

Casinos and Gambling in Massachusetts: African-American Perspectives

A report submitted to:

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Executive Summary

Background

This report was funded by the Massachusetts Gaming Commission to examine perceptions and beliefs of African Americans towards casino gambling as well as other forms of gambling. The Massachusetts Gaming Commission also funded the Social and Economic Impact of Gambling in Massachusetts (SEIGMA) study — one of the largest longitudinal studies on gambling ever implemented in the United States.

The purpose of this study was threefold: 1) conduct an exploratory qualitative analysis describing the main themes, concerns, and perceptions regarding gambling and casinos among African Americans in Massachusetts; 2) complement SEIGMA's quantitative findings related to gambling among African American residents in Massachusetts; 3) explore environmental and contextual factors that might influence gambling behavior of African Americans.

JSI conducted five focus groups with African American participants (N=49) between November 2017 and April 2018. Three of the focus groups were conducted with residents of Boston, a fourth one with residents of Everett-Chelsea, and the fifth one in Springfield. All participants completed an intake survey comprised of basic sociodemographic and the Canadian Problem Gambling Index (CPGI) which we used solely as a screening tool. The focus group discussions were guided by the following themes: life context, overall gambling experiences and behavior i.e., problem gambling, help-seeking behavior, casino gambling and the community, and views about casinos in Massachusetts. Finally, data collection and interpretation was focused on understanding, from the perspective of the individual, common gambling experiences, as well as views about casino gambling.

Main findings

Life context

- Participants described their communities as impoverished, lacking employment opportunities and needed social services to address mental health and substance abuse problems.

Overall gambling experiences and problem gambling

- Participants' motivation to gamble include financial need, recreation, and *thrill-seeking*, which can be interpreted as urge reduction.
- Religious beliefs appeared to play an important role as both a catalyst and a deterrent to gambling among participants: they pray to God for good luck and they pray to God to help them cope with problem gambling.

- Participants trajectory to problem gambling was described as involving playing lottery games compulsively and obsessively.
- Participants reported a host of negative consequences associated with problem gambling, including divorce, bankruptcy, homelessness, mental health issues, losing money intended for living essentials, such as food and rent, losing key elements that help them to gain their livelihood (e.g., car, jobs), and social (and family) isolation.

Help-seeking behavior

- Shame and stigma deter individuals experiencing problem gambling from seeking help or accessing and utilizing services. This seems to be related to the fact that treatment for problem gambling is usually delivered by mental health service providers and seeking mental health services is highly stigmatized.
- Participants highlighted the need of mental health services in their communities.

Gambling at casinos

- Overall, participants are aware that casinos are purposely designed to entice people to gamble more. They used terms such as “a setup, a ploy, a trap, demonic, and a classic plantation scenario” to describe casinos.
- Participants described normative gambling strategies, such as setting spending or losing limits and crafting specific gaming strategies that they employed to manage betting money at casinos.

