



Problem Gambling Within a Public Health Framework in the Commonwealth of Massachusetts

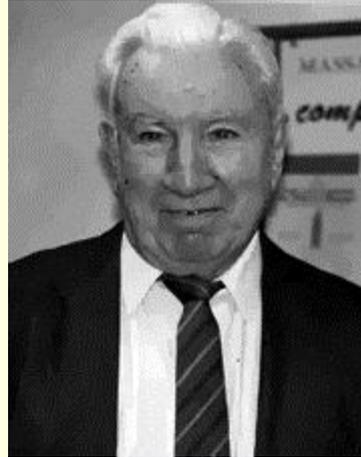
Marlene D. Warner

Executive Director

Massachusetts Council on Compulsive Gambling

October 28, 2013

History



- ❖ Founded in 1983 by Thomas N. Cummings
- ❖ Secured funding in 1987 for problem gambling services statewide
- ❖ Advocated for treatment system in 1998





Neutrality

- ❖ The Council's position is neutral on the issue of legalized gambling--neither for nor against it, but opposed to illegal gambling.
- ❖ We provide services and advocate for those who people who might develop, are currently struggling with, or are looking for support in recovery from a gambling disorder of any magnitude.
- ❖ We advocate for responsible gambling-related public policy in the Commonwealth.



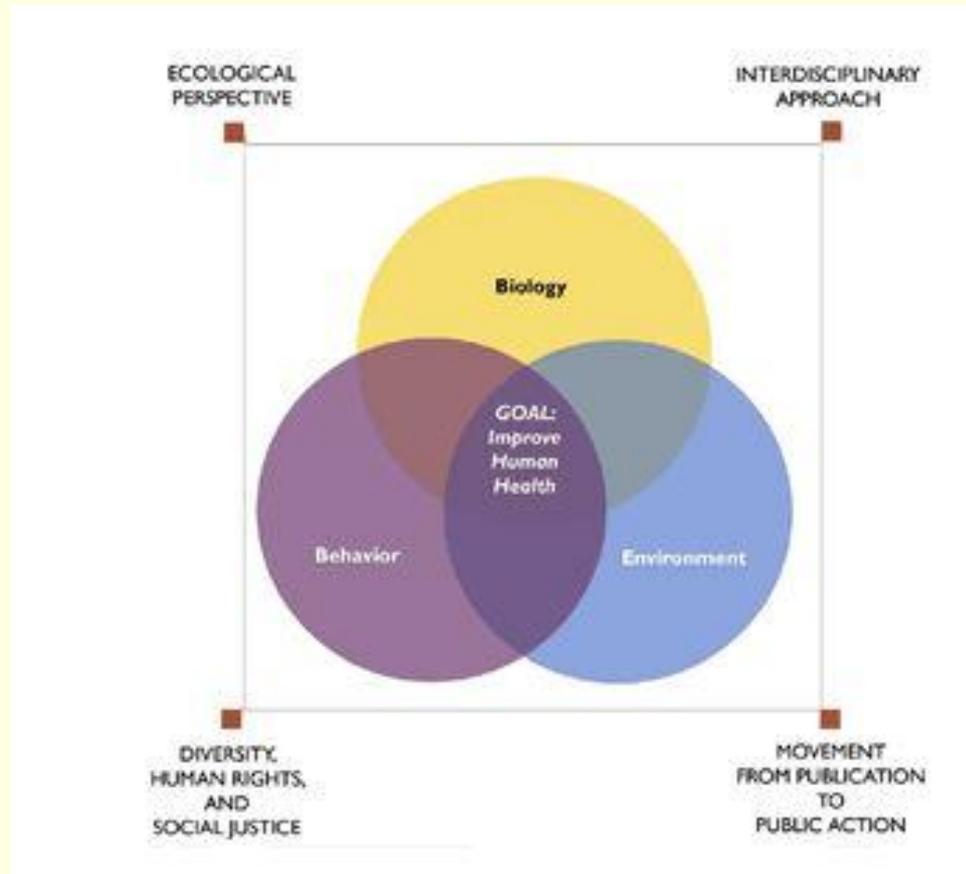
Mission of The Massachusetts Council on Compulsive Gambling

To provide leadership in reducing the social, financial, and emotional costs of problem gambling and to promote a continuum of prevention and intervention strategies for people with gambling disorders, their families and the greater community. These strategies include:

- ❖ information and public awareness,
- ❖ education, technical assist./capacity building,
- ❖ advocacy,
- ❖ helpline/referral, and
- ❖ recovery support services



