service burden, criminal justice, or health problems that result from underage and problem gambling. This data can provide a bigger picture on the impact of the problem at the community level in Maryland. The primary sources of quantitative used to measure consequences included the Maryland Lottery and Gaming Control Agency (MLGCA) Voluntary Exclusion Reports, MLGCA compliance reports, Behavioral Health Administration's treatment data, and the Center's help seeker data from Helpline reports and the Redcap database.

Other Sources of quantitative data used in the needs assessment included evidence-based journal articles and other studies conducted by the Gambling Research Program and other researchers in Maryland. Also, the 2018 survey conducted by the National Council on Problem Gambling included data specific to Maryland that is included in the needs assessment.

Qualitative data. Qualitative data provides more details explaining the "why" of underage and problem gambling, including perspectives on the beliefs and attitudes of Marylanders on the issue. The primary sources of qualitative data used in the needs assessment were focus groups, key interviews, and environmental scans. The goal of the focus groups and key interviews was to assess the community's underage and problem gambling knowledge and behavior around

the intervening variables of community norms, retail access, social access, enforcement, perceived risks, and individual factors.

Focus groups. Focus groups are a series of planned discussions that examine the perceptions of a particular group (e.g., persons in treatment and recovery, youth, persons of minority (African American, Hispanic, Asian etc.), law enforcement personnel, etc.). The format encourages group members to interact with each other and reflect on each other's statements. A moderator leads the discussion, using a list of open-ended questions and probes. Each focus group includes 8 to 10 people (maximum of 12) who are similar regarding the issue of interest. Three to five focus groups are typically used per demographic (e.g., youth who gamble). Transcripts are reviewed to identify recurring themes.

Target groups of focus groups and key interviews included middle and high school youth (ages 12-18); college age/working adults (ages 18-25); senior citizens; law enforcement (police, courts); corrections; substance misuse and /or mental health providers; persons in treatment and /or recovery from substance use, mental health, and /or gambling disorders; school personnel; healthcare providers; persons of minority populations; and other community leaders including casino and lottery contacts:

- Focus groups (30 total):
 - Adults, March 16, 2022, 9 participants (mental health, Wicomico County)
 - Adults, March 22, 2022, 17 participants (mental health, Worcester County)
 - Adults, March 28, 2022, 4 participants (residents in treatment/recovery, Dorchester County)
 - Adults, March 28, 2022, 8 participants (residents in treatment/ recovery, Dorchester County)
 - Community Leaders, April 6, 2022, 5 participants (Prince Georges County)
 - Adults, April 7, 2022, 6 participants (residents in treatment, Baltimore County)
 - Adults, April 7, 2022, 5 participants (residents in treatment, Baltimore County)
 - College Age/ Working Young Adults, April 18, 2022, 11 participants. (Harford County)
 - Senior Citizens, April 25, 2022, 5 participants (Baltimore County)
 - Senior Citizens, April 25, 2022, 4 participants (Baltimore County)
 - Working Young Adults, May 9, 2022, 10 participants (people in treatment/recovery, Prince George's County)
 - Working Adults, May 18, 2022, 10 participants (Harford County)
 - Youth group, May 19, 2022, 8 participants (people in treatment/ recovery, Kent County)
 - Youth Group, May 19, 2022, 20 participants (Kent County)

- Youth, June 2, 2022, 9 participants (people in treatment/recovery, Anne Arundel County)
- Youth, June 6, 2022, 12 participants (Queen Anne's County)
- Youth, June 14, 2022, 13 participants (Middle School, Garrett County)
- Youth, June 14, 2022, 7 participants (Garrett County)
- Adults, September 9, 2022, 11 participants (Asian Casino Dealers, Prince George's County)
- Adults, July 14, 2022, 5 participants (people in addiction treatment program, Baltimore County)
- Law Enforcement, September 19, 2022, 7 participants (corrections, Washington County)
- Adults, September 20, 2022, 5 participants (Casino Dealers)
- Adults, September 23, 2022, 4 participants (Asian Casino Dealers, Anne Arundel County)
- Adults, September 30, 2022, 6 participants (people in treatment/ recovery/ Baltimore City Residents)
- Adults, September 30, 2022, 8 participants (Anne Arundel County)
- Health Care Professionals, October 4, 2022, 7 participants (Washington County)
- Adults, October 24, 2022, 16 participants (people in treatment, Carroll County)
- Adults, October 24, 2022, 4 participants (Hispanic population, Baltimore County)
- Youth Group, December 8, 2022, 6 participants (Dorchester County)

Key informant interviews. Key informants are knowledgeable about gambling addiction and/or have an interest or stake in efforts to address the problem. These individuals can help you better understand underage and adult gambling issues and identify options for addressing the problem. The prevention team conducted (28) individual key stakeholder interviews across the State.

- Key Stakeholder Interviews:
 - Maryland Lottery, Director, Dec 22, 2021
 - My Life Foundation, Director, January 2, 2022
 - Joy Overflow International Ministries, Program Director, January 20, 2022
 - Maryland Center of Excellence on Gambling, Manager, January 31, 2022
 - Towson University, faculty member, February 3, 2022
 - Towson University, student leader, February 3, 2022
 - Garrett County Lighthouse Inc, Executive Director, February 7, 2022
 - Boys & Girls Club, Director, February 7, 2022
 - Casino, Compliance Manager, February 7, 2022
 - Boys & Girls Club, Program Coordinator, February 8, 2022
 - Brooks Health Agency, Director, February 9, 2022
 - Casino, Director, February 10, 2022
 - Allegany County Local Behavior Authority, Director, February 14, 2022

- University of Maryland Extension Service, Caroline County-Eastern Shore, Family and Consumer Science Educator, February 14, 2022
 - University of Maryland Extension Service, Family Educator, February 15, 2022
 - Restorative Counseling and Wellness Center, Counseling and Support Services, February 16, 2022
 - Maryland Department of Health, Social Work Supervisor, February 22, 2022
 - Meade Senior High School, Social Worker, February 23, 2022
 - Casino Compliance Manager, February 23, 2022
 - Ordinance Road Correction Center, Criminal Justice Program Supervisor, February 28, 2022
 - Maryland Center of Excellence on Problem Gambling, Peer Recovery Support Specialist, February March 1, 2022
 - Maryland Council on Problem Gambling, Baltimore County, President, March 7, 2022
 - Maryland Center of Excellence on Problem Gambling, Peer Recovery Support Specialist, March 18, 2022
 - Maryland Center of Excellence on Problem Gambling, Peer Recovery Support Specialist, March 21, 2022
 - Casino Compliance Manager, March 31, 2022
 - ECHO Program, Community Leader, April 18, 2022
 - New Life Addiction, Counseling / Addiction Specialist, May 16, 2022
 - Casino Compliance Manager, September 9, 2022
 - Casino Compliance Manager, September 23, 2022
- Environmental Scan (55 total):
 - Casino, September 9, 2022
 - Casino, September 13, 2022
 - Casino, September 13, 2022
 - Casino, September 20, 2022
 - Casino, September 21, 2022
 - Casino, September 22, 2022
 - Bingo Hall, October 3, 2022
 - Bingo Hall, October 19, 2022
 - Bingo Hall, October 19, 2022
 - Bingo Hall, October 19, 2022
 - Bingo Hall, October 19, 2022
 - Anne Arundel County, Retailer, October 3, 2022
 - Anne Arundel County, Retailer, October 3, 2022
 - Anne Arundel County, Retailer, October 3, 2022
 - Anne Arundel County, Retailer, October 3, 2022
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- Anne Arundel County, Retailer, October 3, 2022
- Anne Arundel County, Retailer, October 19, 2022
- Prince Georges County, Retailer, October 19, 2022
- Calvert County, Retailer, October 19, 2022
- Calvert County, Retailer, October 19, 2022
- Baltimore County, Retailer, October 24, 2022
- Baltimore County, Retailer, October 24, 2022
- Baltimore County, Retailer, October 24, 2022
- Carroll County, Retailer, October 25, 2022
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- Carroll County, Retailer, October 25, 2022
- Worcester County, Retailer, November 3, 2022
- Worcester County, Retailer, November 3, 2022
- Worcester County, Retailer, November 3, 2022
- Worcester County, Retailer, November 3, 2022
- Montgomery County, Retailer, November 9, 2022
- Montgomery County, Retailer, November 9, 2022
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- Montgomery County, Retailer, November 9, 2022
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Executive Summary

The Center's needs assessment provides an understanding of underage and adult problem gambling in Maryland. Both quantitative (e.g., numbers, statistics) and qualitative (e.g., beliefs, attitudes, and values of stakeholders) data were compiled for review with the purpose of using the data to guide prevention strategies in the State of Maryland. It was initiated in 2019, but due to the Statewide state of emergency and lockdown associated with the Coronavirus disease 2019 (COVID-19) pandemic, the process was put on hold. In October 2021, the needs assessment was re-initiated. Through August 2023, the prevention team collected, reviewed, and analyzed all available primary and secondary sources of quantitative data; and summarized and analyzed data from the key interviews, focus groups, and environmental scans conducted in 2021 and 2022. With this new data, stakeholders in the State can gain insights into problems associated with underage and adult gambling behavior.

A total of 30 focus groups, 29 key interviews, and 55 environmental scans were conducted by the Center prevention team among the target populations in the State. Target groups of focus groups and key interviews included middle and high school youth (ages 12-18); college age/working adults (ages 18-25); senior citizens; law enforcement (police, courts); corrections; substance misuse and /or mental health providers; persons in treatment and /or recovery from substance use, mental health, and /or gambling disorders; school personnel; healthcare providers; persons of minority populations; and other community leaders including casino and lottery contacts. These target populations were recruited by the Center prevention staff with the support of partner organizations, including the local and State health departments. The data collection tools were adapted from toolkits provided by the University of Maryland, Baltimore, School of Pharmacy, Behavioral Health Resources and Technical Assistant (BHRT) program to track themes that emerged from each of the focus groups and key interviews. The Center prevention team also created an environmental scan tool based on Virginia's form to gather data on underage, responsible gambling, and problem gambling resources signage visible at casinos and lottery retail establishments.

The qualitative data of the assessment provides details explaining the "Why" of underage and problem gambling, including perspectives on the beliefs and attitudes of the target population on the issue. This piece involved data collection through focus groups, key interviews, and environmental scans. The data was also categorized by the public health risk factors of community norms, retail access, social access, enforcement, perceived risks, and individual factors. The quantitative data was also used to better understand the extent of underage and problem gambling and related consequences in Maryland. Gambling consumption data, including frequency and patterns were analyzed by demographics of age, race, and gender, when available. The data came from State sources and research studies conducted in Maryland within the last ten years. This data also showed the who, where, when, and what of underage

and problem gambling in Maryland. The primary sources of quantitative data used in the needs assessment to measure the significance/ risks of underage and adult problem gambling in Maryland included the Maryland Prevalence Study, Helpline Reports, Redcap, Youth Risk Behavior Survey (YRBS), and other individual journal articles published on Maryland gambling behavior.

In addition to consumption data, each quantitative data source was analyzed for consequences of underage and adult problem gambling behaviors. These consequences included physical and mental health problems, co-occurring disorders (tobacco, alcohol, and other substance use), family problems, financial problems, violence, legal problems, and even death.

The Center prevention team analyzed the needs assessment data based on the intervening variables (retail availability, social availability, enforcement, community norms, and perception of risks). The most common responses in focus groups and key interviews concerning retail access where youth can access lottery tickets from retailers; employees of casino and lottery retailers do not prevent people from spending too-much on gambling; and people are not aware of training programs for those who work in casino or sell lottery tickets.

A common theme found in all the focus groups and key interviews is youth can easily access lottery tickets directly from retail stores or parents/ family members. Respondents in 6/7 Youth focus groups admitted they access lottery products from retailers in their community. They access lottery tickets via a vending machine, most of the time out of the cashier's sight to purchase lottery tickets, or directly buy tickets at the counter without being questioned. Youth also receive lottery tickets, including scratch-offs, from their parents/ family members as a gift during special occasions, and they gamble at home with their parents. 38/50 adult focus groups and key interview respondents also reported retailers do not prevent people from buying too many tickets, and 35/50 specifically stated that casino employees do not help people who may be spending too much on gambling. Also, 19/50 adult respondents reported they were not aware of training programs for those who work in casinos or sell lottery tickets.

The team also examined the social availability of gambling based on the focus groups and key interview data. A common theme, overwhelmingly mentioned the most when asked about social access, was gambling is socially acceptable in the community compared to drug and alcohol use. It was mentioned by 26/50 adult focus groups and key interviews, and 6/7 youth focus groups. 29/50 adult respondents also confirmed that parents permit underage youth to gamble at home and social events. 5/7 youth participants, including those who are receiving treatment for mental health and substance use disorders, admitted that parents gambled with them at home, and bought lottery products, including scratch-offs during special social events. Sports betting was also mentioned as one of the top three gambling activities in Maryland. It was reported by 15/50 adult focus groups and key interviews and mentioned by 7/7 youth focus groups. Youth participants admitted that access to the internet and phones allows them to engage in sports betting.

When respondents were asked about enforcement, 44/50 adult focus group respondents reported that casinos ID those who look underage. All casinos have surveillance systems, including cameras and security personnel in place to stop underage youth from entering the facility. 24/50 adult participants also mentioned never hearing of someone being incarcerated due to problem gambling, and 5/7 youth focus group participants confirmed. Also, 22/50 adult respondents reported not hearing of someone having legal problems from gambling, and 6/7 youth focus group participants also confirmed not hearing of someone having legal problems. Most Maryland residents believe that casinos are more likely to implement and enforce gambling laws, compared to lottery retailers. In adult focus groups, 32/50 groups mentioned that lottery retailers don't ID underage youth. 4/7 youth focus groups confirmed that they can easily access lottery products at the retail stores without being questioned.

The prevention staff also looked at community norms relating to gambling among the target population. The most common theme found in the focus groups and key interviews about the intervening variable of community norms is the perception that Senior Citizens are more likely to engage in gambling activities compared to other populations. In adult focus groups and key interviews, 41/50 respondents reported Senior Citizens are more likely to gamble compared to other age groups. 5/7 youth groups confirmed Senior Citizens gamble the most. 26/50 adult focus group respondents also reported that gambling is socially acceptable in their community, and 17/50 adult participants confirmed that gambling is a form of entertainment in the community. This contributing factor has been widely confirmed by the Maryland Prevalence Study (2020), 56% of respondents reported entertainment or fun as one primary reason for gambling in Maryland.

Most of the responses about the perceived risk of gambling answered the question "What are the potential harms of gambling"? The three most common themes mentioned in focus groups and key interviews were the risk of financial problems, family problems, and addiction. 47/50 adult focus group respondents reported financial problems and 6/7 youth focus group respondents confirmed. 36/50 adult focus group respondents also stated family problems, and 31/50 reported addiction; 3/7 youth focus group respondents also confirmed addiction as a risk factor.

In addition to the focus groups and key interview data, during the weeks of October and November 2022, fifty-six lottery retailer and bingo hall environmental scans were conducted across the State by the Center. A standard form was used to assess signage and questions were asked of retailers. Positive observations and recommendations were provided to each individually.

The Center prevention staff analyzed the data for intervening variables and contributing factors. Based on the prioritization process recommended by the team, the prevention staff

selected the following contributing factors with high importance and a high likelihood of change.

- Community Norms: The belief that gambling is not addictive compared to drug and alcohol addiction.
- Social Availability: Parents buy lottery products for underage youth and gamble with them at home.
- Enforcement: The judiciary system does not refer those committing gambling crimes and Voluntary Exclusion Program violators to problem gambling resources.
- Retail Availability: Lottery retailers do not card those who look underage when purchasing lottery tickets.

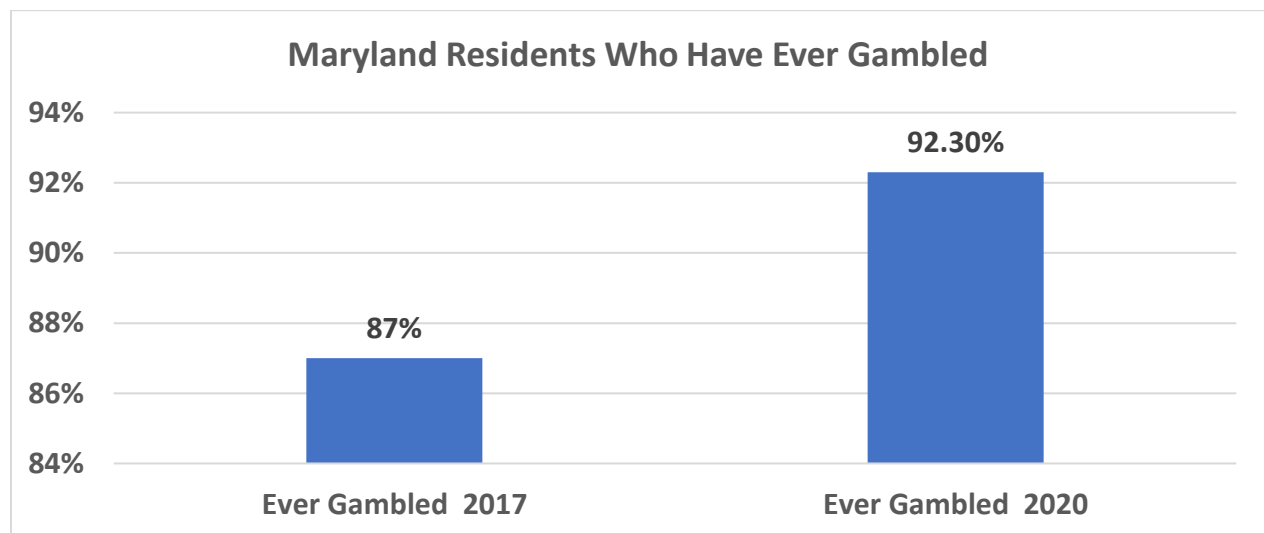
The problem of gambling among youth and adults in Maryland is attributed to the lack of education and awareness on the risks of gambling and the lack of proactive strategies to promote the resources for help.

CONTEXTUAL RESULTS:

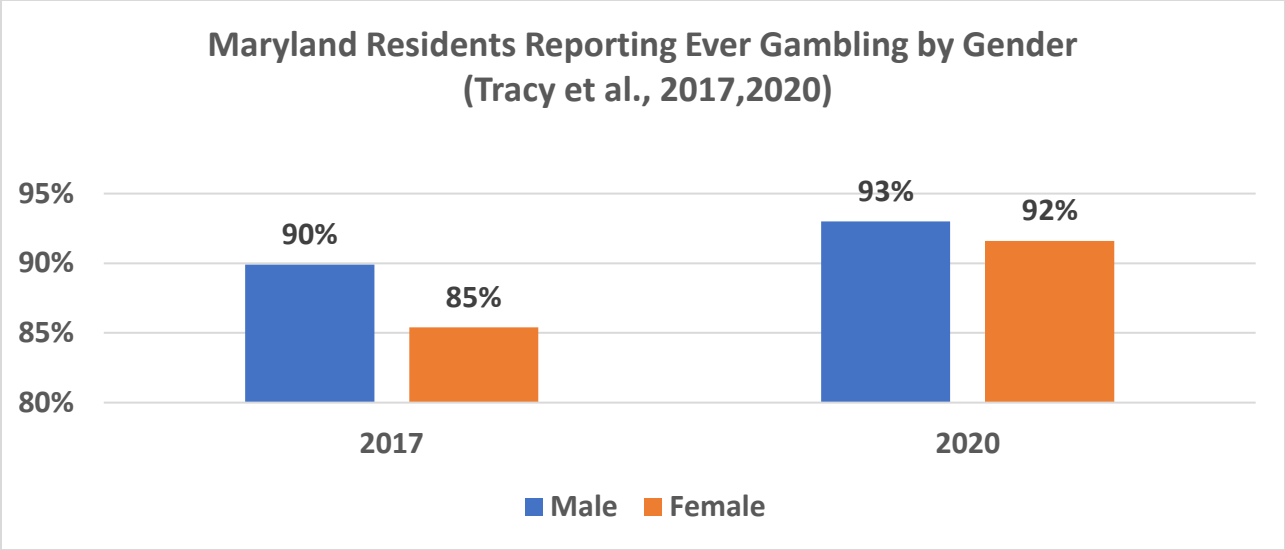
Who:

Identification of specific populations that will be the focus of the Center’s prevention strategies.

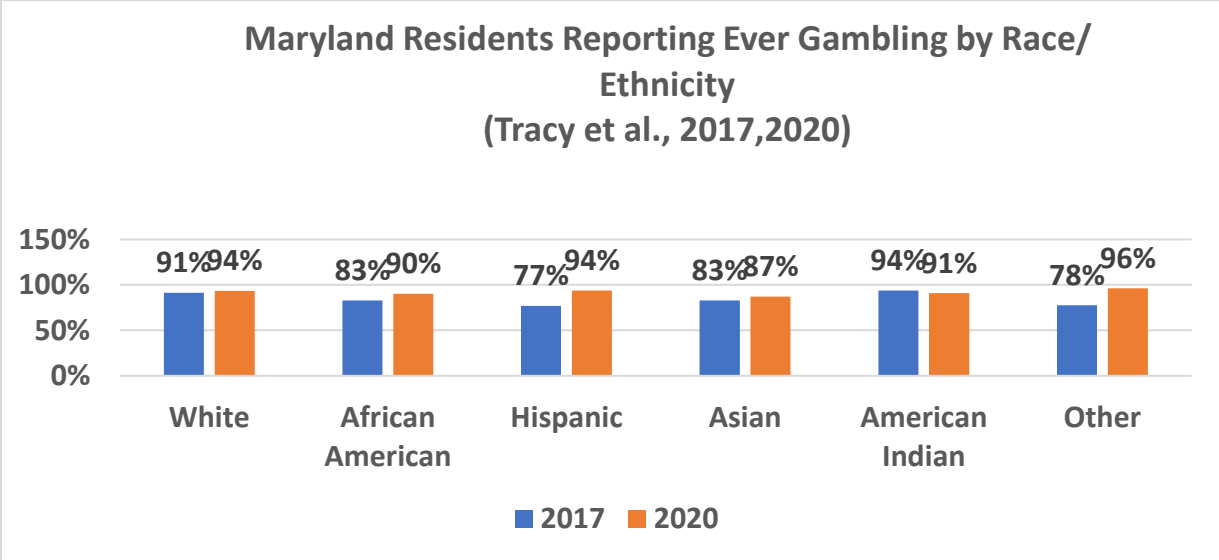
Consumption Patterns



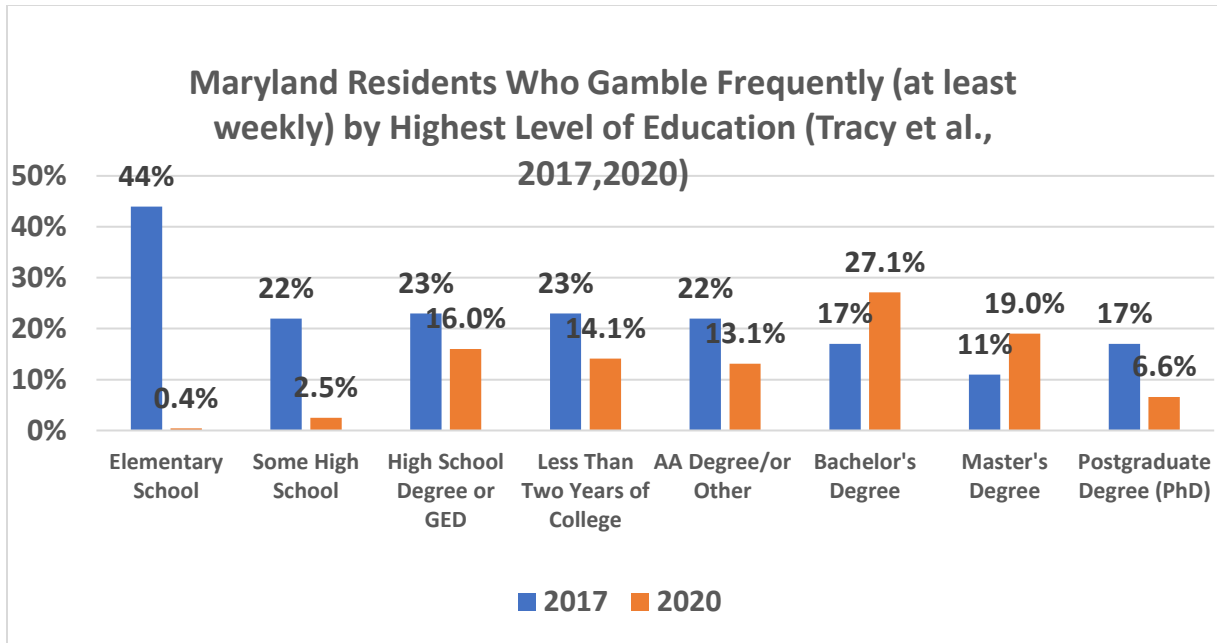
The rate of gambling increased from 2017 to 2020 among Maryland residents. The chart above indicates an increase from 87% to 92.3 %.



Over the last five years, the percentage of Maryland residents reporting ever gambling by gender has increased. Males were significantly more likely to report gambling compared to females. The rate of gambling among males has slightly increased from 90% to 93%, females from 85% to 92%. This increase might be attributed to the increase in the number of forms of gambling activities in the State or the COVID 19 pandemic. (Tracy et al. 2020).



The number of Maryland residents reporting ever gambling by race/ ethnicity is represented in the chart above. The rate increased between 2017 and 2020 among most races/ethnicities (Tracy et al., 2020).



The prevalence data shows the relationship between gambling frequency and level of education among Maryland residents. Residents with lower levels of education are more likely to engage in frequent gambling behavior compared to those with higher levels of education. From 2017 to 2020, 44 % of those with an elementary education reported frequent gambling compared to those with advanced levels of education (Tracy et al., 2020). In another Maryland study, those without a college education had 28% higher odds of being a lifetime gambler. College education was associated with lower odds of lifetime gambling (Sacco et al., 2019). In a separate study of college students, it was found White students were more likely to gamble frequently compared to other races (Caldeira et al., 2017).

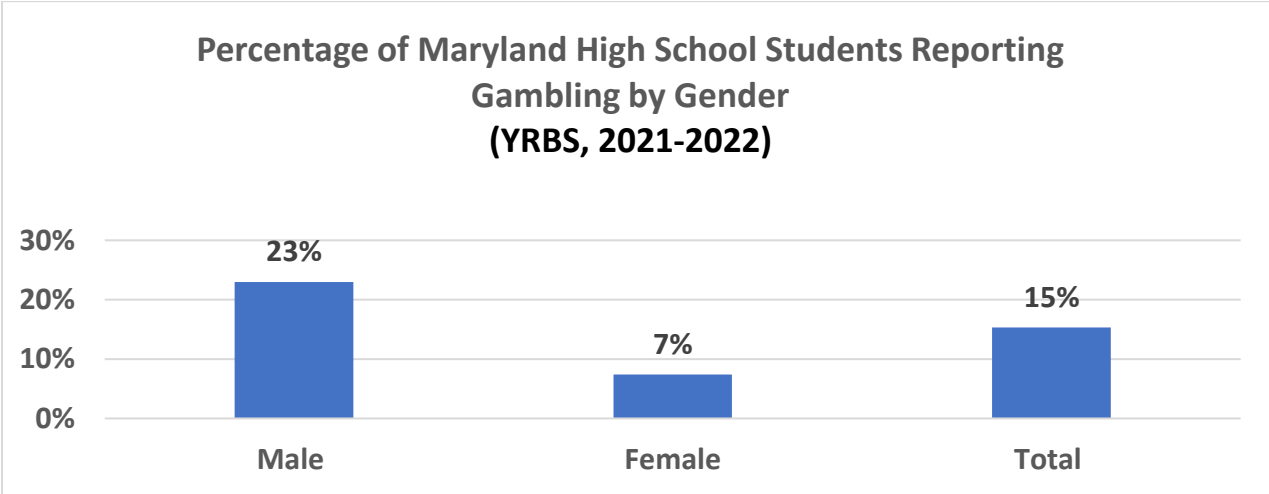
Percentage of Maryland High School Students Reporting Lifetime Gambling, Problem Gambling, and Use of Substances, 2014

	Percent of Entire Sample Reporting Activity or Use	Percent Reporting Lifetime Gambling and Use of Substance	Percent Reporting Problem Gambling and Use of Substance
Gambling	33%		
Problem Gambling	10%		
Alcohol Use	34%	23%	17%
Cigarette Use	14%	17%	17%
Marijuana Use	21%	21%	19%
Non-Medical Prescription Drug Use	9%	18%	23%

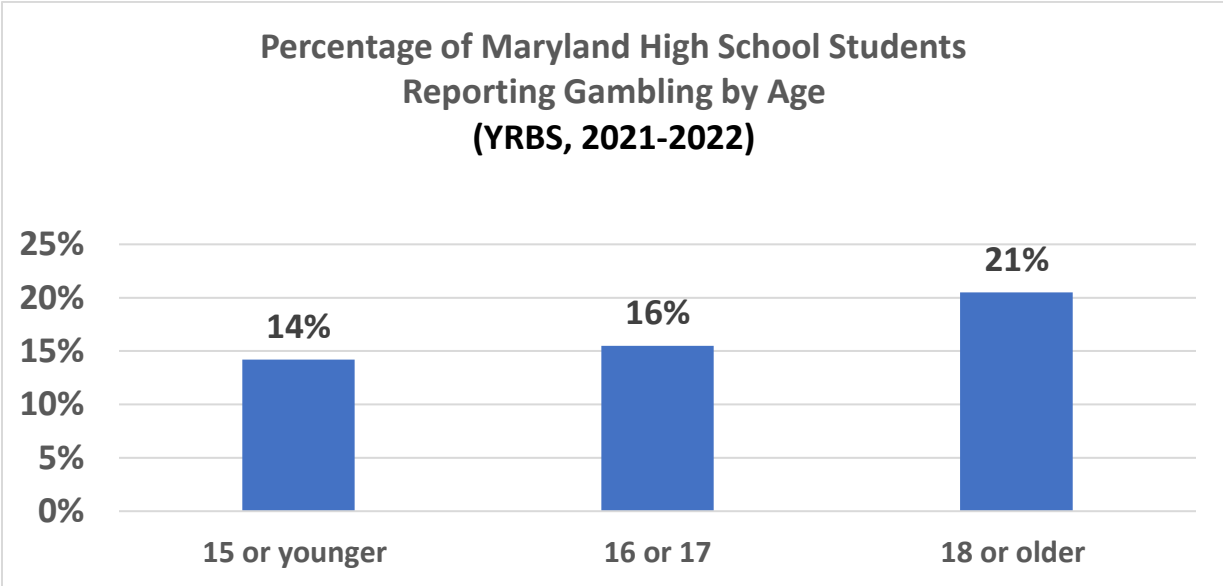
Source: Lee et al., 2014

Data comes from 25,456 youth attending the 58 Maryland high schools in 12 counties participating in the Maryland Safe and Supportive Schools (MDS3) initiative (Lee et al., 2014).

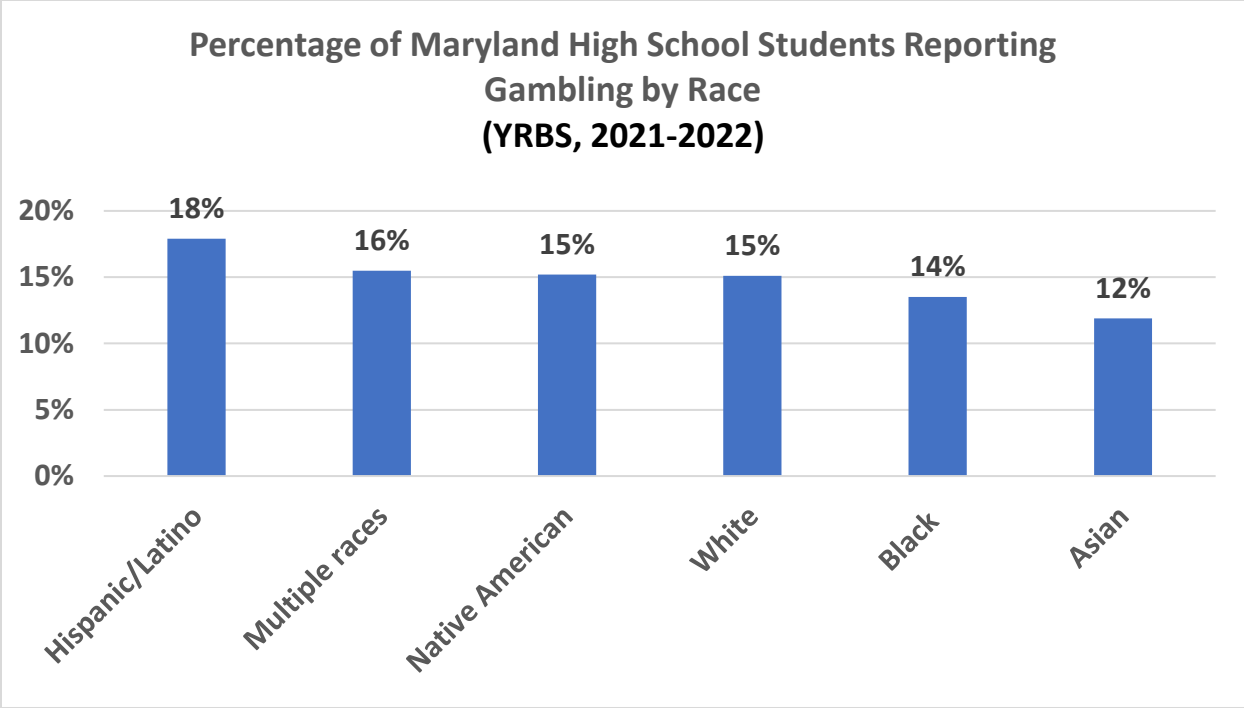
The data shows 33 % of students reported gambling activity and 10 % reported experiencing problems due to gambling. Of the students who reported lifetime gambling, 23 % used alcohol, 17 % smoked cigarettes, 21 % smoked marijuana, and 18 % used a non-medical prescription drug. Of the percent reported problem gambling, 17 % reported alcohol use, 17 % reported cigarette use, 19 % reported marijuana use, and 23 % reported non-medical prescription drug use. Those that reported problem gambling were more likely to report the use of substances.



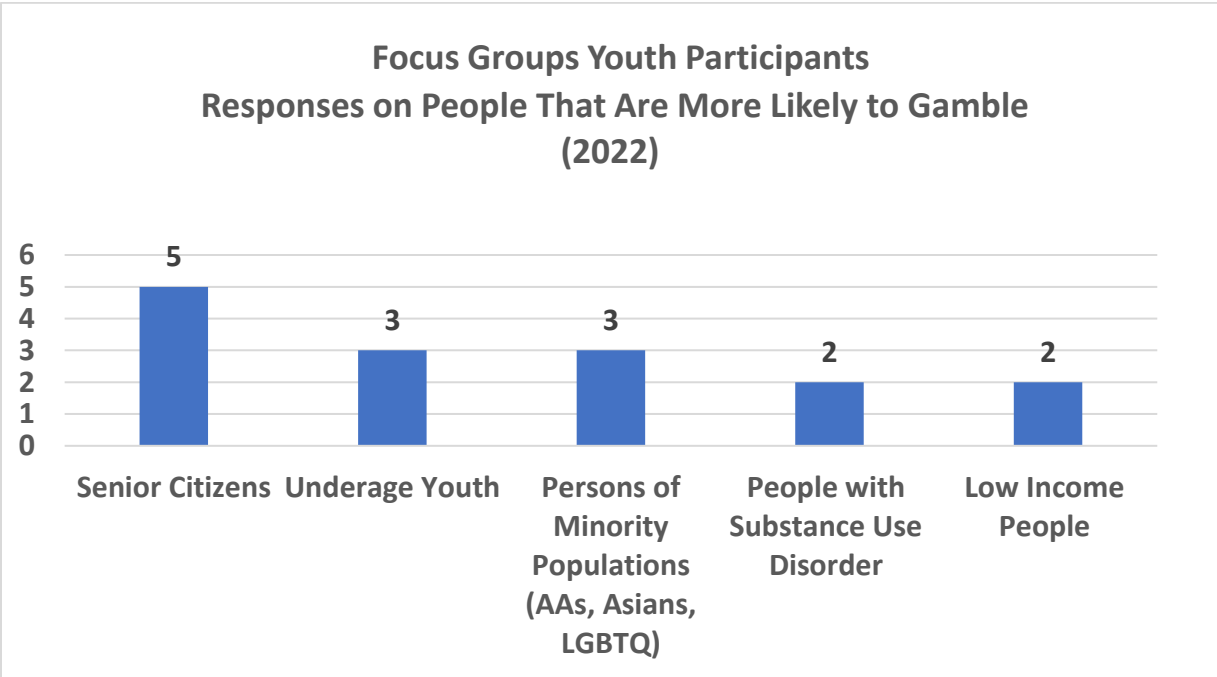
Of high school students in Maryland, 15% reported gambling in the last year. The chart indicates that males are more likely to gamble (23 %) compared to females (7%).