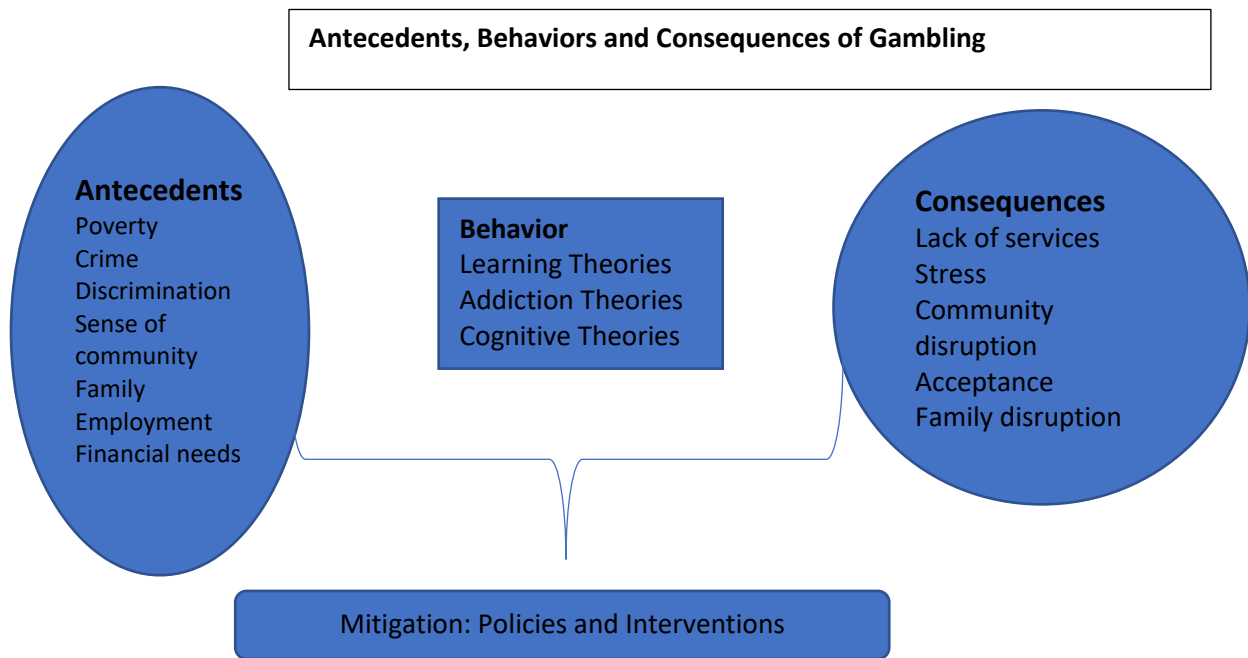
Views about casinos in Massachusetts

- Participants view the advent of casinos as both positive and negative. Their positive views regarding casinos are related to casinos’ potential to create new jobs and other economic opportunities. The negative aspects associated with the presence of casinos relate to concerns that already exist within the participants’ communities: crime, drugs, gentrification, and the dissolution of community ties.
- They are concerned that casinos will bring new types of criminal activities and attract new criminals to the community. According to some participants, police departments are overstretched, and they wonder if current law enforcement staff will be able to absorb their additional responsibilities.
- Participants are also worried about the impact casinos will have on the drug epidemic in their communities. Their concerns revolve around two main issues: the dearth of services in the community and the added burden that casinos will place on police.
- Gentrification is a concern among participants in Springfield. They worry that the presence of casinos will increase both property values and taxes, thus, pushing them out of the area.

- Participants feel that opportunities to interact with neighbors (playing Keno at a game parlor, buying scratch tickets, street games) may vanish as a result of casinos, as they would force the corner stores and parlors to close.

Conclusions

Based on the findings presented in this report, we propose the following conceptual framework to organize future efforts to prevent and treat problem gambling behavior among African Americans:



Findings from this exploratory qualitative study highlight the importance of including place and context to help pursue a clear understanding of factors antecedent to gambling, gambling behavior, and consequences among African Americans in Massachusetts that could inform the development of effective strategies to prevent and treat problem gambling behavior.

Introduction

This report presents the findings of an exploratory qualitative study sponsored by the Massachusetts Gaming Commission to examine the perceptions and beliefs of African Americans towards casino gambling. Casino gambling became legal in Massachusetts in November 22, 2011, when Governor Deval Patrick signed Chapter 194 “An Act Establishing Expanded Gaming in the Commonwealth,” into law. The legislation authorized one slots facility and three casinos in as many regions in the state. Eventually, two casinos were established: one in Springfield and the other in Everett. Both casinos are expected to open within the next year. The slot facility, Plainridge Park Casino, opened its doors in June 24, 2015 in Plainville, MA.

The legislation specified that the revenue from these casinos would be used specifically for local aid, health care payment reform initiatives, education, transportation infrastructure, manufacturing initiatives, debt reduction, and tourism. Massachusetts legislators also included several measures to identify and mitigate potential negative consequences of casino gambling. For instance, Section 71 of the legislation calls for:

- *Understanding the social and economic effects of expanded gambling.*
- *Collecting scientific information about the neuroscience, psychology, sociology, and public health impacts of gambling.*
- *Carrying out a study of problem gambling and the existing prevention and treatment programs that address its harmful results, before any casinos open in Massachusetts.¹*

To pursue these three objectives, the Massachusetts Gaming Commission funded the Social and Economic Impact of Gambling in Massachusetts (SEIGMA) study — one of the largest longitudinal studies on gambling ever implemented in the United States. The SEIGMA Team created a database for strategic analysis and decision-making with the purpose of gauging the social and economic impact of casino gambling, promoting responsible gambling, and mitigating problem gambling through refinement of services (Volberg et al., 2017).

The purpose of this study is threefold: 1) conduct an exploratory analysis describing the main views, concerns, and perceptions regarding gambling and casinos among African Americans in Massachusetts; 2) complement SEIGMA’s quantitative findings related to African American residents in Massachusetts; 3) explore environmental and contextual factors that might influence gambling behavior of African Americans.

Unless otherwise indicated, the research findings listed below are those of the SIEGMA study.

