



MAGIC: Massachusetts Gambling Impact Cohort Study, Public Health Recommendations

This document provides a high-level overview of the MAGIC study focusing on the public health recommendations of this work. More information on the study methodology and findings is available [here](#).

Introduction

The Massachusetts Gambling Impact Cohort (MAGIC) is the first adult longitudinal cohort study of gambling and problem gambling in the US. With an initial sample of 3,139 Massachusetts residents, the MAGIC study surveyed the same individuals five times over six years (2013-2019). This research accomplishes three key objectives: first, it provides information on how gambling and problem gambling develops, progresses, and remits over time. Second, it identifies demographic groups particularly at risk of experiencing gambling related problems. Finally, it highlights risk and protective factors important in developing effective prevention, treatment, and policies to support player health.

Key Findings

Stability of Gambling Behaviors

One of the goals of this study was to determine the stability and movement of people between four gambling behavior groups: Non-Gambler, Recreational, At-Risk, and Problem Gambler.

| | | | |
|------------------|-----------------------------|---|---|
| Less stable ↑ | At-Risk Gambler | Betting more than planned, spending more time than intended, etc. | The minority stayed in this category in the next wave (41.8%), most transitioned to Recreational Gambling (47.9%). A significant percentage of At-Risk Gamblers became Problem Gamblers during the study (19.8%). |
| | Problem Gambler | Experience significant impaired control over gambling and harms | The majority transitioned to At-Risk (29.7%) or Recreational Gambling (17.9%) in the next wave. In the last wave, 76.9% of Problem Gamblers were relapsed Problem Gamblers. |
| | Non-Gambler | Have not gambled in the past year | The majority of Non-Gamblers in one wave stayed Non-Gambler at the next wave (65.0%). For those who transitioned, the majority transitioned to Recreational Gambling (33.8%). |
| | Recreational Gambler | Gamble because they enjoy these activities | The large majority of Recreational Gamblers stayed Recreational Gamblers in the next wave (84.5%). |

Figure 1. Stability of Gambling Behavior Across Waves.



The instability of gambling behavior provides opportunities to influence gamblers at different points of their gambling journey through prevention, treatment, and policies to support player health.



Predictors of Problem Gambling and Recovery

PROBLEM GAMBLING

- **Type of gambling:** lottery, sports betting
- **Demographics:** male gender, lower household income.
- **Comorbidities:** higher number of significant property/financial life-events in past 12 months, problems with drugs or alcohol prior to past 12 months, lower levels of happiness in past 12 months.
- **Behavioral:** higher importance of gambling as a recreational activity, higher impulsivity, higher score on psychopathy/antisociality, higher false beliefs about gambling.

RECOVERY

- **No prior lifetime problems with gambling.**
- **Less severe Problem Gambling:** lower Problem Gambling scores, lower gambling expenditure.
- **Fewer comorbidities:** less impulsivity, absence of behavioral addiction, no illegal activity, no mental disorders, fewer significant life events.
- **Fewer false beliefs about gambling.**



Knowing the indicators that predict problem gambling and recovery can help support the development of effective prevention, treatment, and policies to support player health.

Public Health Recommendations - Massachusetts Gaming Commission

| Prevention | |
|---|--|
| <ul style="list-style-type: none"> • Promote educational efforts supporting player health, with particular focus on: <ul style="list-style-type: none"> <u>Demographic:</u> all ages, race/ethnicities, and genders with extra focus on males and lower income groups. <u>Location:</u> community-based education programs to groups at greater risk, gambling venues, targeted media campaigns, school-based programs, mental health and substance use programs. <u>Content:</u> symptoms of problem gambling, lower-risk gambling guidelines, risk factors for problem gambling, where to get help, false beliefs about gambling. • Offer play management systems to monitor real-time gambling expenditure and allow payers to set a budget. • Deliver information to support informed decision-making by gambler type. | |
| Treatment | |
| <ul style="list-style-type: none"> • Support access to treatment, especially among socioeconomically disadvantaged communities. • Improve pathways to encourage people access to treatment. • Broaden treatment interventions to include families and the communities. • Support culturally appropriate treatment services (including languages). • Increase the availability of self-help materials. • Support treatment of substance use and/or mental health problems to help reduce future gambling harms. • Screen for gambling problems when presenting for mental health or substance use problems. | |
| Policy | |
| <ul style="list-style-type: none"> • Limit gambling advertising and availability, especially in lower socioeconomic neighborhoods, or groups that may be at increased risk of experiencing gambling harms. • Promote player pre-commitment for player reward cards holders. • Require basic and ongoing casino employee training on problem and responsible gaming. • Promote the availability of the Voluntary-self exclusion (VSE). • Offer cool-off periods similar to VSE but shorter. | <ul style="list-style-type: none"> • Improve access to ATM exclusion programs. • Restrict access to ATMs in gambling venues. • Promote the availability of the credit suspension program. • Automated alerts or other interventions for players when gambling behavior escalates. • Implement safety measures when implementing cashless gaming systems. • Reward responsible gambling on player reward cards. • Serve alcoholic beverages responsibly. |