Ecological Public Health Model





Late 1990's to 2011

- ❖ Four racetracks (2 dog, 2 horse)
- ❖ Mass. state lottery (charitable gaming)
- ❖ Illegal gambling (sports, video poker, cybercafes, cock/dog fights, fraternal clubs)
- ❖ Expansion bills for at least 10+ years
- ❖ Many expansion studies considered and completed through private & public entities
- ❖ 2004 public opinion study



Pathological Gambling Rates

- ❖ Research indicates that between 2%-3.5% of the U.S. adult population has experienced adverse consequences from gambling in their lifetimes (Kessler et al., 2008; Petry et al., 2005).
- ❖ Based on these estimates, between 125,000 and 225,000 Massachusetts residents have experienced such problems in their lifetime.



Co-Morbidity Rates

Pathological gamblers are significantly more likely to have mental health disorders and/or substance use disorders compared to those without gambling problems.

- ❖ 75% had an alcohol disorder
- ❖ 38% had a drug use disorder
- ❖ 60% were nicotine dependent
- ❖ Nearly 50% had experienced a mood disorder (e.g., depression, bi-polar)
- ❖ 41.3% had experienced an anxiety disorder (e.g., phobia, social phobia, generalized anxiety disorder)
- ❖ 60.8% had experienced a personality disorder (e.g., antisocial, schizoid, obsessive-compulsive)



How has PG been a Public Health Issue in Massachusetts up to 2011?



- ❖ Prevention
- ❖ Intervention
- ❖ Treatment
- ❖ Recovery Support



Convening the Stakeholders--2008

Engaging in “listening sessions”

- ❖ Legislature—leaders and gaming interests
- ❖ Industry
- ❖ EOHHS, EOPS, AG’s office
- ❖ Researchers
- ❖ Clinical and prevention profess (MA & beyond)
- ❖ People in recovery



A Game Changer

GOVERNOR PATRICK SIGNS EXPANDED GAMING LEGISLATION



November 2011



What does PG Public Health Need Moving Forward to be Successful?

- ❖ A Strategic Framework
- ❖ An identified group of Key Stakeholders
- ❖ Conceptual Clarity in Definitions and Measurements
- ❖ Consensus Regarding Parameters of Responsible Gambling
- ❖ Data and Evaluation
- ❖ Education—Informed Choices and Decision-Making



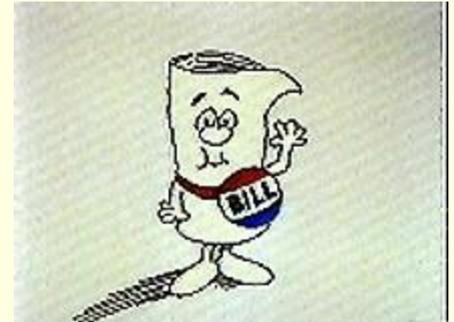


Massachusetts Council on
Compulsive Gambling

We understand the problem. We can help.

PG Highlights in the legislation

- Public health trust fund
- Onsite “treatment” center
- Statewide Exclusion list—self and 3rd party
- Helpline number(s) posted (multilingual)
- Robust research agenda
- Gaming Policy Advisory Committee—
subcommittee on Addiction (MCCG named to it)



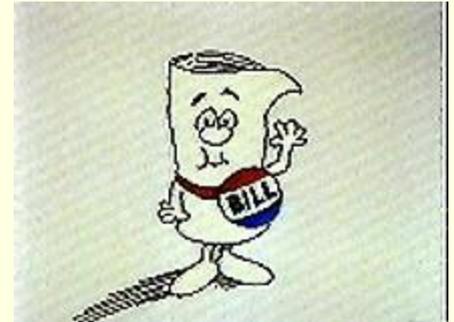


Massachusetts Council on
Compulsive Gambling

We understand the problem. We can help.

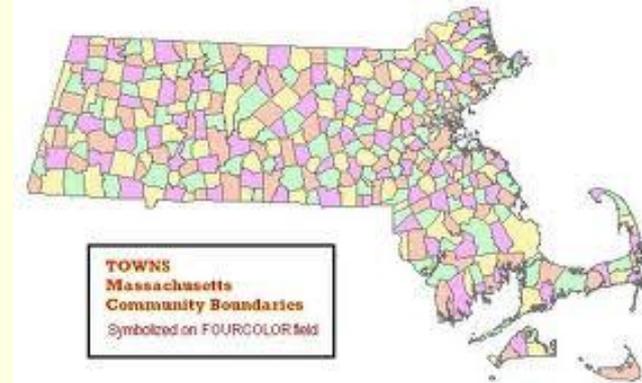
PG Highlights in the legislation

- Guidelines on credit extension and check cashing
- Responsible Gambling guidelines on marketing
- Payback statistics posted
- Smoke-free environment
- Gaming divisions of the AG and State Police



Collaborations and Partnerships

- Regional Collaborative meetings for treatment and priority populations
- MOUs with Community Groups
- Municipality Checklist
- MGC listened; Director of PG and Research
- Mass. Partnership on Responsible Gambling (MPRG) was further developed and formalized
 - Leadership group
 - Common goals and language
 - Training employees



Developing a Common Agenda, 2013

Increase public understanding of all facets of problem and responsible gambling through a broad-based focus on education.