¹ SEIGMA FACT SHEET Number 01 June 2016

Background: SEIGMA's findings

According to the SEIGMA study, in Massachusetts African Americans gamble less than White people do (68% vs 76%). Those African Americans who do gamble, however, do so slightly more frequently than Whites (40% vs 35%) but the prevalence of problem gambling among them is about four times higher than that of the White community (5.8 vs 1.4%). Those differences are statistically significant. Furthermore, 12.8% of the members of the Black community are “at risk” gamblers. The demographic factors associated with increased risk for gambling in the Black community include higher unemployment, having a high school education or less, and an annual household income under \$15,000. These are all variables that correlate with higher levels of problem gambling across racial/ethnic lines (Volberg et al., 2017).

Although Blacks are the group most affected by the negative aspects of gambling, they perceived gambling in the Commonwealth as beneficial to their communities.

Research approach

Despite the remarkable SEIGMA Team efforts, research on gambling behavior among subpopulations such as African Americans is wanting. Relatively little has been written about gambling and Blacks in the United States and much less about gambling among Blacks in Massachusetts. As a matter of fact, this limitation is one of the guiding rationales of the funding allocated for this study. Furthermore, the limited research on Blacks and gambling that is available is mostly person-centered, that is, it focuses on the biological and psychological aspects of the person and ignores the environment and context in which gambling behavior occurs. But, this is true of the field of gambling research in general.

There is a dearth of knowledge on how contextual factors affect gambling behavior among African Americans. As noted above, the leading problem gambling models are mostly person-centered and pay little attention to the context in which individuals (and the casinos) are placed. For instance, learning models see gambling as influenced by rewards, reinforcements, and punishment (Anderson, 1984). Cognitive theory emphasizes the role of faulty cognitions around gambling (Walker, 1992). The addiction model extends the tenets of the research on substance abuse or drug addiction and applies it to problem gambling (Blaszczynski & Nower, 2002). Personality theories examine the role of traits such as impulsivity, sensation-seeking, and risk taking behavior as they relate to problem gambling. Even psychoanalytic theory has been advanced to explain the origin and development of problem gambling with the unconscious desire of the person to “lose and be punished” (Bergler (1957).

Our research approach acknowledges that the consequences of problem gambling reach beyond the individual and affect the family and community in which participants live. Thus, we examine the relationship between problem gambling and the presence of casinos from a systemic perspective that takes into account the life contexts in which study participants live, work, and

play. Life contexts influence the motivations, consequences, impact of problem gambling, and ultimately, how people seek help. In addition to focusing on the life contexts in which gambling occurs, this study also borrowed concepts from the field of help-seeking behavior to understand the processes that lead individuals at risk of problem gambling to recognize, seek help, find help, and use services to address problem gambling behavior. Finally, data collection and interpretation was guided by a phenomenological approach which, in this particular study, focused on understanding a group of individuals' common gambling experiences, as well as views about casino gambling.

Methods

After receiving Institutional Review Board approval, JSI conducted five focus groups with African American participants between November 2017 and April 2018. Three of the focus groups were conducted with residents of Boston, a fourth one with residents of Everett-Chelsea, and the fifth one in Springfield. All the focus group sessions were audio-recorded and later transcribed.

The eligibility criteria included individuals who were age 18 or above, self-identified as African American, and had participated in some form of gambling activity in the last 12 months. Three recruitment attempts were made through flyers placed in community settings and requesting referrals from health care providers. These attempts were not successful. We then opted to recruit participants through local leaders in the community: one in Boston who (recruited 30), another one in the Chelsea-Everett area (recruited 12), and a third one in Springfield (recruited 5). This strategy resulted in a participant sample comprised of mostly women (85%).

Upon consenting to participate in the focus group, participants completed an intake survey comprised of basic sociodemographic information and the Canadian Problem Gambling Index (CPGI), used solely to assess problem gambling risk. The CPGI was scored using Dichotomous Weighting, one of four scoring procedures described in its User's Manual (Ferris & Wynne, 2001). A 4-point response item was treated like a dichotomous item by scoring any response other than "never" (i.e., sometimes, most of the time, almost always) as 1. In total, we scored nine items.

The focus group interview guide was used to facilitate all five focus groups. The textbox below shows the guideline questions. All focus groups were audio recorded with participants' permission. At the end of the focus group, each participant received a \$50 gift card as a token of appreciation for taking part in the group discussion.

Focus group sessions were transcribed verbatim and transcripts were analyzed following phenomenological data analysis procedures. To facilitate sorting and comparison of the data, coding was done using Dedoose — a qualitative research computer software. Dr. Vega and a trained research assistant coded and analyzed the transcripts through multiple readings and coding iterations. The first level of analysis involved identifying all the themes emerging from the transcripts and developing a codebook through a series of recursive analyses. The second level of analysis involved horizontalization (Moustakas, 1994) or extracting quotes that reflected an understanding of participants’ lived experiences of pertinent areas of inquiry (i.e., participants’ lived experiences and views about gambling and the context in which they emerged). This step was followed by developing clusters of meanings from the statements which resulted in the themes presented in the results section below. (Creswell, 2007)., The textbox below shows the frequency of codes and segments included in this study.