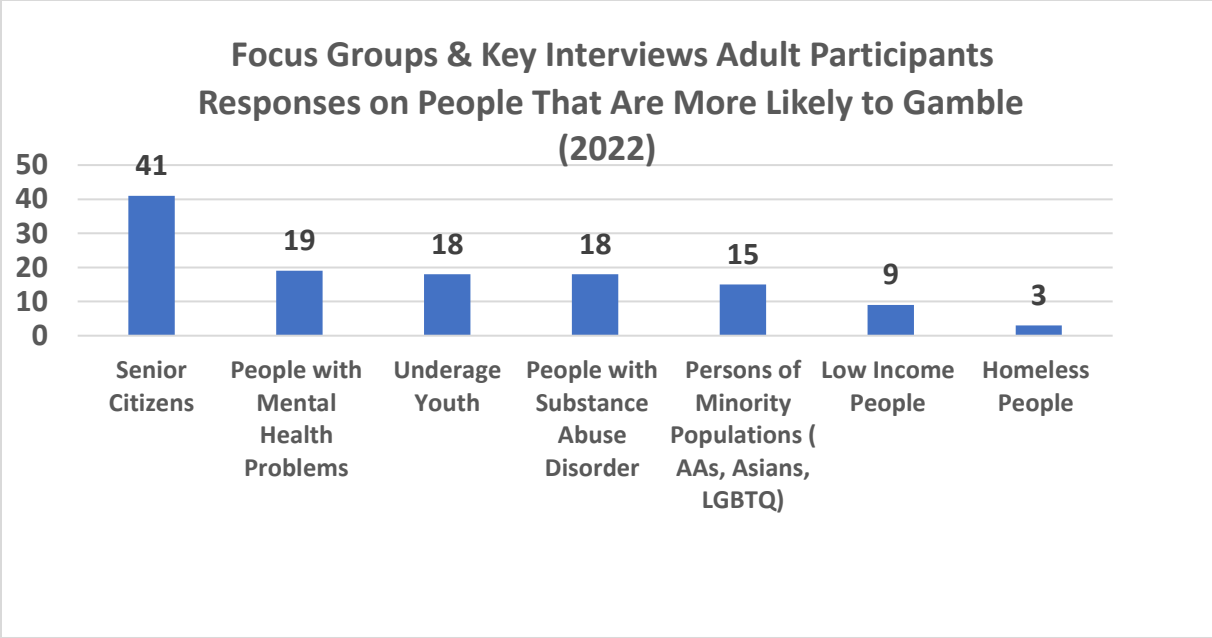
Similarly, to students reporting gambling activities, this chart shows that older students (21 %) are more likely to engage in gambling activity compared to younger 14 % students in Maryland.



The data shows that 18 % of Hispanic/ Latino high school students reported gambling compared to other races.

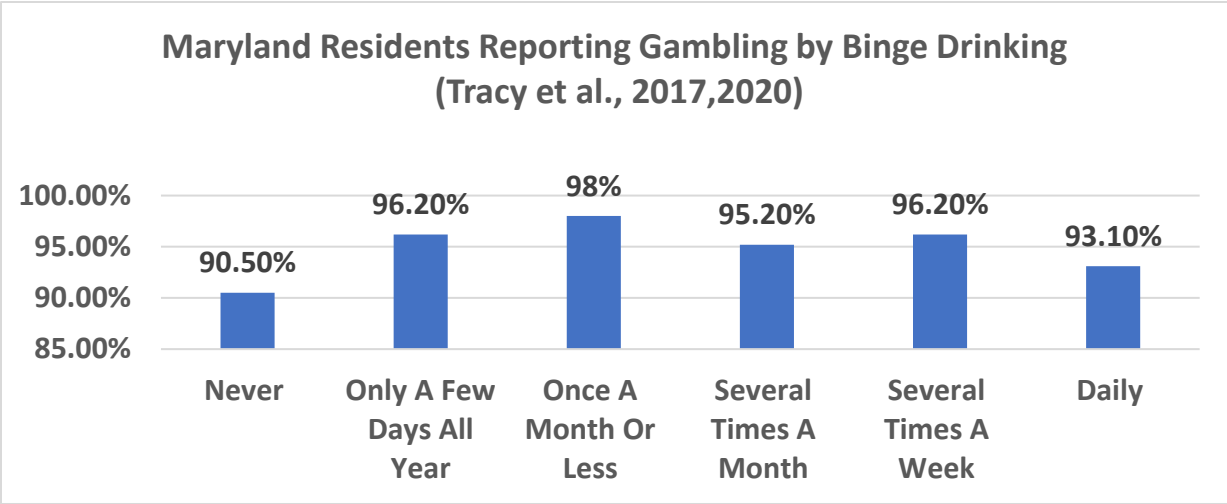


Of seven youth focus groups, five identified Senior Citizens are more likely to gamble compared to other populations. Three groups identified underage youth and minority populations as more likely to gamble.



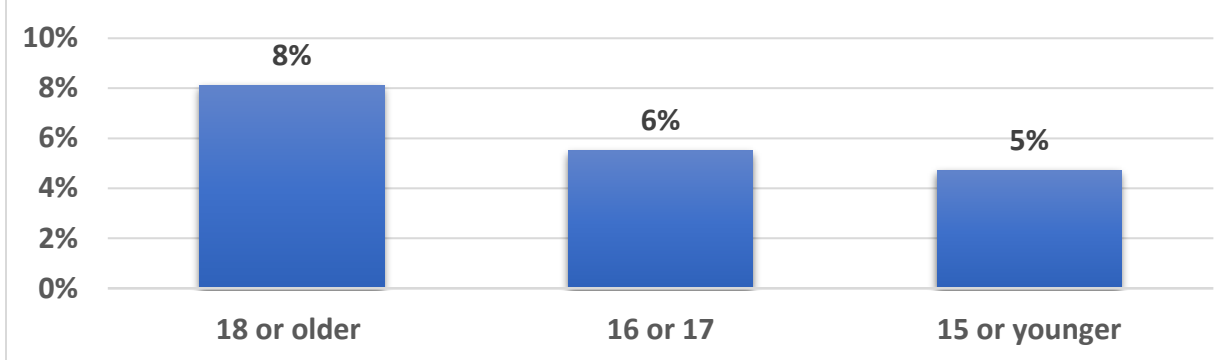
When adult focus group and key interview participants were asked if there are certain groups in their community that are more likely to gamble, 41 of 50 focus groups and key interviews mentioned senior citizens were more likely to gamble compared to others. The second highest group mentioned was people with mental health problems mentioned in 19 of 50 groups/interviews.

Consequences



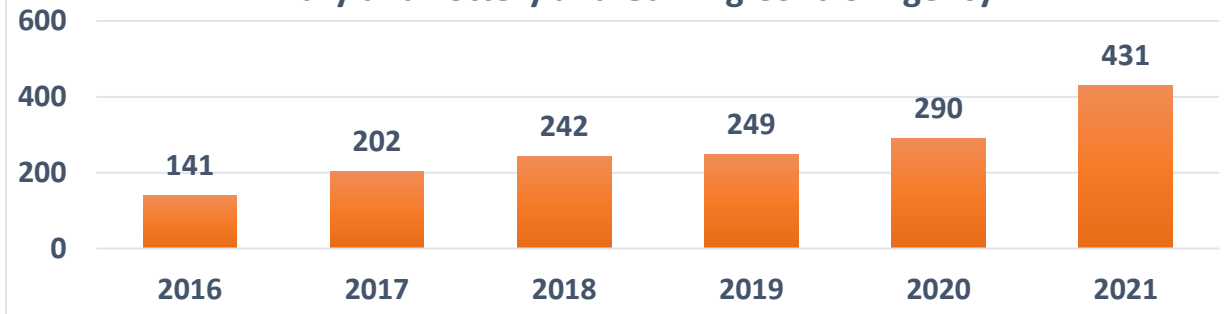
The majority of people who binge drink also gamble. 98% of those who binge drink once a month or less also gamble.

**Percentage of Maryland High School Students
Who Have Lied About How Much They Gambled by Age
(YRBS, 2021-2022)**



The chart above shows 8 % of Maryland high school students ages 18 and older lied about how much they gambled. Older students were more likely to lie about how much they gambled than younger students in school year 2021/2022.

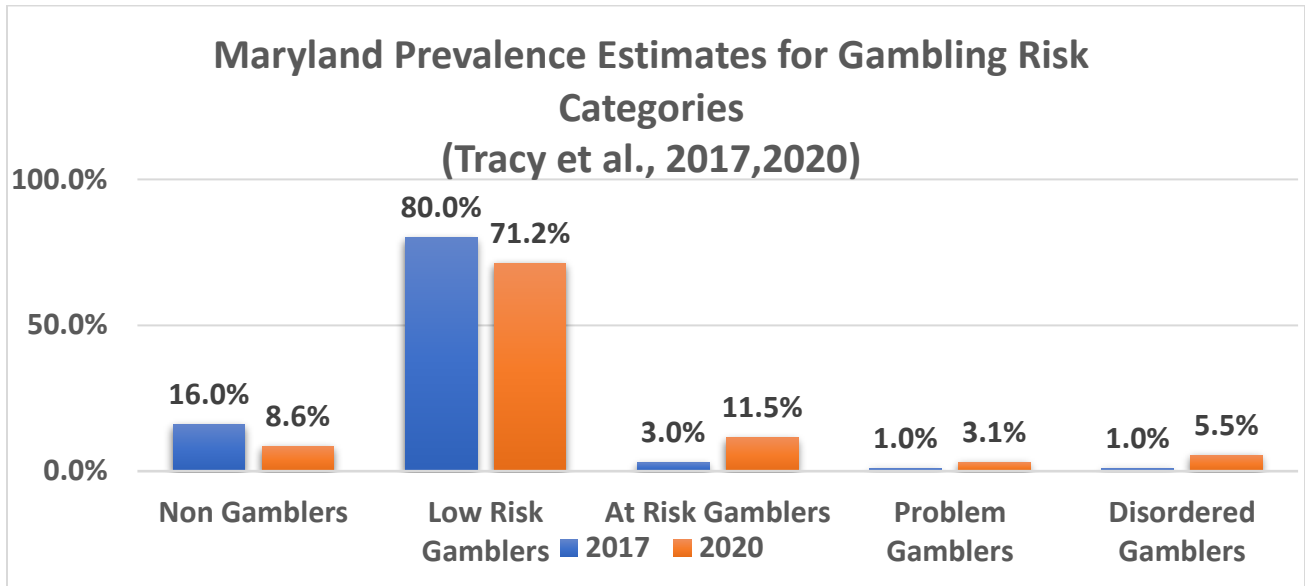
**Excluded Persons In Casino
2016-2021
All Casinos
Maryland Lottery and Gaming Control Agency**



The data above shows that the number of persons excluded from casinos has steadily increased from 141 in 2016 to 431 in 2021.

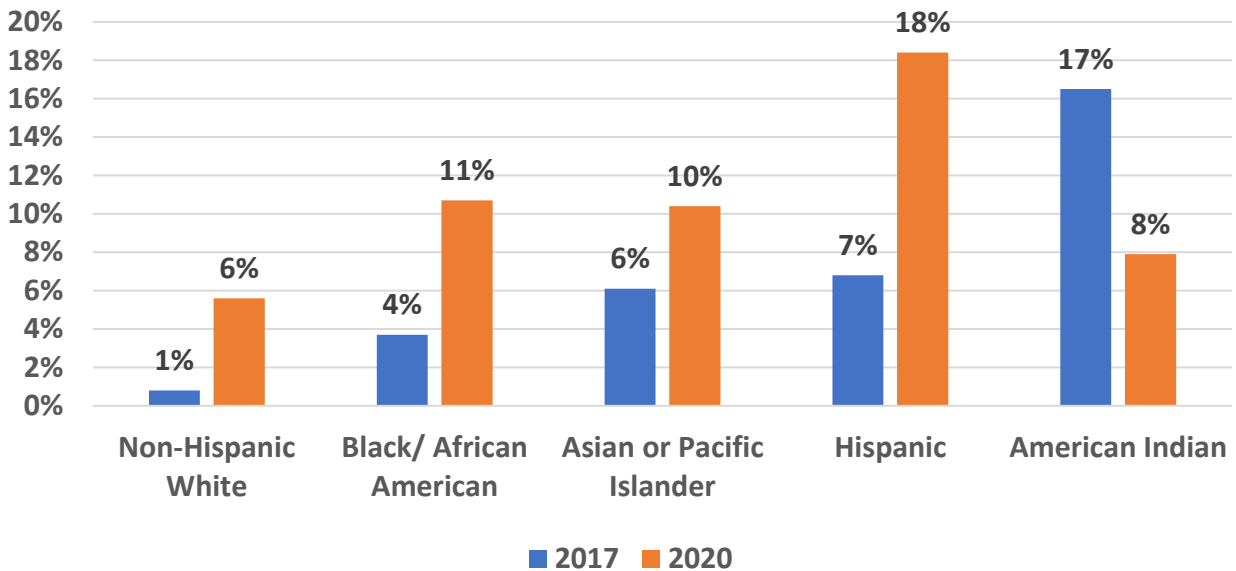
Disordered Gamblers:

Consumption patterns



According to the 2020 Prevalence Study, the rate of gambling risk categories (from least severe to most severe) has increased. The percentage of at-risk gamblers has increased from 3 % to 11.5 %, problem gamblers from 1 % to 3.1 %, and disordered gamblers from 1 % to 5.5 % in 2020. In addition, a survey conducted in the area of Horseshoe casino was conducted in 2014. Findings indicated 5.9% of those surveyed were likely problem gamblers and 26.2% had at least one gambling issue (UMBSOM, Baltimore, 2014). A second survey conducted in Prince George’s County in the area of MGM National Harbor found 19% of community residents had disordered gambling tendencies (UMBSOM, Prince George’s County, 2016).

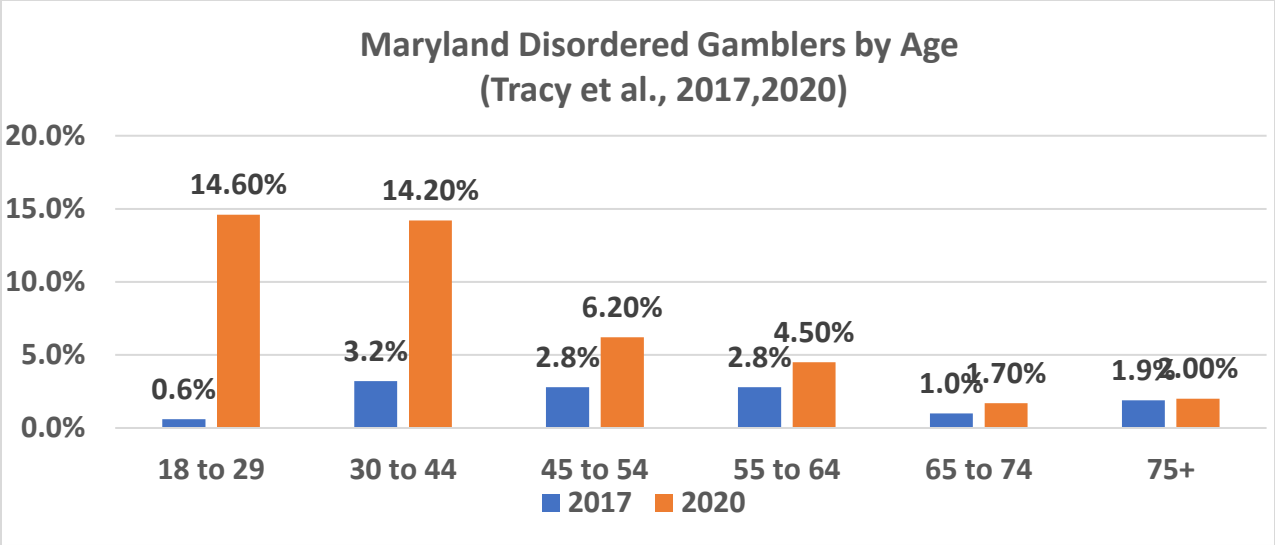
**Maryland Disordered Gamblers by Race/Ethnicity
(Tracy et al., 2017,2020)**



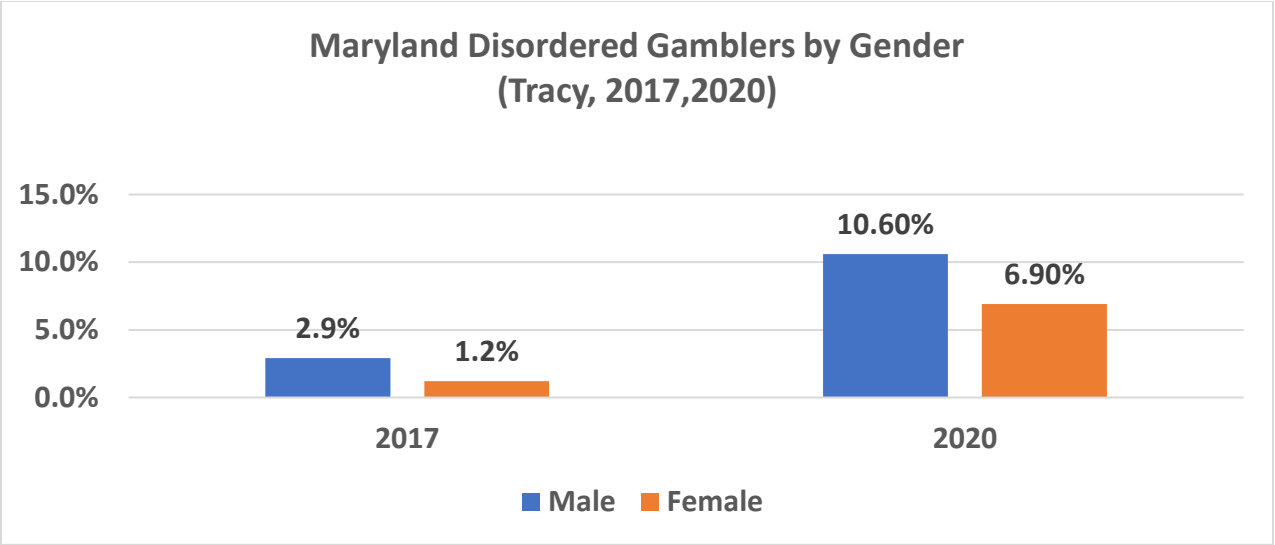
The data above shows that minority populations have been disproportionately impacted by gambling disorders compared to the White population. There was an increase in the number of disordered gamblers among minority populations, Hispanic from 7 % to 18 %, Black/African American from 4 % to 11 %, Asian or Pacific Islander 6 % to 10%, and American Indian 17 % to 8 %, compared to White from 1 % to 6%.

In a Baltimore study, McArdle, 2015, simulated slot machines were more likely found in areas with white and Hispanic populations. They were concentrated in primarily low-income communities (McArdle, 2015).

In two Maryland studies conducted by Day, African Americans were more likely to be disordered gamblers compared to whites (Day, 2020) (Day, 2018). This was also found in two other studies conducted in Maryland (Monaghan, 2017) (Seymour, 2017).

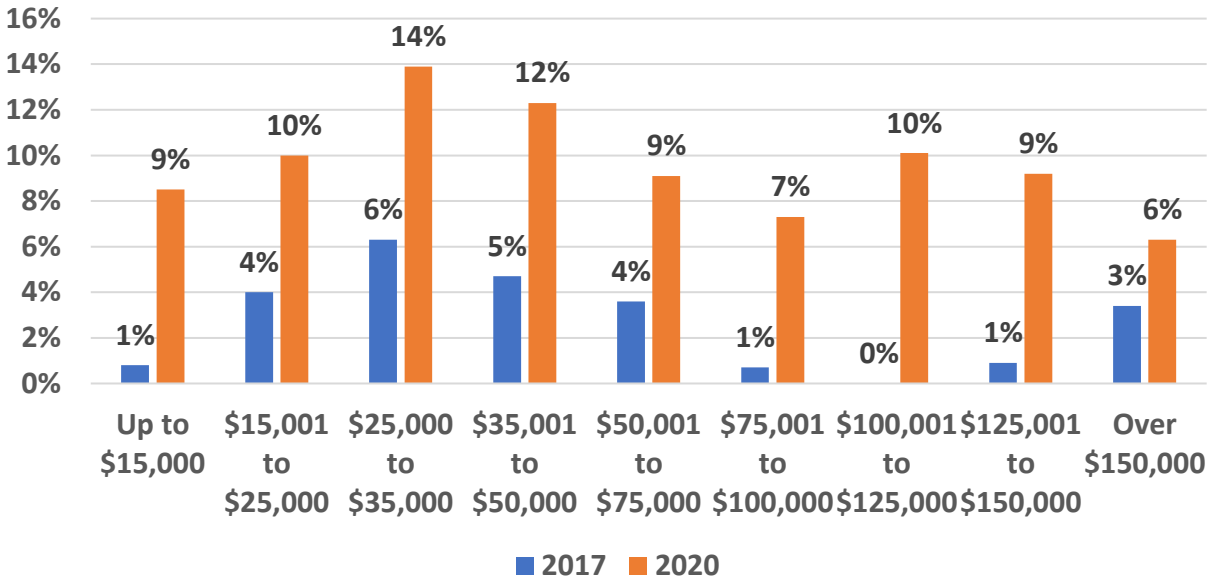


The chart above shows older gamblers were less likely to be disordered gamblers compared to those who were younger. 16.6% of 18-29 were disordered gamblers. 14.20 % of those ages 30 to 44 were disordered gamblers, followed by those between the ages of 45-64 at 6.2 %, ages 55-64 at 4.5 %, ages 65-74 at 1.7 % and ages 75 and above at 1%. In a Maryland study conducted by Seymour in 2017, disordered gamblers were more likely to be older (in their 40's) (Seymour, 2017). For each year of a participant's age, the odds of lifetime gambling disorder increased by 1.5% (Seymour, 2017).



The data above shows the percentage of Maryland disordered gamblers has increased among both genders. However, 10.6 % of males are disordered gamblers compared to 2.9 % of females. In a Maryland study, Swasey, 2018, men were found to have greater odds of being disordered gamblers compared to women (Swasey, 2018).

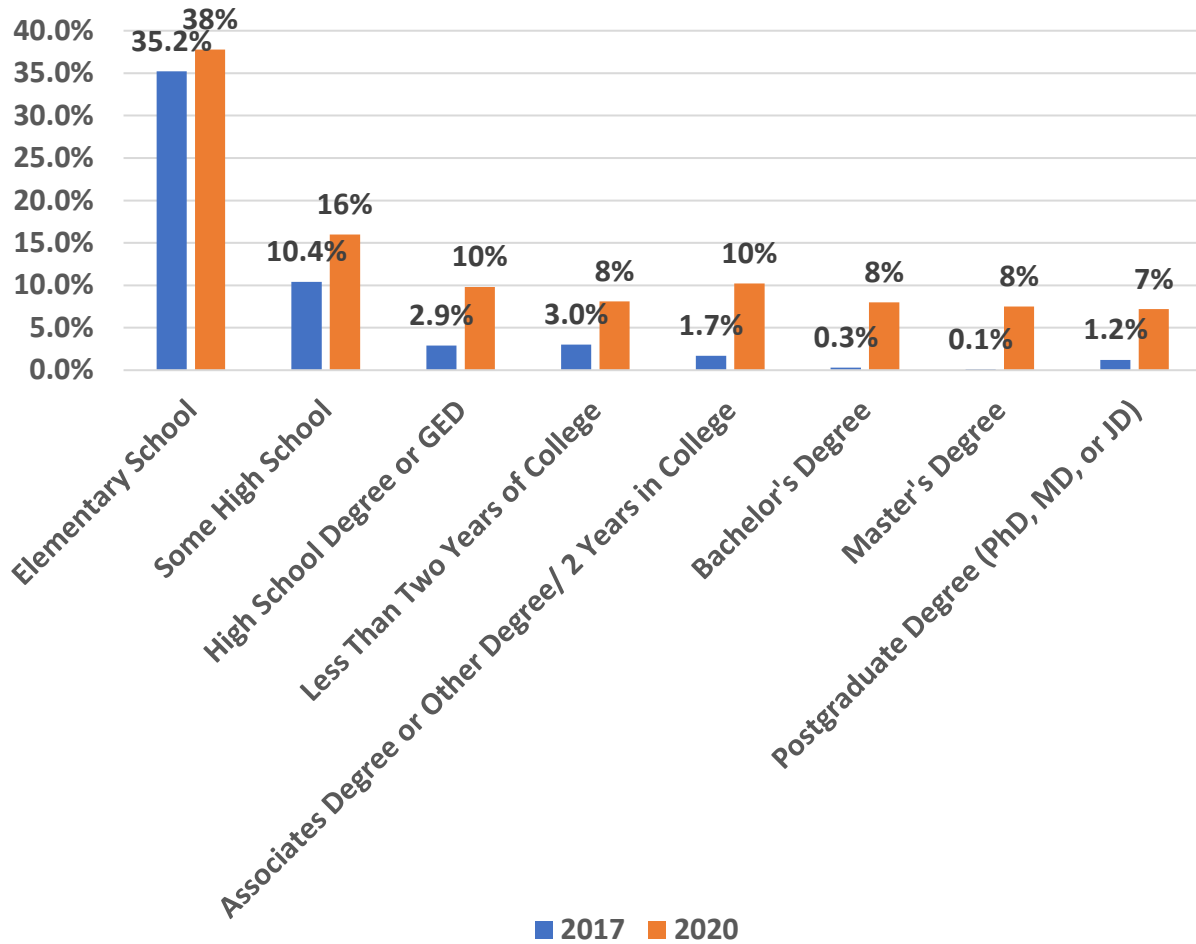
Maryland Disordered Gamblers by Income (Tracy et al., 2017,2020)



The data indicates the percentage of Maryland disordered gamblers by income has increased over the last four years. Low-income residents are more likely to be disordered gamblers compared to higher income residents. 14 % of those who make between \$ 25,000-\$35,000 are disordered gamblers. 12 % of those reporting income between \$ 35,000-\$50,000 were disordered gamblers.

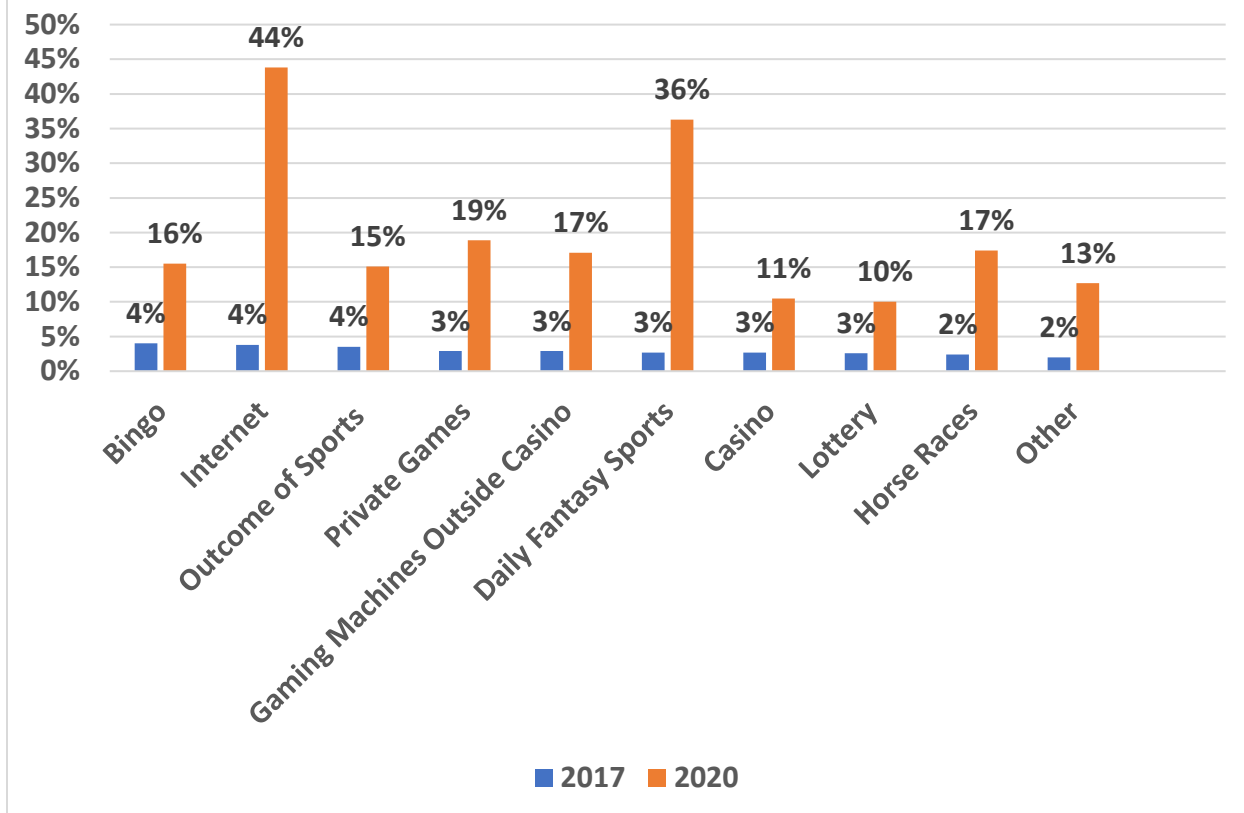
In another study conducted in Maryland, those with low incomes were more likely to be disordered gamblers (Day, 2020) (Day, 2018). This was also found in another Maryland study conducted by Monaghan where those with incomes less than \$25,000 were more likely to be disordered gamblers. Those who were unemployed were also more likely to be disordered gamblers (Monaghan, 2017). Seymour, 2017, found being unemployed was associated with 2.14 times higher odds of ever having a gambling disorder compared to the odds of ever having a gambling disorder for someone who was employed (Seymour, 2017). Using the same data set as Monaghan, Scheele found disordered gamblers are more likely to be low income (Scheele, 2017).

**Maryland Disordered Gamblers by Highest Level of Education
(Tracy et al., 2017,2020)**



The data illustrates the percentage of disordered gamblers by level of education. Residents with lower levels of education are more likely to be disordered gamblers compared to those with higher levels of education. In 2020, 38 % of those with an elementary school education were disordered gamblers compared to those with more education. An additional study conducted in Maryland using the Prevalence and Etiology of Gambling and Substance Use in the United States data found disordered gambling was significantly associated with educational levels of high school or less (Monaghan, 2017).

Maryland Disordered Gamblers by Type of Gambling (Tracy et al., 2017,2020)



Those who participate in on-line types of gambling activities show an increase in the percentage of disordered gamblers. The chart above reveals that 44 % of those who gambled on-line were disordered gamblers. 36% of those who gambled on daily fantasy sports were disordered gamblers followed by private games 19 %, horse races 17 %, bingo 16 %, outcome of sports 15 %, other 13%, casino 11%, and lottery 10%.

Maryland Veterans and Problem Gambling

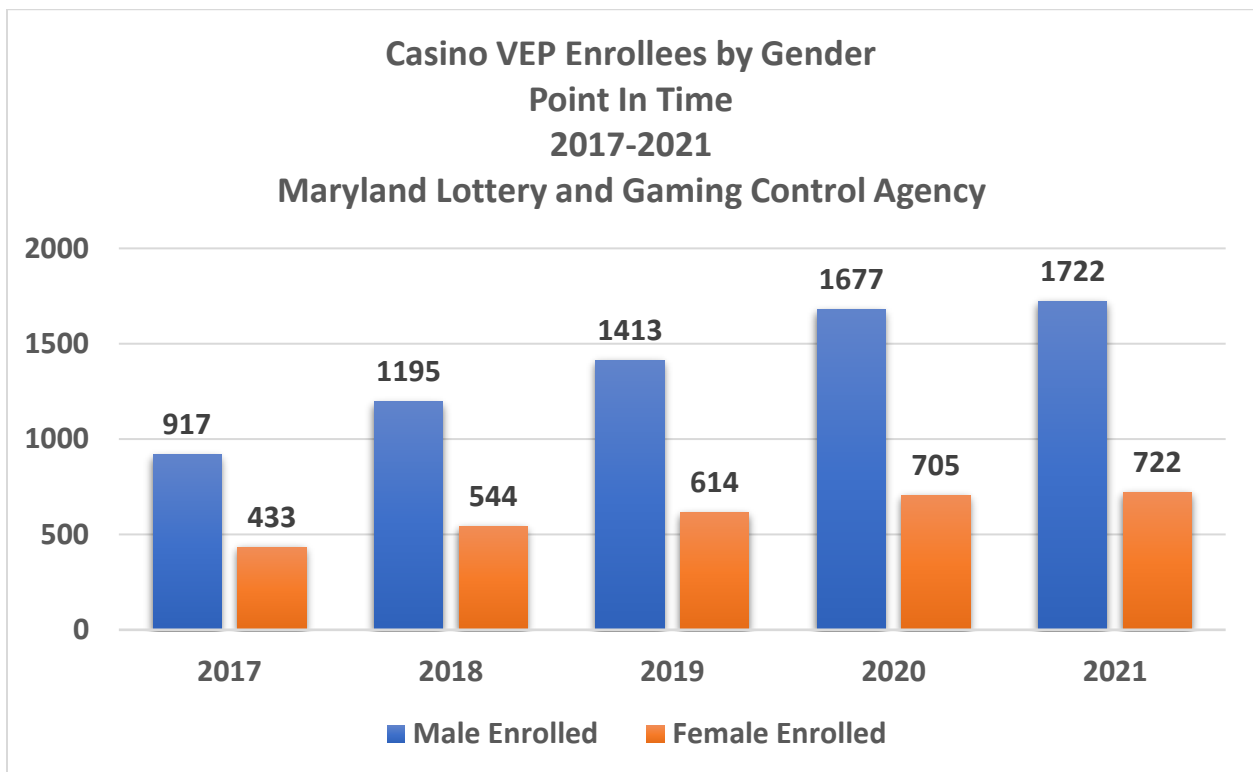
According to a study conducted by Levy in 2014, 29.4% of Maryland veteran participants had scores indicative of probable gambling disorder. 22% of veteran participants met criteria for disordered gambling using AUDADIS-IV tool. African American veterans were more likely to meet criteria for gambling disorder. Veterans earning less than \$25,000 per year were more likely to meet criteria for gambling disorder. Veteran disordered gamblers were more likely to be younger, homeless, and/or hazardous drinkers (Levy 2014).

Substance Misuse and Problem Gambling

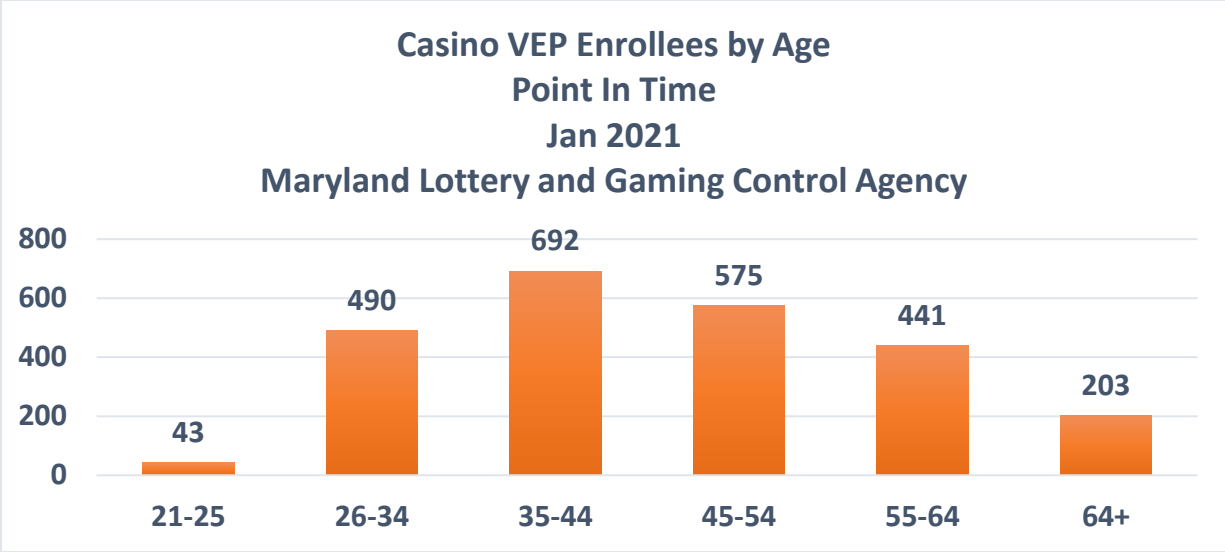
A study conducted of participants in substance use disorder treatment in Baltimore revealed 40% of participants met DSM-5 criteria for gambling disorder. Participants were mostly African American and low income. Disordered gamblers were more likely to be male. 46.2% of those in methadone maintenance were diagnosed as disordered gamblers (Himelhoch, 2016).

Mental Health and Problem Gambling

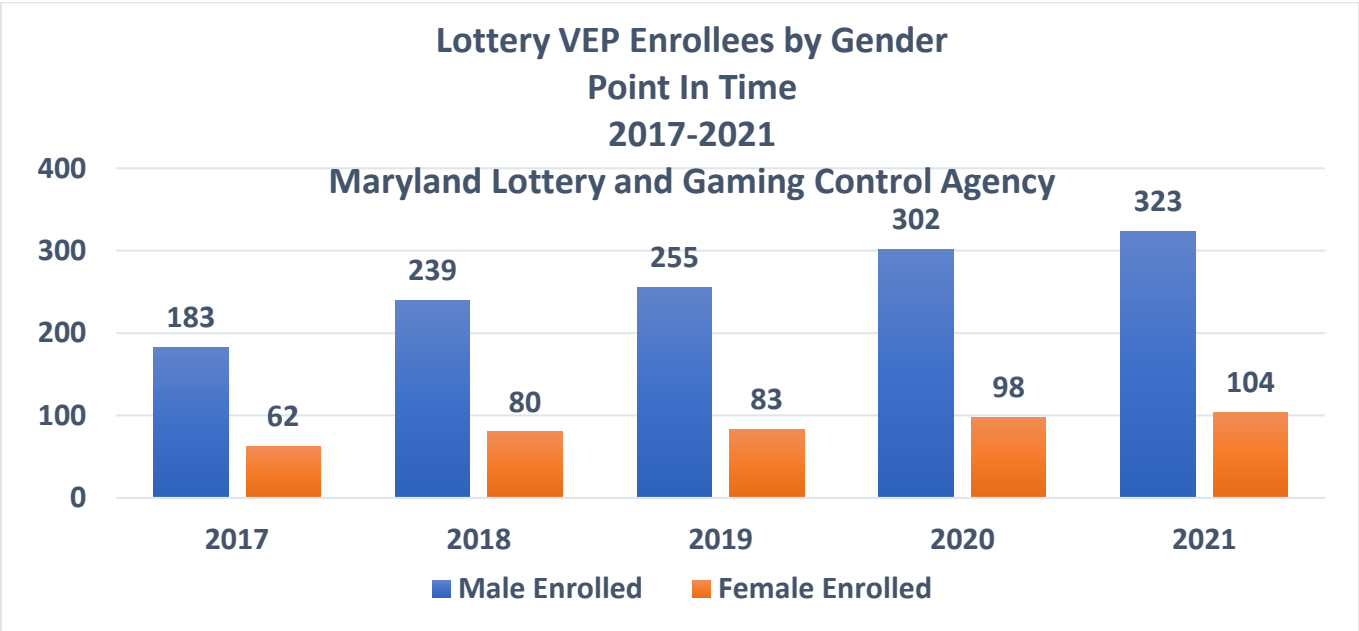
In a Maryland study conducted by Monaghan in 2017, depression was significantly associated with gambling disorder. Depression was also significantly associated with African American race, low-income, and anxiety disorders (Monaghan, 2017).