- Develop coordinated marketing campaign to raise awareness, both regionally and for specific populations, families and others affected by the gambler.
- Expand communication and increase impact of National Problem Gambling Awareness Week/Month
- Expand utilization of social media
- Expand current substance abuse curriculum to include problem gambling
- Identify and promote awareness of symptoms and risk factors
- Collaborate with school systems and state education department to incorporate awareness into curriculum
- Address and raise awareness of the impact of gambling across the continuum



Developing a Common Agenda, 2013

Minimize harm through a broad public health approach that is data-driven and fact-based and uses scientific evidence and best practices

- Conduct baseline study (measuring prevalence among public attitudes) and measure again after introduction of casinos
- Develop annual research and comprehensive survey agenda
- Collect better data by using consistent core measures; longitudinal studies; local, diverse populations, etc.
- Establish clearinghouse for best practices
- Document and study best practices across addiction
- Develop a harm reduction model for treatment and prevention
- Obtain funding for targeting studies regarding youth
- Incorporate new technologies into best practices



Developing a Common Agenda, 2013

Ensure broad-based coordination – both regionally and statewide - among treatment providers, public health, industry, regulators, recovering gamblers, and their families and communities under a strategic leadership structure.

- Create a strategic leadership group that includes all stakeholders
- Establish regional, state, and local collaboration across disciplines
- Conduct a resource assessment and gap analysis
- Define roles and responsibilities among existing groups
- Incorporate gambling into public health efforts
- Establish network of those in recovery to address parents, teachers, and school committees about their problem gambling experiences



Developing a Common Agenda, 2013

Promote prevention to fight it where it starts

- Advocate for increased research into sources of gambling outside of casinos and lottery and problem gambling-specific risk and protective factors among all populations
- Ensure that prevention includes awareness; education; capacity building; alternative activities; community-based processes; environmental strategies
- Identify and focus prevention efforts on high-risk populations
- Engage existing prevention infrastructure (including community coalitions) to incorporate problem gambling into their work as a component of wellness
- Incorporate gambling into screenings and train providers



Developing a Common Agenda, 2013

Build a community of advocates to ensure strong social policy and ownership of the issue

- Build a community of advocates by collaborating on the local level (focusing on safety and wellness)
- Ensure that the Council remains as leader in the public policy debate and formation
- Protect and maintain fidelity to legislated funding sources and amounts
- Conduct awareness campaign directed to key influencers and their impact on those at-risk
- Advocate for priorities like insurance coverage, additional funding for helpline, and increased online trainings and in-person trainings
- Build the capacity of preventionists, interventionists, treaters, and recovery supports to include problem gambling



Developing a Common Agenda, 2013

Ensure approach is multi-faceted and ongoing following “PETER Principle” – Prevention, Education, Treatment, Enforcement, and Research

- Conduct an analysis of the existing network
- Build a referral network that promotes health
- Create a full continuum of services
- Enhance credentialing and licensing in field
- Build a comprehensive set of treatment services



Study Methodology

- Web-based Survey

- Multi-sourced Survey Sampling International (SSI) sample

- Blend of panels and participants from communities of interest, websites, social media and other sources. Scientifically blended based on lifestyles, social value and psychographics to control consistency and improve representivity

- Design

- Age, gender, race, county - simulate adult population
 - Total Sample = 1,054 Massachusetts Adults
 - Conducted 1/16/13 to 1/23/13



Study Methodology - Limitations

■ Limitations

■ Opt-in web-based sample

- This study focuses on responses within gambling category.
- Not used as prevalence survey for large geographic area.
- The University of Massachusetts SEIGMA study will be providing official gambling prevalence statistics in their research next spring.
- For more information about their statewide prevalence research contact Rachel Volberg:
<http://www.umass.edu/sphhs/person/faculty/rachel-volberg>



Demographic Highlights

■ Age

- 25 to 34 age group appears more likely to be higher-risk

■ Race/Ethnicity

- Asians appear less likely to gamble. Those who do gamble are more likely to be Probable Pathological gamblers
- Latino population had a lower rate of gamblers. Those who do gamble are more likely to be Social gamblers



Demographic Highlights

■ Education

- Probable Pathological gamblers are somewhat more likely to have a high school education or less
- Non-gamblers are more likely to have a graduate degree than the state average.

