

EXECUTIVE SUMMARY

Gambling and Problem Gambling in Massachusetts: Results of a Baseline Population Survey



May 28, 2015

This document summarizes findings from a large baseline population survey of Massachusetts to assess gambling behavior and problem gambling before any of the state's new casinos become operational. This survey was mandated by the Expanded Gaming Act and funded by the Massachusetts Gaming Commission.

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A PDF OF THE FULL REPORT CAN BE DOWNLOADED AT: www.umass.edu/seigma

Executive Summary

Background

In November 2011, an [Act Establishing Expanded Gaming in the Commonwealth](#) was passed by the Massachusetts Legislature. This legislation permits casinos and slot parlors to be introduced in Massachusetts for the first time. Section 71 of the Expanded Gaming Act requires the Massachusetts Gaming Commission (MGC) to establish an annual research agenda to understand the impacts of these new venues, including a comprehensive, first-of-its-kind baseline study of problem gambling prevalence and available treatment services before any of the new gaming facilities become operational. Data will be collected and analyzed each year to identify the true social and economic impacts of gambling expansion. Data and findings will be made public to regulators, policymakers, public health practitioners, researchers, and the general population in order to inform policymaking and planning across the state. In 2012, the MGC selected a team from the University of Massachusetts Amherst School of Public Health and Health Sciences to carry out the Social and Economic Impacts of Massachusetts (SEIGMA) Study. Internationally, this study is unique in obtaining information about gambling involvement and problem gambling prevalence prior to the introduction of casino gambling. While the SEIGMA study will establish baselines for virtually all social and economic variables that may be affected by expanded gaming, this report summarizes findings from the large baseline population survey mandated by the Expanded Gaming Act and recently completed by the SEIGMA research team and its partners.

Methods

The SEIGMA team obtained a probability sample of all Massachusetts adults and allowed survey respondents to complete the survey online, on paper, or by telephone. The Baseline Population Survey took place between September 11, 2013 and May 31, 2014, had a response rate of 36.6%, and achieved a final sample size of 9,578 respondents. This report presents a comprehensive compilation of descriptive statistical results from the baseline survey. Comparisons described as “higher” or “lower” are based on statistical tests of significance. This first report does not include deeper exploration of the data; the SEIGMA research team will conduct in-depth analyses over the course of the next year, releasing findings as they become available.

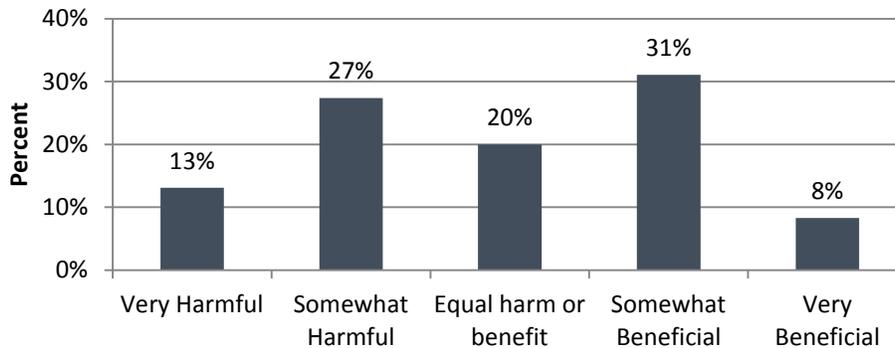
Key Findings

Attitudes about Gambling in Massachusetts

There is a range of opinion among Massachusetts residents concerning the legalization, availability, and impact of gambling.

- Over half of the population (57%) believe that some forms of gambling should be legal and some should be illegal, with only a third (31%) reporting that all forms should be legal, and a tenth (11%) reporting that all forms should be illegal
- Nearly two thirds (63%) believe that the current availability of gambling in the Commonwealth is acceptable
- Over half (59%) perceive the impact of gambling expansion on the state to be neutral, beneficial, or very beneficial while 41% perceive the impact to be somewhat or very harmful