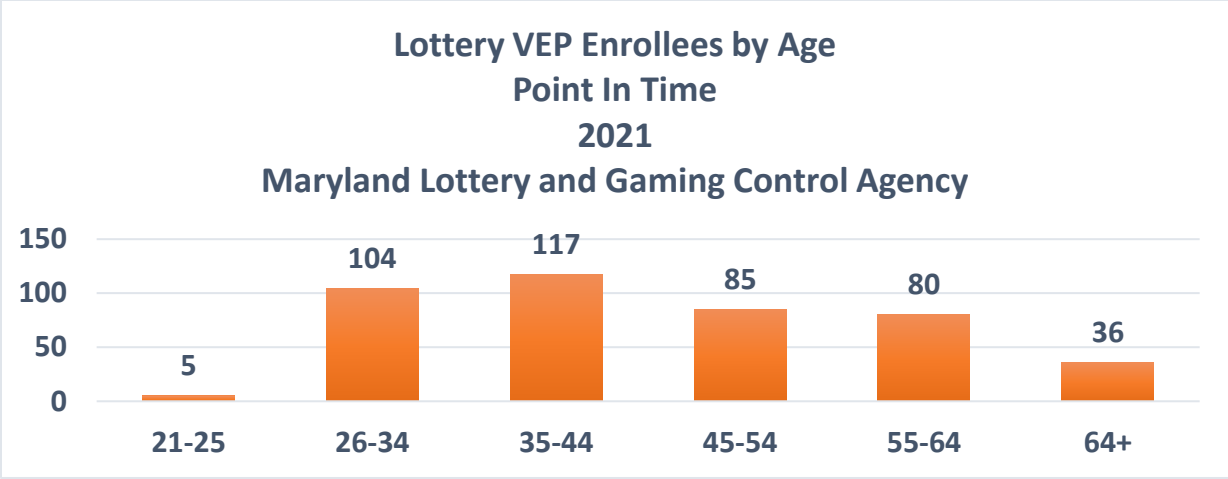
The data shows males are more likely to enroll in the casino Voluntary Exclusion Program compared to females in the last five years. In 2021, there were 1,722 males compared to 722 females enrolled. Overtime the numbers of males and females enrolling in the VEP is increasing.



The chart above indicates the number of casinos VEP enrollees by age in 2021. The highest category, with 692 enrollees, were between the ages of 34-44. The second highest category, with 575, were between the ages of 45-54. Closely after, 490 between the ages of 26-34 and 441 between the ages of 55-64, compared to least enrollees 43 between the ages 21-25 and 203 ages 64 and over.



The chart above illustrates the number of Lottery VEP enrollees from 2017-2021 by gender. Similarly, to casino enrollees, there were consistently more males than females each year who enrolled in the program. In 2021, there were 323 males and 104 females enrollees, more than previous years.



The data above shows the numbers of lottery VEP enrollees by age in 2021. 117 enrollees in 2021 were between the ages of 35-44. The next highest age range was 104 in the age group 26-34.

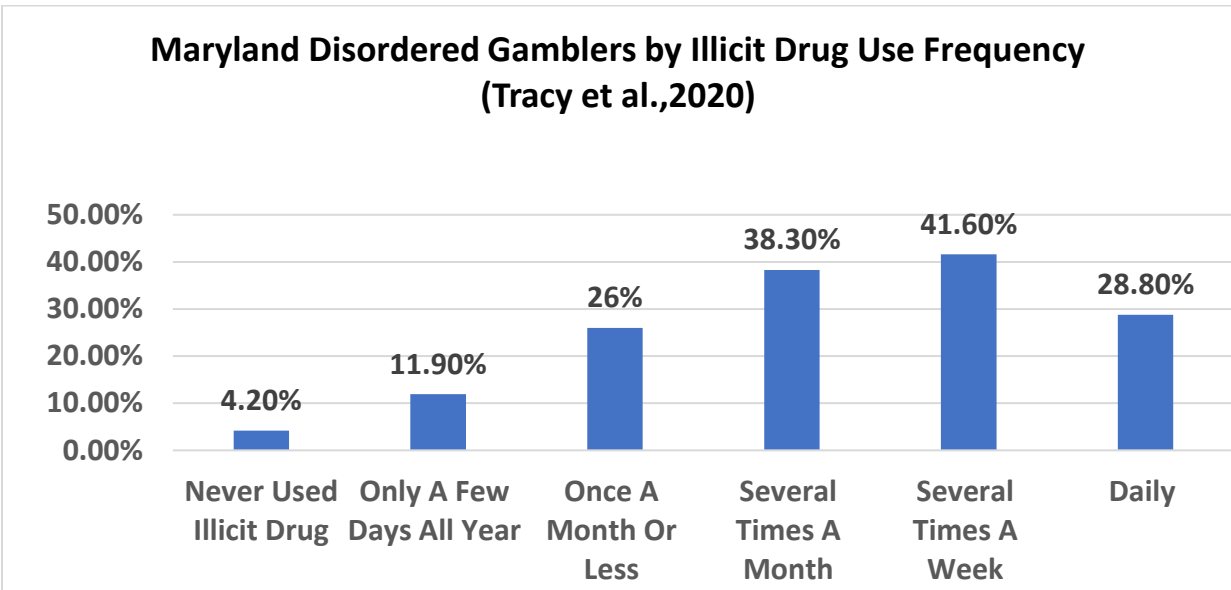
Consequences



The chart above indicates those who binge drink several times a week are more likely to be disordered gamblers. In 2020, 49.4 % of those who binge drank several times a week were also disordered gamblers. The next highest 25.7 % who binge drank several times a month, followed by 11.3% who binge drank once a month or less, 7.7% who binge drank a few days a year, compared to 3.5 % of those who never binge drank were disordered gamblers.

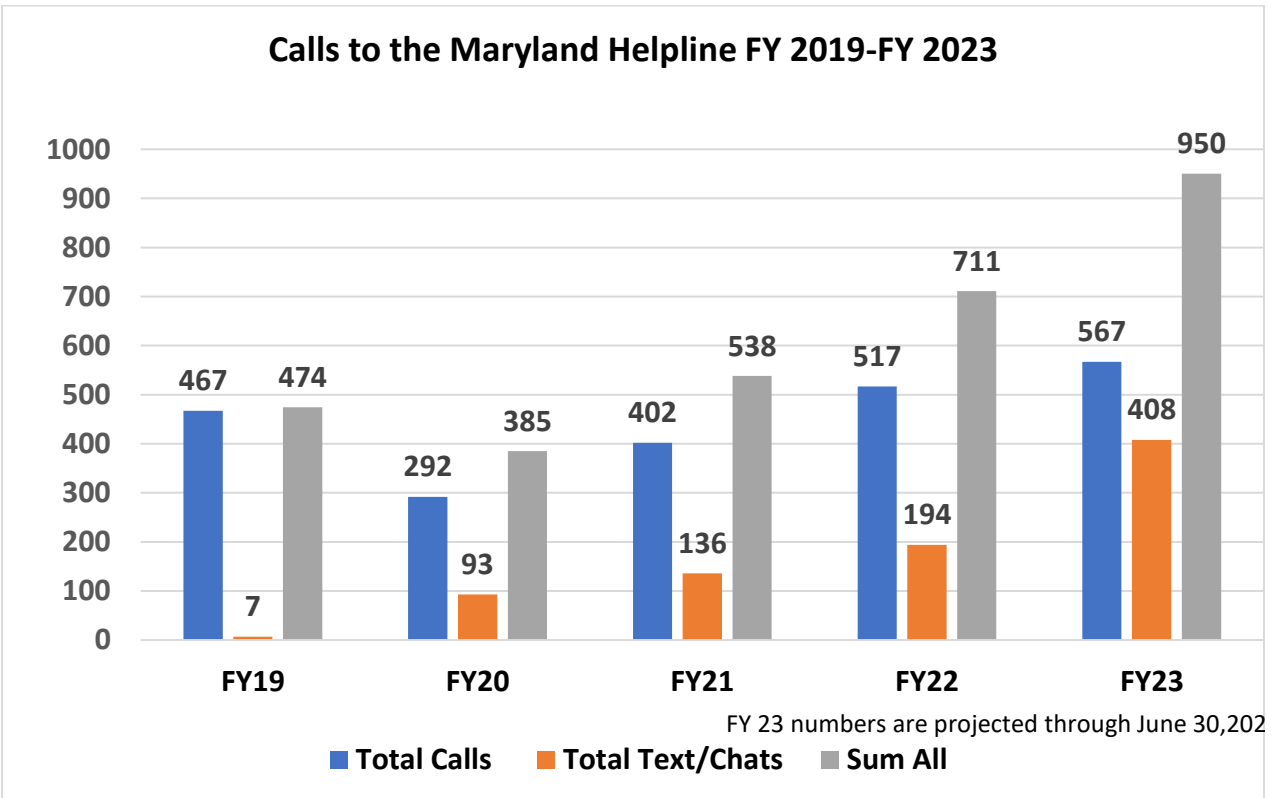
In another Maryland study, problem drinking was not found to be statistically associated with gambling disorders. Women who are problem drinkers have higher odds of also having a gambling disorder compared to men who are problem drinkers (Swasey, 2018).

Maryland Disordered Gamblers by Illicit Drug Use Frequency (Tracy et al.,2020)

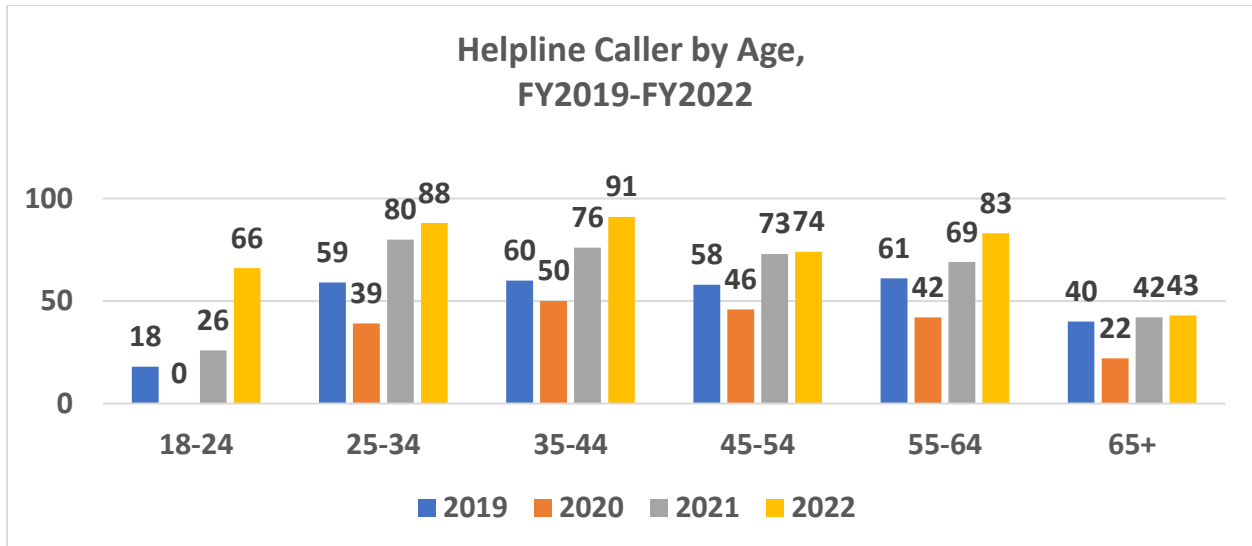


The chart above shows that those who use illicit drug are more likely to be disordered gamblers. In 2020, 41.60 % of those who use drugs several times a week were disordered gamblers.

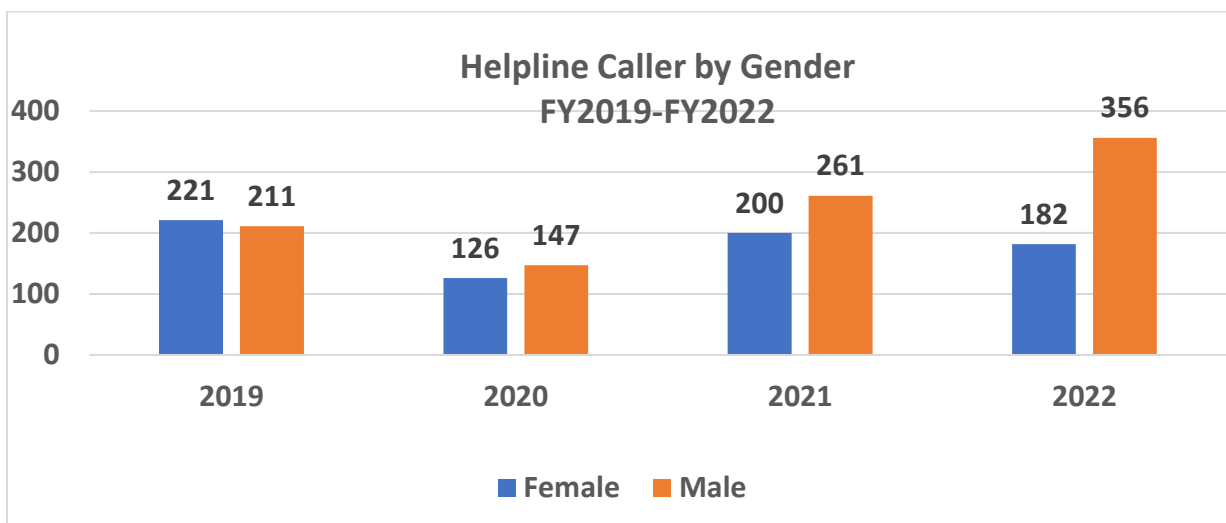
Calls to the Maryland Helpline FY 2019-FY 2023



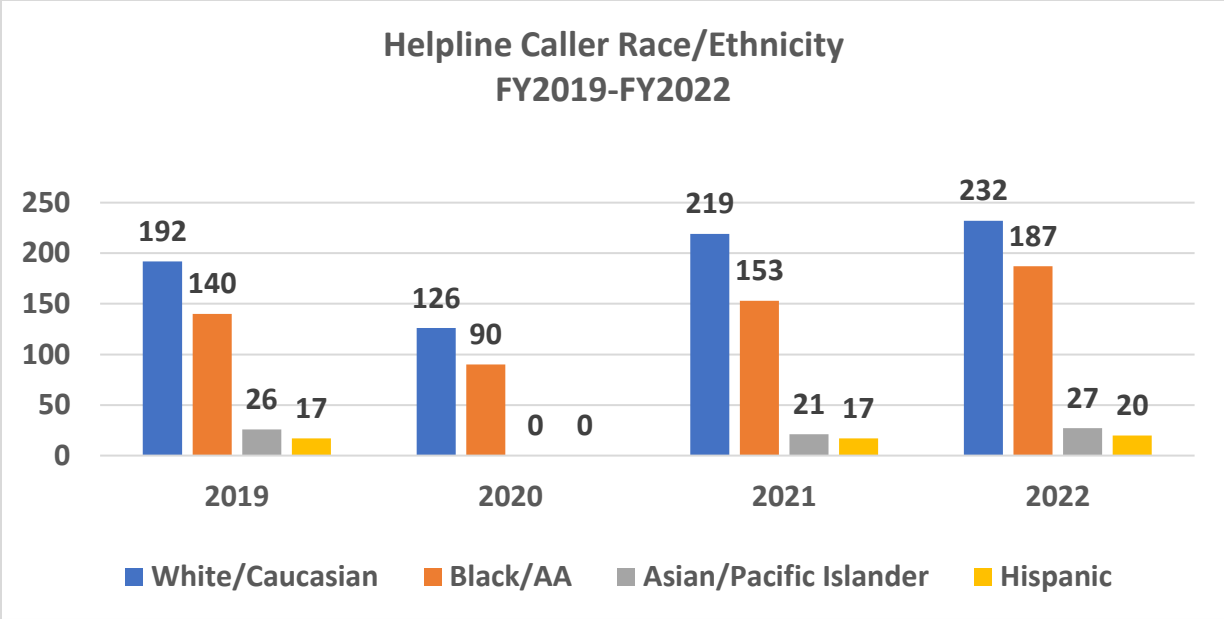
The data above shows a significant increase in calls, text/chats to the Maryland helpline by problem gamblers in the past five years. The total numbers of calls, text/chats steadily increased among problem gamblers from 474 in FY 2019 to 950 in FY 2023. The FY 2023 numbers were projected through June 30, 2023, based on 9 months of data.



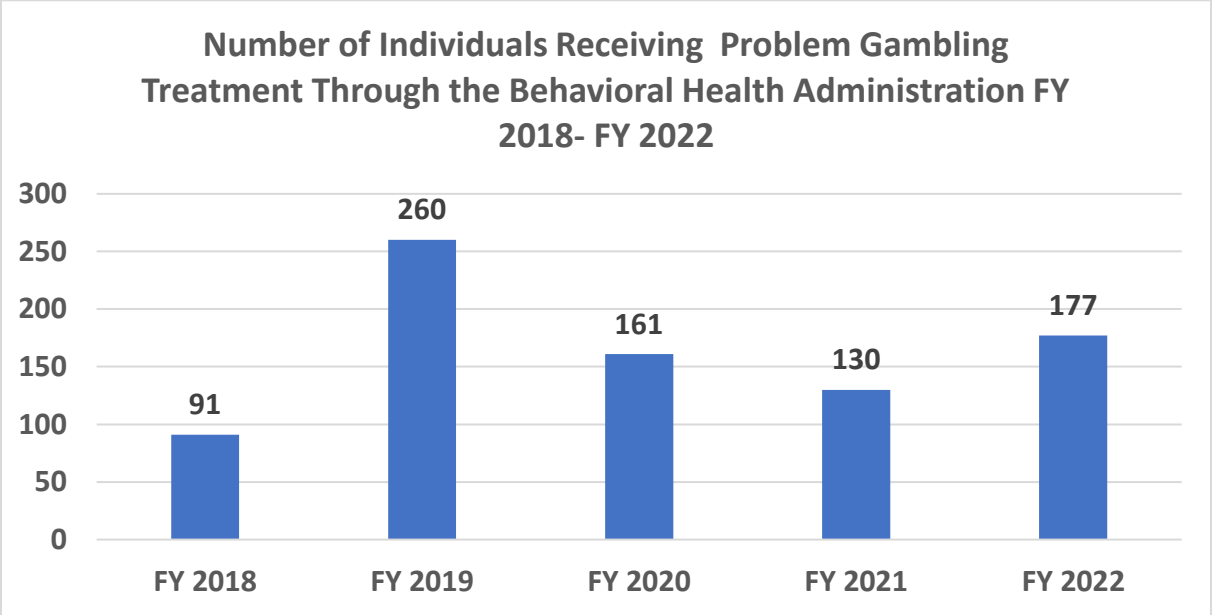
The chart above shows an increase in helpline callers by age between FY 2019 to FY 2022. In FY 2022, 91 callers were between the ages of 35-44, with the highest number of calls. The next highest number of calls, 88, were between the ages of 25-34. There was a slight decrease in the number of helpline callers among all ages between FY 2019-FY 2020. Similarly, the same trend occurs for the number of calls, text/chats to the Maryland helpline in FY 2019. This decrease may be related to the COVID-19 pandemic.



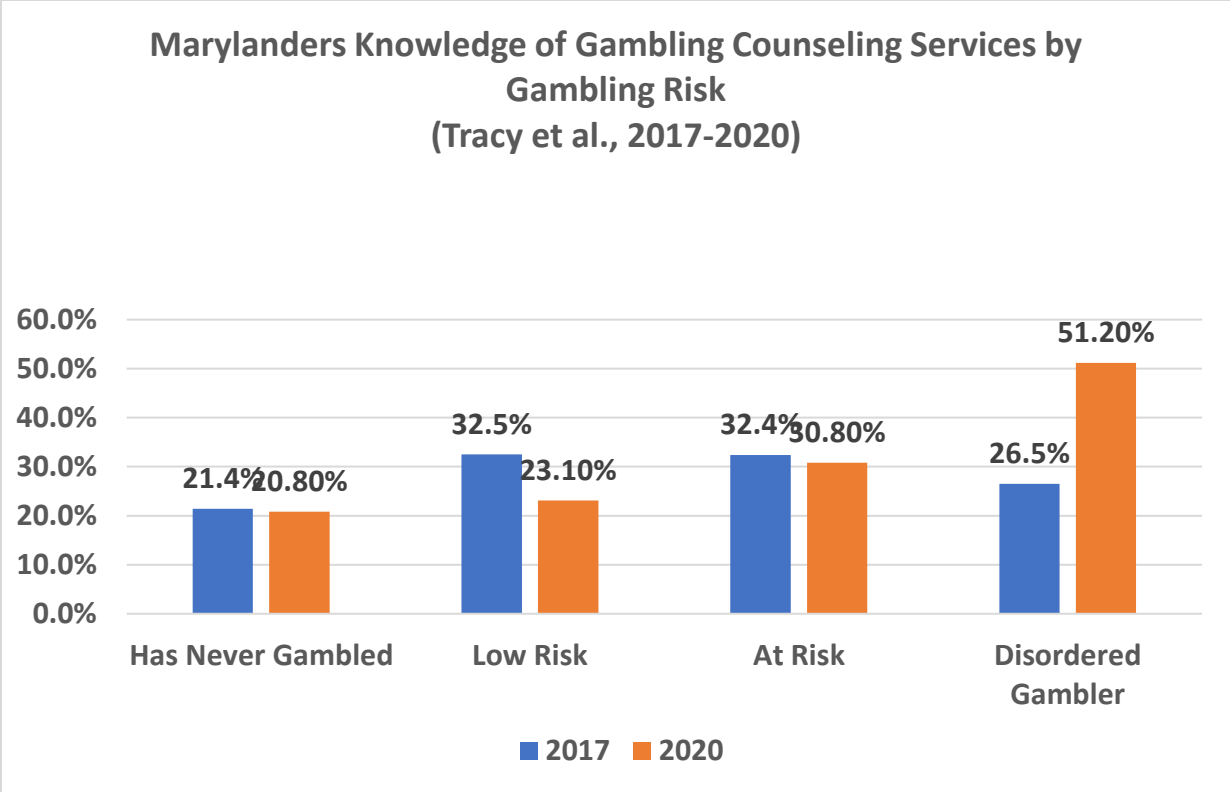
The data above shows male helpline callers continue to exceed female callers in four years. The rate of male callers has increased from 211 in FY 2019 to 356 in FY 2022 compared to female callers from 221 to 182.



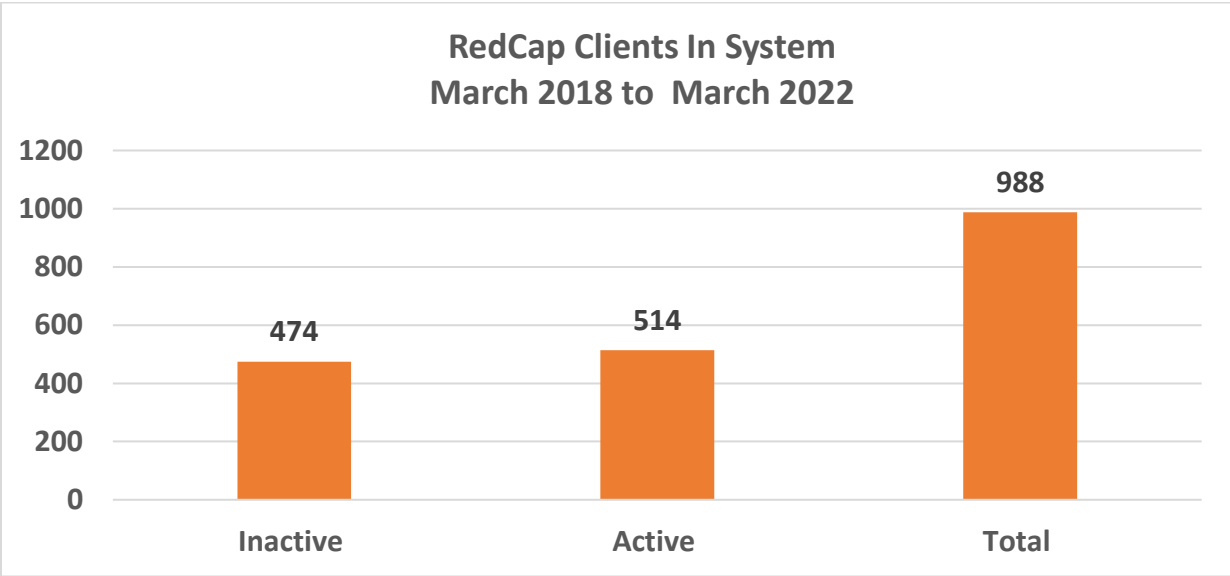
The chart above shows that Whites are more likely to utilize the helpline compared to other races/ethnicities in the last few years. The rate of White helpline seekers has increased from 196 in FY 2019 to 232 in FY 2022. Next, Black /African American helpline callers increased from 140 to 187 compared to Hispanic 17 to 20, and Asian/ Pacific Islander 26 to 27, who are less likely to use the helpline.



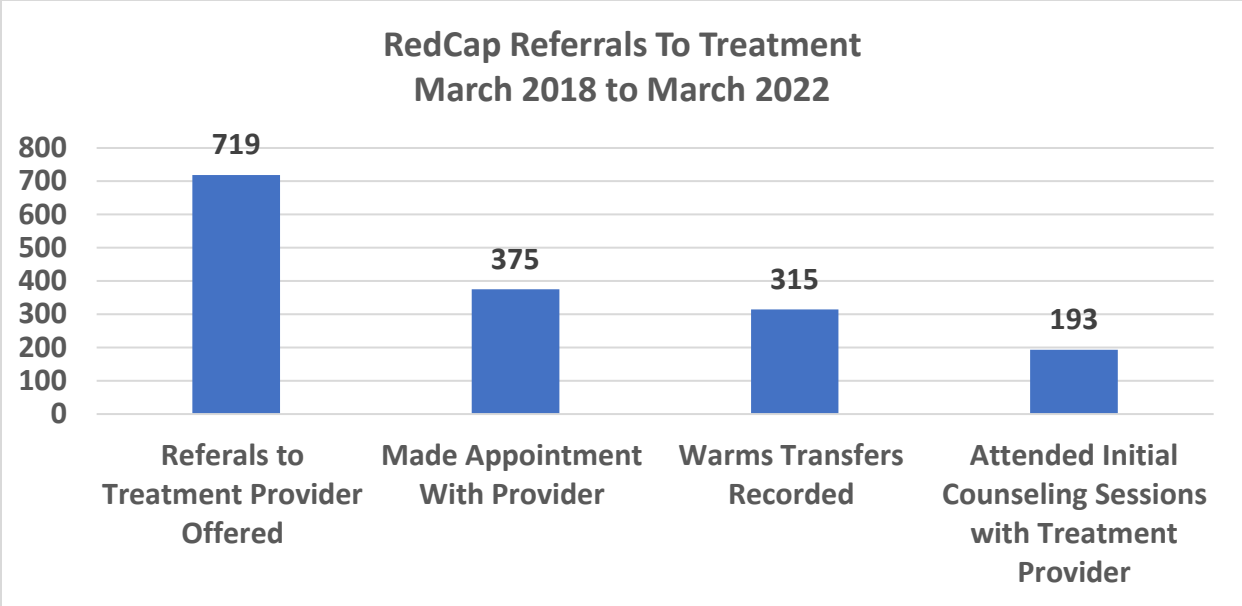
The chart above illustrates the number of individuals receiving problem gambling treatment through the BHA from FY 2018-FY 2022. The data shows 260 received problem gambling treatment in FY 2019, more than the other years. The second highest, 177 received problem gambling treatment in FY 2022, followed by 161 in FY 2020, and 130 in FY 2021, compared to 91 in FY 2018, who received problem gambling treatment services through the BHA.



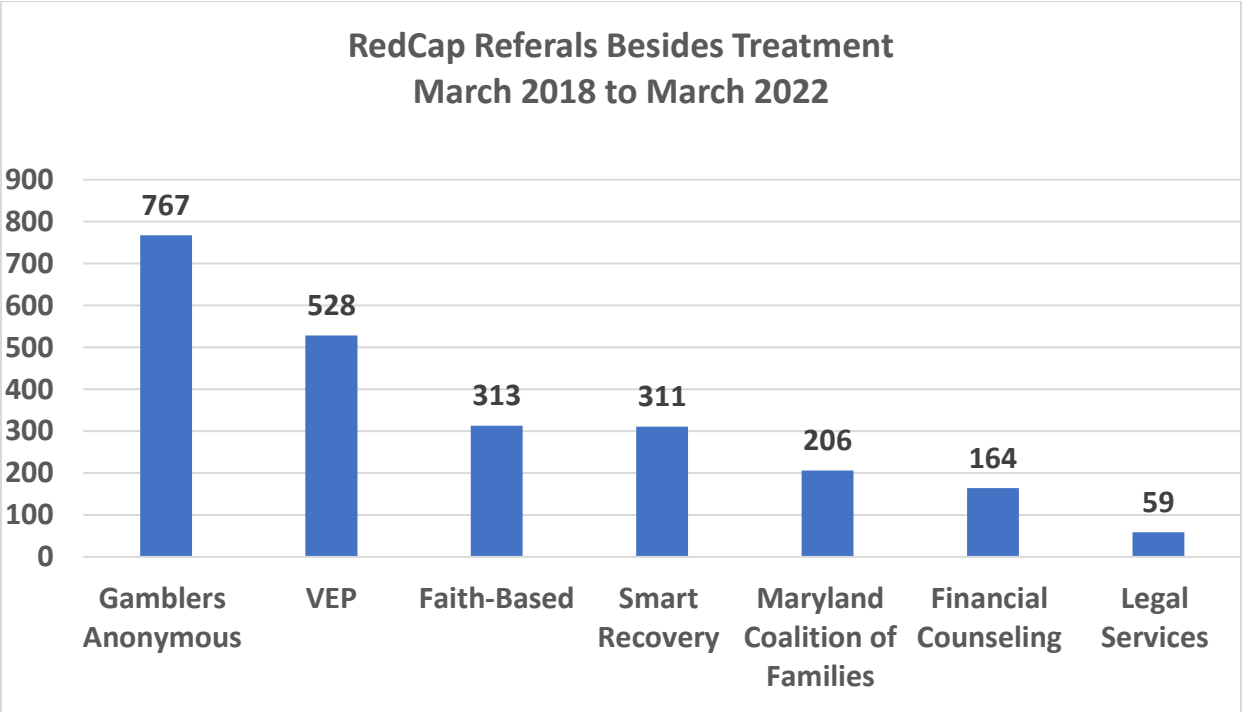
The chart indicates 51.20 % of disordered gamblers knew about counseling services. Those in other risk groups were less likely to know about counseling services. In addition, in another Maryland study, counselors in consumer credit organizations did not know where to refer clients with gambling problems (Sacco et al., 2019).



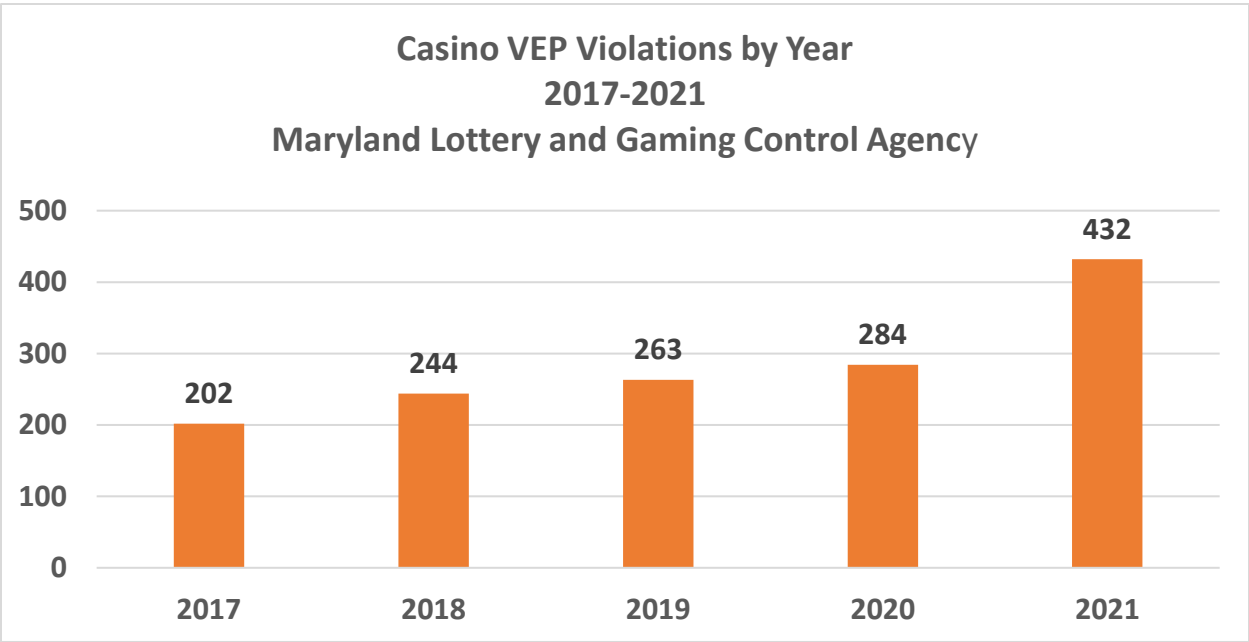
The data above shows a total of 988 Redcap Clients in the system between March 2018-March 2022, of whom 474 were inactive and 514 were active.



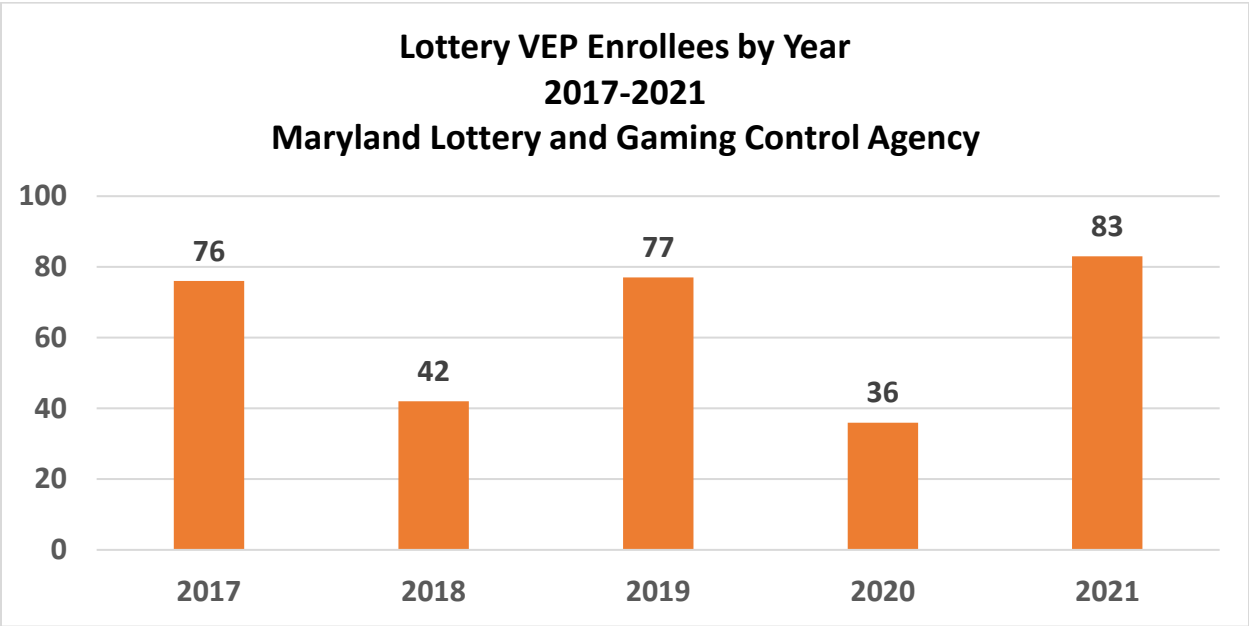
The data shows 719 clients were offered referrals to treatment by the Center’s Peer Recovery Support Specialists between March 2018 to March 2022. Of the 719, 375 made appointments with providers, 315 were warm transferred to a provider, and 193 attended initial counseling sessions with a treatment provider.



The data above shows the number of Redcap referrals made besides treatment between March 2018-March 2022. 767 referrals were made to Gamblers Anonymous. The second highest referrals were 528 to the Voluntary Exclusion Program, followed by 311 to Smart Recovery, 164 to Financial Counseling, and 59 to Legal Services.



The data shows Casino VEP violations have gone up consistently in five years. The rate has increased from 202 in 2017 to 432 in 2021.



The chart above shows an increase in Lottery VEP enrollees in 2021. There were 83 enrollees reported in 2021, followed by 77 enrollees in 2019, 76 enrollees in 2017, 42 enrollees in 2018, and 36 enrollees in 2020.

The data below shows the number of responses from adult focus groups and key interviews. Of 50 adult focus groups and key interviews, no participants reported having a conversation with a medical doctor about problem gambling, One had a conversation with a mental health provider, one had a conversation with a faith-based leader, and 14 had conversations with a family member. Of 50 focus groups, in 23 groups, no participants had a conversation with any provider or community leader.