Focus Group Guideline Questions
As you know, three new casinos will open in Massachusetts within the next five years. We are interested in knowing your opinion about the impact of these casinos on the communities where they will be located:
Questions: Casino gambling and the community <ul style="list-style-type: none"> • How do you think they could benefit the community? • What are some of the potential negative effects of those casinos?
Questions: Gambling experiences Tell me about your gambling experiences. <ul style="list-style-type: none"> • What type of gambling do you prefer? • How often do you gamble?
Questions: Motivations to gamble <ul style="list-style-type: none"> • What are some of the things that motivate you to gamble? • What is the “fun” aspect of gambling?
Question: Impact and life context of gambling <ul style="list-style-type: none"> • Some folks encounter problems due to gambling (i.e., negative consequences of gambling); please tell us about the kinds of problems that you, friends, or relatives have experienced as a result of gambling.
Questions: Help-seeking behavior <ul style="list-style-type: none"> • What are the signs that someone is experiencing problem gambling? • When do you think folks experiencing problem gambling should seek help? • Where do they go to get the help that they need? • Are there any final points you wish to share with us?

Participants

A total of 49 adult participated in five focus groups: three held in Boston (n=17, 12, 4), and the other two in the Chelsea-Everett area (n=12), and Springfield (n=5). Five participants did not answer the survey. There were 9 men, and 35 women with ages ranging from 29 to 80. Most participants reported an income between \$30,000 and \$49,000 and a level of education was a high school diploma. Table 1 below shows the participants’ demographic and behavioral descriptors for each focus group.

All the participants had been actively involved in some form of gambling within the past 12 months. Of the 44 participants that completed the intake survey, 15 participants were classified as at-risk gamblers, 14 as problem gamblers, and the remaining as recreational gamblers based on the Canadian Problem Gambling Index classification.

	Chelsea (n=12)	Boston 1 (n=12)	Boston 2 (n=11)	Boston 3 (males) (n=4)	Springfield (n=5)
Age	61.58	63.4	58.75	58	45
Gender	2 male, 10 female	1 male, 6 female (5 missing)	1 male, 10 female	4 male	5 female
Recreational Gamblers	10	1	1	1	2
At Risk Gamblers	1	7	3	2	2
Problem Gamblers	1	4	7	1	1

In the results sections below, we show salient quotes from the participants that are exemplars of the themes that emerged from the analysis. Because each quote is shown verbatim, it is literally unique to the person. However, the quotes represent clusters of meaning or illustrative themes of lived experiences and views shared by research participants.

Results

The findings of this study provide a glimpse of both the lived experience and the context in which gambling manifests itself, as described by a sample of African American residents of Massachusetts. More specifically, these findings provide snapshots of how participants construe their beliefs, experiences, and behaviors related to gambling and the expansion of the local casino industry.

The entire qualitative database is comprised of the focus group transcripts (N=5). The analysis generated 36 codes and 454 excerpts. This report, however, includes excerpts that are most representative of the identified themes that reflect the lived experiences and views about gambling by participant

Overall life context

Across all the focus groups, participants described their communities as lacking essential tools for economic success such as accessibility to jobs. Poverty and a constant struggle to pay bills were recurrent themes throughout the focus group discussions. The participants articulated their frustrations with the drought of income-generating resources in their communities and the lack of external support in bolstering their livelihoods. One participant stated, *“we’ve always been the invisible population. Services, money, everything get chucked right past us.”*

The participants mentioned the pervasiveness of substance abuse problems within their communities.

There are a lot of issues we have in this [Springfield] community. The opiates' rapid high, there's not a lot of money that's in our community, especially the black community, to get the services.

Well, I'm going to tell you something, black people in our community are smoking crack a lot. They are shooting dope, heroine was around over many many many years. But that's been in our community for a long time.

The participants pointed out the need for additional mental health services in their communities, as one participant put it: “here in the black community, there's a lot of people that's untreated for their mental health.”

In Springfield, MA, participants mentioned the overall lack of social services in the area.

We need more housing for African Americans, we need more jobs for African Americans, we need more counseling or addiction service for black Americans. We only have one family center for the black community, that's the MLK and they took away Dunbar, [in Springfield] right?] So we only have one of those. They really need some after school programs, more of that for the children. We need drop-in centers, like a resource center.

When services are available, individuals face multiple barriers to accessing them, including: long waiting lists, lack of African American providers, stigma, and location:

Right. Because there's always a waiting list for them to get services. And I was just talking the other day at work about how they don't have a lot of black therapists, who black people could identify with them, the services. But mental health plays a big part in the black community. Oh yeah. Because what we believe in years in years and years in our household, that was never talked about. When they say that you have a mental health problem, people always look at that, "That's crazy folks." Right? So they don't get treated.