Perceived impact of gambling in Massachusetts

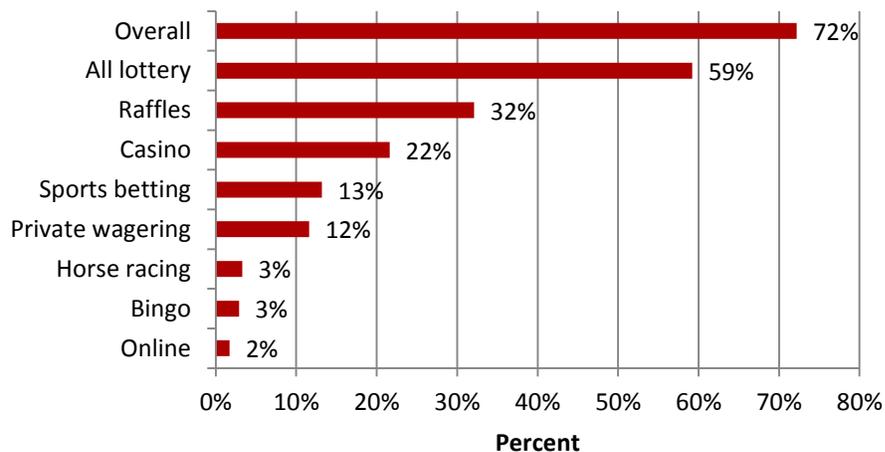


- In contrast to this, about half of respondents (46%) perceive the impact of gambling expansion on their own communities to be harmful while a little over a quarter (28%) perceive the impact to be beneficial

Gambling in Massachusetts

We define gambling as betting money or material goods on an event with an uncertain outcome in the hopes of winning additional money or material goods. This includes things such as lottery games, bingo, betting against a friend on a game of skill or chance, and betting on horse racing or sports. Overall, nearly three quarters of Massachusetts residents report participating in one of these gambling activities in the past year.

Gambling participation by activity



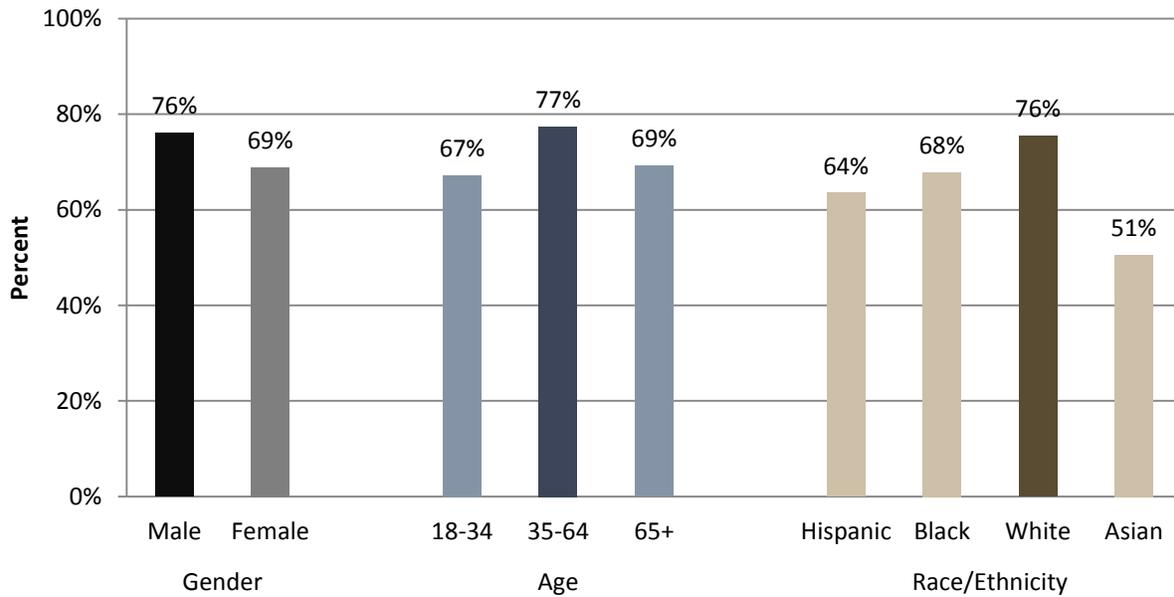
- While a quarter of the population do not gamble, close to 40% gamble yearly, 20% gamble monthly, and 15% gamble weekly
- Nearly 6 in 10 people report playing the lottery
- Just under a quarter (22%) of Massachusetts adults report visiting casinos to gamble. Over half of people who do so (65%) visit casinos in Connecticut