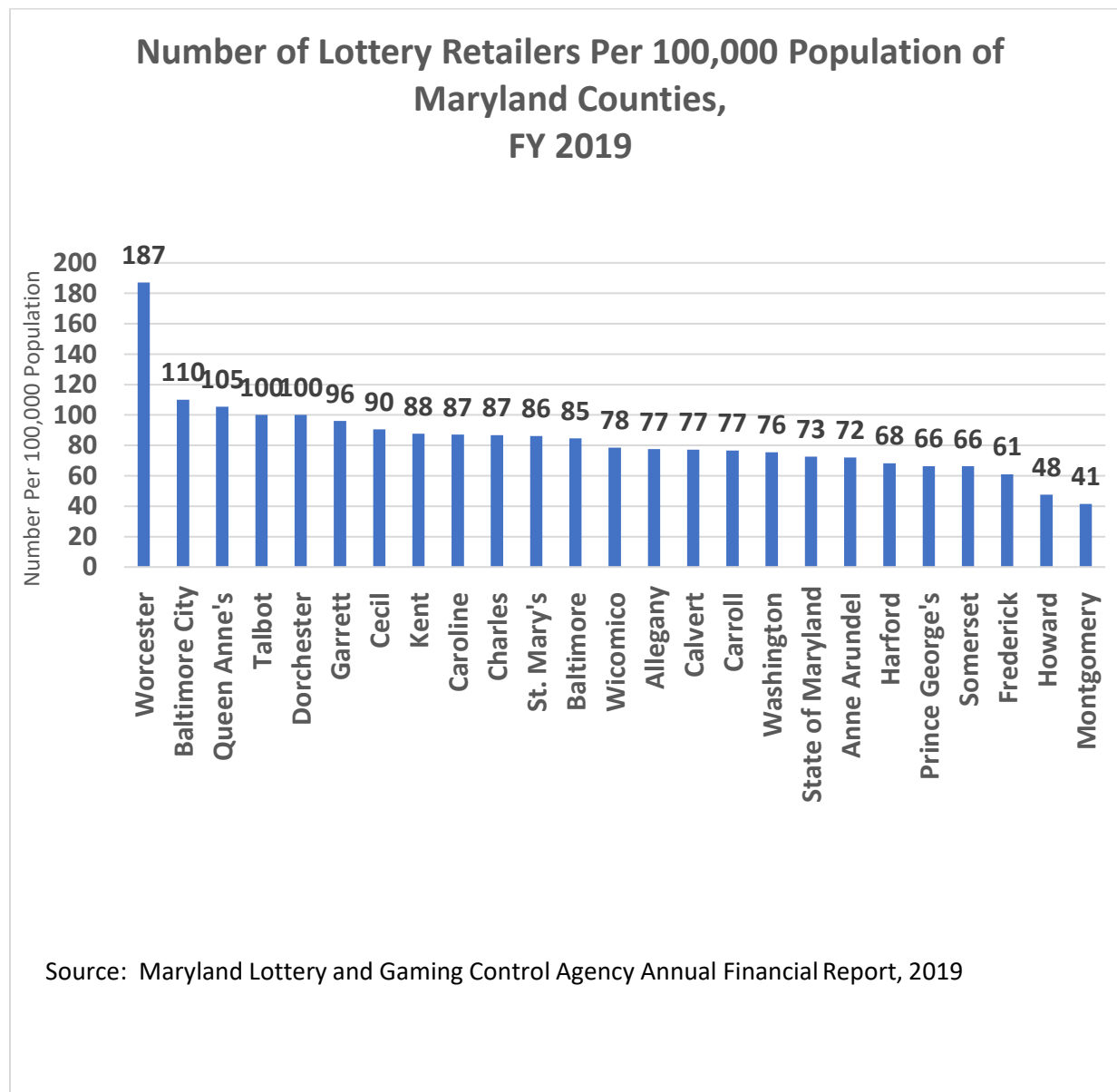
Employees should be trained in responsible gambling/gaming	41
Retailers do not prevent people from buying too many lottery tickets	38
Casino employees do not help people that may be spending too much on gambling	35
Lottery retailers do not ID underage youth	32
Parents permit underage youth to gamble	29
Parents do not know the risk of underage gambling	26
Not heard of someone being incarcerated due to problem gambling	24
Not heard of legal problems from gambling	22
Not aware of training programs for those who work in Casinos or sell Lottery tickets	19
Judges should be lenient on those who commit gambling related crimes	17
Casinos ID underage youth	44

The data below also represents the number of responses from underage focus groups. The youth focus groups show that no one has had a conversation with anyone about problem gambling (Center’s focus groups & key interviews, 2022).

Not heard of legal problems from gambling	6
Not aware of training programs for those who work in Casinos or sell Lottery tickets	5
Not heard of someone being incarcerated due to problem gambling	5
Parents do not know the risk of underage gambling	4
Lottery retailers do not ID underage youth	4
Retailers do not prevent people from buying too many lottery tickets	4
Parents permit underage youth to gamble	3
Casino employees do not help people that may be spending too much on gambling	3
Employees should be trained in responsible gambling/gaming?	2
Judges should be lenient on those who commit gambling -related crimes	2

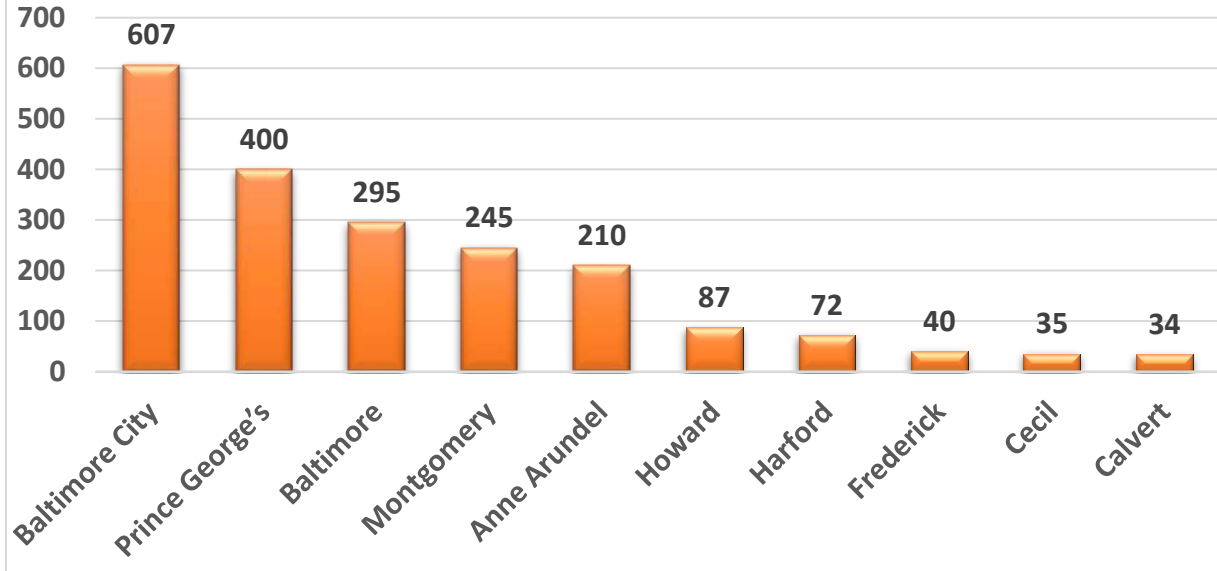
Where:

Consumption patterns

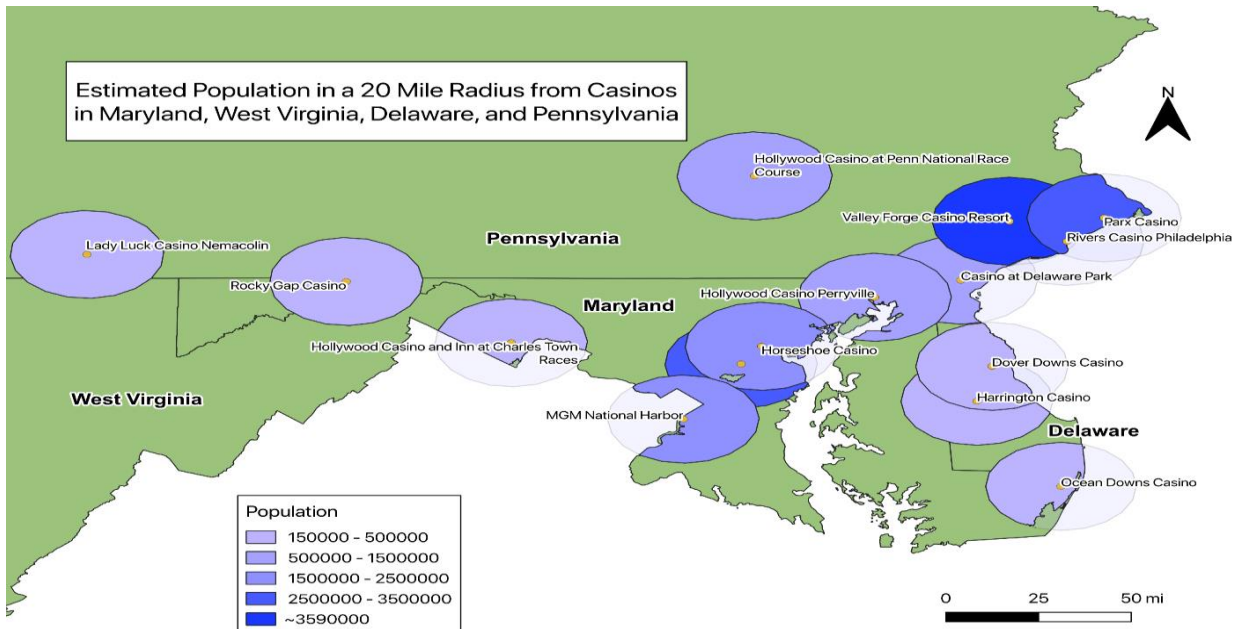


The data illustrates the number of Maryland lottery retailers per 100,000 population in FY 2019. There were 187 lottery retailers reported in Worcester County. The second highest reported 110 in Baltimore City, followed by 105 in Queen Anne's County. The data also shows counties in the Eastern Shore region were in the top five with higher numbers of lottery retailers per population in 2019.

Helpline Callers by County FY2016-FY2020

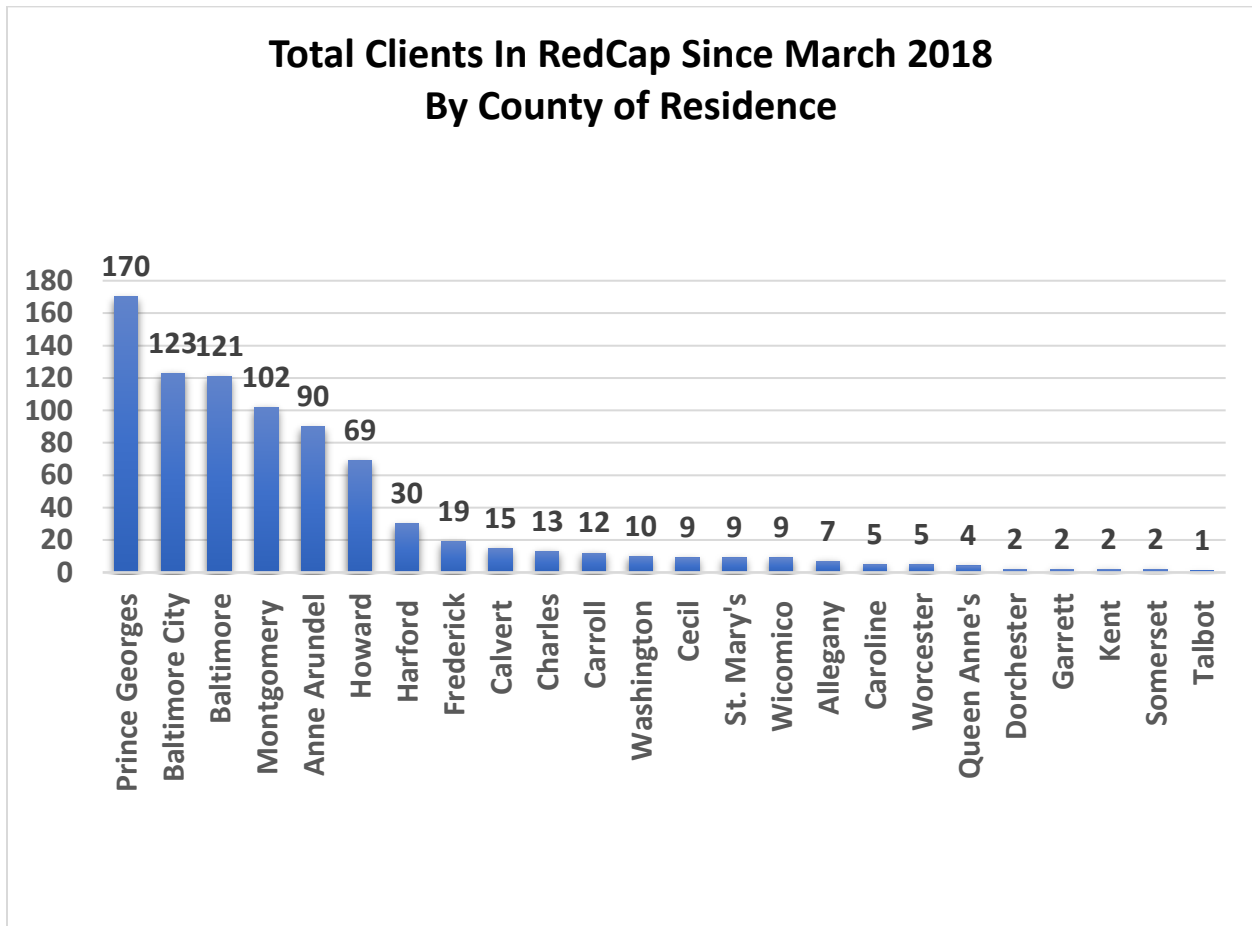


The data above shows the volume of helpline callers by county between FY 2016-FY 2020. The area where the greatest number of callers were from was Baltimore City with 607 helpline calls. Next, 400 from Prince George's County, followed by 295 from Baltimore County, 245 from Montgomery County, 210 from Anne Arundel County, and 87 from Howard County.

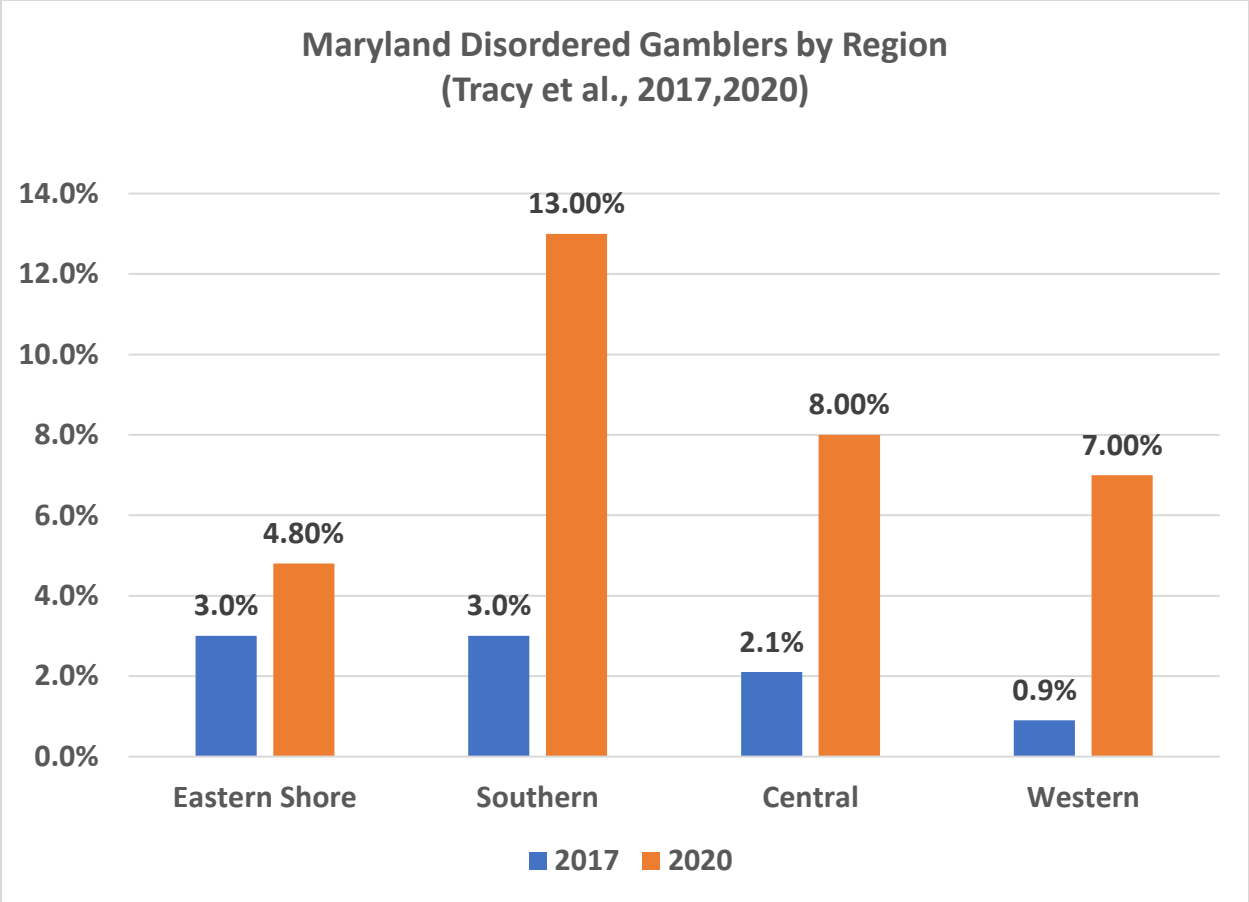


The map above shows an estimated population in a 20-mile radius from casinos in Maryland, West Virginia, Delaware, and Pennsylvania.

In one Maryland study, McArdle 2015, density of simulated slot machines in an urban center was strongly correlated with density of alcohol establishments. In addition, crime rates were positively correlated with machine density, mostly increased property crime. The density of simulated slot machines was also correlated with calls for domestic violence and unemployment rates (as density increased, rates increased) (McArdle, 2015).



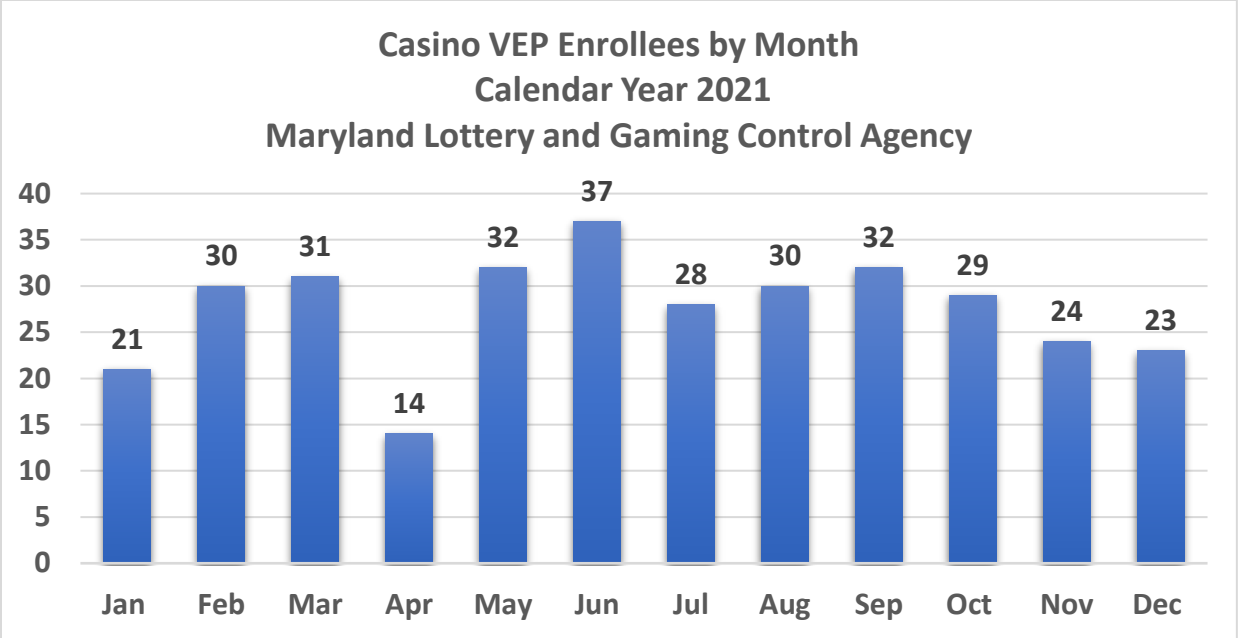
As indicated by the chart above, the number of clients in Redcap in Prince George's County was 170. Baltimore City and Baltimore County had the next highest numbers of clients in Redcap. There were 123 in Baltimore City and 121 in Baltimore County, followed by 102 in Montgomery County, and 90 clients reported in Anne Arundel County.



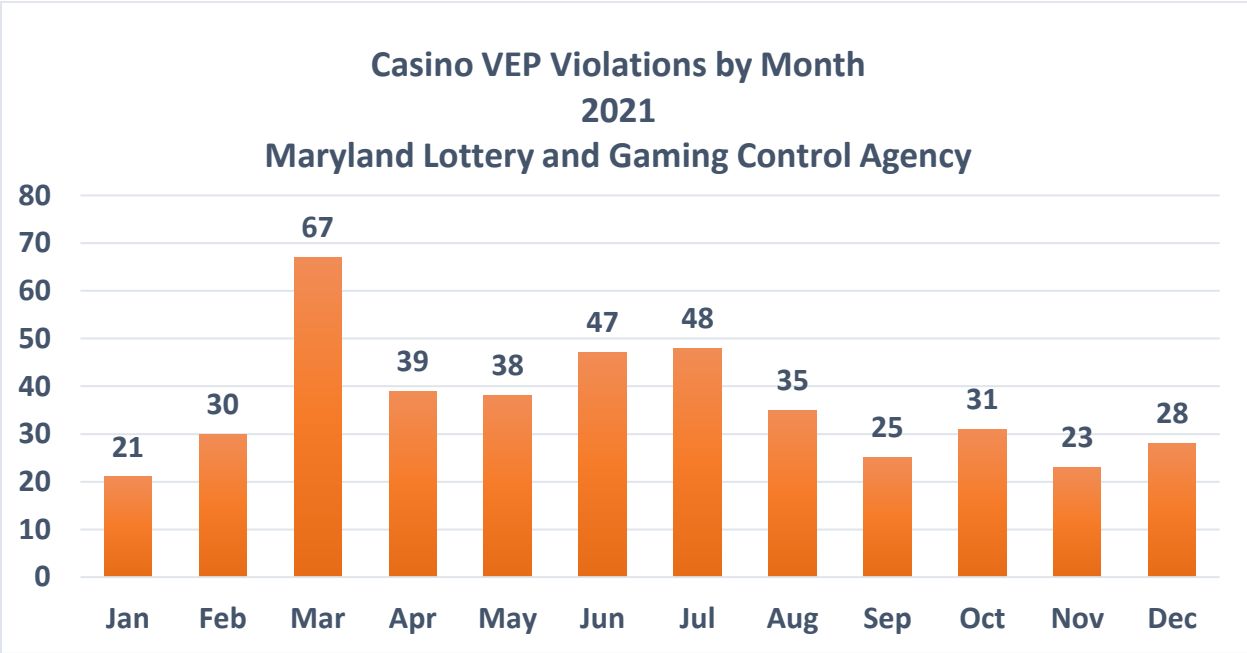
The chart above shows an increase in disordered gamblers by region from 2017-2020. The southern region reported the highest, 13 % of those completing the survey were disordered gamblers compared to other regions in 2020. The next, 8%, was in the Central region, 7 % Western, and 4.8% Eastern Shore region.

Consequences

According to a Maryland study, casinos increase the number of car crashes in a one-mile radius of the casino by 34.2% (UMSOM, 2017). Crashes occurring within a five-mile radius increased by 7% and impaired driving crashes increased by 58%. The greatest increases in crashes were among individuals that lived near the casino. In the follow-up study, crashes on weekends within a one-mile radius increased by 77%, and crashes occurring between the hours of 9:00 pm and 5:00 am increased by 87%. 76.6 % of vehicle crashes proximal to the casino occurred mostly during the day, 66.6 % involved drivers <40 years of age, including 57.4 % males. Analyses yielded significantly higher proportions of weekend crashes (when compared to weekday crashes) and crashes involving younger drivers. (Kufera, et al., 2020).

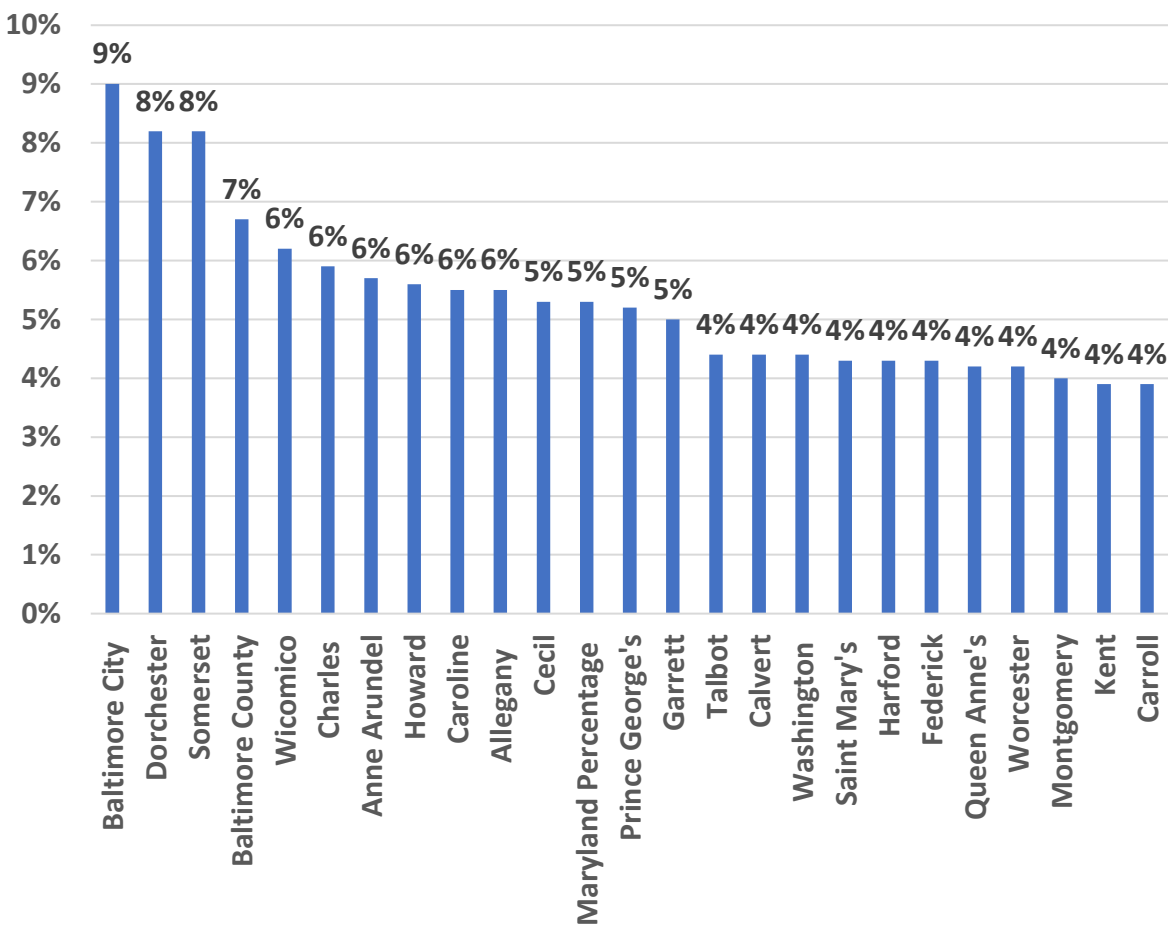


The data shows the greatest number of Casino VEP enrollees was in the month of June. The second largest VEP enrollment occurred in May and September at 32. March was also a high month for enrollees with 31, followed by February and August, with 30 for each month compared to other months.



The chart also shows an increase in Casino VEP violations by month in 2021. The highest, 67 VEP violations, was recorded in March, followed by 48 in July, 47 in June, 39 in April, and 38 in May, compared with the number of violations in the other months.

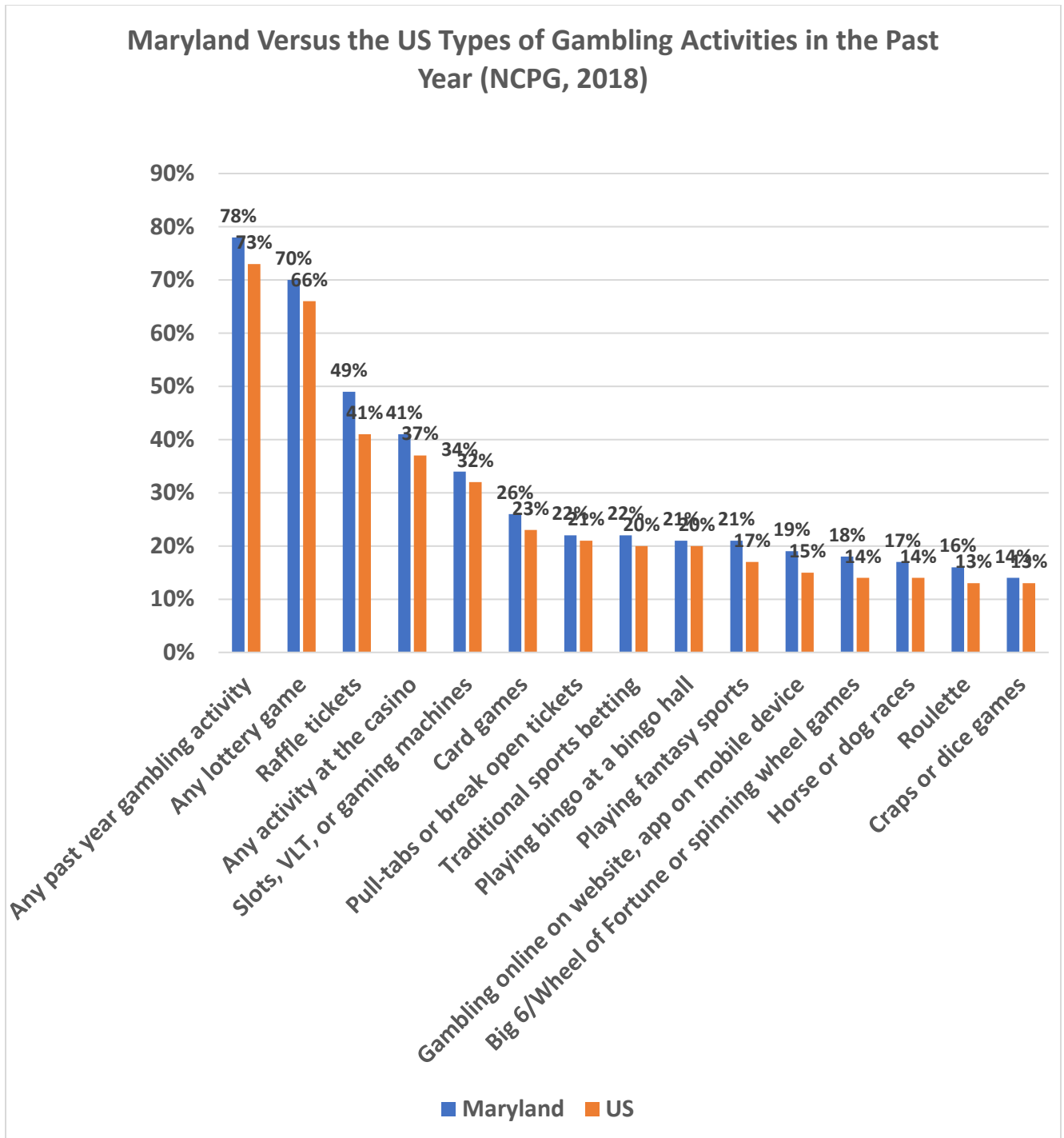
**Percentage of Maryland High School Students
Who Have Lied How Much They Gambled by County
(YRBS, 2021-2022)**



The data above indicates the percentage of Maryland high school students who have lied about how much they gambled by county in 2021/2022. The top three percentages of students that lied about their gambling behavior were 9 % Baltimore County, 8 % Dorchester, and 8 % Baltimore City compared to students in other counties.

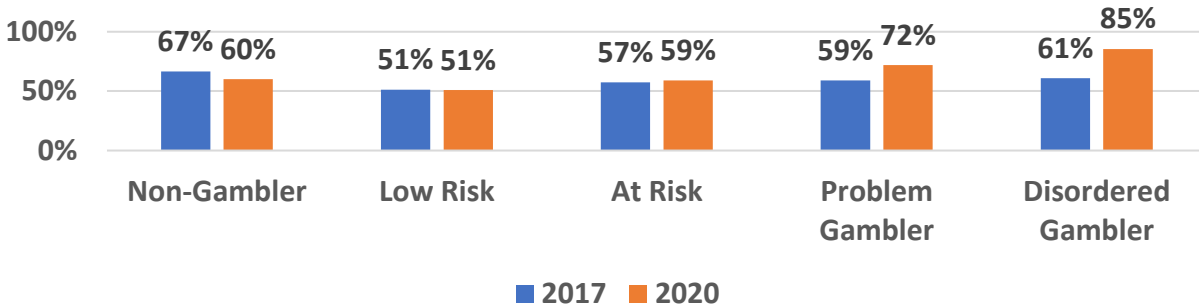
What:

Consumption Patterns



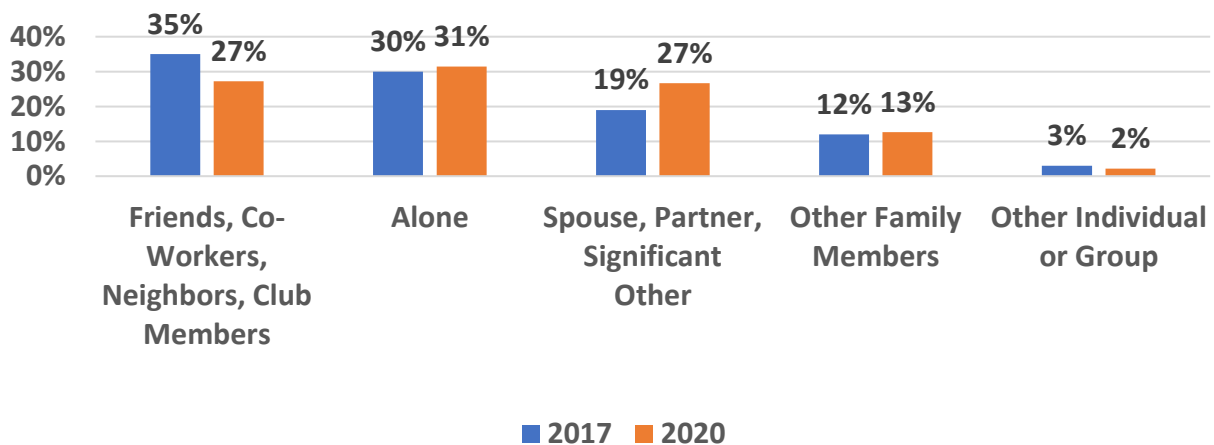
In 2018, Maryland reported higher percentages of types gambling activities than the US. The State reported 78 % any past year gambling activity, 70 % lottery game, 49 % raffle ticket, 41 % activity at the casino, 34 % slot, VLT, or gaming machines and other types.

Maryland Residents Who Strongly Agree or Agree "There Are Too Many Opportunities for Gambling Nowadays" by Gambling Risk
(Tracy et al., 2017,2020)

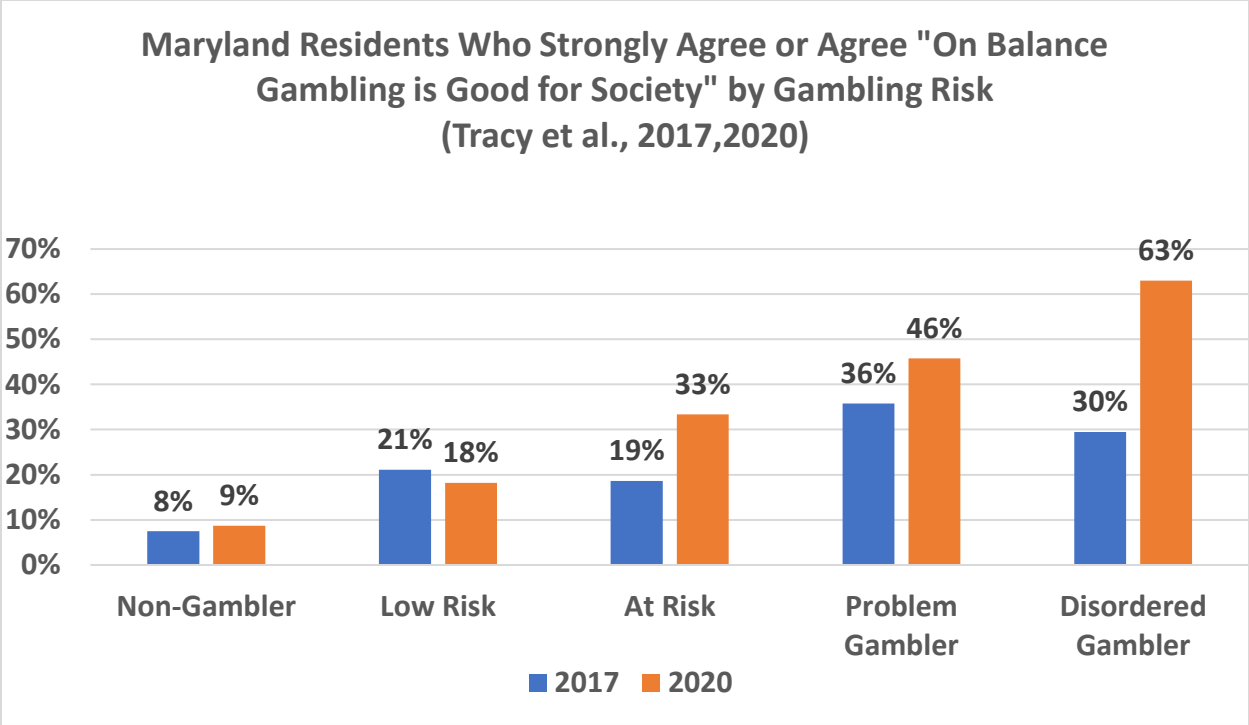


The data above indicates the majority of disordered gamblers, 85%, and 72 % of problem gamblers strongly agree or agree there are too many opportunities for gambling. Next, 60% of non-gamblers, 59% of at risk, and 51% of low-risk gamblers had the same perception.