We don't have that in our community, we always have to go out to the white community to get that, you know? You know what we really need here too? We need treatment beds. We need our own detox. We need a women program. They had programs for African American women, they were sort of pilot programs for three years. They didn't even ... that was only what, three years? And then they opened up another program, it was a women program, mostly white girls in there. We don't have much.

Participant 1: ***In Boston? Boston has a lot of services. I know that for a fact. They have a lot of services out there, especially for the mental health, and the social.***

Participant 2: *And they have a lot of black, African Americans-*

Participant 3: *The best services.*

Participant 1: *They do, they have the best services out there in Boston. From Worcester, to Framingham, Boston, great services.*

Participant 2: *So, when they opened the casinos in Boston, the community-*

Participant 1: *They got a lot of support.*

Gambling as experienced by participants

Motivation to gamble

Participants outlined three main reasons why they gamble: financial need, recreation, and thrill-seeking, all of which have been identified within the research literature on gambling (Andrade & Petry, 2014).

Financial need

Similar to the findings of an earlier study (Martin, Lichtenberg, & Templin, 2010), motivation to gamble was rooted in escaping poverty and financial strain. One participant's narrative echoes what the others shared when asked about their motivation to gamble:

"whether you hit big or small, people sometimes gamble because out of a need. Sometimes...they say, 'Well, you know' ... they ... maybe they don't have enough money take care of this, so they say, 'If I could just play this number.' Sometime, it not about a million ... hitting the \$1,000,000 dollar lottery. It's about ... it's getting that, you know, \$50 dollar, \$100 dollar, \$300, just ... so I can just bailout."

"If I just get that number tonight, I can take care of 'this' for my kid."

"Then I'd be able to take care of this, and I'd be able to take care of that," you know. It's out of a need sometime, you know, when you really gamble, you see- you see- you think this is your only way out."

Another participant added that there is no such thing as healthy gambling when one is playing out of financial need.

Recreation

The participants often described gambling as a fun activity and casinos as welcoming of people of all races, social classes, and creeds. In the words of the participants:

Participant 1: *See, a lot of people don't know if you homeless or if you poor or if you rich, or if you whatever,*

Participant 2: *They don't discriminate. They do not.*

Participant 1: *Yeah they don't screen you walking through*

Participant 2:

Participant 1:

that door, ""Did you get a license? You gotta address? Do you got a bank account?"" You just walk through that door.

The rich and the famous, the poor ...

Yeah, everybody. Elderly, the homeless ...

You could be high and rich, but when you get through you coming on right on down with everybody else.

The participants appeared to also value the many non-gambling activities offered by the casinos. These include affordable food, spa facilities, and other forms of entertainment such as live music. In fact, some participants indicated that these non-gambling activities were additional incentives for them to visit casinos:

"[Las Vegas is] the best place to go eat because breakfast will cost you \$100 in some nice restaurant there. So, those casinos have the best food for reasonable [prices]."

Thrill-Seeking or urge reduction

The rush of winning, buying a new ticket, and waiting for the winning lottery numbers to be announced were all described as part of the thrill or urge reduction that many participants experienced.

Say we're doing the lottery and the number comes up, you hear this it just says oh my God, my number is here. So you look at your number, you like "Damn, I got all this money. I can't even go to sleep. The rush is like... What we gonna spend it on? Scratch tickets bought them, well later you broke.

Participants also pointed to the sensorial experience of the casino environment—persistent sound of slot machines and bright lights—as a contributor to their motivation to gamble. Some participants thought that these features were intentional tactics used by casinos to lure them into an alternative reality with no clocks, no windows, lighting, and drinks:

You know how the machines don't have horns anymore. They have the sound of horns, but they don't have horns. They ain't foolin' nobody!,

Have you ever noticed when you walk into the casino, those machines that got the lights going, the beautiful lights going all over the place and that's sort of like a movement of psychology that they're drawing you in there

And that person bringing that drink over to you and that drink telling you "you could put a little bit more in there."

For some participants, the thrill of gambling is framed in terms of addiction. They gamble to appease an urge.

“it’s kind of like when you drink alcohol, you need more of the alcohol to achieve the same high, for example. So with gambling, do you need to gamble more, put more money in, to be able to achieve the same level of happiness, excitement, thrill, whatever it is that you do.”

The role of religion in gambling

Religious beliefs appeared to play an important role as both a catalyst and a deterrent to gambling among participants. For example, participants described praying to God for good luck so they could win and solve financial situations and also praying so they could stop gambling.

