

Impact of MGM Springfield on Gambling Attitudes, Participation and Problem Gambling



November 13, 2020

SEIGMA  SOCIAL AND ECONOMIC IMPACTS
OF GAMBLING IN MASSACHUSETTS

UNIVERSITY OF MASSACHUSETTS SCHOOL OF PUBLIC HEALTH AND HEALTH SCIENCES

Authorship and Acknowledgements

Authorship

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Acknowledgements

Initial financial support for Social and Economic Impacts of Gambling in Massachusetts (SEIGMA) study came in 2013 from the Massachusetts Gaming Commission under ISA MGC10500003UMS15A. The multi-year project was competitively bid via the Massachusetts Gaming Commission Request for Response (MGC-RA-2012) for Research Services and awarded to the University of Massachusetts Amherst in April 2013. In June 2019 the Massachusetts Gaming Commission issued a subsequent Request for Response (BD-19-1068-1700-1-40973) for Research Services and the University of Massachusetts Amherst was awarded the contract effective January 2020.

The population surveys on which the analyses in this report rest could not have been completed without the cooperation and good will of the thousands of Massachusetts residents who agreed to participate. We are grateful to the many individuals at NORC at the University of Chicago who helped in collecting the data for the surveys.

We would like to thank the members of the Massachusetts Gaming Commission's Research Review Committee (RRC). Members of this committee represent a range of perspectives and their careful review of draft versions of this report contributed to its clarity as well as utility to multiple audiences.

Finally, we would like to thank the staff and members of the Massachusetts Gaming Commission, for their thoughtful input and clear guidance over the course of the SEIGMA project. The Commission's broad vision for the expansion of gambling in Massachusetts and commitment to the research needed to maximize the benefits and minimize harms related to gambling in the Commonwealth made this project possible.

SUGGESTED CITATION:

Volberg, R.A., Zorn, M., Evans, V., Stanek, E.J., Williams, R.J. (2020). *Impact of MGM Springfield on Gambling Attitudes, Participation, and Problem Gambling*. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.

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Executive Summary

Background

The Social and Economic Impacts of Gambling in Massachusetts (SEIGMA) study is a comprehensive, multi-year investigation of the impacts of introducing casino gambling in the Commonwealth. Beginning in 2013, the SEIGMA research team has collected extensive baseline and follow-up data on the social and economic changes related to the introduction of casino gambling in Massachusetts. The study established baselines for all social and economic variables that may be affected by expanded gaming, and the team now collects, analyzes, and reports each year to identify the actual impacts in the casino host and surrounding communities, providing key information to policymakers and other interested stakeholders.

This report focuses on one aspect of the broader SEIGMA study and summarizes findings from baseline and follow-up targeted population surveys carried out in Springfield and surrounding communities. The baseline targeted survey was conducted in 2015, soon after the announcement of the award of license to MGM Resorts International. The follow-up targeted survey was conducted in 2019, one year after the opening of MGM Springfield in June 2018. The Springfield Baseline and Follow-up Targeted Population Surveys largely used the same methodology as the state-wide Baseline General Population Survey (BGPS) that was conducted in 2013 and 2014. Findings from these surveys are important to help understand changes in attitudes toward gambling, gambling behavior, the prevalence of problem gambling, and awareness of and involvement in problem gambling services in the wake of the introduction of a major gambling venue. The findings will contribute to the development of strategies to minimize gambling-related harm and bring the greatest possible benefit of expanded gaming to the people of the Commonwealth.

Methods

The SEIGMA team obtained a probability sample of households in Springfield and surrounding communities and allowed survey respondents to complete the survey online, on paper, or by telephone. The Baseline Targeted Population Survey in Springfield (BTPS-S) took place between February 2015 and June 2015, had a response rate of 31.7%, and included a final sample of 1,131 Western Massachusetts residents aged 18 and over. The majority of questionnaires were self-administered (90%) and 2.5% of the questionnaires were completed in Spanish. The Follow-up Targeted Population Survey in Springfield (FTPS-S) took place between October 2019 and January 2020, had a response rate of 16.7%, and included a final sample of 1,134 Western Massachusetts residents aged 18 and over. The majority of questionnaires were self-administered (89%) and 14.7% of the questionnaires were completed in Spanish. The data from both surveys was weighted to align the sample more closely with the target population. In addition to the surveys, the SEIGMA team conducted interviews with key informants in Springfield to gain an on-the-ground understanding from local experts about conditions in Springfield prior to hosting a casino and after the casino opened.