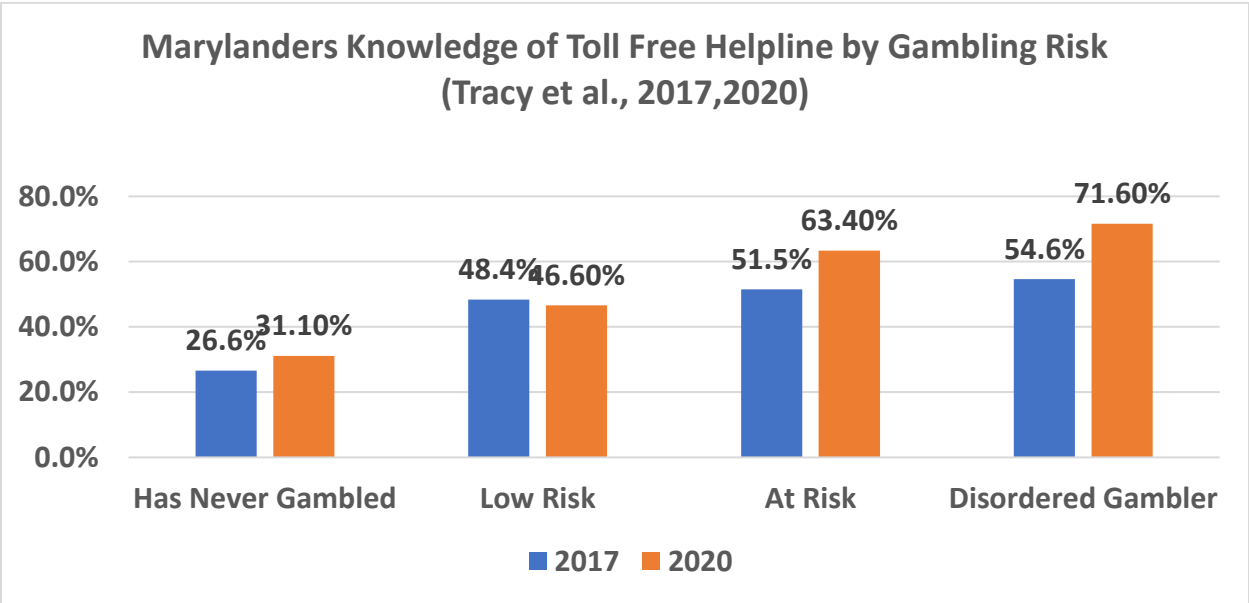
Whom Do Marylanders' Gamble With the Most
(Tracy, et al., 2017,2020)



The chart above shows 31 % of Marylanders reported gambling alone. The second highest percentages were 27 % of those who gambled with friends, co-workers, club members, and 27 % gambled with their spouse, partner, or significant other, followed by 13% who gamble with family members, and 2% gambled with other individuals or groups.

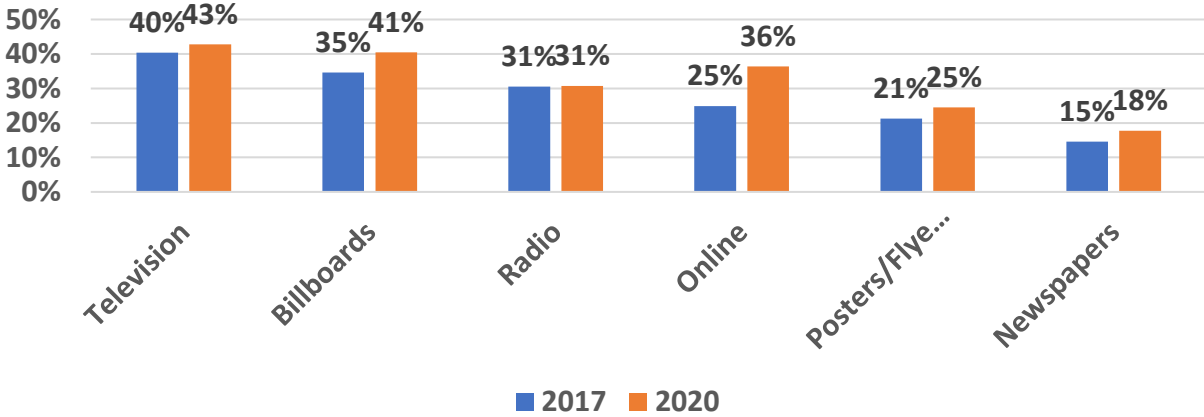


The data above shows that 63% of disordered gamblers strongly agree or agree on balance gambling is good for society, followed by 46% of problem gamblers, 33% of at-risk gamblers, 18% of low-risk gamblers, and 9% of non-gamblers.



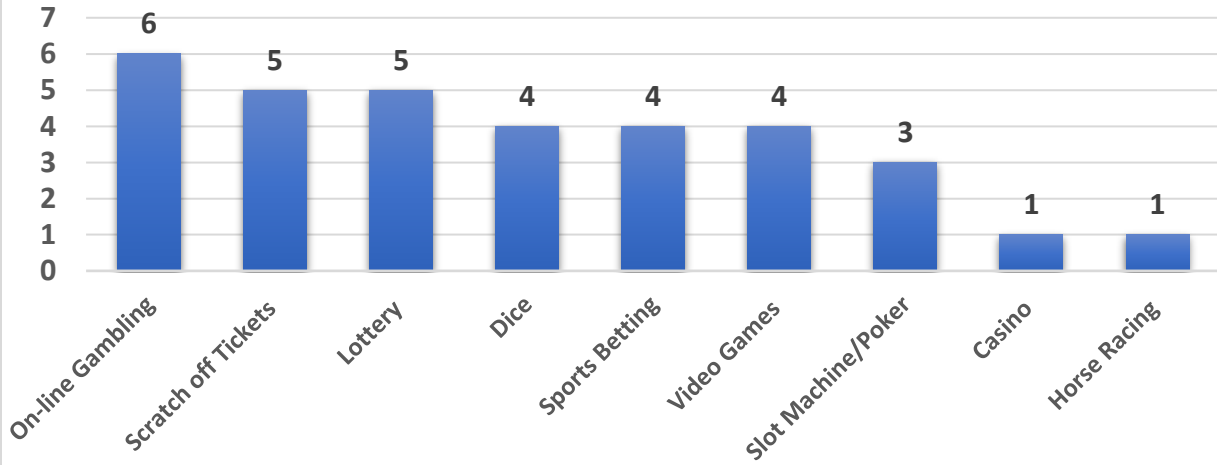
The data above shows disordered gamblers are more likely to know about the toll-free helpline, followed by at-risk gamblers. 71.60% of disordered gamblers knew about the helpline and 63.4% of at-risk gamblers knew about the helpline.

Percentage of Maryland Residents Who Have Seen Problem Gambling Communications Campaign Messages by Source (Tracy et al., 2017,2020)



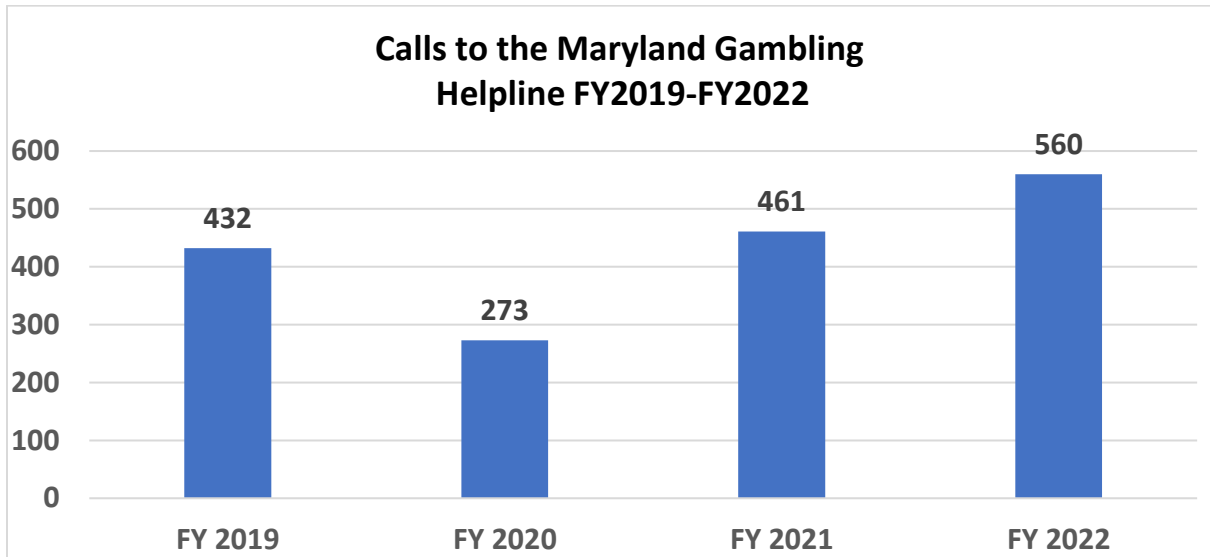
The data above shows 43% of residents have seen problem gambling messaging through television in 2020, followed by 41% billboards, 36% online, 31% radio, 25% poster/flyers, and lowest 18% newspaper.

Of 7 Focus Groups, Youth Participants Responses on Types of Gambling Activities (2022)

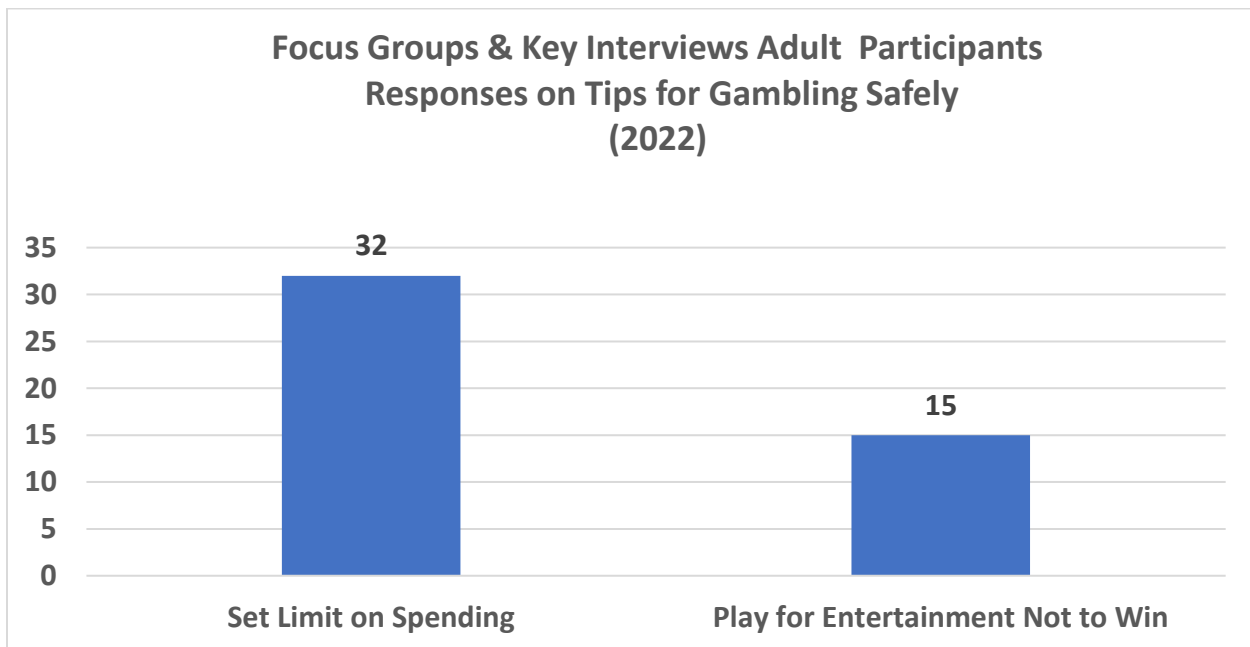


The chart above shows 6 of 7 youth focus groups reported online gambling as the most common type of gambling activity. Five groups identified scratch off tickets and lottery,

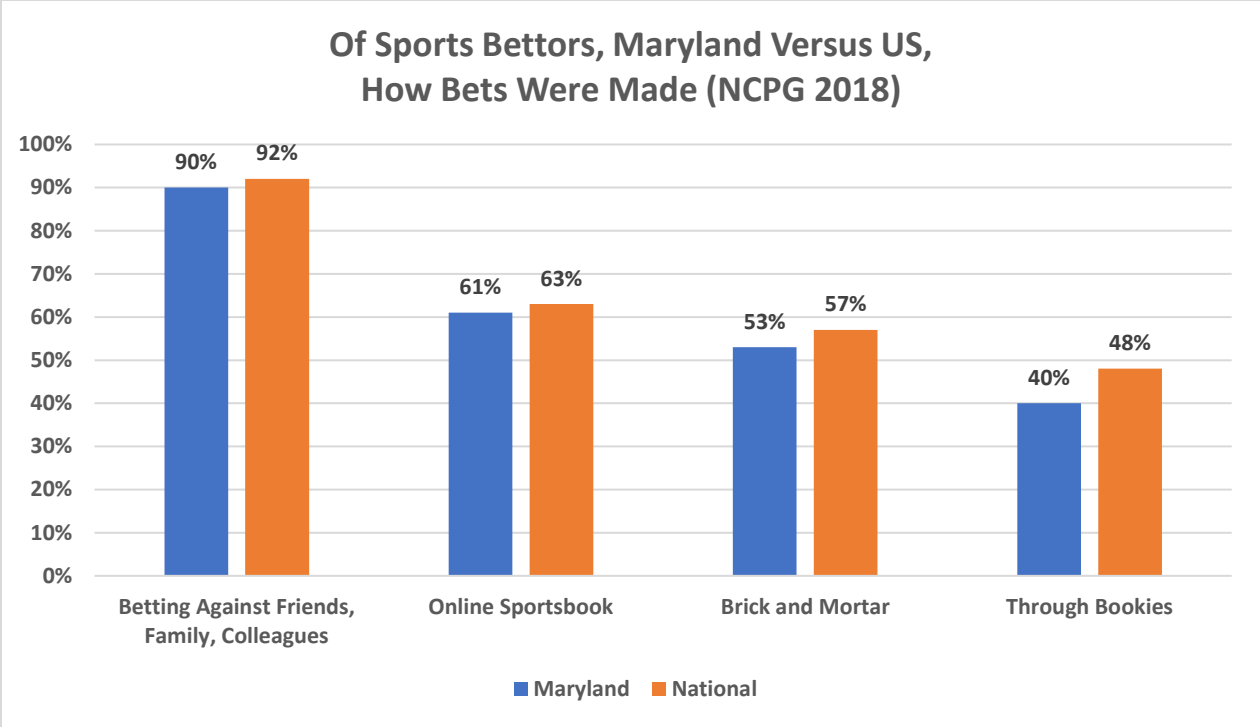
followed by four reporting dice, sport betting, and video games as common types of gambling activities.



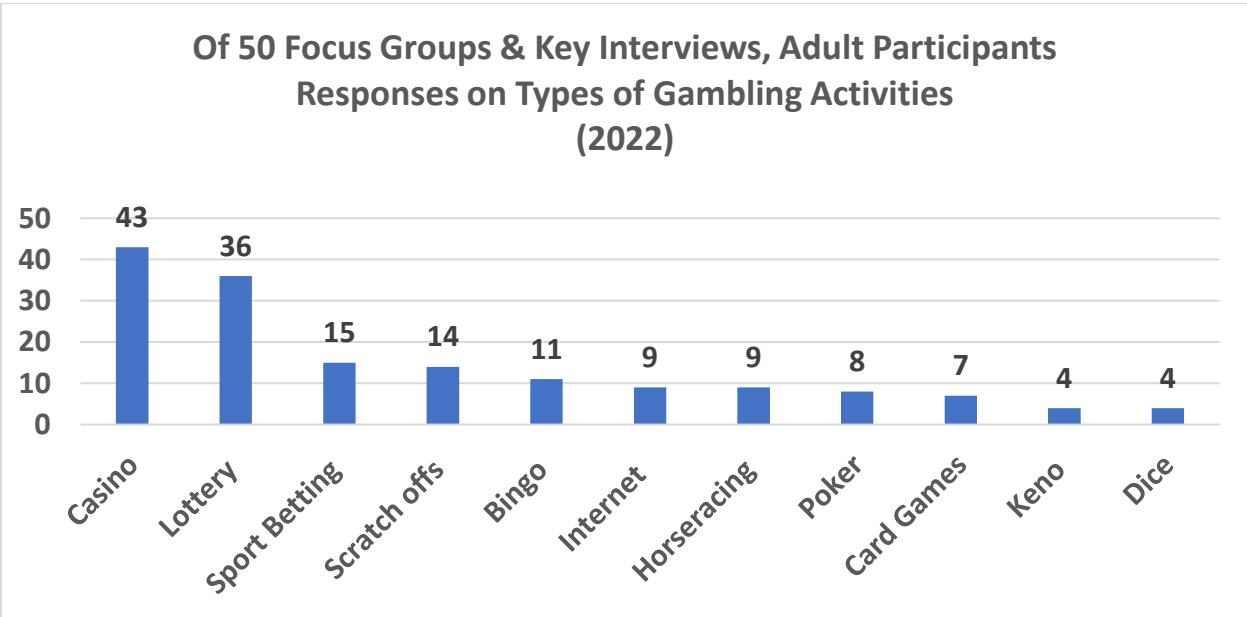
The data above shows that the number of calls to Maryland Gambling has increased from 432 in FY 2019 to 560 in FY 2022.



The adult focus groups data above shows 32 groups mentioned set a limit on spending as a tip for gambling safely, followed by 15 who reported play for entertainment and not to win.

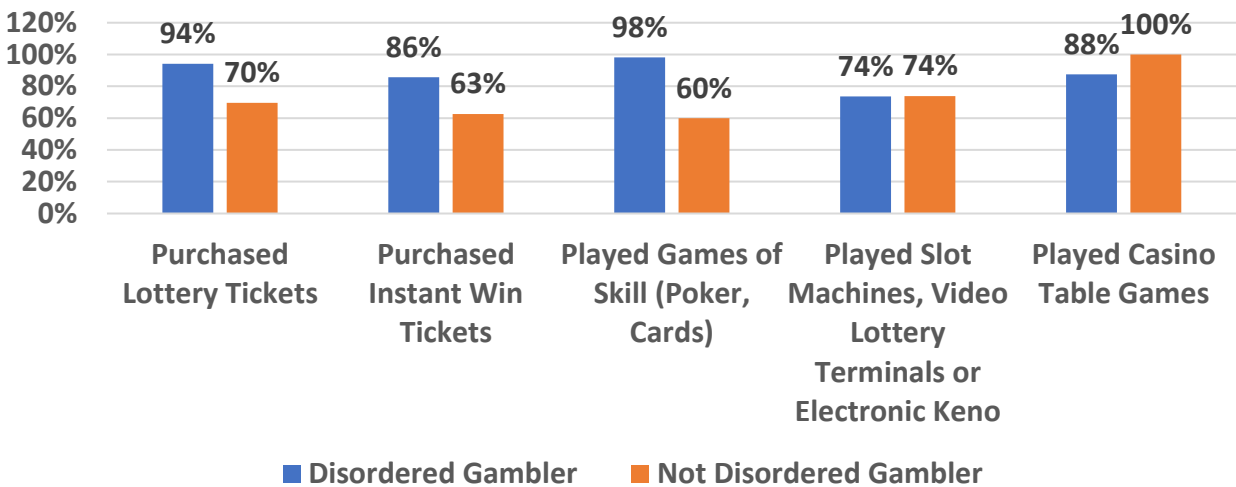


The chart above shows 90% of Marylanders reported betting against friends, family, and colleagues, next, 61% reported using online sportsbooks, 53% brick and mortar, and 40% through bookies. 92% of respondents Nationwide reported betting against friends, family, colleagues, higher than the State.



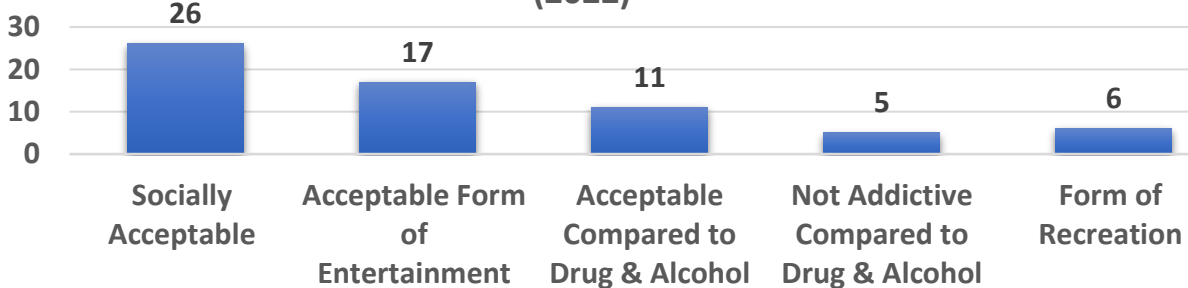
As seen from the chart above, 43 of 50 focus group participants reported Casino as the most common type of gambling activity in the State. Next highest was 36 mentioning lotteries, followed by 15 sports betting, and 14 scratch offs.

Gambling Activities Reported by Those in Methadone Maintenance Program (Himmelhoch, 2016)



The chart above shows disordered gamblers in methadone maintenance were more likely to report engaging in a variety of gambling behaviors. 98% of disordered gamblers played games of skill (poker, cards). The second highest gambling activity was 94% purchased lottery tickets, followed by 88% played casino table games, 86% played instant win tickets, 74% played slot machine, video lottery terminals or electronic keno.

Focus Groups & Key Interviews Adult Participants Responses on Gambling Community Norms (2022)

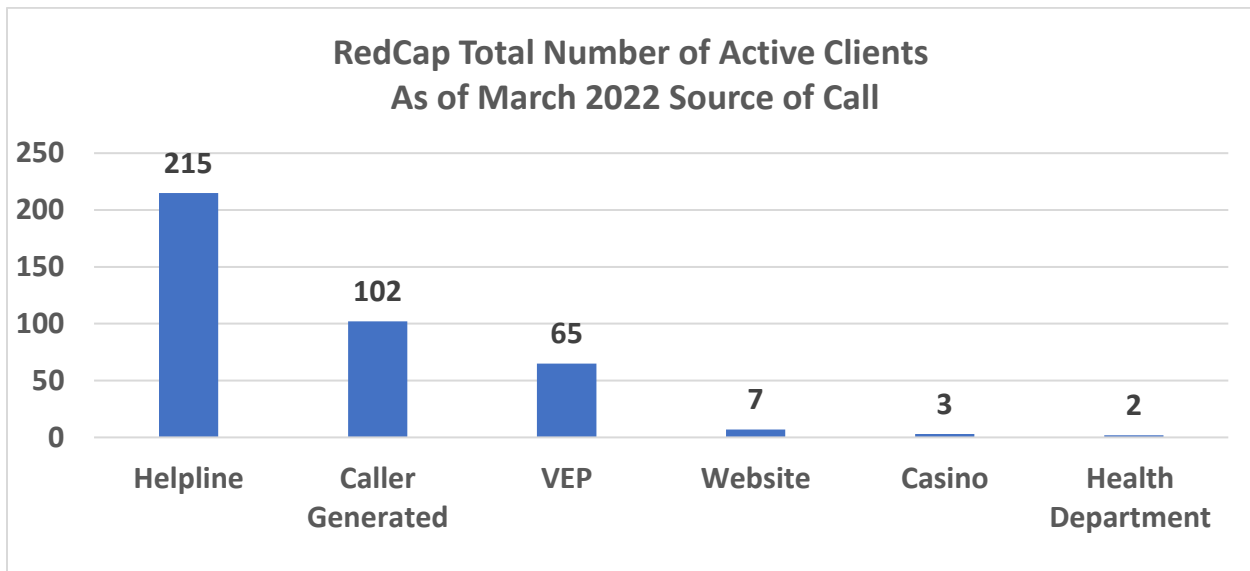


The data above shows community members perception, attitude, and knowledge about gambling behavior. Of 50 adult focus groups & key interviews, 26 participants reported gambling is socially acceptable in their community. Next, 17 mentioned that gambling is an acceptable form of entertainment, followed by 11 who mentioned that it is acceptable compared to using drugs and alcohol. Six stated it is a form of recreation, and 5 also mentioned

that it is not addictive compared to drug and alcohol use. This data also shows that adult participants had low perceived susceptibility to gambling. During the focus group sessions, most adult participants reported that gambling can lead to potential harm, including financial problems, family problems, addiction and even death. On the other hand, this data shows adult participants believed gambling is acceptable and not addictive.

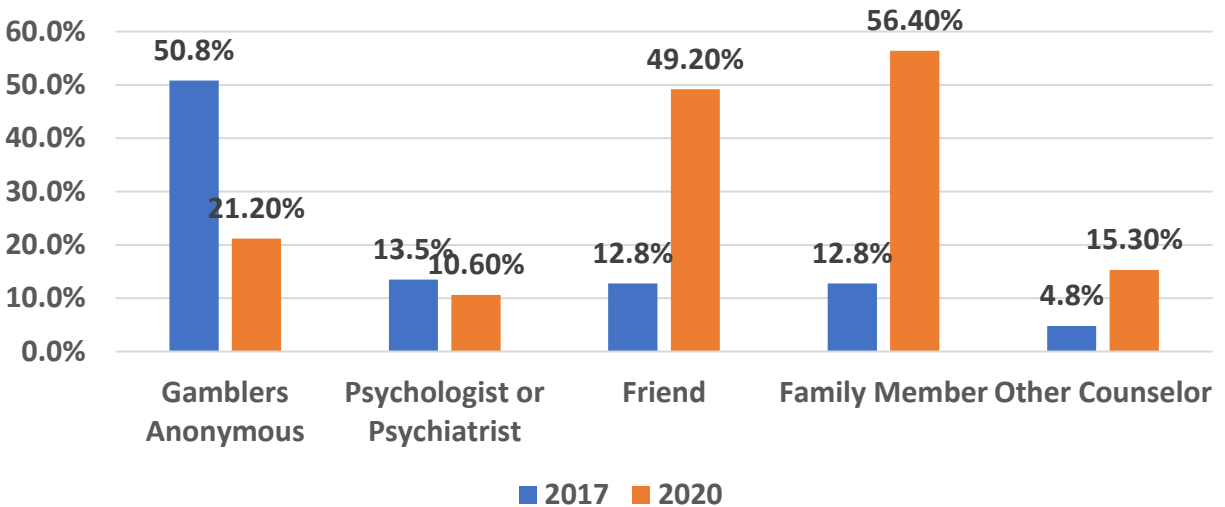


Between 2016-2020 helpline data, most respondents, 416, reported the internet as the primary way callers heard of the helpline, followed by 71 Casino, 50 Casino card, 27 Lottery, 15 radio, and 14 television commercials.



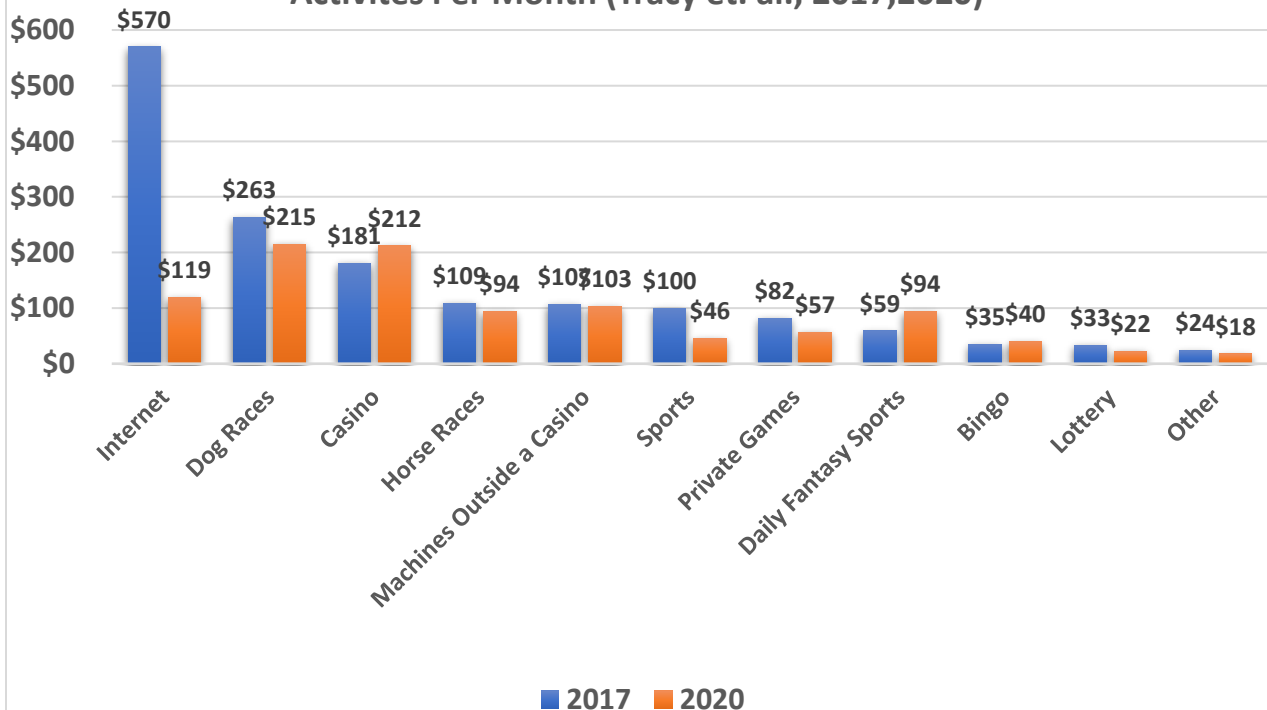
Of active clients in Redcap, 215 heard about peer recovery support services through the Helpline. Followed by 102 callers generated (word of mouth), 65 VEP, 7 websites, 3 Casino, and 2 heard of peer services from a local health department.

**Type of Help Sought by Maryland Gamblers
(Tracy et al., 2017,2020)**

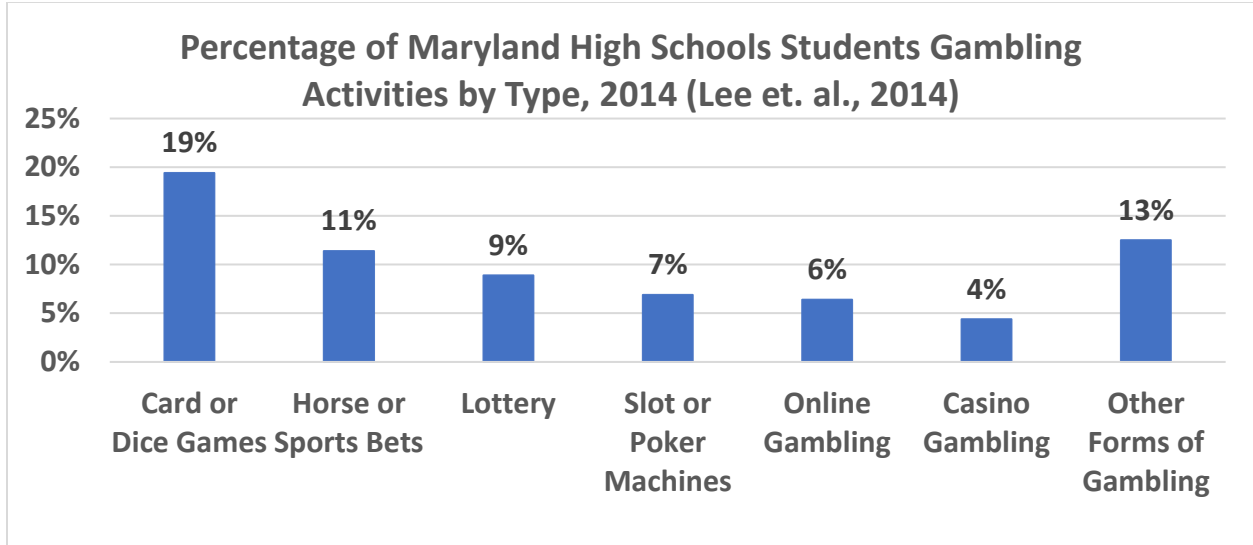


The data above shows, the majority, 56.40 % of Maryland gamblers were more likely to seek help from a family member in 2020. The second highest 49.20% was friend, 21.20% Gamblers Anonymous, 15.30% counselor, and 10.60% through psychologist or psychiatrist.

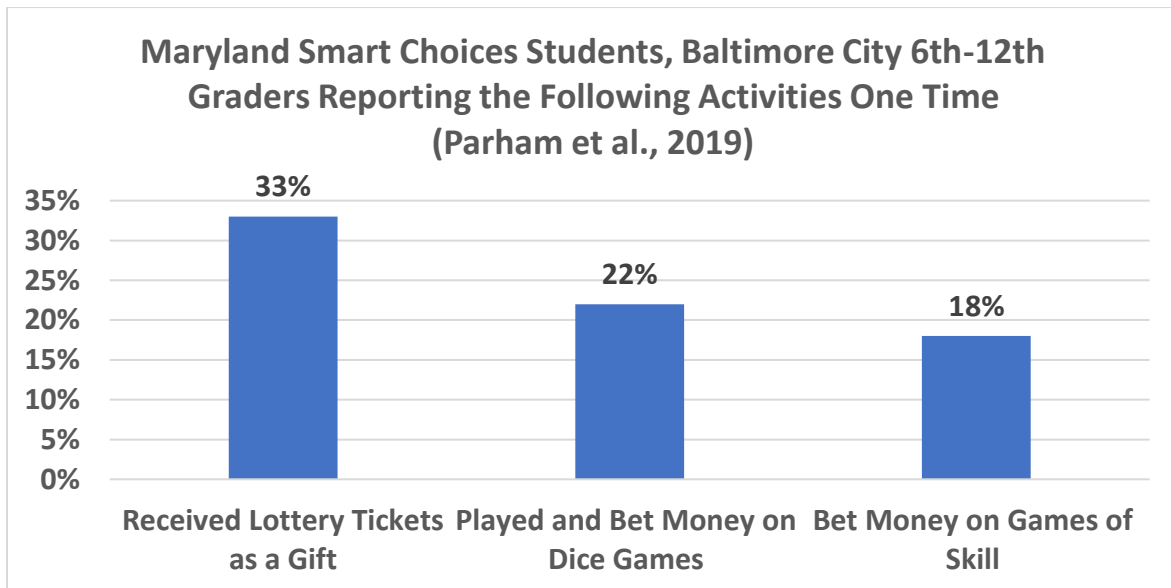
**Maryland Residents Average Amount Spent on Gambling
Activities Per Month (Tracy et. al., 2017,2020)**



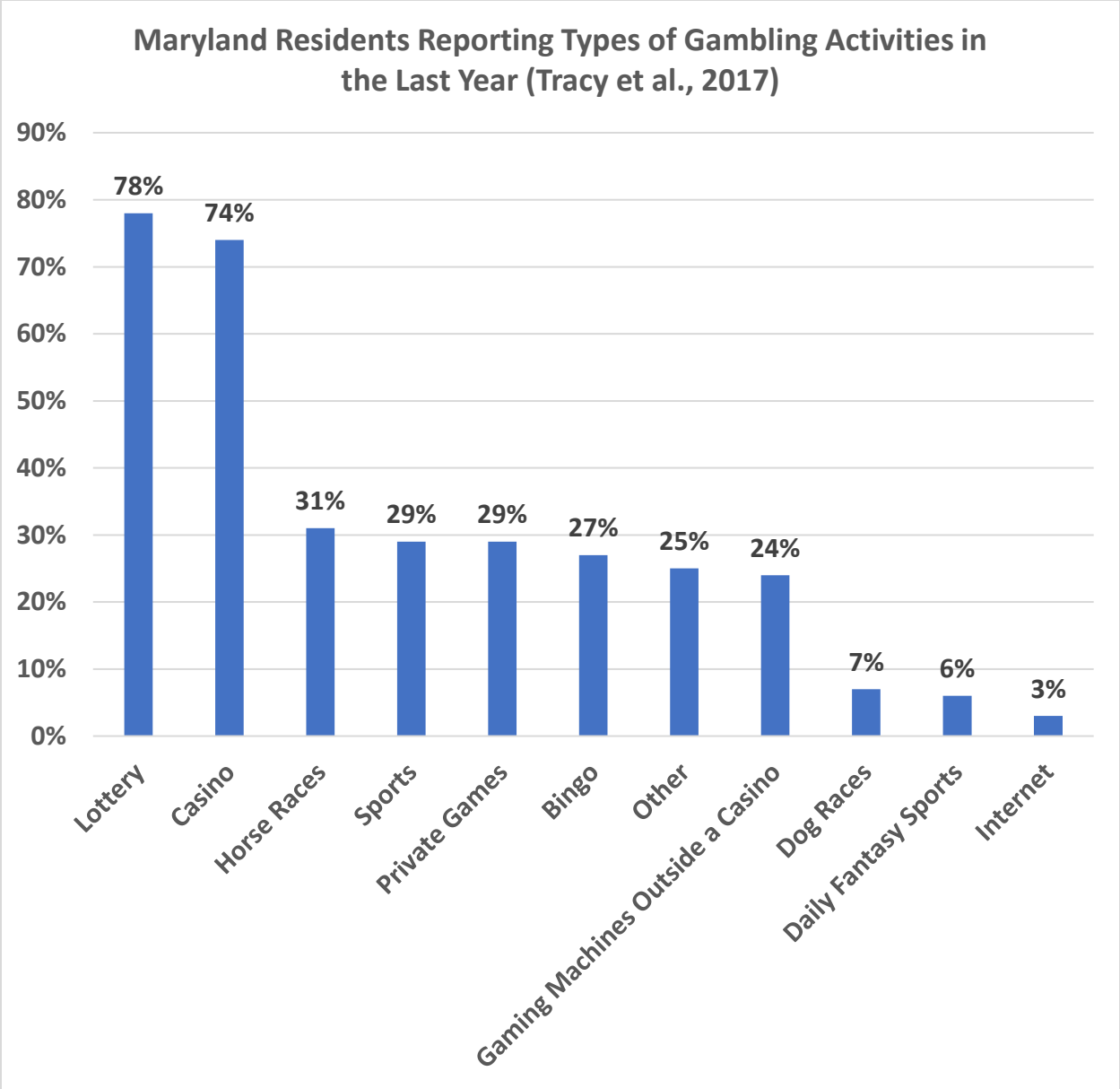
This data shows the amount of money spent per month on various gambling activities. The most, \$570 was spent on average by residents who gambled through the internet. The second highest amount spent, \$263, was reported by those who gambled on dog races, followed by \$ 212 among those who gambled at the Casino compared to other gambling activities.