The following quotes illustrate these views:

Praying to win:

The last time I bought scratch tickets was when I was really stressed. I needed money for my Christmas spending, finish up my Christmas shopping. So I really, I said, "Lord, I don't have no money." And the spirit said to me, "Go straight to [inaudible 00:10:15] and buy two \$10 scratch tickets." That's what I did. I needed \$500. And I haven't played since.

Praying to end problem gambling:

Facilitator: *If you have a friend that had problem gambling, where would you send him or her for help?*

Participant: *Well, myself, personally, I got delivered by God, and I prayed my way through, you know*

“You don’t need no program if you seek God, cause he can take away everything. He’s the all in all.”

“that woman that came to my church- she was addicted to drugs in the streets. We prayed and prayed. She came in here and today she is clean, 10 years later.”

“I started going to church and then I got delivered.”

Problem gambling: trajectory and negative consequences

For many participants, problem gambling began with lottery games such as the daily numbers. Playing those games led to obsessive/compulsive urges to play every day as they were haunted by the thought that if they miss playing one day, their number would come up. Those obsessions

were manifested in their daily activities. For example, things like a peculiar license plate number, a sign, a picture, a conversation could trigger thoughts of a specific number that they must play.

Participant 1: *Just when we were coming here, I was looking license plates saying, "Ooh, look at that number. I was like five-five-six-six. I said, "Ooh, I'm gonna play that five-five-six " crosstalk 00:40:43] for like, four minutes. Smoking a cigarette. I was like, "Ooh, that number, that number." [crosstalk 00:40:52]. We saw my daughter's father, his birthday is 05/06. And he And I'm telling her, I'm like "Here's six times with the same number. That's when we was coming in.")*

Participant 2: *I'm gonna play five-five-six-six.*

Dreams also featured prominently in the discussion of problem gambling. A dream would often result in the selection of a number or a justification for playing, as this exchange among focus group participants illustrates:

because I know when I used to gamble, you know, I used to, you know, dream up dream number, and you play it.

Participant 3: (Laughs). Yes, sir.

Participant 4: You dream a number, and you-

Participant 3: Yes, sir.

Participant 4: And all this nonsense about dream numbers; you know what I mean?

Participant 3: Yes, sir.

Participant 4: So, you hit it then. You know, you write dreams on the wall, and every number you see, "Oh, that's a good number," and you- and you play it; you know what I mean, and you lose out, you know.

Participants were very aware of the effects of problem gambling on anyone's life. They correctly identified a host of conditions associated with problem gambling including: the weakening of social networks, divorce, job loss, financial difficulties, mood swings, and depression. Among the list of problem gambling issues that most affected them, borrowing money was number one. The need to constantly "beg" for money creates social alienation and family disruptions:

"So I borrowed and you borrow, and now you got a debt here, you still gotta debt ... it gets worse. And now you can't pay back their part... You burn your bridges. You borrowing from everybody. People see you coming, they don't even wanna open the door, let you in to give you no bread and water no more. They don't want you to visit. They know you coming to beg."

One participant discussed the negative impact that gambling had on his family:

“when you start gambling, you know, and when you really get addicted to it, you'll spend your last without even thinking about the need of the family...and my family suffered for that...that was damage to the family”

Participants described past experiences that led to homelessness, losing money for essentials such as food and rent and even destruction of relationships with kids and families.

You wouldn't even know it. See, nobody knows my business. I keep it to myself, but I deal with it on a day-to-day basis. I didn't just lose money, I lost children, I lost my home, I lost everything by hiding my gambling too. That's a horror story. You wanted one, I gave you one.

Yet, there is an even more horrific story.

Facilitator: Annie, you mentioned that there is a group of people, seniors, that are getting into trouble. That sometimes they play out their whole check their whole-

Annie: And eat dog food for the rest of the month. [crosstalk 00:15:36]

Facilitator: You say that literally or figuratively?

Annie: I know this as a fact.

Help-Seeking Behavior

Problem recognition is critical to triggering help-seeking behavior for problem gambling. However, participants indicated that self-awareness of problem gambling is not easy and it differs from one person to another. While others may see a problem, the gambler may not admit to it. This is how a participant described the kind of gambling that calls for an intervention:

When they don't pay their bills. Yeah, you get taking money from Paul to pay Peter and you're still trying to get back there. Then, in my eyes, that's a problem, but for that person ... Just like some people who are addicted to drugs. When they started out it was because it made them feel good and they felt something that they hadn't felt before. So, now you continue that pattern and now they're addicted to this drug because they're chasing that high that they had in the beginning. Same thing. When you look at them on that line, it's the same thing. But then when does it get to be too much?