- Past-year gamblers in Massachusetts are most likely to say that winning money is the main reason they gamble, followed by excitement/entertainment, socializing with family/friends, and supporting worthy causes

There are significant differences in overall gambling participation associated with gender, age, race/ethnicity, education, employment, income level, and geographic region:

- Men are more likely to gamble than women
- Middle-aged adults are more likely to gamble than younger adults
- Whites are more likely to gamble than Hispanics, Blacks or Asians

Gambling by gender, age and race/ethnicity

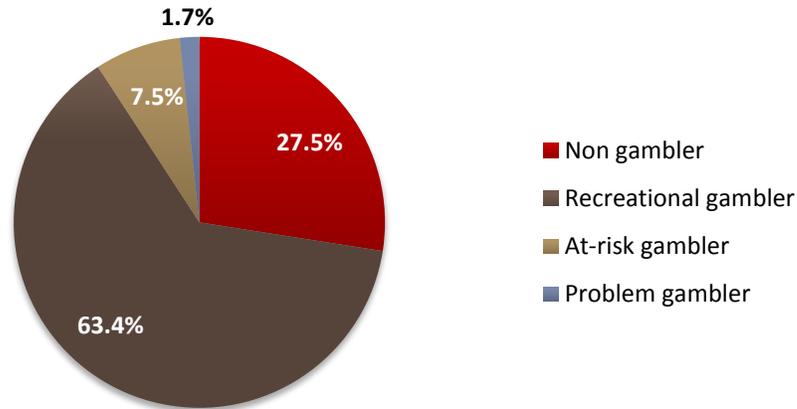


Problem Gambling in Massachusetts

Based on their answers to a standard set of questions, we classified people who gambled in the past year as recreational gamblers, at-risk gamblers, and problem gamblers. Recreational gamblers gamble because they enjoy these activities. At-risk gamblers engage in a range of behaviors such as persistently betting more than planned, spending more time gambling than intended, chasing losses, and borrowing money to gamble that place them at greater risk of experiencing a gambling problem. Problem gamblers are individuals who experience significant impaired control over their gambling and negative consequences as a result of their impaired control.

- The current prevalence of problem gambling in Massachusetts is 1.7% of the adult population
- An additional 7.5% of the population are at-risk gamblers
- Based on the percentages above, we estimate that between 67,500 and 109,100 adult residents are problem gamblers and between 353,400 and 426,200 adult residents are at-risk gamblers
- Additionally, about 1 in 6 Massachusetts adults (17.5%) reported knowing someone who they considered gambled too much
- The prevalence of problem gambling in Massachusetts is very similar to prevalence rates identified in other U.S. states