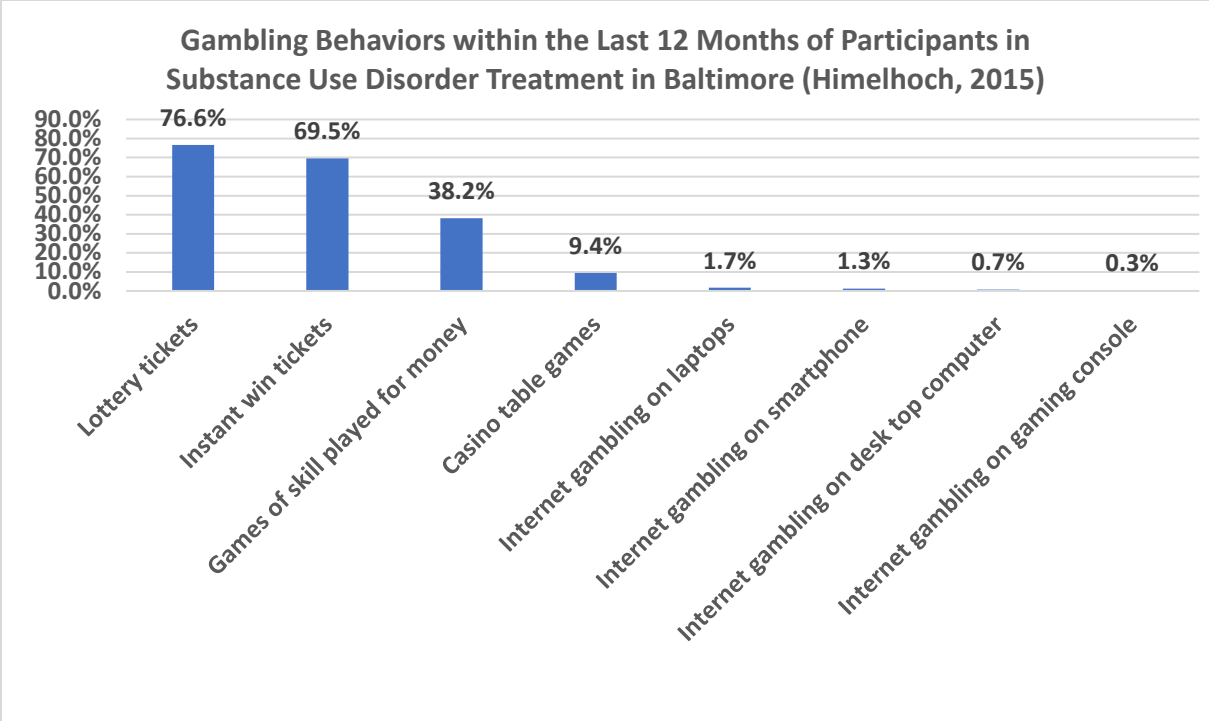
The chart above indicates in 2014, 19 % of high school students reported card or dice games as the most common form of gambling activity, followed by 13 % of those reported other forms of gambling, 11 % horse or sports betting, 9% lottery, 7% slot or poker machines, 6% online gambling, and 4 % Casino.



The chart above shows 33 % of Maryland Smart Choice students, 6th -12th grade, reported receiving lottery tickets as a gift. 22 % played and bet money on dice games, followed by 18 % of who bet money on games of skill.

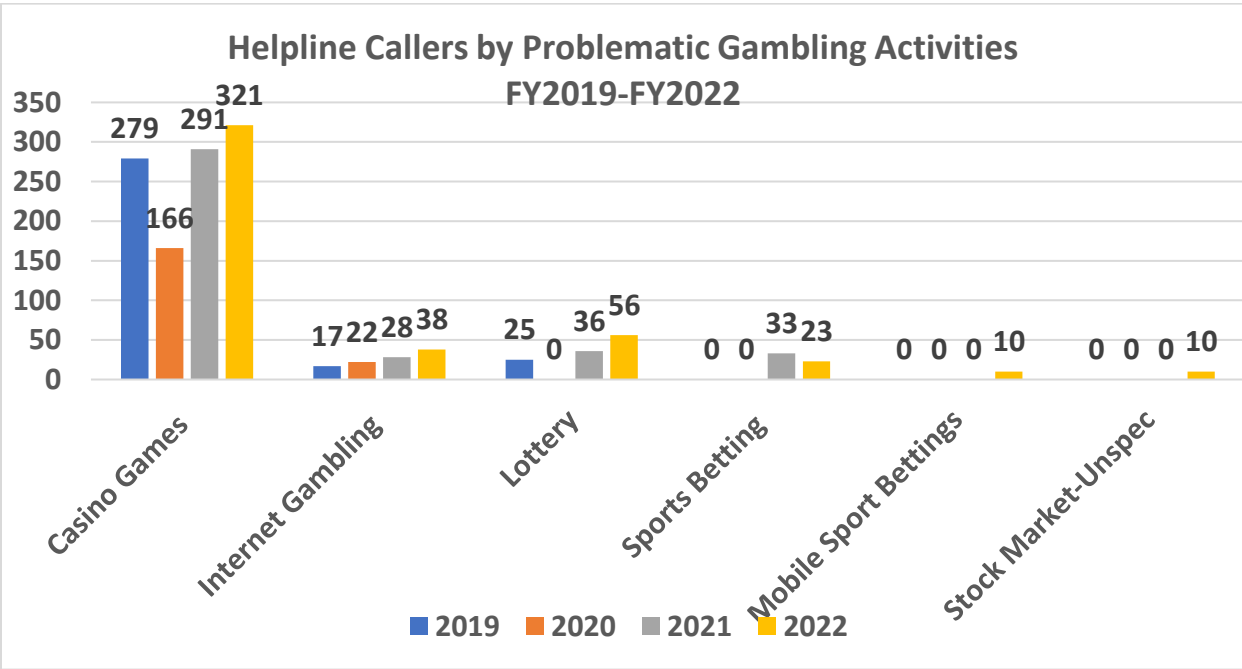


The data above shows the percentage of residents reporting types of gambling activities in 2017. The highest 78 % of respondents reported lottery as the most type of gambling activity in Maryland. This was followed by 74 % Casino, 31 % horse races, 29 % sports, and 29 % private games compared to other least types of gambling activities.

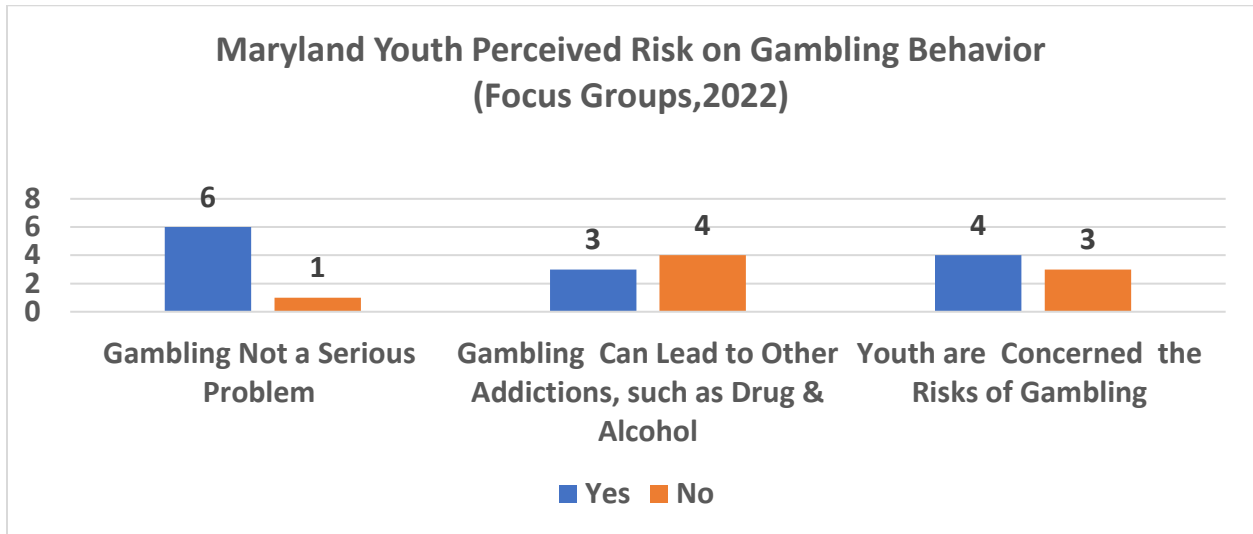


The data above shows the gambling behaviors of participants in substance use disorder treatment in the last year. The respondents reported gambling through lottery tickets the most with 76.6% reporting the use of lottery tickets. This was followed by 69.5% instant win tickets, 38.2% games of skill played for money, and 9.4% casino table games.

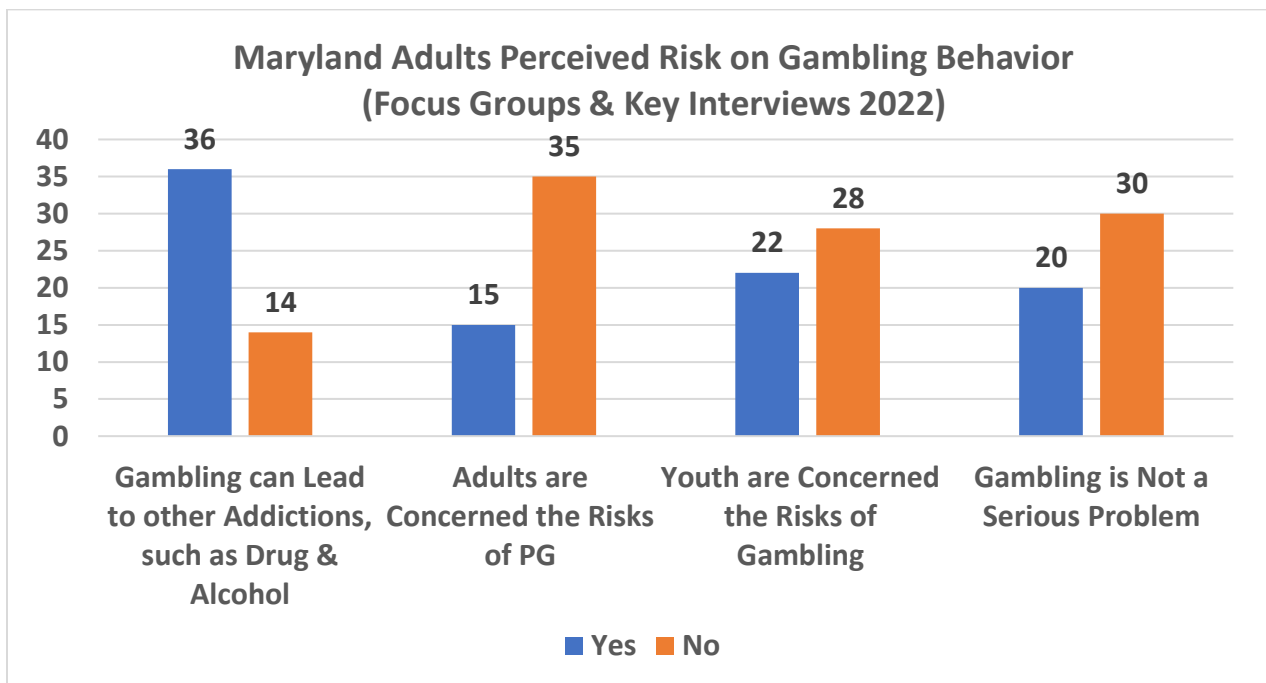
Consequences



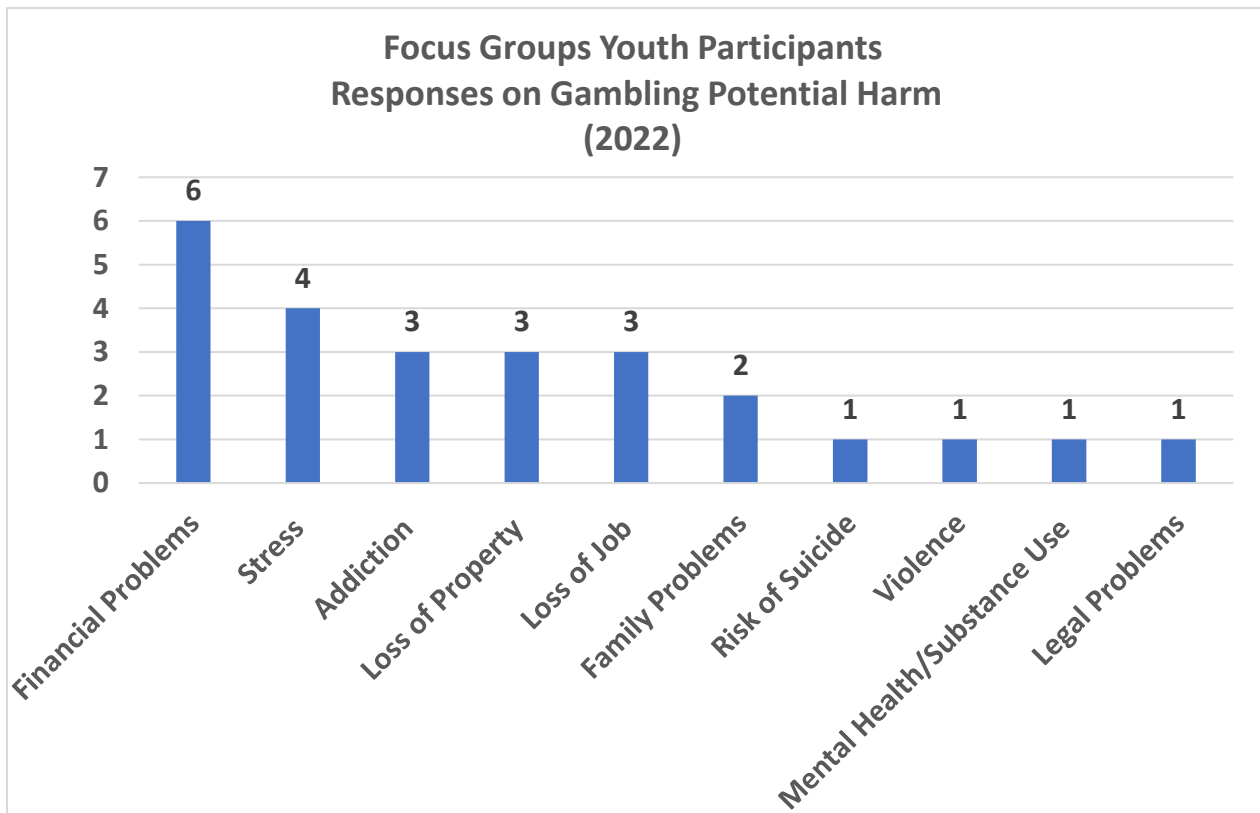
This data shows the total number of helpline callers by problematic gambling activities in a four-year period. Over the years, casino games were reported as the most problematic. There were 321 helpline callers who reported casino games were the source of their gambling problems in 2022. The data also shows increases in gambling problems due to other forms of gambling including lottery, internet gambling, sport betting, mobile sport betting and stock market.



The chart above illustrates Maryland’s youth perceived risk on gambling behavior. In 6 focus groups, youth responded that gambling is not a serious problem in their community, 4 groups stated that youth were concerned of the risks of gambling, and 3 responded that gambling can lead to other addictions, such as drug and alcohol.

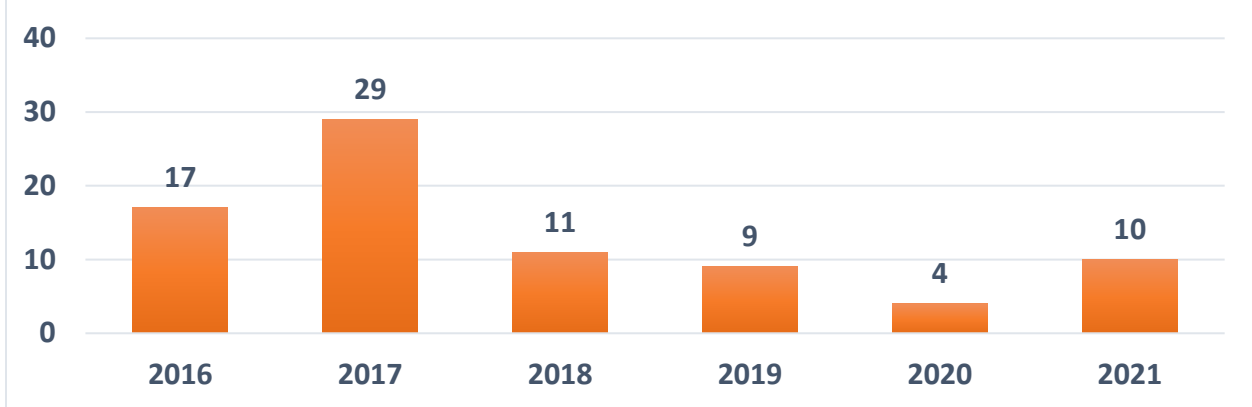


The data above indicates the majority of adult focus groups mentioned that gambling could lead to other addictions, such as drug and alcohol (36). Next, 22 groups agreed that youth were concerned about the risk of gambling, followed by 20 groups who reported that gambling is not a serious problem in their community, and 15 mentioned that adults were concerned about the risks of problem gambling. More mentioned that adults were not concerned about the risks of problem gambling compared to those who were concerned. More mentioned that gambling is not a serious problem and adults are not concerned about the risks of problem gambling.



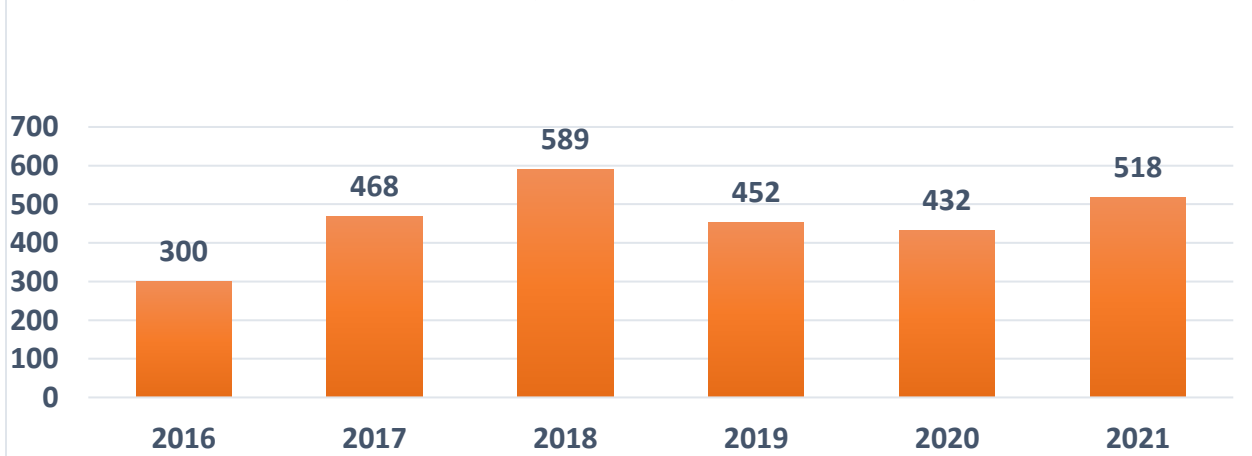
The data above shows 6 of 7 youth focus groups reported that gambling can lead to financial problems, followed by 4 of 7 mentioned stress, 3 of 7 addiction, loss of property and loss of job. 2 of 7 mentioned family problems as a result of gambling.

**Underage -Gambling and /or Alcohol
2016-2021
All Casinos
Maryland Lottery and Gaming Control Agency**

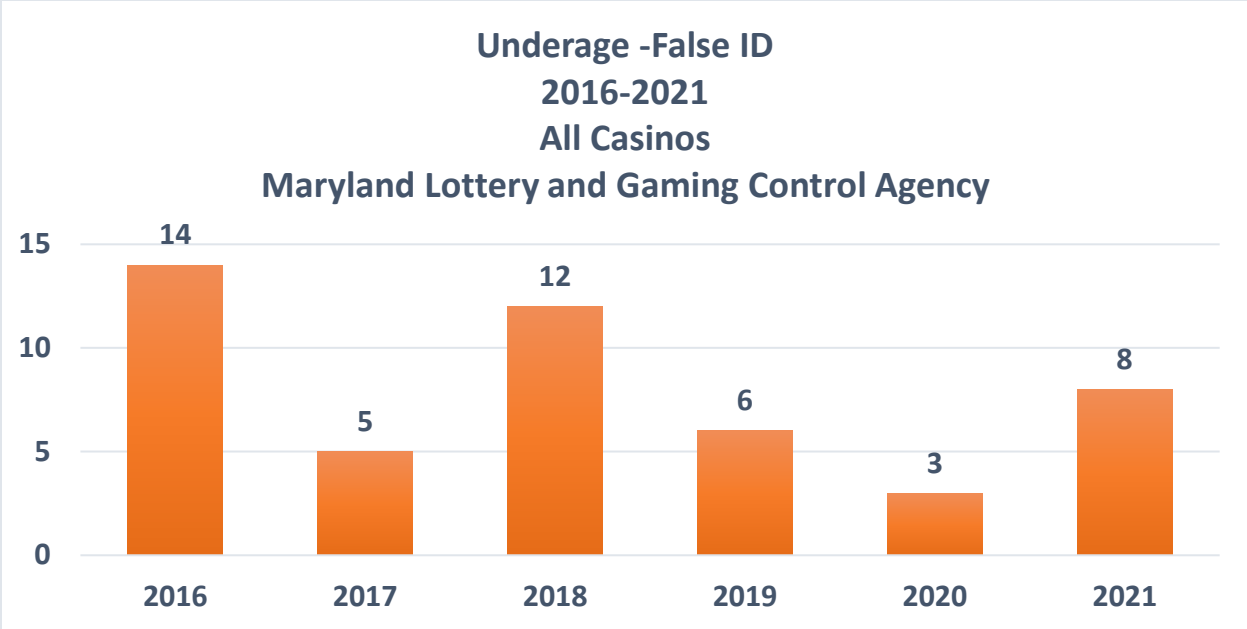


The chart above shows the numbers of those underage caught drinking alcohol on the casino floor. The highest number caught was 29 in 2017. The numbers were down from 2018-2021.

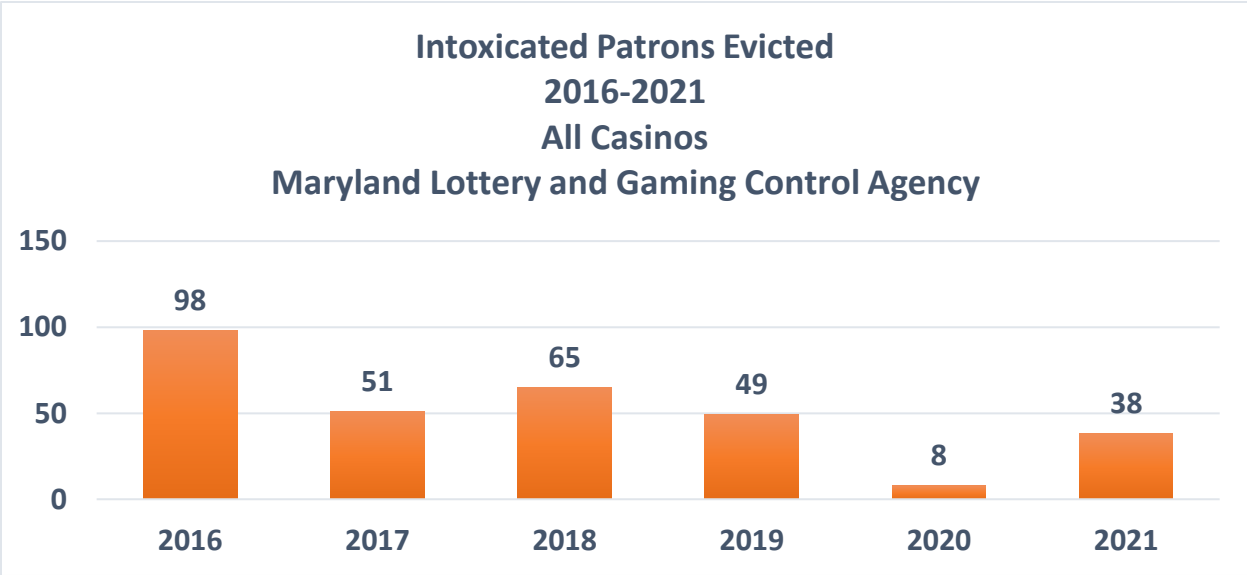
**Theft/Robbery
2016-2021
All Casinos
Maryland Lottery and Gaming Control Agency**



The data above shows the number of thefts/robberies that occurred at all casinos over a six-year period. In 2018, there was the highest number of theft/robberies reported, 589. This was followed by 518 in 2021, 468 in 2017, 452 in 2019, 432 in 2020, and 300 in 2016.



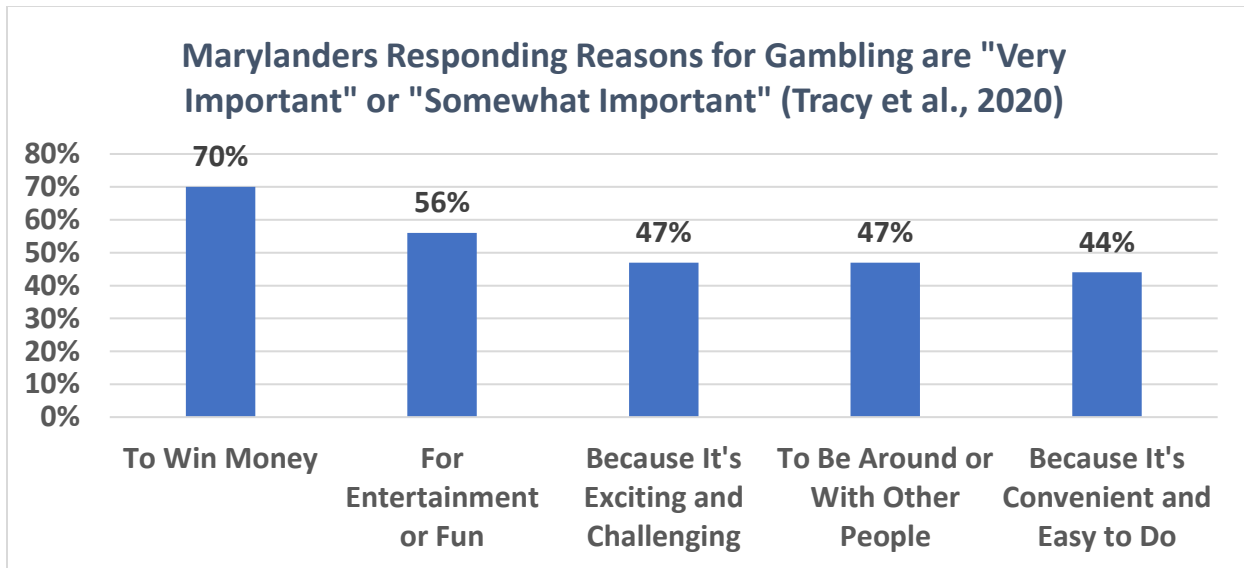
The data indicates the total number of underage youths who used false identification to enter a casino. In 2016, casinos reported the highest number of youths using false IDs with 14 underage violations. This is followed by 12 in 2018, 8 in 2021, 6 in 2019, 5 in 2017, and 3 in 2020.



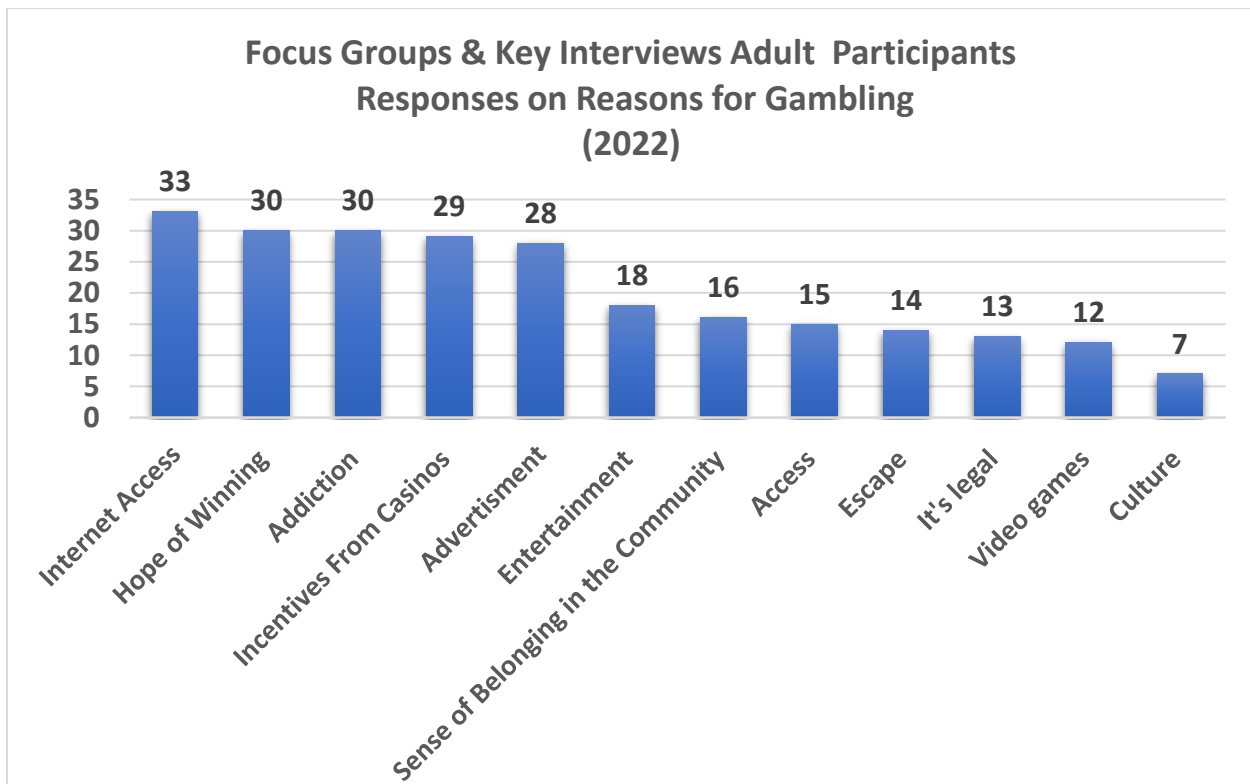
The data above shows a decrease in the number of intoxicated patrons who were evicted from all casinos within a six-year period. There were 98 reported in 2016, compared to 38 in 2021. Also, there was a significant decrease in the number of evicted patrons in 2020. This decrease in intoxicated patrons' eviction may also be attributed to mandated closures of Casinos in 2020 in response to the worldwide pandemic.

Why:

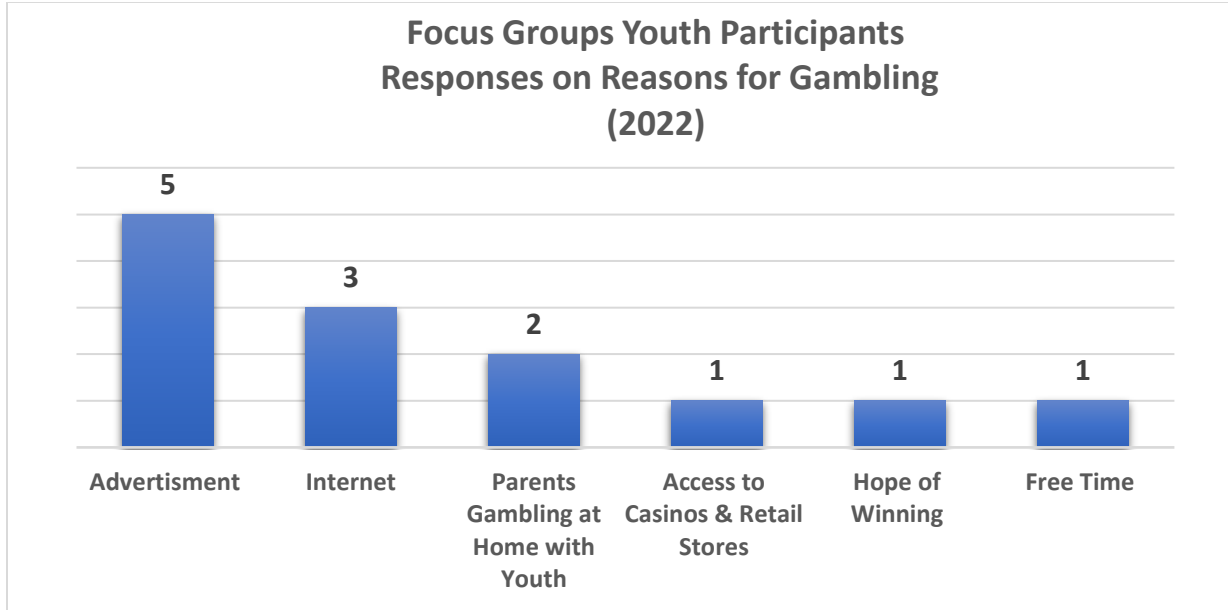
Consumption Patterns



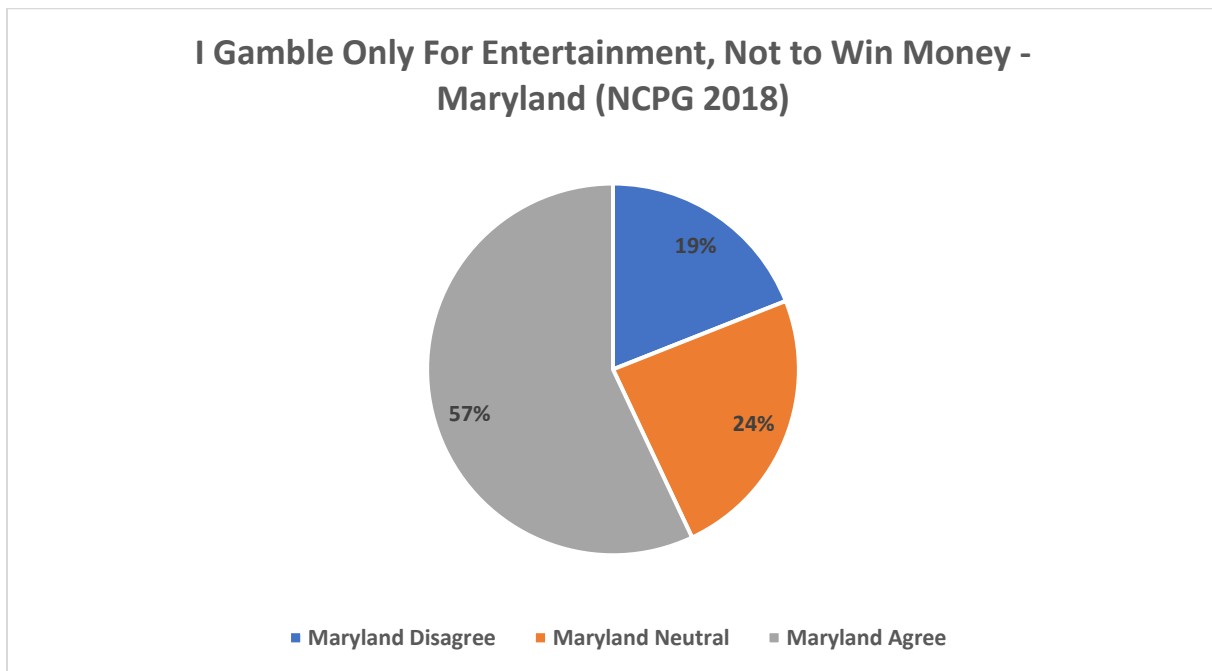
Respondents were asked about their reasons for gambling. The data above shows highest 70 % reported winning money was very important or somewhat important to them, followed by 56 % entertainment or fun, 47 % exciting and challenging, 47 % being around or with other people, and 44 % convenient and easy to do.



The adult focus groups and key interviews data above shows 33 groups mentioned internet access as the primary reason for gambling among residents in 2022. Next, the highest responses were hope of winning and addiction at 30, followed by 29 incentives, 28 advertisements, and 18 entertainments, compared to other least reasons.

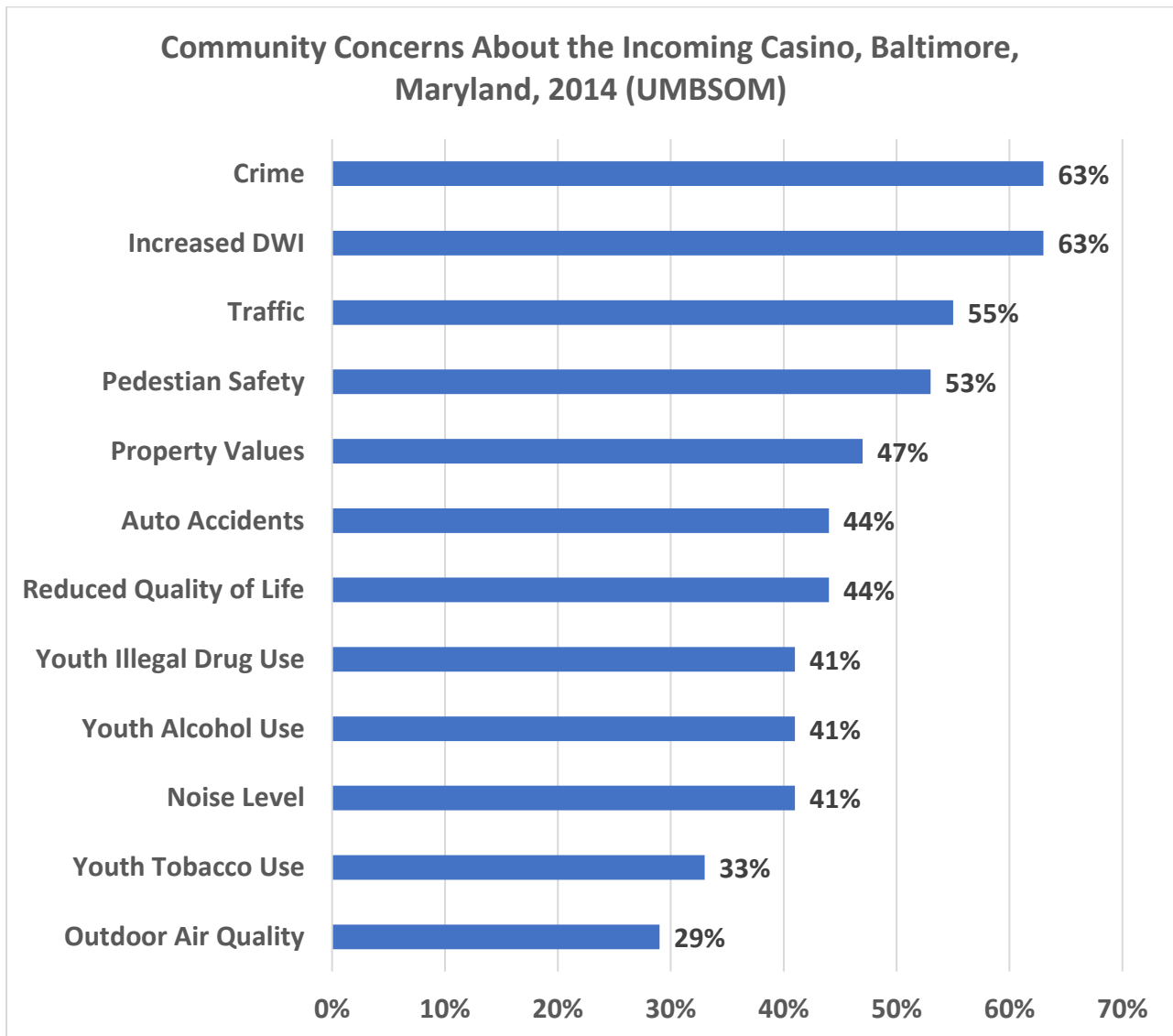


The chart above shows that 5 of 7 youth focus groups reported advertisement as the primary reason for gambling, followed by 3 internet, and 2 parents gambling at home with youth.