Others participants reflected on the subjectivity of defining problem gambling and the need to seek help:

the question is, when does it become a problem? Is it when you go once a month?...Or is it when you go four times a month?...I put \$200 in my pocket and if I end up losing it, I lose it...it's not my rent; it's not my food; it's not my electric bill.”

According to participants, the point at which people seek help for problem gambling is “*different for everybody, but it usually comes after a loss,*” particularly extreme financial hardship:

.... about someone might be living out their car...if they lost their home, they lost their job, but they're scrapping to just go to that casino. They still trying to get on the bus with everybody else; they are living on the streets basically.”

There are barriers that deter individuals from seeking help for problem gambling. Stigma, for instance, was described as a barrier to taking the initiative to seek help. At one point in the focus group discussions, the moderator asked, “if you were to develop services to help people address gambling problems, what do you think these services should be?” Consistently, the participants recommended avoiding the use of the “gambling” label and instead offering help to tackle financial difficulties or family disruption as the pathway to addressing gambling behavior because the use of specific gambling language triggers feelings of embarrassment and shame.

“there's a lot of...alcoholics, drug addicts that know they have a problem, are ashamed of their problem. Some don't even know where to go, but because of a shame of it, and it's the same with gamblers.”

Drugs, gambling, it's the same. And so if you have that drive, like they say, drive to go and get some help, well there' a lot of people, alcoholics, drug addicts that know they have a problem, are ashamed of their problem. Some don't even know where to go. But because of a shame of it and it's the same with gamblers. They know they have a problem. Yet, they continue to go gambling and gambling and gambling.

... black people have a lot of pride. Look I already know somebody now who's already too prideful to attend the gambling anonymous meeting.

Denial is another obstacle to seeking help:

“You can lead a horse to water, but you can't make it drink...If you don't choose to sit down and admit to yourself...that you've got a problem, you ain't getting nowhere. Until you break that chain in that circle, there's nothing that's going to change.”

Sometimes there's not a lot that you can do. Because when they're in that zone, they're in that zone and they're not gonna hear you so wait.

Finally, participants also recognized that problem gambling is sometimes accompanied by other problems, such as mental health issues:

...you're depressed, you've got anxiety and stuff, you're not going to be... you're not going to think right. So if you get yourself in a hole and you get in your right mind, I'm not depressed if you're not depressed or a person has a lot of anxiety, you might be able

to pull yourself out of it, forget about that, and go and find yourself a job, if you lost your job and you might... you know, you can sort of pull yourself up. But if you let yourself get down on a hole and bad health, you got that to worry about, then you got to worry about the other problem, too.

Gambling at casinos

Participants were asked to share their experience gambling at casinos, and they immediately described how casinos entice people to gamble more: no windows, thrilling sounds, free drinks, no clocks, lighting, etc. Terms such as “a setup, a ploy, a trap, demonic, and a classic plantation scenario” were used by participants to describe casinos.

When asked about their experience of gambling at casinos, participants described adopting various strategies to manage the amount of money they spend gambling. For example, they would place a limit on wins, set aside a certain amount of money for gambling, or rely on a gaming strategy. This is how one participant described his strategies:

you usually just start off with five dollars or ten dollars. When you hit, then you start putting more. you know, the machine will pay you back. And each time, you... you don't stay at the level but you have a certain... most everybody has a concept of how much money you wanna spend before they go there. Some people can stay on their limit and adhere to it really well. Others like me who will win and say I'm putting it in this pocket. I'm not taking it back out, but then again... (unintelligible 6:37) through and I say if I just throw a hundred more dollars at it I might catch a five hundred or...

Another participant turns to other activities once he reaches his gambling money limit:

And whatever I have in money. And I have \$200 limit, that's it. Once it's gone, and \$200 can be gone in 20 minutes. And once it's gone ... I can literally go to the casino for three hours. Most people would say, "Why are you wasting your time?" Because I have eaten and I have used my \$200.

Other participants stretch their money to prolong their game time at slot machines:

.. I would stay on 30 or 40 cents while she would hit the \$3 button. But, she generally, she'll win. But once my \$200 dollars is done, I'm done, which could be done in 33 minutes. So, I could be ready to go in an hour because I could lose the 200 and eat in a half an hour, it's done.

A participant shared the strategic advice on how to play at slot machines that he once received from a fellow gambler:

“...you have to pay the machine. Which means you're gonna have to put some change in it. You gotta put your money in and eventually, at some point, it's gonna release because you just put in \$50. It behooves the casino to give you something back so that you could come back”.

The participants also reported involvement in other gambling activities such as playing scratch tickets, keno, the numbers, and street games. The textbox below shows an exchange describing street games. In the past, the participants used to have dice games and Three Card Monte; they pointed out that those activities were part of the community fabric.