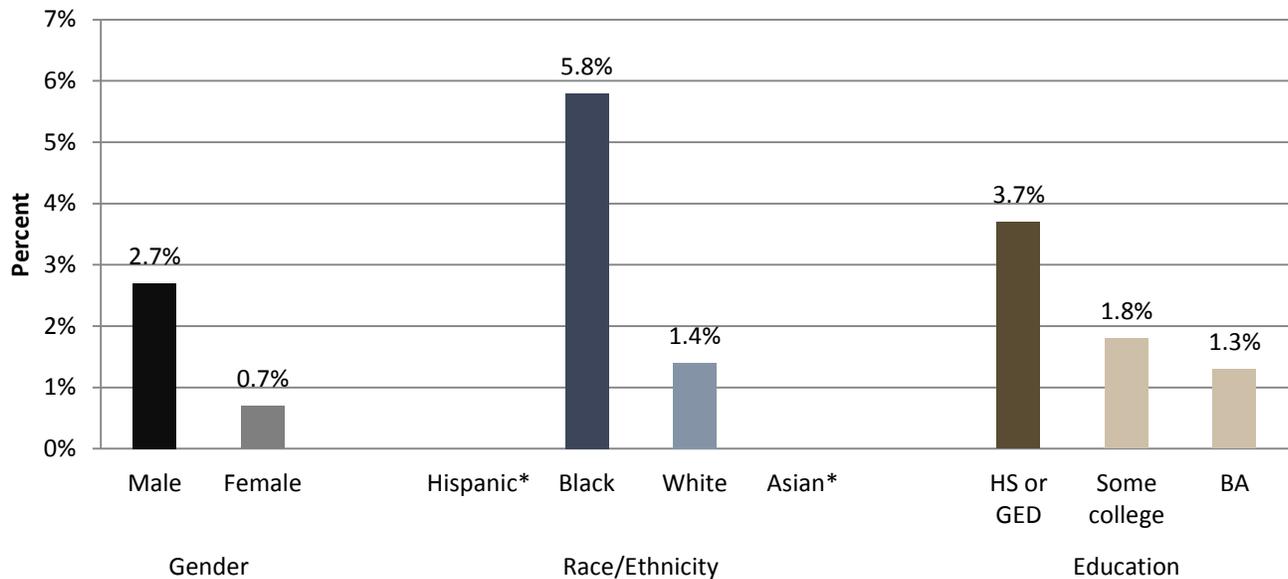
Problem gambling prevalence



There were significant differences in problem gambling associated with gender, race/ethnicity, and education. The graph below illustrates that:

- Men are 3 times more likely to have a gambling problem than women
- Blacks are 4 times more likely to have a gambling problem than Whites
- Individuals with only a high school diploma are 2 times more likely to have a gambling problem than individuals with a college degree

Problem gambling by gender, race/ethnicity and education



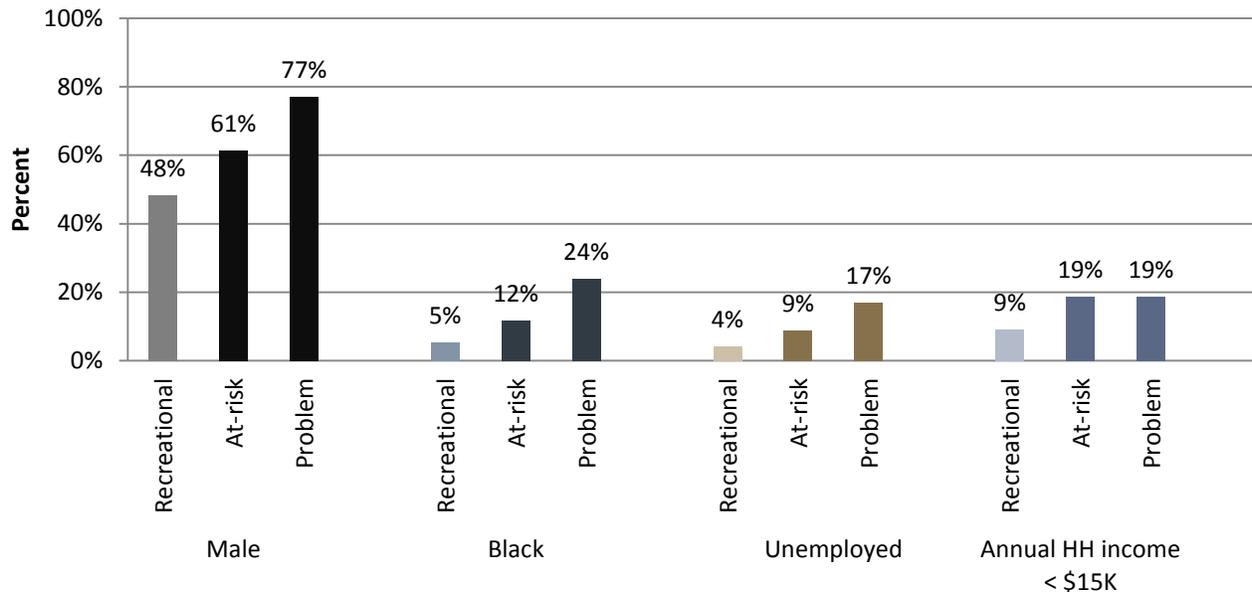
Note: An asterisk * indicates estimates are unreliable, relative standard error > 30%.