It is important to emphasize that the targeted surveys in Springfield and surrounding communities were cross-sectional ‘snapshots’ of gambling and problem gambling at single points in time. This limits our ability to draw any cause-and-effect conclusions from associations reported between gambling participation, gambling problems, and other variables in these surveys.

Key Findings¹

Attitudes toward Gambling

There were several significant changes in attitudes toward gambling among residents of Springfield and surrounding communities between 2015 and 2019. First, compared to 2015, more residents surveyed in 2019 believed that the availability of gambling in Massachusetts was too high. Second, the majority of residents in both 2015 and 2019 believed that the harm of gambling to society outweighed the benefits with a significantly higher proportion feeling this way in 2019. Third, compared to 2015, more residents viewed the importance of gambling as a recreational activity as “not at all important.” Finally, compared to 2015, fewer residents surveyed in 2019 viewed the impact of expanded gambling in Massachusetts as harmful and more residents held a neutral view. Taken together, these changes suggest that overall perceptions of gambling among residents of Springfield and surrounding communities became somewhat more negative but also less polarized between 2015 and 2019.

Gambling Participation

Between 2015 and 2019, overall gambling participation changed very little. There was a statistically significant increase in past year participation in daily lottery games that was likely due to changes in the question wording. Past year gambling at out-of-state casinos did not change significantly but there was a statistically significant increase in any casino gambling in the past year. This change was driven by the greater proportion of residents of Springfield and surrounding communities who gambled at both Massachusetts and out-of-state casinos in 2019. Beyond past year daily lottery play and overall casino gambling, there were no statistically significant changes in gambling behavior among residents of Springfield and surrounding communities between 2015 and 2019.

Given the lack of changes in past year participation in most specific forms of gambling, we felt it was important to explore whether there were changes in overall gambling participation, overall lottery participation, and overall casino gambling in Massachusetts and out-of-state by specific demographic groups. There were no significant changes in overall gambling or overall lottery participation by **gender**, **race/ethnicity** and among adults aged 50 and over. The rate of overall casino gambling was significantly higher in 2019 compared to 2015 among males and females, among Blacks/Hispanics/Asians and Whites/Other, and among individuals aged 50 to 64 and those aged 65 and over. In contrast to most other demographic groups, the rate of overall casino gambling did not change significantly between 2015 and 2019 among adults aged 18 to 34 and those aged 35 to 49. Among adults aged 18 to 34, the rate of overall lottery participation was significantly lower in 2019 compared to 2015 (45.8% in 2019 compared to 62.5% in 2015).

When it comes to **educational attainment**, rates of overall gambling and overall lottery participation changed very little among residents of Springfield and surrounding communities with different levels of education. The rate of overall casino gambling was significantly higher among those with a high school education or less and among those who attended or graduated from college in 2019 compared to 2015. This was not the case among those with graduate level education. With regard to **income**, there were no statistically significant changes in rates of overall gambling, overall lottery participation, or overall casino gambling among residents of Springfield and surrounding communities with annual household incomes of \$50,000 or higher. Among residents with annual household incomes lower than \$50,000, rates of overall gambling and overall casino gambling were significantly higher in 2019 compared to 2015.

¹ Only differences that are statistically significant at the 0.01 level are included in the Executive Summary and in the body of the report.

Problem Gambling

One of the main negative social impacts of expanded gambling availability tends to be an increase in problem gambling. In epidemiological research, prevalence is a measure of the number of individuals in the population with a disorder at one point in time. In problem gambling prevalence surveys, individuals are classified on the basis of their responses to a valid and reliable problem gambling instrument. The Problem and Pathological Gambling Measure (PPGM) serves as the primary instrument to assess problem gambling in the SEIGMA study. Based on the PPGM, there was no change in the prevalence of at-risk and problem gambling between 2015 and 2019 among residents of Springfield and surrounding communities.

