

EXECUTIVE SUMMARY

IMPACTS OF GAMBLING IN MASSACHUSETTS: RESULTS OF A BASELINE ONLINE PANEL SURVEY (BOPS)

Abstract

This report summarizes the results of a baseline online panel survey. The purpose of this survey was to recruit a significantly larger number of problem gamblers than could be obtained in a general population survey. The enriched sample provides more reliable estimates of the negative personal impacts of gambling, the differential impact of different types of gambling, and prevention awareness and treatment-seeking behavior of problem gamblers in Massachusetts. This information is useful to help establish baseline levels of impacts prior to the introduction of casino gambling to Massachusetts as well as for purposes of treatment planning.

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Executive Summary

One of the main purposes of the 2013/2014 Baseline Online Panel Survey (BOPS) was to obtain a larger set of problem gamblers beyond what was achieved in the Baseline General Population Survey (BGPS) so as to obtain more reliable estimates concerning a) the negative impacts of gambling; b) the differential impact of different forms of gambling on gambling-related problems; and c) prevention awareness and treatment-seeking behavior of problem gamblers. This information is useful both for purposes of treatment planning and to help establish baseline levels of impacts prior to the introduction of casino gambling to Massachusetts in 2015 – 2019 (with a planned follow-up online panel [FOPS] in 2020 examining changes from baseline). Our goal was achieved in that a total of 317 problem and pathological gamblers were identified in the BOPS, compared to the 129 problem gamblers identified in the BGPS, even though the sample size of the BGPS was nearly double that of the BOPS. Having achieved this goal, our next objective was to determine how similar BOPS problem gamblers were to the BGPS problem gamblers. Modest, but significant differences between the groups were found in a subset of variables. Hence, the results of each of the groups were reported separately.

The main findings of this study are summarized below. It should be noted that even with the larger sample of problem gamblers in the BOPS, there are several indices where the relative standard error continues to be greater than 30%. As was the case in reporting results from the Baseline General Population Survey report (Volberg et al., 2015), the following discussion focuses on estimates where the relative standard error is less than 30%.

Negative Impacts of Gambling

- **Financial problems** are the most commonly reported negative impact of gambling among both the general population of Massachusetts gamblers (3.8%) as well as Massachusetts problem gamblers more specifically (48.0% BGPS; 54.2% BOPS). Bankruptcy is a considerably less common financial impact, reported in only 5.2% of BOPS problem gamblers. With an estimated 105,738 problem gamblers in Massachusetts (from the BGPS), this potentially represents 5,498 bankruptcies. This projected figure is almost certainly too high, as in 2014 there were a total of 10,394 total bankruptcy filings in Massachusetts, 9,951 of which were non-business filings (U.S. Courts, 2014).¹ However, it is consistent with other literature showing that bankruptcies are reliably associated with problem gambling (Petry, 2005) as well as being one of the most consistent impacts of increased gambling availability (see Williams, Rehm, & Stevens, 2011 for a review).
- **Health or stress-related problems** are also a very common negative impact, reported in 3.8% of gamblers and between 47.7% (BGPS) and 49.6% (BOPS) of problem gamblers. A relatively small percentage of people with health or stress-related problems reported seeking medical or psychological help for these problems (3.9% BGPS and 8.7% BOPS), which would represent between 4,114 and 9,199 problem gamblers a year. The lower rate of treatment seeking among the BGPS problem gamblers may be due to their older age, as there is a tendency for older people to be less likely to seek psychological help (e.g., Mackenzie et al., 2006). (Further discussion of this issue is presented below in the Prevention Awareness and Treatment Seeking section).
- Significant **mental health problems** in the form of guilt, anxiety, or depression is the third most common negative impact of gambling, reported in 3.2% of gamblers and between 31.4% (BOPS) and 36.5% (BGPS) of problem gamblers. An uncommon, but important manifestation of this mental

¹ Medical expenses account for the majority of bankruptcies in the United States (Himmelstein et al., 2009) as well as in Massachusetts (Himmelstein et al., 2011).

stress is suicidal ideation and attempts. An estimated 4.4% of BOPS problem gamblers reported suicidal ideation, which would represent 4,652 individuals. The number of people who reported actual suicide attempts due to their gambling is lower, but no reliable estimates exist, as suicide attempts were only reported by one BGPS problem gambler and ten BOPS problem gamblers. As reference points, there were 585 known suicides in Massachusetts in 2013 (MA Department of Public Health, 2016) while the Centers for Disease Control and Prevention estimate the ratio of suicidal ideation to suicide attempts to be roughly 7.2 to 1 and the ratio of suicide attempts to completed suicides to be roughly 35 to 1 (Centers for Disease Control & Prevention, 2015).