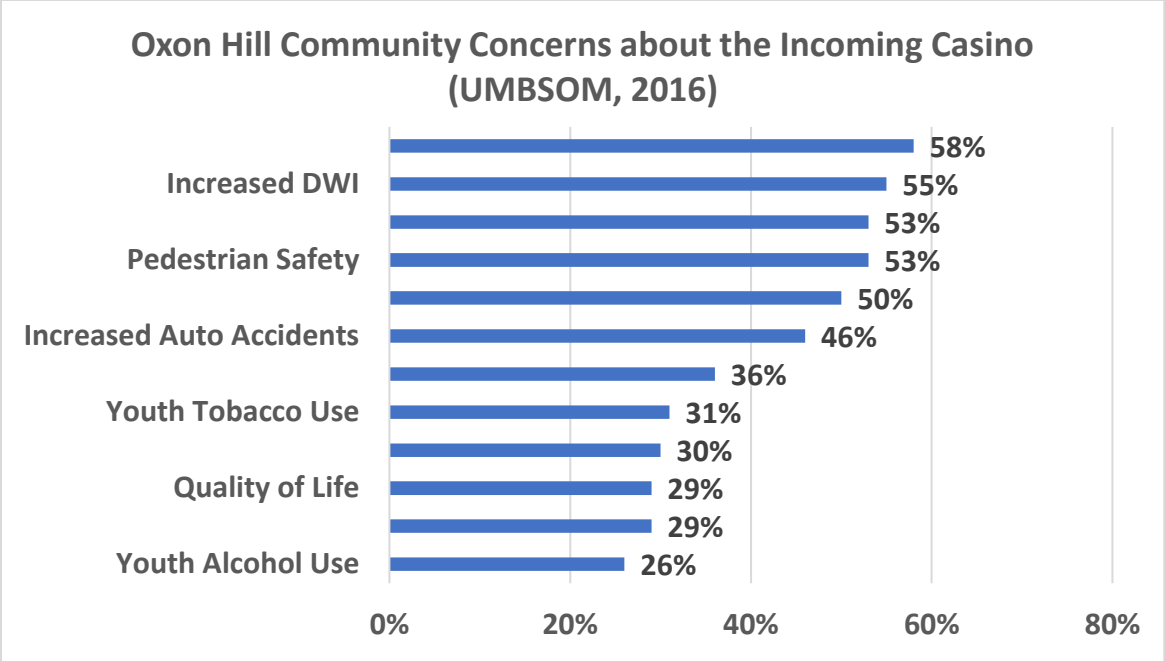


The data above shows that 57% of respondents agreed that they gamble only for entertainment, not to win money. While 19% disagreed and 24% neutral.

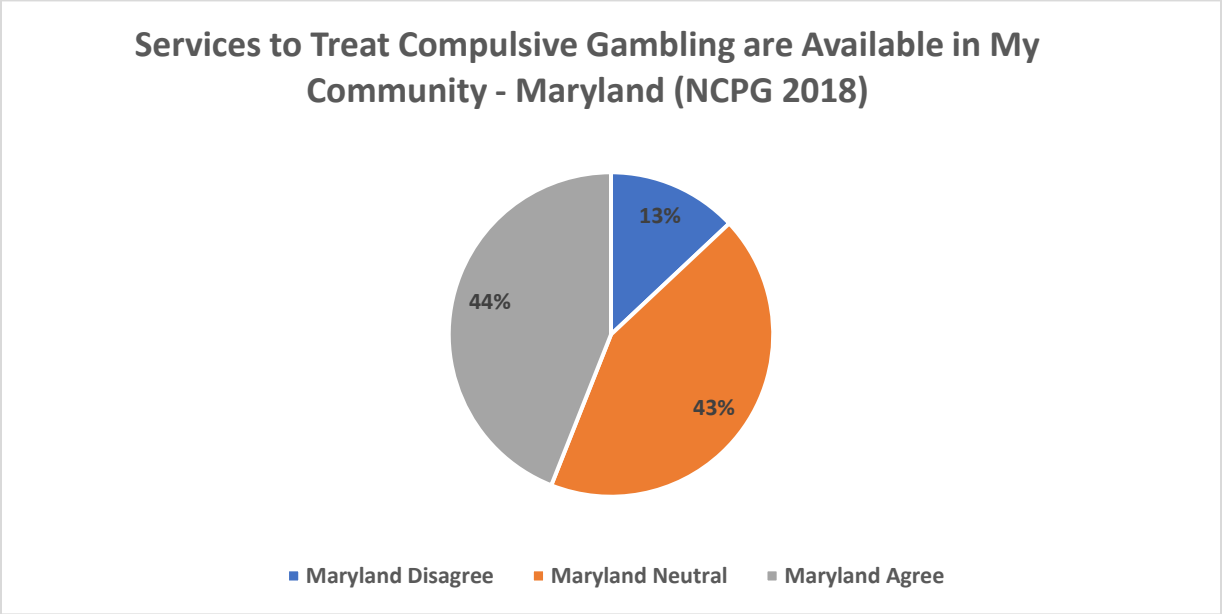
Consequences



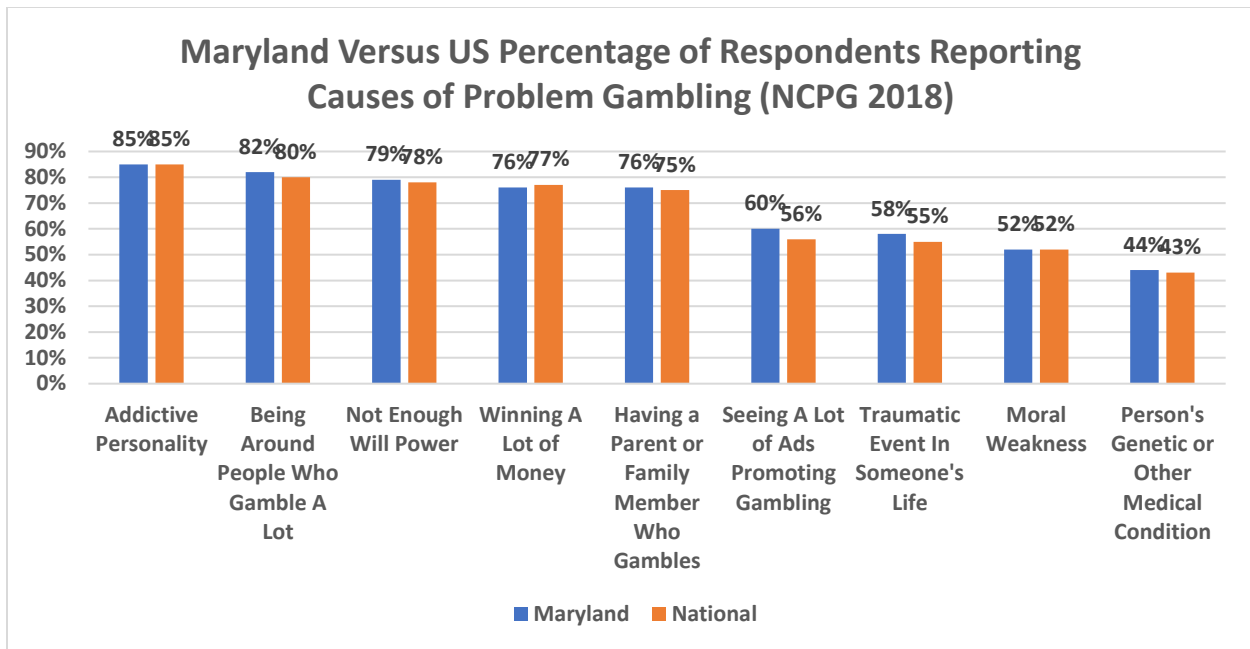
The chart above illustrates community concerns about the establishment of a new casino in Baltimore, Maryland in 2014. 63% of respondents reported crime and increased DWI's as a concern, followed by 55% traffic, 53% pedestrian safety, 47% property values, 44% auto accidents, 44% reduced quality of life, 41% youth illegal drug use, 41% youth alcohol use, and 41% noise level, compared to other minor concerns.



This data states similar concerns among residents regarding the establishment of a new casino in Oxon Hill, Maryland in 2016. The chart shows 58% of respondents reported increased traffic as their primary concern regarding the new casino, followed by 55% increased DWI, 53% crime, 53% pedestrian safety, 50% property values, and 46% increased auto accidents compared to other minor concerns. Those living in closest proximity to the casino expressed more community concerns (UMBSOM, Prince George’s County, 2016).



The chart above shows that 44% of respondents agreed that services to treat compulsive gambling are available in their community, compared to 13 % of those who disagreed, and 43% undecided.



The chart above illustrates causes of problem gambling in Maryland versus the US population in 2018. The data does not show any significant differences between Maryland and the US. For both Maryland and the US, 85% reported addictive personality as the most common cause of problem gambling. Addictive personality was followed by 82% reported being around people who gamble a lot, 79% not enough will power, 76% winning a lot of money, 76% having a parent or family members who gambles, 60% seeing a lot of ads promoting gambling, 58% traumatic event in someone’s life, 52% moral weakness, and 44% person’s genetic or other condition.

Feedback from Environmental Scans drafted January 9, 2023

During the weeks of October and November 2022, fifty-six lottery retailer and bingo hall environmental scans were conducted across the State by the Center. A standard form was used to assess signage and questions were asked of retailers.

Positive Observations of Lottery Retailers and Bingo Halls:

- Lottery retailer vending machines had the 1-800-GAMBLER helpline on the screen.
- All four bingo halls checked had MARG brochures at cashiers’ cages.
- All four bingo halls visited had signage stating the minimum age.
- During the month of October, Lottery in Motion (LIM) monitors rotated signage stating the age for lottery play is 18+.
- LIM monitors had rotating signage promoting the voluntary exclusion program.
- LIM monitors had rotating signage promoting the 1-800-GAMBLER helpline.
- Many retailers, especially at the management level, stated they have had training in responsible gaming through the Maryland Lottery.

- Lottery retailers can remotely lock lottery vending machines if someone underage is trying to purchase a ticket or there is a problem with the machine.
- Many retailers stated they card those that look underage.
- Retailers who sell alcohol and tobacco products are used to carding and recognizing those that may be underage.
- Retailers who sell alcohol were stricter with carding those that looked underage.

Suggestions to Prevent Underage Gambling and Promote Safe Gambling Among Adults at Lottery Retailers and Bingo Halls:

- LIM monitors and vending machines (if present) were the only underage and responsible gambling messaging. It is recommended there be more digital or printed messaging.
- The name “bingo hall” is outdated as only one bingo hall that we visited had the option to play bingo. They mostly contained slot machines.
- Most of the slot machines in bingo halls were older and did not have 1-800-GAMBLER messaging. Requiring this messaging is recommended.
- Lottery retailers stated they card those that look underage, but focus groups indicate that is not always the case. Encouraging retailers to card those who look underage is recommended.
- Some of the 1-800-GAMBLER print on the screens, such as Keno and Racetracks screens, is very small. It is recommended print be larger.
- LIM monitors should always have the 18+ to play signage scrolling. This is not consistent month to month.
- LIM monitors have 1-800-GAMBLER signage, but the word gambler is not spelled out.
- Many retailers in convenience stores with lottery vending machines admit they are too busy to watch the machines. Other solutions should be in place to make sure youth under 18 are not accessing lottery tickets through vending machines.
- Lottery retailers at liquor stores appeared to be more vigilant of those underage’s who are trying to purchase any product with a minimum age limit. Greater education and assistance on underage and responsible gambling should be placed in convenience stores where youth frequent to buy snacks or other food and drinks.
- Based on conversations with lottery retailers, most don’t feel comfortable sharing problem gambling help information or feel they are not allowed to share information for help.
- Lottery retailers said they will give out information for help if the customer asks for it, but they often don’t feel safe providing this information.
- Many lottery retailers do not know about 1-800-GAMBLER and have not had training on responsible gambling (mostly Baltimore City). Encourage retailers to take responsible gambling training.
- Some retailers feel they don’t know how to identify those with gambling problems.
- Some retailers indicated that they mostly have regular customers therefore they don’t have problem gamblers.

- Some lottery vending machines are out of sight of the clerk.
- Many retailers have limited English language ability so they are not able to communicate with customers that may have a gambling problem.
- Most retailers do not know about the Voluntary Exclusion Program for lottery,
- Some retailers that sell alcohol do not feel enforcement of selling lottery tickets underage is as important as selling alcohol underage.
- Baltimore City retailers are asking for help with violence in the city. They are likely targets for robbery and are very afraid.
- Overall need more signage for the minimum age to play.
- Kids play with lottery machines while parents are shopping.
- Provide resources for help in other languages besides English.
- Educate retailers that employees who are around gambling products are more likely to be problem gamblers.
- Use mystery shoppers for both underage checks and problem gambling checks. For problem gambling checks, mystery shoppers could go in and say, “I know someone who has a gambling problem, what can I do to help?”
- Focus on the retailer “lounges” that encourage people to stay a while. Grabbing a ticket with a coffee is less risky than people who spend large amounts of time playing Keno, racetrack, and/or scratch offs. Provide more signage for the helpline and education on problem gambling for the clerks at these sites.
- A suggestion for a quick educational piece for retailers has salespeople go over key resources on responsible gambling while visiting the store.
- Collaborate on retailer education with tobacco and alcohol prevention. Many lottery retailers also sell one or both products, as well.

Feedback from Environmental Scan September 13, 2022

All Casinos Positive Observations:

- All casinos had signage containing responsible gambling and the 1-800-GAMBLER helpline on the casino floor.
- All casinos had MARG brochures at cashiers and patron information locations.
- All casinos had a sign at the entrance(s) stating patrons had to be 21 to enter.
- All casinos with sports betting had responsible gambling and the 1-800-GAMBLER helpline on or near sports betting kiosks.
- Employees were aware they could not gamble on the property where they were employed.
- All casinos reported bartenders’ double card those who look under 21 at the bar when purchasing alcohol.

All Casinos Recommendations/ Collaborative Discussion Points:

- More underage, responsible gambling, and helpline information on or near table games.
- More information on the VEP posted.

- Implement mystery shopper program so staff feels comfortable referring people to help or to the helpline if they appear to be in distress due to their gambling. Send someone into the casino who tells an employee something like: they need help with their gambling, they are overspending, their gambling is out of control, they need to win rent money, etc. and see how the employee responds.
- More practice of responsible gambling strategies taught in employee training through role plays such as those listed in the previous bullet.
- More underage and problem gambling messaging in Asian and Spanish languages.
- Casinos should collaborate more on messaging for responsible gambling and the 1-800-GAMBLER Helpline.
- Extra training should be provided for Asian dealers on responsible gambling.
- Your best customers may also be more at risk of problem gambling. Collaborate with other casinos on responsible gambling messaging that targets special population at greater risk of problem gambling such as Asians, Veterans, Senior Citizens, Hispanics.
- Provide more responsible gambling messaging and helpline information in outdoor smoking areas because those that smoke are at greater risk of problem gambling.
- People on the VEP do not know they are not automatically removed from the VEP after two years. Educate those on the VEP that they are not automatically removed from the list after two years. VEP removal requests must go through the Maryland Lottery and Gaming Control Agency (MLGCA).
- Collaborate to update the MARG brochures.
- Employees at several of the casinos reported he/she or a family member had a gambling problem. More education needs to be provided on the increased risk of gambling problems among those who work at casinos and their families.
- Are employees allowed to hand out information on the casino floor (like the Center's small business card with 1-800-GAMBLER helpline phone number)? Some employees said "yes", and some said "no". Explore what can be done.
- Employees travel to other Maryland casinos to gamble because they cannot gamble at the property where they work. Is this a concern?
- The Center will create a chart of what happens to VEP violators at each casino. What if they are caught at the entrance versus the casino floor?
- Place peer recovery support specialist's cards at the entrance to casinos to give to VEP violators that are turned away at the door.
- Some employees mentioned concerns of people in the parking areas and garages (homeless, people stealing winnings, theft)
- Can QR codes be used on slot machine ads?
- Can cards and signs for responsible gambling and/or 1-800-GAMBLER helpline be posted in bathrooms?

Intervening Variables Results

A. Retail Availability

Retail Availability or access is the amount and ease on obtaining lottery tickets, casino games, and other forms of gambling through retail sources. The Center's focus groups and key interviews as well as quantitative data collected were used to provide an analysis of retail availability.

- i. Present and discuss the data collected for retail availability that might contribute to problem gambling consumption patterns and consequences in your community.

Focus Groups and Key Interviews:

The most common responses in focus groups and key interviews concerning retail access where youth can access lottery tickets from retailers; employees of casino and lottery retailers do not prevent people from spending too-much on gambling; and people are not aware of training programs for those who work in casinos or sell lottery tickets. A common theme found in all the focus groups and key interviews is youth can easily access lottery tickets directly from retail stores or parents/ family members. Participants in Six of Seven youth focus groups admitted that they access lottery tickets from retailers in their community. They access lottery tickets via a vending machine, most of the time out of cashier's sight to purchase lottery tickets, or directly buy tickets at the counter without being questioned. Youth also receive lottery tickets, including scratch offs, from their parents/ family members as a gift during special occasions, and they gamble at home with parents.

Retailers do not prevent people from buying too many lottery tickets was mentioned in 38 /50 focus groups and key interview, and casino employees do not help people that may be spending too much on gambling was also mentioned in 35/50 focus groups and key interviews as contributing factors to gambling problems. Casino and lottery retail staff stated their goal is to make money and enhance the development of their businesses; therefore, they are not allowed per company policy to prevent customers from spending too much money on the casino floor or at lottery retail stores.

A contributing factor to access mentioned in 19/50 focus groups and key interviews with respondents indicated they were not aware of training programs for those who work in casinos or sell lottery tickets. Therefore, they recommend that employees in the gambling business should be trained in responsible gambling and gaming, a way that minimizes the potential negative effects that gambling can have on individuals and society. This includes recognizing and managing the risks associated with gambling, promoting safe and healthy gambling practices, and providing resources for help, if needed.

Other key findings mentioned in focus groups or key interviews included:

- Lottery retailers do not ID underage (mentioned 32/ 50 focus groups and key interviews)
 - Employees should be trained in responsible gambling/gaming (mentioned 41/50 focus groups and key interviews)
 - Increase in numbers of casinos and lottery retail stores in disadvantaged and minority neighborhood communities (mentioned 49/50 focus groups and key interviews)
 - Internet access (mentioned 5/7 youth focus groups)
 - Internet access/online (mentioned 33/50 adults focus groups and key interviews)
- ii. Discuss the impact of retail availability on problem gambling consumption patterns and consequences in your community.

Consumption patterns

Access to Gambling

The Maryland Center of Excellence on Problem Gambling focus groups and key interviews data shows residents believe it is easy to access gambling through the casinos and lottery retail stores. Since people think they can easily access gambling, their gambling behavior increases which can lead to the greater possibility for addiction. If people thought it was hard for underage youth and adults to obtain lottery products or enter a casino, the rate of gambling would decrease, therefore, decreasing the chance of addiction among Maryland residents. Respondents reported that the rate of gambling has increased in the past few years due to increases in the number of casinos and lottery retail stores in neighborhoods, increasing the opportunity for easy access and addiction among the at-risk population. Focus groups and key interviews were conducted prior to the launch of traditional and mobile sports betting. This has increased access due to convenience and speed of play.

Lack of Knowledge About Training Program for Casinos and Lottery Retail Staff

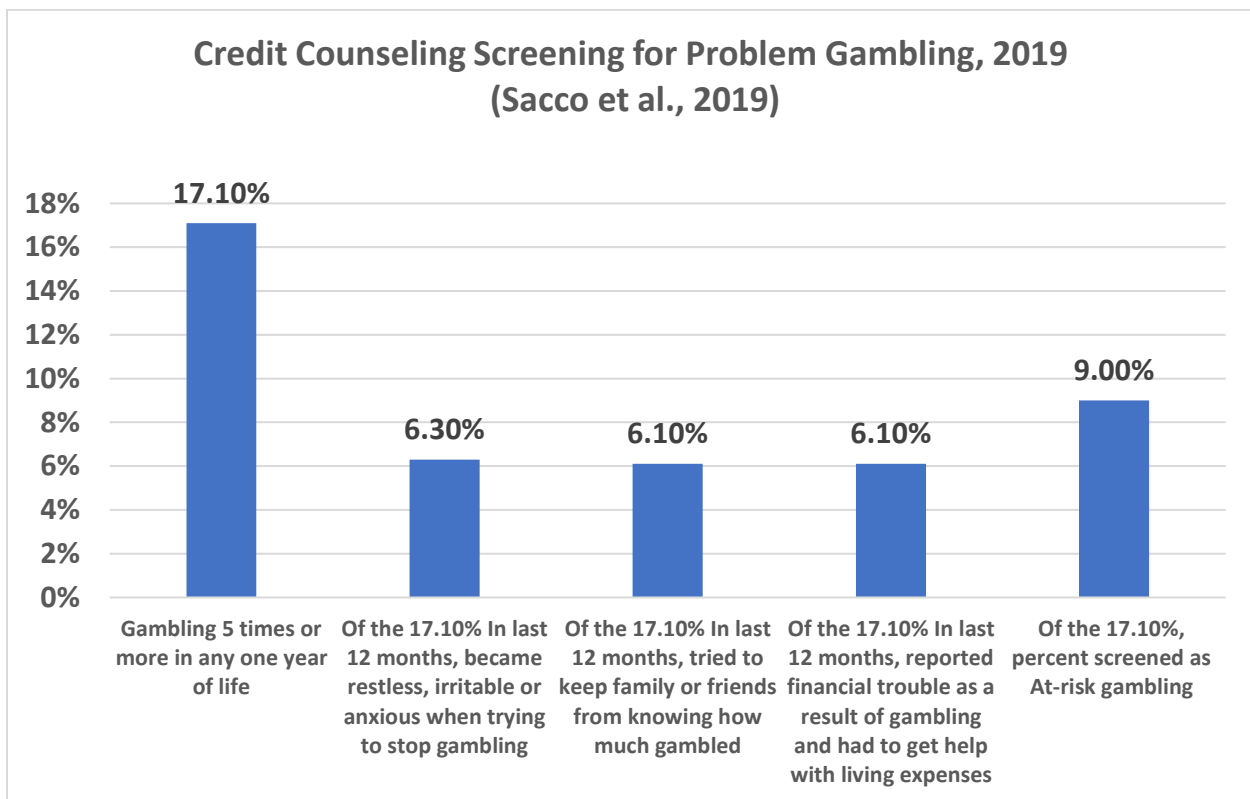
Findings from the focus groups and key interviews also indicate that one of the major contributing factors to gambling addiction is the lack of training of lottery retailers and casino employees on responsible gambling and gaming. Most lottery retailers are not trained to assist people who may be struggling with gambling problems by referring them to the Center for treatment and other services. Instead, they refer to those who may be struggling with gambling addiction as regular customers. When people are allowed access to gambling products without intervention, they are more likely to buy an excessive amount of lottery products. This increases the risk of people becoming disordered gamblers. If retailers are trained in responsible gambling and gaming, the likelihood of access to gambling and addiction would decrease.

It was also mentioned by the focus groups that there is little awareness of casino employees being trained in responsible gambling. From being in the field, we know they are being trained. Unfortunately, the training does not result in casino employees assisting customers that may have a gambling problem accessing resources for help.

Consequences

Through data collected from focus groups and key interviews, underage youth and adults have very easy access to gambling activities in Maryland. Once people become addicted to gambling, they may begin to engage in gambling crimes, such as theft, embezzlement, violence, and other related gambling crimes to support their habit. This could lead to an increase in the negative consequences of problem gambling. Maryland prevalence data (2020), shows that the percentage of gambling risk categories has increased from 2017 to 2020. The percentage of disordered gamblers has increased from 1% to 5.5 % (Tracy et al., 2020).

The data below shows problem gambling education would be beneficial to those contacting consumer credit counseling.



This data illustrates the results of those surveyed by consumer credit counseling services. A total number of 17.10 % reported gambling 5 times or more in any one year of life. Of the 17.10% reporting frequent gambling 6.30 % reported restlessness, irritability and/or anxiety

when trying to stop gambling, 6.10 % tried to keep family or friends from knowing how much they gambled, 6.10% reported financial trouble as a result of gambling and had to get help with living expenses, and 9% screened as at-risk gamblers.

Retail Availability

1. Present the data and explain what the data for your community reveals.

Data Says:	Data Reveals:
People are not aware about gambling prevention programs and resources	If people do not have access to prevention programs and resources, they will be more likely to engage in gambling.
Lottery retailers do not ID underage youth	If lottery products are easy to obtain from retail stores, those who are addicted will be more likely to buy more products at the counter or via the unattended vending lottery machines.
People easily access gambling, including on-line gambling	If someone becomes addicted to gambling, they may try to obtain gambling products through on-line or other easy channels.
Employees are not trained in responsible gambling and gaming.	If casino and lottery retailers are not well trained in responsible gambling and gaming, they will be more likely not to recognize the warning signs of problem gambling and will not refer those in need to problem gambling resources.

2. Describe how each contributing factor is a main contributor to retail access.
 - People’s perception that gambling is not addictive compared to drugs and alcohol: if people have access to gambling products, they are more likely to become problem gamblers.
 - Lottery retailers do not enforce the law by preventing underage youth from accessing lottery products: they are more likely to access gambling and develop addiction.
 - Young people can access on-line gambling: if young people can access on-line gambling to avoid being carded by retailers, it will be easier for them to become problem gamblers.
 - The lack of knowledge of employees in responsible gambling and gaming: if people are not educated by employers about the risks associated with gambling, they are more likely to become disordered gamblers.

B. Social Availability

- i. Present and discuss the data collected for social availability that might contribute to gambling addiction/ consumption patterns and consequences in your community.

Social availability is the access to gambling through social networks. Data to analyze social availability includes the Center focus groups and key interviews and quantitative data.

Focus Groups and Key Interviews

A common theme, overwhelmingly mentioned the most when asked about social access, was gambling is socially acceptable in the community compared to drug and alcohol use. It was mentioned by 26/50 adult focus groups and key interviews, and 6/7 youth focus groups. The next highest mentioned on the topic of social access was parents permit underage youth to gamble at home and social events. It was mentioned by 29/50 adult focus groups and key interviews. It was also mentioned by 5/7 youth focus groups, including those who are receiving treatment for mental health and substance use disorders. It was also mentioned by some of the youth groups that parents gambled with them at home, and bought them lottery products, including scratch offs during special occasions.

Sports betting was also mentioned as one of the top three gambling activities in Maryland. It was reported by 15/50 adults focus groups and key interviews and mentioned by 7/7 youth focus groups. Youth participants admitted that access to the internet and phones allows them to engage in sports betting.

Some other comments about social availability mentioned in focus groups and key interviews were:

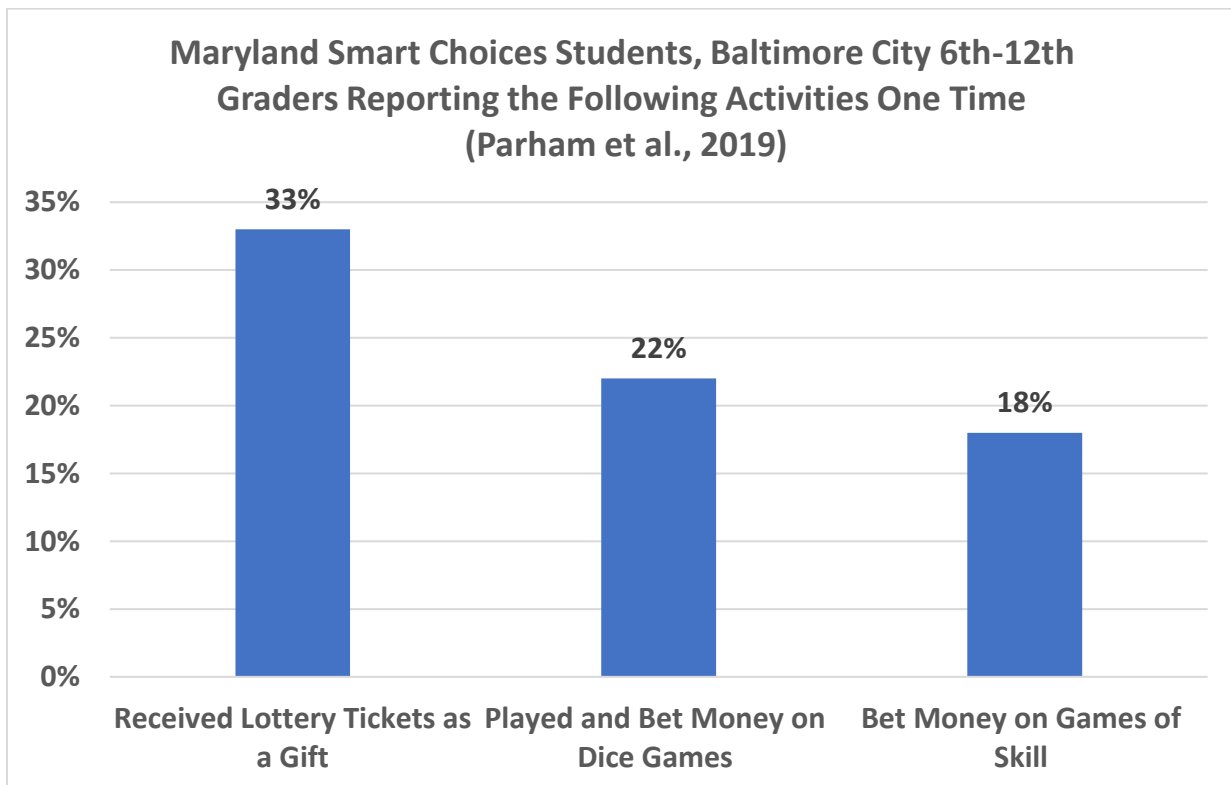
- Gambling is an acceptable form entertainment (mentioned by 11/50 focus groups and key interviews)
 - Gambling is not addictive compared to drug and alcohol use (mentioned 11/50 focus groups)
 - Parents do not know the risks of underage gambling (26/50 focus groups and key interviews)
 - Youth have too much unsupervised time
 - Underage youth access online gambling by using fake IDs.
- ii. Discuss the impact of social availability that might contribute to problem gambling. Consumption patterns and consequences in your community

Consumption patterns

Parents turn a blind eye or may even encourage underage gambling.

Focus groups and key interview responses indicate the common theme that parents permit underage gambling. Parents gamble with their underage youth at home and buy them lottery products as gifts for special occasions. Youth who gamble at home and have access to gambling products through their parents or family members, are more likely to become problem gamblers. The younger someone engages in gambling, the higher the risk of them becoming problem gamblers later in life.

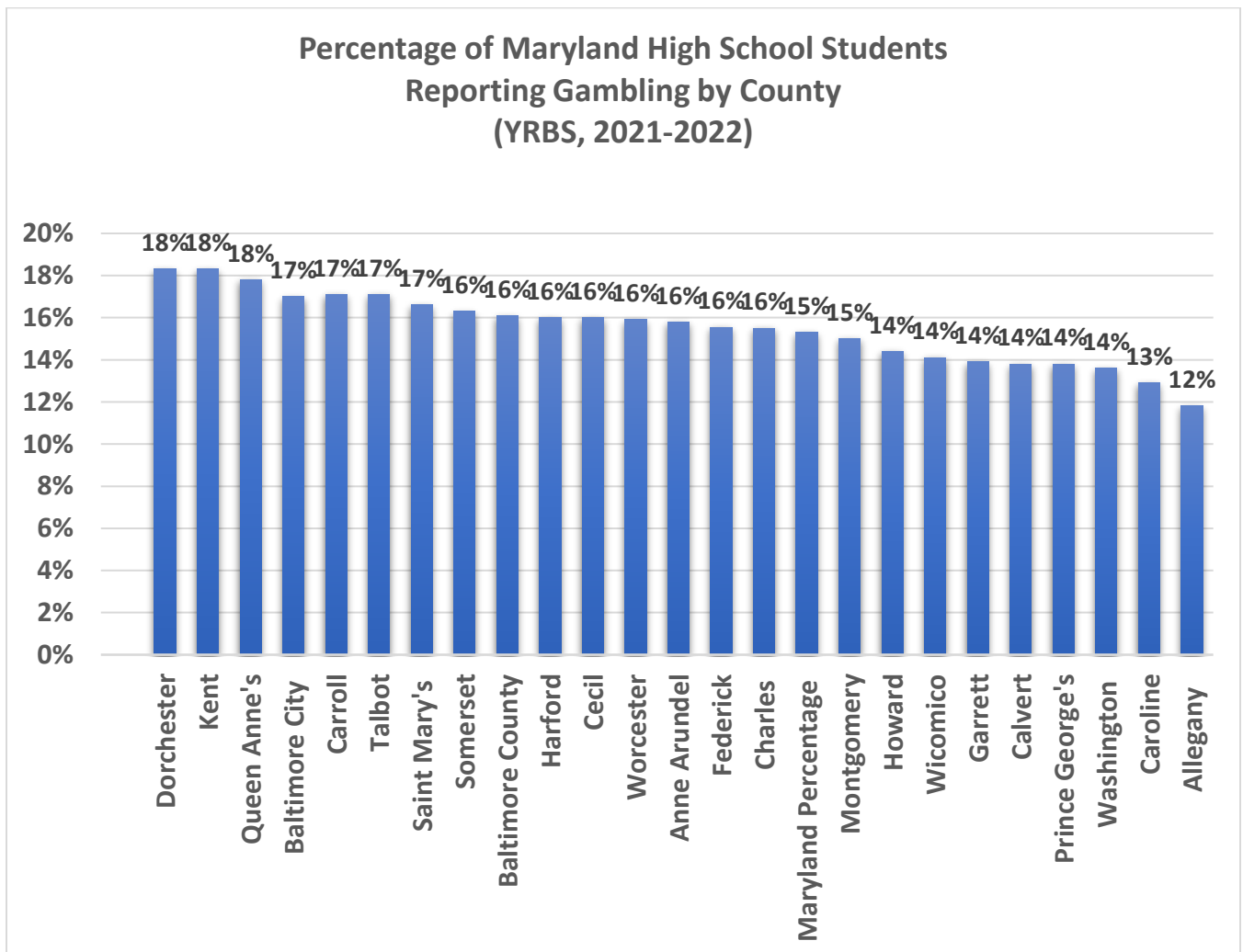
The chart below shows 33% of Maryland Smart Choices students, 6th -12th grades reported receiving lottery tickets as a gift. About 22% played and bet money on dice games, followed by 18% bet money on games of skill. After the Maryland Smart Choices program, there was a significant increase in the percentage of students responding false to “young people cannot develop a gambling problem” and a significant increase in the percentage of students responding true to “nothing can increase your chances of winning (in reference to selection of numbers)”. In addition, the number of students correctly responding “true” to the statement that gambling may lead to addiction, even in young people, increased from approximately 60% at pre-test to 80% following the Program (Parham et al., 2019).



Sports Betting

The Center's focus groups also indicate gambling is socially acceptable compared to drug and alcohol use. Of focus group respondents, 29 % reported sports betting as a type of gambling activity in the last year.

The school data below indicates the percentage of Maryland high school students reporting gambling by county. The YRBS shows 1-2 of 10 Maryland high school students engage in gambling, despite the legal age for gambling is age 18 or 21. The chart shows the top three counties with students reporting gambling were 18 % Dorchester, 18 % Kent, and 18 % Queen Anne's County compared to the other Maryland counties. All three of these counties are located on the Eastern Shore.



Consequences

Parents do not talk to their underage youth about the risk of gambling.

According to the Center focus groups data (2022), respondents reported that parents do not talk to their children concerning the risks associated with gambling. Of 50 adult focus groups, 36 reported gambling can lead to other addictions, such as drug and alcohol addiction. Of 7 youth focus groups, 4 mentioned gambling can lead to other addictions. The YRBS data also shows that 8 % of Maryland high school students, ages 18 and older have lied about how much they gambled between 2021 -2022.

iii. Describe each contributing factor that you identified.

1. Present the data and explain what the data for your community reveals.

Social Availability

Data Says:	Data Reveals:
Gambling is socially acceptable compared to drug and alcohol use.	If underage gambling is not properly monitored, youth and young adults are more likely to become problem gamblers.
Parents do not discuss the risks of gambling with underage youth.	If parents/ family members do not discuss the risks of gambling with youth, they may be unaware and suffer negative consequences due to gambling.
Underage youth gamble at home with parents.	If parents allow underage gambling at home, youth are more likely to become problem gamblers and have problems with gambling later in life.
People gamble during social events (sports betting).	If youth participate in sports betting at a young age, they are more likely to become problem gamblers.

2. Describe how each contributing factor is a main contributor to problem gambling.

- People have social acceptance for gambling: if the lottery and casinos do not enforce policies to prevent underage gambling and promote safe gambling practices, people are at an increased risk of problem gambling.
- Parents lack knowledge about the dangers associated with youth gambling: if youth are not educated about the negative consequences of gambling, they will be more likely to become problem or disordered gamblers.