Comparing Recreational, At-Risk, and Problem Gamblers in Massachusetts

There are notable distinctions between recreational, at-risk, and problem gamblers. At-risk and problem gamblers in Massachusetts are significantly more likely than recreational gamblers to be:

- Male
- Black
- Unemployed
- To have an annual household income of less than \$15,000

Comparing characteristics of recreational, at-risk and problem gamblers in Massachusetts



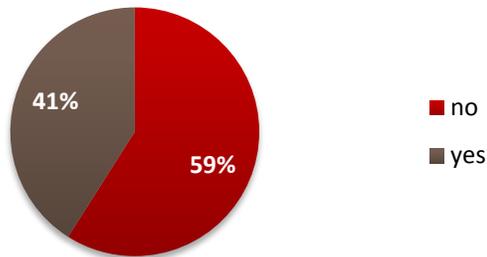
Initial survey results show that, compared to recreational gamblers, at-risk and problem gamblers are more likely to report:

- Poorer physical health
- Serious problems with depression, anxiety, and other mental health problems
- Using tobacco
- Consuming large amounts of alcohol at one time

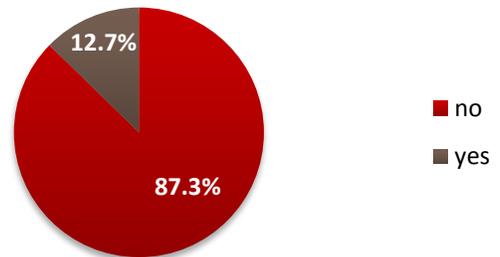
Problem Gambling Services in Massachusetts

Awareness of existing problem gambling prevention initiatives in Massachusetts is quite variable. About 4 in 10 Massachusetts residents are aware of media campaigns to prevent problem gambling. However, just over 1 in 10 of adults is aware of non-media prevention programs in schools and communities around the state. Of these, only 2.3% had participated in such programs.

Awareness of media campaigns



Awareness of non-media programs



A very small number of problem gamblers in the survey indicated that they would like help for a gambling problem or had sought help for such a problem. This contrasts with our earlier estimate that between 67,500 and 109,100 Massachusetts adults currently have a gambling problem. The gap between this estimate and the small number of individuals who reported desiring or seeking treatment highlights a potentially underserved population that may be in need of treatment.

Future Directions

While the statistics presented in this executive summary tell us a lot about gambling attitudes, behavior, problems, and prevention awareness, additional analysis of the Baseline Population Survey data will enrich our understanding of gambling and problem gambling in Massachusetts. Deeper analyses will allow us to examine factors that may contribute to or cause problem gambling, relationships between gambling attitudes and gambling participation, and factors associated with particular types of gambling. We also plan deeper analyses of data that were not highlighted in this summary because of the small numbers of respondents who reported certain behaviors. For example, survey respondents in military service since September 11, 2001 reported a particularly high rate of problem gambling. We plan to look at this group more closely in the future to clarify this preliminary finding. Additionally, although estimates of suicidal ideation and attempted suicide obtained in the Baseline Population survey were too small to be reliable, the data do indicate that suicidality is somewhat higher among problem gamblers in Massachusetts compared with others in the population. We plan to investigate this further to clarify the relationship between problem gambling status and suicidality.

Because the Baseline Population Survey is just one component of the broader SEIGMA study, we will analyze other sources of data to verify and enhance the findings presented in this executive summary. Additionally, all of the data collected by the SEIGMA team will be made public over time, to enable other researchers and stakeholders to interact with the data and conduct their own analyses, adding to the body of knowledge about gambling in Massachusetts. Moreover, because the SEIGMA research plan calls for the same survey to be repeated one year after all of the new gaming facilities have become operational in Massachusetts, future data will allow us to measure the impacts of gambling expansion in Massachusetts more directly. Measuring the same behaviors and using the same methods at subsequent points in time will be useful in monitoring changes over time in attitudes, gambling participation, and problem gambling prevalence in Massachusetts. Results of the Baseline Population Survey and subsequent surveys will be useful in developing data-driven strategies to promote responsible gambling, raise awareness about problem gambling, and design general and targeted prevention and treatment programs for problem gamblers and their families in Massachusetts.

A NOTE ABOUT THE STRENGTHS AND LIMITATIONS OF THE BASELINE POPULATION SURVEY:

Two major strengths of the Baseline Population Survey are its sample size and its representativeness. With a sample of 9,578 respondents, the Baseline Population Survey is the largest problem gambling survey ever conducted in the United States. Due to the sampling strategy and strenuous recruitment efforts used, the sample is representative of the broader Massachusetts population. Four potential limitations of the Baseline Survey include a relatively low response rate, exclusion of adults who do not live in households, limited language translation, and small sample sizes of some population subgroups. In tandem, these possible limitations limit the generalizability of the results presented.