- **Relationship problems** is the fourth most common negative impact of gambling, reported in 1.1% of gamblers compared to 13.7% (BOPS) and 18.8% (BGPS) of problem gamblers. Four discrete manifestations of relationship problems are: domestic violence, separation or divorce, neglect of children or family, and child welfare services involvement. A total of 9.1% (BOPS) of problem gamblers (n = 9,622) reported neglecting their children or family because of gambling; 5.2% (BOPS) (n = 5,498) reported domestic violence due to gambling; and 3.7% (BOPS) (n = 3,912) reported separation or divorce due to gambling. As a reference point, there were 12,725 divorces in 2009 in Massachusetts (Centers for Disease Control & Prevention, 2010). Child welfare involvement was the least common discrete relationship impact reported, but no reliable figures exist (reported by none of the BGPS problem gamblers and only 11 BOPS problem gamblers).
- **Work or school problems** is a relatively uncommon negative impact of gambling, rarely reported among gamblers and reported by just 9.3% (BOPS) of problem gamblers. Losing one's job or having to quit school is even less common, but no reliable estimates exist (reported by three BGPS problem gamblers and ten BOPS problem gamblers). Similarly, receiving public assistance and/or welfare payments is very uncommon, but no reliable estimates exist (reported by two BGPS problem gamblers and ten BOPS problem gamblers).
- **Committing illegal acts** because of gambling is the least common negative impact of gambling, reported in 0.5% of gamblers and 8.4% (BOPS) of problem gamblers. Being arrested, convicted, and incarcerated because of gambling are much less common than this, but no reliable estimates exist. (Being arrested was reported by two BGPS problem gamblers and ten BOPS problem gamblers. Being convicted was reported by none of the BGPS problem gamblers and by six BOPS problem gamblers. Being incarcerated was reported by none of the BGPS problem gamblers and by six BOPS problem gamblers). As reference points, there were 144,450 property crime offenses and 26,819 violent crime offenses in Massachusetts in 2012 (Government of Massachusetts, 2014a,b) and there were 10,813 inmates incarcerated in Massachusetts in 2015 (Government of Massachusetts, 2016).

Impacts of Different Forms of Gambling on Gambling-Related Problems

- Only a minority of problem gamblers (29.8% BGPS and 26.6% BOPS) reported that there was a certain type or types of gambling that contributed to their problems more than others. This is consistent with other research which has found that problem gamblers tend to patronize a variety of gambling formats, each of which makes some contribution to the harms experienced (the mean number of formats engaged in by problem gamblers was 4.5 in the BGPS and 5.1 in the BOPS).
- For the minority who did report that a particular type of gambling was more problematic than others, low numbers preclude arriving at reliable estimates for each format. That being said, there was no single format that was overwhelmingly endorsed relative to others (every format had some endorsement), and instant tickets was the only format with sufficient endorsement to have a reliable estimate: 23.1% BOPS. This finding diverges from other research which has tended to find continuous forms of gambling (e.g., slot machines, casino table games) and online gambling to be more problematic than other forms (Dowling, Smith & Thomas, 2005; Parke & Griffiths, 2007; Welte,

Barnes, Wieczorek, Tidwell, & Hoffman, 2007; Williams, West & Simpson, 2012; Wood, Williams & Parke, 2012). It is worth noting that slot machines, casino table games, and online gambling are not yet widely available in Massachusetts. It will be instructive to observe whether these figures change subsequent to casino introduction.

Prevention Awareness and Treatment Seeking Behavior of Problem Gamblers

- About half of Massachusetts gamblers (48.9% BGPS) reported having heard or seen media campaigns to prevent problem gambling in Massachusetts in the previous 12 months. Surprisingly, despite having considerably more interaction with gambling products, the level of awareness was not noticeably higher among problem gamblers: 50.0% BGPS and 47.4% BOPS.
- Significantly fewer gamblers were aware of any actual programs to prevent problem gambling at school, work, or in the community (16.3% BGPS). In contrast to awareness of media campaigns to prevent problem gambling, the level of awareness of programs to prevent problem gambling at school, work, or in the community was noticeably higher among problem gamblers: 25.0% BGPS and 31.8% BOPS. In addition, an estimated 7.1% of BOPS problem gamblers reported having participated in such a program.
- A total of 1.2% of BGPS gamblers and 7.6% of BOPS problem gamblers indicated that these media campaigns and/or programs altered their actual gambling behavior.
- Divergence in results between BGPS and BOPS problem gamblers was noted for treatment-seeking, with 25.4% of BOPS problem gamblers reporting wanting help for gambling problems, 16.1% reporting seeking help for gambling problems, and 24.5% reporting having entered into a casino self-exclusion agreement in another state. By comparison, the figures were too low to arrive at reliable estimates for the BGPS problem gamblers (only three BGPS problem gamblers reported having sought out treatment). As mentioned earlier, this may be related to the significantly older age of the BGPS sample of problem gamblers and the fact that older people are less likely to seek psychological help (e.g., Mackenzie et al., 2006). Nonetheless, in general, these figures are consistent with findings from a very similar question reported earlier in this report concerning whether problem gamblers reported seeking medical or psychological help for health-related problems caused by their gambling (endorsed by only 3.9% of BGPS problem gamblers and 8.7% of BOPS problem gamblers). This low rate of treatment seeking is consistent with other literature indicating that typically less than 10% of problem gamblers seek out formal treatment (Braun et al., 2014; Cunningham, 2005; Slutske, 2006; Suurvali et al., 2008). In a review of the literature the main reasons for not seeking out treatment were a wish to handle the problem by oneself; shame/embarrassment/stigma; unwillingness to admit problem; and issues with treatment itself (Suurvali et al., 2009).

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