We estimate that between 42,074 (9.3%) and 70,123 (15.5%) residents of Springfield and surrounding communities were at-risk for or experiencing a gambling problem in 2015. In 2019, we estimate that between 36,421 (8.0%) and 63,281 (13.9%) adult residents of Springfield and surrounding communities were at-risk for or experiencing a gambling problem.

Problem gambling prevalence rates can vary significantly across important subgroups in the population. We examined differences and changes in problem gambling prevalence across the same five demographic groups discussed earlier in relation to gambling participation. The only statistically significant change was a decrease in non-gambling (accompanied by a substantial but not significantly higher rate of recreational gambling) in 2019 among residents of Springfield and surrounding communities with annual household incomes under \$50,000.

Awareness and Utilization of Problem Gambling Programs

Previous research has found that many people experiencing gambling problems recover without the aid of professional treatment. Indeed, the literature indicates that the number of people who have recovered on their own may greatly exceed the number of people who ever seek treatment. These findings highlight the importance of increasing public awareness and encouraging changes in attitudes and behavior among individuals experiencing mild or moderate difficulties to reduce their progression toward more severe gambling-related problems.

Between 2015 and 2019, there was a statistically significant reduction in the proportion of residents of Springfield and surrounding communities who indicated that they were aware of media campaigns to prevent problem gambling in Massachusetts in the past year. Almost half of the respondents in the 2015 survey (47.9%) were aware of problem gambling prevention media campaigns in 2015 but the proportion dropped to 32.1% in 2019. Awareness of problem gambling prevention programs other than media campaigns was lower than awareness of media campaigns in both surveys and the change between 2015 and 2019 was not statistically significant. It is possible that changes in the administration of problem gambling services in Massachusetts beginning in 2016, along with the end of heated public discussion of the casino issue in Western Massachusetts, contributed to these changes.

Responses to email and telephone queries to two of the three Gamblers Anonymous meetings in the Springfield area indicated that these meetings have taken place for many years with little change in the number of attendees following the opening of the casino. There has been a much greater impact on these meetings from COVID-19, which has limited the number of participants to 10 rather than the more usual 25-30 attendees.

Discussion and Future Directions

The relationship between proximity, and thereby availability, of gambling venues and the likelihood of experiencing gambling problems has long been debated. The availability, or exposure, theory suggests that an increase in the availability of gambling venues to a population would lead to an increase in gambling-related harms, particularly gambling problems. Alternatively, the adaptation theory suggests that there will be an initial increase in gambling-related problems upon exposure of a resident population to a new gambling venue with the effects abating over time.

Replication surveys that examine changes in problem gambling prevalence in the same jurisdiction over time provide a direct test of exposure versus adaptation. Our findings from the replication survey carried out in Springfield and surrounding communities (like our findings from the Plainville region) suggest that the Massachusetts population is far from naïve when it comes to casino gambling. States surrounding Massachusetts, including Rhode Island, Connecticut, and New York, have had casino gambling for decades prior to the introduction of casino gambling in Massachusetts. Following this initial exposure, any effects may have abated over time, even in a population that has experienced recent local gambling expansions. In our view, the findings from this study suggest that population adaptation has already occurred as no increased risk of harms associated with casino gambling was identified.

There are additional factors that may have contributed to this perceived adaptation. An increase in public awareness through media or public health campaigns, at least during the period before the casino opened, may have raised awareness of the potential harms and, subsequently, may have reduced involvement by at-risk individuals. The expansion of treatment services for those individuals who do experience gambling problems may have contributed to increased rates of recovery and fewer relapses. Regulatory or industry measures instituted to curtail gambling harms and increase consumer safety, such as casino self-exclusion programs or the Massachusetts Gaming Commission's GameSense program, may also have prevented some at-risk individuals from developing gambling problems.

While the overall results of the surveys in Springfield and surrounding communities are reassuring, there are concerns about how specific demographic groups in the region may be affected in the future. These groups include individuals with lower educational attainment and individuals with annual household incomes under \$50,000. Changes in overall gambling participation and overall casino participation within these groups suggest that individuals with lower education and lower income may be vulnerable to experiencing gambling harms or developing gambling problems because the location of MGM Springfield has made it easier for them to engage in a type of gambling with which they have had relatively little experience in the past. It will be important to direct prevention and treatment resources toward these groups going forward as well as to assess at-risk and problem gambling rates in these groups in the future.