- Parents encourage underage gambling: if parents are buying lottery products for their underage youth and encouraging them to gamble at home, they will be more likely to become problem gamblers.
- Sports betting: The State has legalized sports betting. If youth can access sports betting, they are at greater risk of developing gambling problems.

C. Enforcement

Enforcement is the impact of law enforcement practice on gambling behavior/ consumption patterns and consequences. This includes the enforcement of rules, laws, and policies regarding problem gambling and its consequences. This intervening variable takes into consideration the public's perception of levels of enforcement and how likely people are to believe they will get caught.

- i. Present and discuss the data collected for law enforcement that might contribute to problem gambling behavior/ consumption patterns and consequences in your community.

Focus Groups and Key Interviews:

The most mentioned theme on enforcement was that casinos ID those who look underage. This was mentioned by 44/50 adult focus groups and key interviews. All casinos have surveillance systems, including cameras and security personnel in place to stop underage youth from entering the facility. The second most mentioned theme on the topic of enforcement was never hearing of someone being incarcerated due to problem gambling. This was stated by 24/50 adult focus groups and key interviews, and by 5/7 youth focus groups. Also, among 22/50 adult focus groups and key interviews, respondents mentioned not hearing of someone having legal problems from gambling. It was also stated by 6/7 youth focus groups. Most Maryland residents believe that casinos are more likely to implement and enforce gambling laws, compared to lottery retailers. In adult focus groups, 32/50 groups mentioned that lottery retailers don't ID underage youth. 4/7 youth focus groups confirmed that they can easily access lottery products at the retail stores without being questioned.

Other comments on enforcement mentioned:

- Judges should be lenient on those who commit gambling related crimes (mentioned by 17/50 adults focus groups and key interviews)
- Police do not respond to gambling emergency issues at the casinos.
- Retailers do not enforce the laws to prevent underage gambling, but card underage for tobacco and alcohol.

- ii. Discuss the impact of law enforcement on problem gambling consumption patterns and consequences in your community.

Consumption Patterns

Judges are lenient in sentencing problem gamblers.

The Center’s focus groups, and key interviews revealed that judges should be more lenient in sentencing people for gambling crimes. Judges do not ask if the crime was gambling related. If someone commits a crime due to drug or alcohol use, there are more options for diversion programming. Those committing violations due to gambling crimes should be mandated to counseling and treatment services prior to issuing other sentencing options, including fines and community service, so the person with a gambling problem can receive help.

Lottery Retailers do not ID Underage

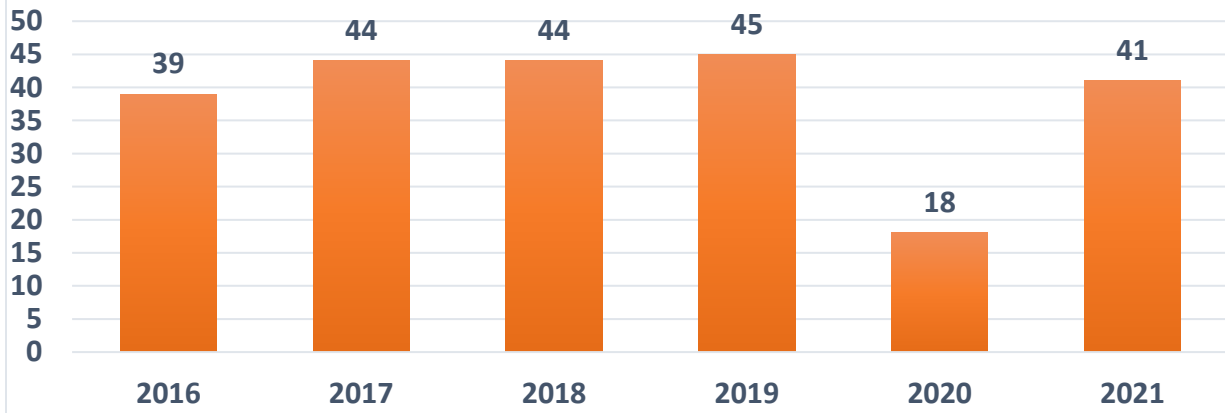
One of the primary reasons for the increase in gambling consumption is the lack of enforcement by retailers in the community. Through focus groups and key interviews, youth are purchasing lottery products in public places, such as grocery stores, gas stations, restaurants, and others.

Consequences

According to the Maryland Lottery and Gaming Control Agency (2021), another consequence of underage gambling is getting in trouble with the law due to being found on the casino floor. In addition, those on the Voluntary Exclusion Program (VEP) found on the casino floor may be charged with criminal trespassing.

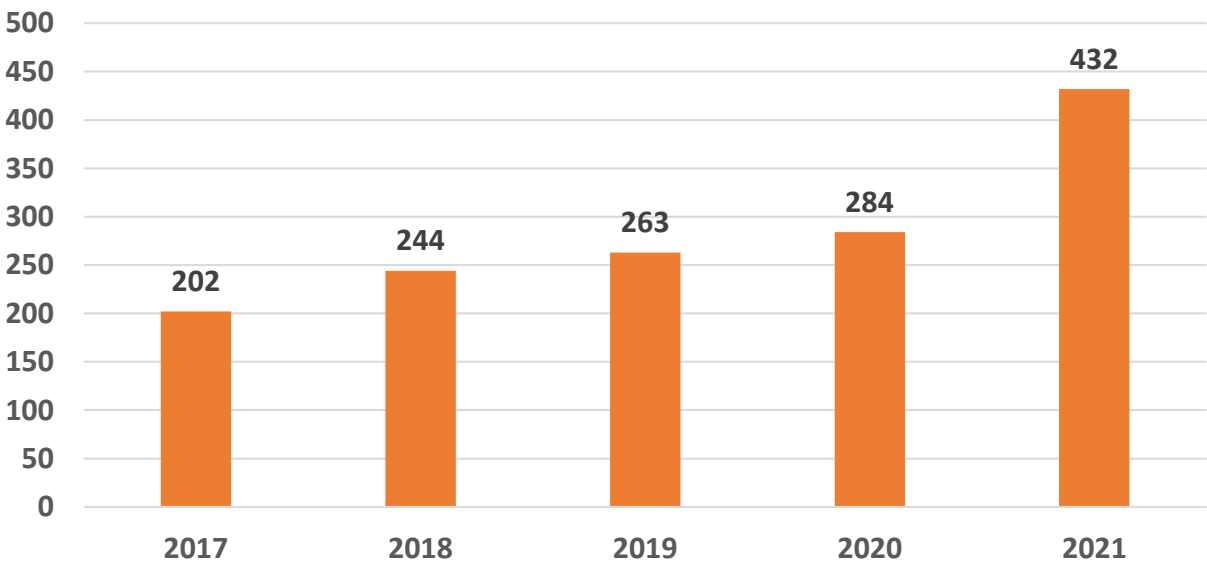
The chart below shows an increase in underage violations within a six-year period. There were 45 violations reported in 2019, followed by 44 in 2017, 44 in 2018, 41 in 2021, 39 in 2016, and least 18 in 2020. The decrease in underage violations in 2020 is due to the mandated closures of casinos in direct response to Federal and State in-person restrictions in response to the worldwide pandemic in the same year.

**Underage-Violation
2016-2021
All Casinos
Maryland Lottery and Gaming Control**



The data below shows Casino VEP violations have gone up consistently over a five year period. The number has increased from 202 in 2017 to 432 in 2021.

**Casino VEP Violations by Year
2017-2021
Maryland Lottery and Gaming Control Agency**



iii. Describe each contributing factor that you identified.

1. Present the data and explain what the data for your community reveals.

Data Says:	Data Reveals:
Penalties for gambling related crimes are not rehabilitative.	If charges for gambling-related crimes are not related to problem gambling help, individuals may pay fines and/or engage in community service and not be offered problem gambling services, thus they will have lower perceived risk of negative consequences and not receive problem gambling services earlier in their addiction.
The state has legalized gambling.	If gambling polices are not enforced, youth are more likely to engage in gambling behavior in the community, including gambling at school.
Retailers do not enforce the law to prevent underage youth from buying lottery products.	If retailers do not ID underage youth, youth are more likely to purchase lottery products.
Police do not respond to gambling related crimes at the casinos.	If police do not respond to incidents at the casinos, people may have a lower perceived risk of negative consequences of problem gambling.

2. Describe how each contributing factor is a main contributor to problem gambling enforcement.

- Penalties for gambling violations are not focused on referrals to treatment and counseling: If penalties for violators are dependent on fines or community service, the perceived risk of negative consequences would decrease, increasing problem gambling.
- The state has legalized gambling: if gambling policies are not enforced, youth perceived risk of negative consequences will decrease. Also, adults with gambling problems will not be identified early.
- Retailers do not enforce the law: If casinos and retailers work with the police to identify underage youth with fake IDs and VEPs who are found on the casino floor, unlawful gambling activities would decrease.
- Police do not arrest youth for gambling or prioritize emergency issues at the casinos: If youth are charged for violations, they would be more likely to perceive it as risky and would be less likely to engage in unlawful gambling activities.

D. Community Norms

Community norms involve the acceptability or unacceptability of gambling in the community. Data used to analyze community norms includes focus groups and key interviews and quantitative data.

- i. Present and discuss the data collected for community norms that might contribute to gambling addiction/ consumption patterns and consequences in your community:

Focus Groups and Key Interviews:

The most common theme found in the focus groups and key interviews pertaining to the intervening variable of community norms is the perception that Senior Citizens are more likely to engage in gambling activities compared to other populations. In adult focus groups and key interviews, 41/50 respondents reported Senior Citizens are more likely to gamble compared to other age groups. Also, 5/7 youth groups confirmed Senior Citizen gamble the most.

The second most mentioned contributing factor to gambling is the perception that it is socially acceptable compared to drug and alcohol use. Gambling has been legalized by the State and does not cause physical damage to the human body. It was stated by 26/50 focus groups that gambling is socially acceptable in their community. Another contributing factor to gambling is the acceptability that it's a form of entertainment in the community, mentioned by 17/50 focus groups. This contributing factor has been widely confirmed by the Maryland Prevalence Study (2020), 56% of respondents reported entertainment or fun as one primary reason for gambling in Maryland.

Other comments on community norms mentioned during focus groups and key interviews:

- Gambling is not a serious problem in the community.
- Gambling is not addictive.
- Gambling creates a sense of belonging.
- Persons of minority population (African Americans, Asians, and Hispanics) are at greater risk of gambling problems.

In the literature, studies often note the stigma of admitting to gambling disorder. This was found in the study by Sacco et al. in Maryland conducted with consumer credit counseling agencies (Sacco et al., 2019). In the same study, it was found that the general population does not know the definition of gambling. This was also found when conducting the focus groups and key interviews. Maryland residents are confused about what is and is not gambling.

- ii. Discuss the impact of community norms on gambling addiction/ consumption patterns and consequences in your community.

Consumption Patterns

Senior Citizens are perceived as at-risk gamblers.

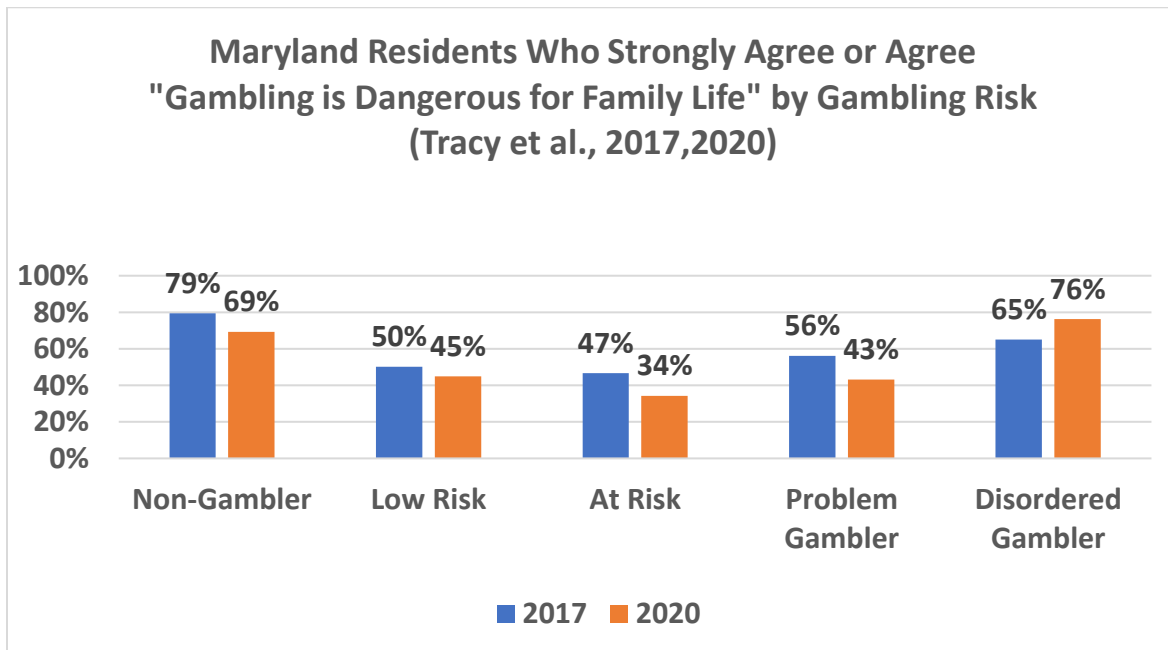
Data from the Center needs assessment shows the older adult population are more likely to gamble. This is indicated in the question asking which group you believe is most likely at risk of gambling. Senior citizens are most likely retired and have lots of free time. Data also shows that casinos provide incentives (free transportation to and from gambling venues, free tickets, and hotel room, etc.) for senior citizens, as a way of encouraging this population to gamble. This is a clear indication that primary prevention should be focused on all populations, including senior citizens in Maryland.

Social acceptability of gambling

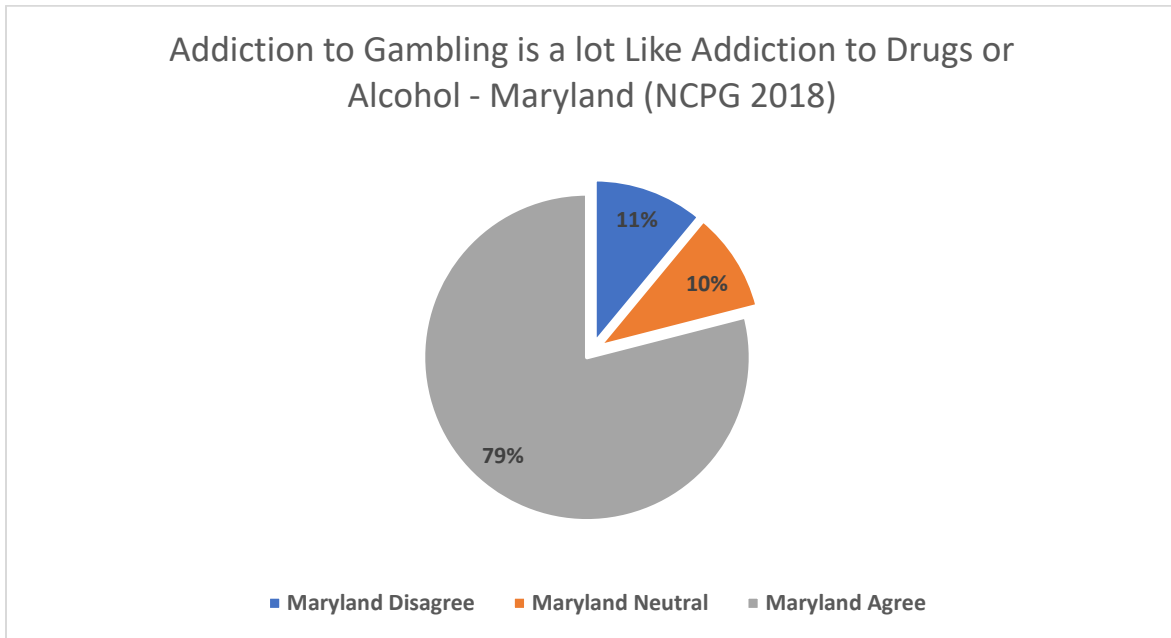
Focus groups and key interviews show that people become addicted to gambling by gaining acceptance. The State has legalized gambling and people believe that it is safe and not addictive compared to other substances including drugs and alcohol. Therefore, they are more likely to engage in gambling behavior because they are unaware of the risks.

Consequences

The prevalence data below proves that one of the consequences of gambling is family problems. 76% of disordered gamblers strongly agree or agree gambling is dangerous for family life compared to 69% non-gambler, 45% low risk, 43% problem gambler, and 34% at-risk.



This chart below states 79 % of respondents agreed that addiction to gambling is a lot like addiction to drugs in 2018, compared to 11 % of those who disagreed, followed by 10 % of the undecided.



iii. Describe each contributing factor that you identified.

1. Present the data and explain what the data for your community reveals.

Data Says:	Data Reveals:
Adults and youth believe that Senior Citizens are at a greater risk of gambling due to access.	If senior citizens are educated about the effects of problem gambling and have access to prevention programs and resources, they will be less likely to engage in problem gambling behavior.
The belief that gambling is more socially acceptable compared to drug and alcohol use.	If there is a belief that gambling is more acceptable than drug and alcohol use, people will gamble more and are more likely to become problem gamblers.
Those who believe that gambling is a form of entertainment are more likely to participate in gambling behavior.	If we can educate people in Maryland about the risk associated with gambling, they will be less likely to engage in the behavior or will play more responsibly.
The perception that gambling is not a serious problem in the community.	If people believe that gambling is not a serious problem in their community, they will have a low perceived susceptibility to gambling problems.

The perception that minority population are at higher risk of gambling.	If minority populations do not have access to gambling prevention programs and resources, they will engage in risky gambling behavior.
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1. Describe how each contributing factor is a main contributor to problem gambling.
 - Senior Citizens at risk for gambling: if senior citizens are allowed access to gambling (e.g., free transportation to and from casinos and incentives), they will be more likely to participate in gambling.
 - People believe gambling is more socially acceptable than drug and alcohol use: if people do not realize that gambling can lead to addiction, they are more likely to engage in problem gambling behavior.
 - The perception that gambling is a form of entertainment: if people do not know the problems associated with gambling, they will have low perceive susceptibility to gambling problems.
 - They believe that it is not a serious problem: if people do not understand the severity of gambling problems, they will be more likely to engage in the behavior.
 - The perception that minority populations are at risk of gambling problems: if the minority populations, including African Americans, Asians, and Hispanics, do not have access to gambling prevention resources, they will engage in the behavior and be more likely to become problem gamblers.

E. Perception of Risk

Perceived risk is an individual’s judgement about the characteristics and severity of risk regarding problem gambling and its consequences. Data from the focus groups and key interviews were used to analyze perception of risk.

- i. Present and discuss the data collected for perception of risk that might contribute to gambling behavior/ consumption patterns and consequences in your community.

Focus Groups and Key Interviews:

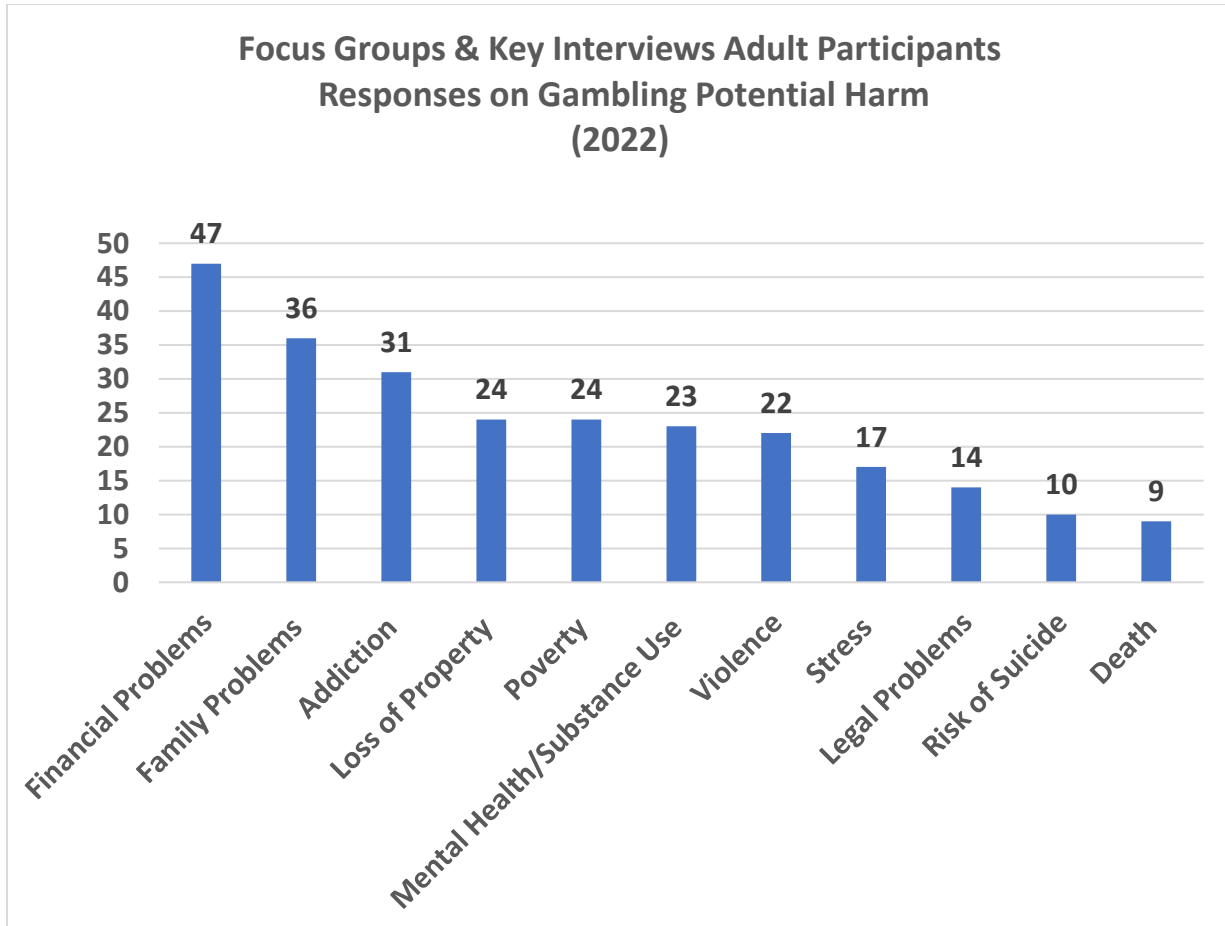
Most of the responses pertaining to perceived risk of gambling answered the question of “what are the potential harms of gambling”? The three most common themes mentioned in focus groups and key interviews were the risk of financial problems. This was discussed by 47/50 adult focus groups and key interview, and by 6/7 youth focus groups. The second most mentioned risk to gambling was family problems. This was reported by 36/50 adult focus groups. This was also mentioned during key interviews with community leaders. Addiction was

mentioned as a risk to gambling by 31/50 adult focus groups and key interviews, and by 3/7 youth focus groups.

Other comments on perceived risk mentioned:

- Loss of property (mentioned by 24/50 focus groups)
- Poverty (mentioned by 24/50 focus groups and key interviews)
- Co-Occurring Disorders mental health/ substance use (mentioned by 23/50 focus groups and key interviews)
- Violence (mentioned by 22/50 focus groups and key interviews)
- Stress (mentioned by 17/50 focus groups and key interviews)
- Legal issues (mentioned by 14/50 focus groups)
- Risk of suicide (mentioned by 10/50 focus groups)

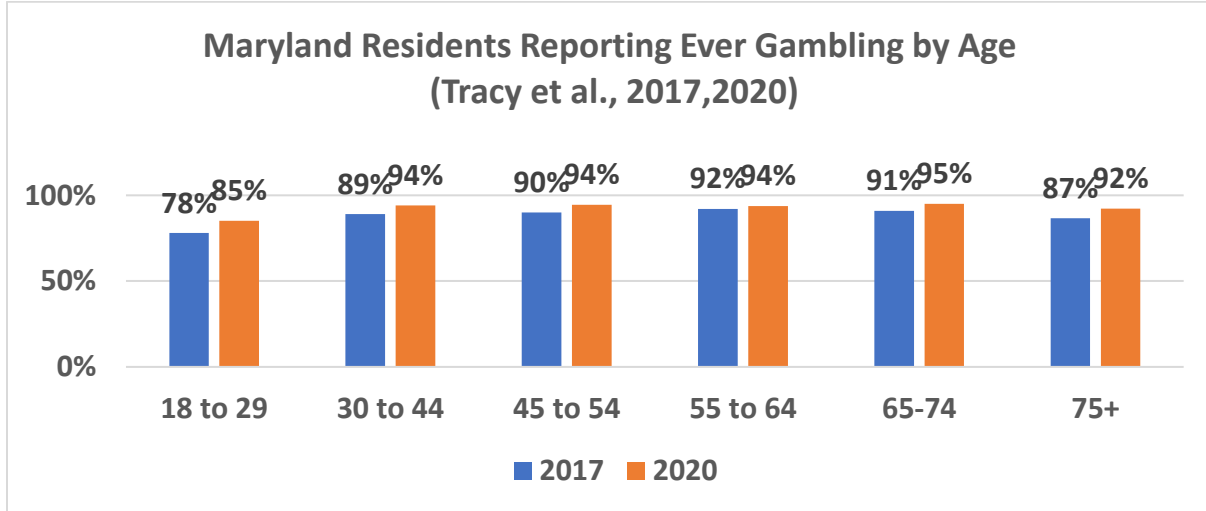
The data below shows gambling potential harm.



- ii. Discuss the impact of perception of risk on gambling addiction/ consumption patterns and consequences in your community.

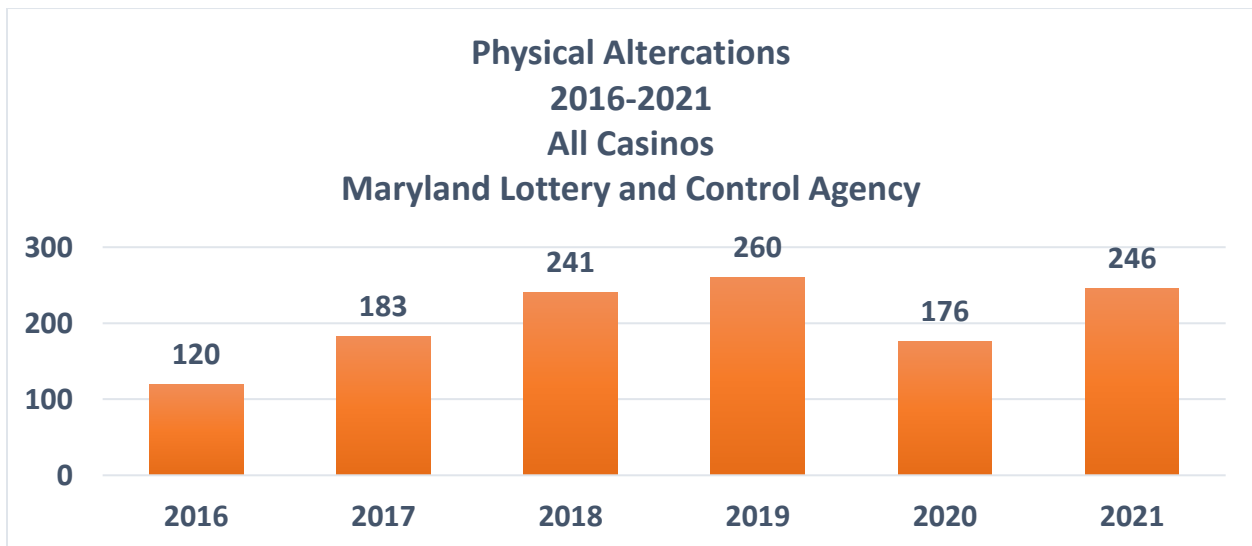
Consumption Patterns

The data below shows Maryland residents reporting ever gambling by age. The percentage of residents reporting gambling has increased in every age group. The highest percentage reporting ever gambling was 95 % reported by those ages 65-74. The second highest reported age of ever gambling were those between the ages of 30-44 with 94 %, 45-54 at 94 % and 55-64 at 94 % and closely after, were 85 % between the ages of 18-29. Overall, there were increases in rates among all residents reporting ever gambling by age.

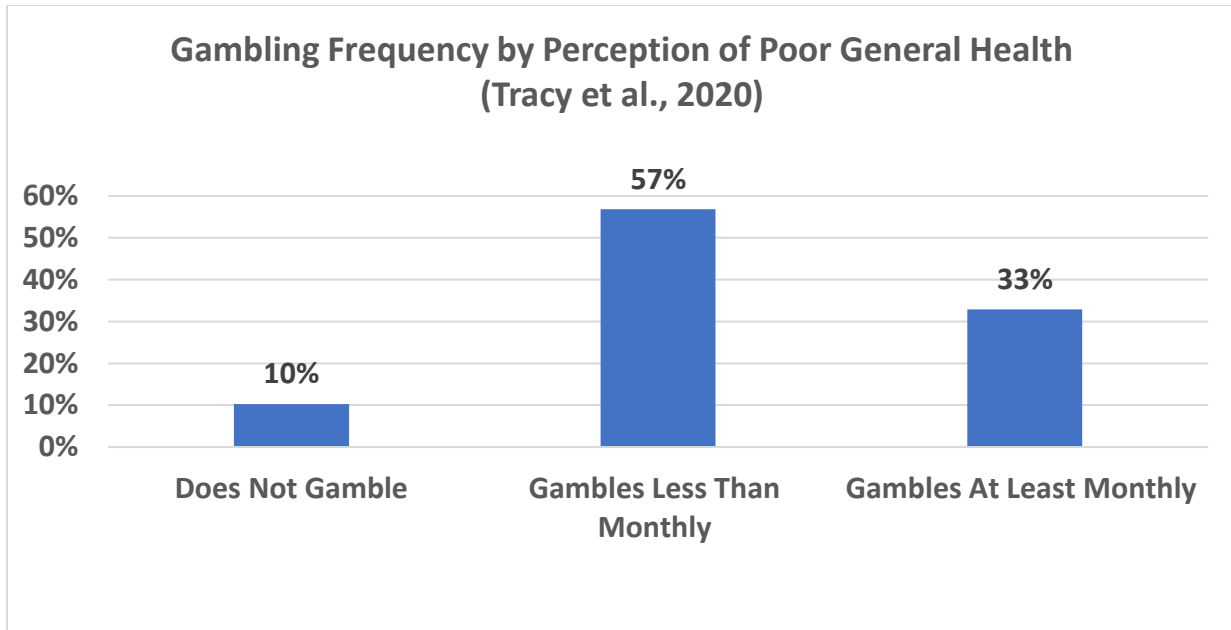


Consequences

The chart below shows the increase in the number of physical altercations on casinos floor in the past years. The casinos recorded the highest, 260 in 2019, then, 246 in 2021, 241 in 2018, 183 in 2017, 176 in 2020, and 120 in 2016.



The data below proves that poor general health is associated with gambling behavior. Respondents were asked about gambling frequency by perception of poor general health. The highest 57 % reported poor health of those who gamble less than monthly, followed by 33 % of those who gamble at least monthly, compared to 10 % of those who do not gamble.



iii. Describe each contributing factor that you identified.

1. Present the data and explain what the data reveals for your community.

Data Says:	Data Reveals:
They believe that gambling can lead to severe consequences, including financial problems, family problems and addiction.	If people believe that gambling is risky, they are less likely to engage in the behavior.
Most people believe that gambling can lead to negative consequences, but they are not at risk of gambling problems.	If youth and adults are not aware of the risk of gambling, they are more likely to suffer negative consequences such as stress and possible progression to mental health/ substance use disorder, or even suicide.
The idea that gambling can also lead to legal issues.	If youth and adults are not aware of the legal issues related to gambling, they are more likely to engage in gambling or gambling related crimes to fulfill their addiction.

2. Describe how each contributing factor is a main contributor to gambling.

- The idea that gambling can lead to negative consequences: if people believe gambling is risky, they will have a higher perception of risk, so gambling will decrease.
- Low perceived susceptibility to gambling: If people believe that they are not at risk of gambling problems, they are more likely to gamble.
- Legal consequences: if people believe that gambling can lead to legal issues, they will be less likely to gamble.

Community Readiness Survey will be done in the future by the Center Prevention Team:

Prioritization

a. Complete The 2x2 Table with The Selected Contributing Factors for Gambling in Your Community

Through small group discussion, the group agreed to prioritize Eight contributing factors the group identified as the most important:

These contributing factors were:

- Community norms and perceived risk: The belief that gambling is not as addictive as drugs and alcohol.
- Community norms: lack of access to gambling resources, including counseling and treatment services among minority populations (African Americans, Asians, Hispanics) in Maryland
- Retail availability: Retailers do not ID underage youth. They can easily access lottery products through vending machines.
- Retail availability: Casino and lottery employees do not have a conversation with customers that may have a gambling problem.
- Retail availability: Retailers are not trained in responsible gambling and gaming. They do not prevent people from buying too many lottery tickets.
- Social availability: Underage youth are allowed to participate in gambling activities, including sports betting during social gatherings without proper monitoring.
- Social availability: Parents gamble with underage youth including buying lottery products and gambling with them at home.
- Enforcement: lottery retailers do not card those that look underage when purchasing lottery tickets.
- Enforcement: The judiciary system does not refer those committing gambling related crimes and Voluntary Exclusion Program violators to problem gambling resources.
- Enforcement: Police do not respond to emergency issues at the casinos

	More Important	Less Important
High likelihood to change	<p>The belief that gambling is not addictive than drug and alcohol.</p> <p>Parents buy lottery products for the underage and gamble with them at home.</p> <p>The judiciary system does not refer those committing gambling crimes and VEP violators to problem gambling resources.</p> <p>lottery retailers do not card those that look underage when purchasing lottery tickets.</p>	<p>Retailers are not trained in responsible gambling and gaming. They do not prevent people from buying too many lottery tickets.</p>
	Low Priority	No Priority
Low likelihood to change	<p>Lack of access to gambling resources among the minority population in Maryland.</p> <p>Lack of proper monitoring of Underage gambling activities, including sports betters</p> <p>Police do not respond to emergency issues at the casinos.</p>	

b. Discuss Results of Changeability Assessment

- Community norms: lack of access to gambling resources: The Center prevention staff prioritized the contributing factor of lack of gambling resources, including treatment and counseling as more important with low likelihood to change. It difficult to expand gambling prevention programs in the State due to the lack of access to funding, even though the Center is working on eliminating problem gambling disparity among minority populations by allowing access to free treatment and counseling.

- Social availability: lack of proper monitoring of underage gambling activities, including sports betting leads to easy access being prioritized as more important with low likelihood to change. It's maybe difficult for the State to regulate online sports betting now that it has been legalized.
- Social availability: parents gambling at home with their underage youth was prioritized as more important with high likelihood to change. The adult focus groups and key interviews data shows 29/50 respondents reported that parents do not know the risks of gambling and permit their underage to gamble. The youth focus groups 4/7 respondents also confirm that they can access lottery products through their parents. Parents are difficult to reach but can benefit from public awareness and education on these issues to prevent underage gambling.
- Community norms and perceived risk: The belief that gambling is safer than drug and alcohol use was prioritized as more important with the low likelihood of change. The focus groups and key interviews data show that 30/50 focus groups and key interviews reported that gambling is not a big problem in their community compared to other addictions. This data indicated the lack of knowledge that gambling is not as risky as drugs and alcohol.

Enforcement: police do not respond to emergency issues at the casinos was also prioritized as more important with low likelihood to change. The police do not see gambling prevention and related crimes as a priority compared to other crimes. Therefore, they are less likely to respond to gambling related crime issues at the casinos.

- Enforcement: Retailers do not ID underage youth: retailers allowing underage youth access to gambling products was prioritized as a more important priority and low likelihood to change. 35/50 adult focus groups reported that retailers do not ID underage youth, and 4/7 youth focus groups confirmed that retailers do not ID underage youth. There is a need for education/ awareness about the dangers associated with underage gambling among retailers. The Maryland Lottery office staff are working on training retailers and enforcing the law to prevent underage gambling in the State.
- Retail access: Retailers lack of training in responsible gambling and gaming was prioritized as high likelihood to change. Through environmental scans and focus groups and key interviews, participants indicated that lottery retailers are not trained in responsible gambling and gaming. They are not able to identify someone who is struggling with problem gambling and act as a resource person to gain access to free treatment and counseling through the Center. The Center prevention team scored this

contributing factor as high likelihood to change with training of retailers. It was scored as highly important because other entities such as the Maryland Lottery office are working on this.

Conclusion

a. Summarize How the Needs Assessment Resulted in The Selection of Specific Target Intervening Variables and Contributing Factors:

The Center prevention team collected quantitative and qualitative data on underage and adult gambling behavior in Maryland. The quantitative piece included any data source on Maryland gambling within the last 10 years. This data was taken from the prevalence study, Maryland State Lottery and Gaming Control Agency (report found on website), the Youth Risk Behavior Survey, Helpline Reports, Redcap, and other individual journal articles published on Maryland gambling behavior. Data were categorized by the public health risk factors of community norms, retail access, social availability, enforcement, perceived risks, and individual factors. The data showed the who, where, when, and what of underage and problem gambling in Maryland.

The qualitative piece involved data collection through focus groups, key interviews, and environmental scans. The goal was to assess the community's underage and problem gambling knowledge and behavior around the intervening variables. The Center prevention staff analyzed the data for intervening variables and contributing factors. Based on the prioritization process recommended by the team, the prevention staff selected the following contributing factors with high importance and high likelihood to change.

- **Community Norms:** The belief that gambling is not addictive compared to drug and alcohol addiction.
- **Social Availability:** Parents buy lottery products for underage youth and gamble with them at home.
- **Enforcement:** The judiciary system does not refer those committing gambling crimes and Voluntary Exclusion Program violators to problem gambling resources.
- **Retail Availability:** Lottery retailers do not card those that look underage when purchasing lottery tickets.

b. Describe Your Problem Statement

i. Use Data About Consumption and Consequences to Frame Problem Statement in Specific Terms

Problem gambling among youth and adults in Maryland is caused by the lack of education and awareness on the risks of gambling and lack of proactive strategies to promote the resources for help.

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