■ Household Income

- Problem and Probable Pathological gamblers show no significant household income differences than Social gamblers.



During the past 30 days, have you...

Q74 Base: Total Adult Population

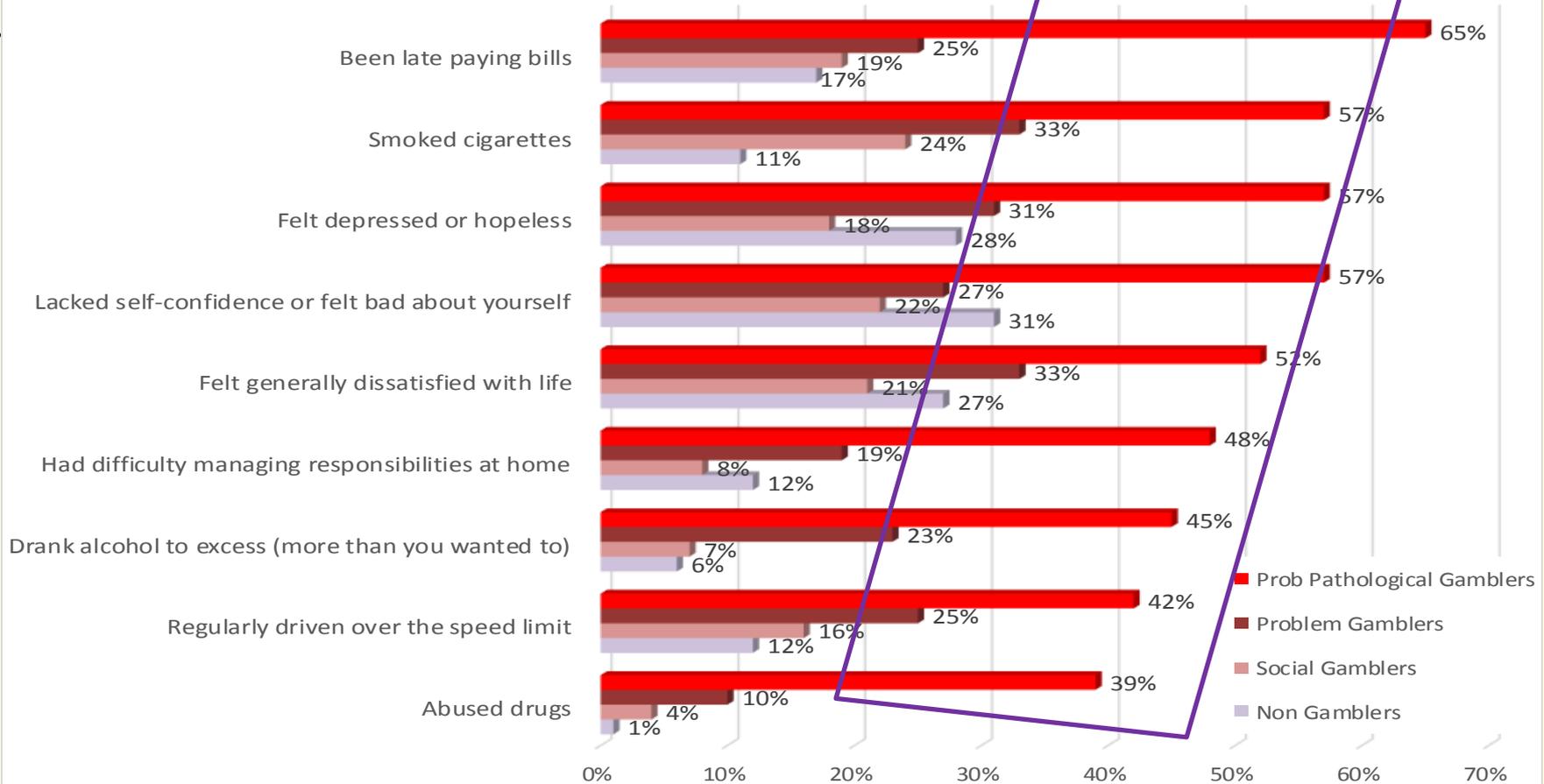


Figure 10



Reasons for Gambling

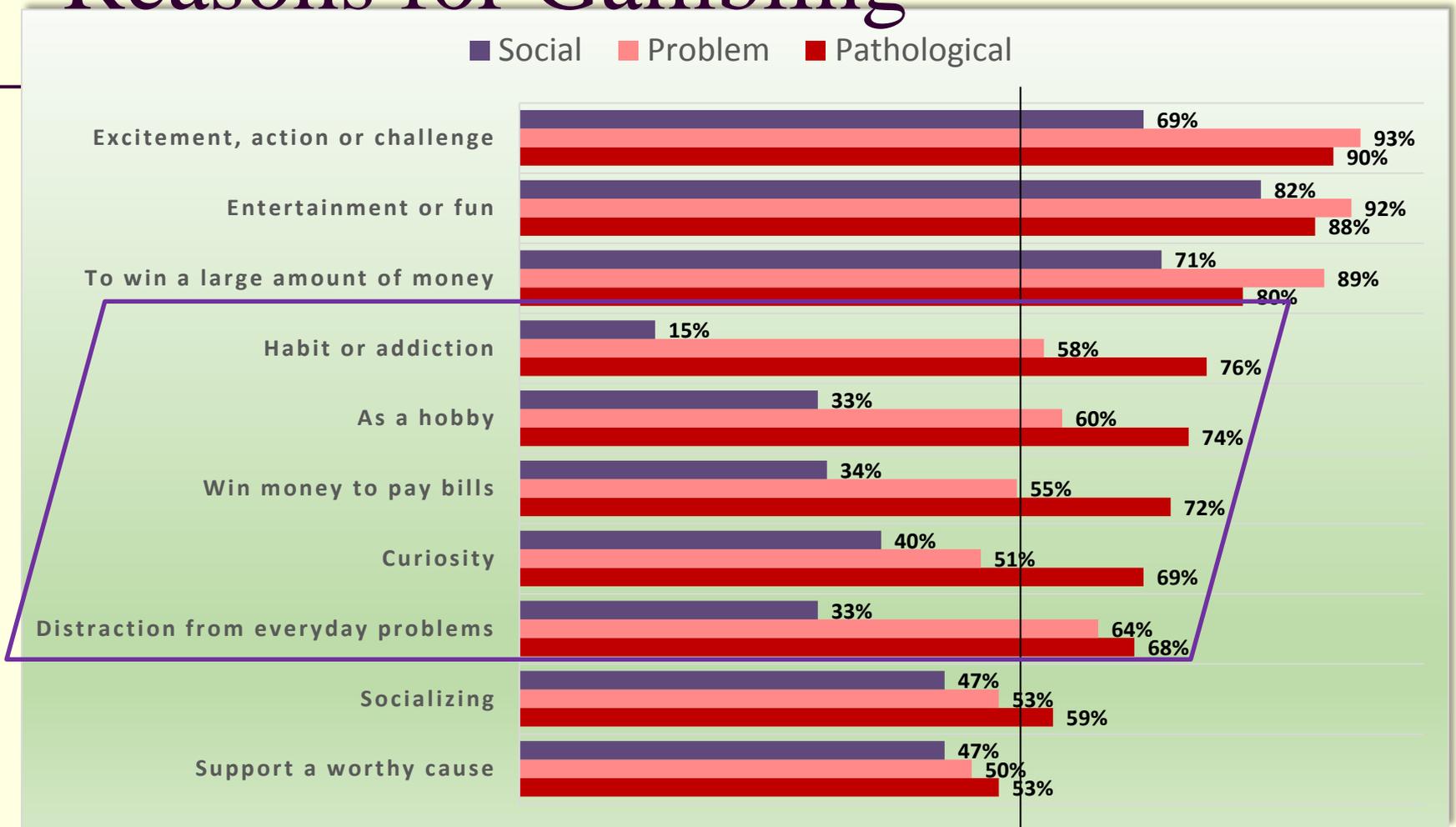


Figure 18



Problem Behaviors – Co-occurring Disorders

Ever felt that you had any of the following problems?	Total	Not Gambled in past 12 months	Social Gambler	Problem Gambler	Probable Pathological Gambler
	1054	161	788	52	53
Alcohol problem	9%	4%	9%	18%	24%
Drug problem	6%	5%	5%	6%	31%
Sex Addiction	4%	4%	4%	4%	17%
Stealing	1%	-	1%	2%	6%
Shoplifting	1%	1%	1%	0%	4%
No	83%	89%	85%	78%	48%





Thank You!

Marlene D. Warner

marlene@masscompulsivegambling.org

617.426.4554

www.masscompulsivegambling.org