A dialogue on street games

Participant 1: ... shooting craps, but there was another game?

Participant 2: Right. The same- the same thing, but- but it used three dice instead of two.

Participant 1: Three dice.

Participant 2: But it was, like, a community thing. All the guys came on the corner that day; you know what I mean? And- and they would- they would play- they would play that kind of ... they would do that kind of gambling, and it was, you know, basically the same people every day. So, it was, like, a- like, a little group.

Participant 1: And you don't see guys doing ... now, as the weather breaks, you may find a couple of games like that, you know.

Participant 2: Different spots, you know.

Mm-hmm (affirmative).

Participant 1: But now, it's ... you know, it's too cold to be out there, and they're only taking the dice and bumping against the wall, and there's about 70 guys standing around with money in their hand, and you know, but now it's a little too cold to be outside.

Participant 2: Alright. Here ... for instance, here ... the basketball courts, over here- Okay.

Participant 1: In the summertime, there's cards, there's people that you may get two or three guys to come out, and they always keep some dice in their pocket. They always wanna gamble, and they got a few dollars in their hand, and there's two or three of them playing. Then, all of a sudden, you'd see another guy come over, and another one come over. "Hey, man, bet \$10 dollars here." Boom. There you go, and then, you'll have a crowd, you know. *Speaker 1: Mm-hmm (affirmative).*

Participant 2: And they gambling back and forth, but it's not a big thing anymore, you know.

Participant 1: They used to have after hour places

Participant 2: Right. Yeah.

Participant 1: You know, in the neighborhoods. Right. That you can go to after hour place, and they would have a- a, you know, a table that they built, put wood on it, all peace signs or something like that, and down here, a guy gets the dice and he throws them from there; or a guy could be over on this side, and it's, "Okay. Next shooter," and it goes around this way. You gotta turn the dice over to him over

here, he puts his money down. "Oh, I bet \$21." "No, I bet \$51." The dice hit.

Participant 1: And then it would be Card Monte.

Participant 2: Three card Monte. Yeah. Those games and the- and the cups, and the- and the-

Speaker 3: The ones with the cups, that's ... and then, like you say, you got this three cards, and the guy's got two in one hand and one over here.

The participants said that such community structures were lost once the lottery and casinos arrived. In the words of a participant: "Casinos came in and messed it up."

VIEWS ABOUT CASINOS IN MASSACHUSETTS

Participants identified positive and negative aspects related to the presence of casino gambling in Massachusetts. Among the positive contributions was the business associated with tourism.

Oh yeah. I think it's gonna be a little more positive, because anything that brings money to the general area is always a plus. You got tourism, you know, for the hotels, restaurants, and the shows that are gonna be there. They're gonna attract money, and when people ... and when there is an area where entertainment is- is available, there's gonna be money, and- and- and not only that. The powers that be are gonna upgrade that general area. So, it's gonna be better for the community around there.

Casinos were also viewed as contributing to the local economy. They would attract people looking for entertainment, and in turn, people looking to spend money, stay in hotels, eat in restaurants, and explore the area.

The participants also want to see the casinos create opportunities for local residents and invest in the growth of the surrounding area's infrastructure.

"Come back and build some affordable housing for people in the neighborhood that grew up and that was born here."

A participant acknowledged that since people are going to gamble anyway, the revenue should stay in Massachusetts instead of going to other states:

"First of all, we won't have to take any buses and ride all the way to Connecticut or to Rhode Island, ok. and people are going to gamble, which they are going to do. You might as well keep the revenue right here in Massachusetts, ok. They'll be doing the same thing they have hotels, they have restaurants, and all that stuff. So why take the money out of Massachusetts and give it to the other communities like Rhode Island and Connecticut and just stay right here."

Participants were also hopeful that casinos will provide much needed employment opportunities to the community. One participant stated:

“I got super excited when I heard the news as a black person struggling to get a job in the city. It’s really, really hard...different ethnic groups will come in and get the jobs before us... maybe this will help us economically, the black community, to find employment.”

However, participants were cautiously optimistic about these potential benefits given the long history of racial discrimination. They were concerned that many African American residents will suffer discrimination:

Participant 1: *And I bet you, a black man with a high education, has the background to run the financial department, and a white man comes in there with the same qualifications, the white person gonna get it.*

Participant 2: *Alright.*

Participant 1: *That's it, that's the way of the world.*

Participant 2: *But me? I'm gonna go to school and make a difference.*

A participant was concerned that casino marketing would place more emphasis on encouraging folks to play and ignore the announcement of job training and opportunities.

“And my only concern is, you know, how is this thing going to be marketed? Because I would hate for ... you know, you see the MBTA buses in our neighborhood promoting more the opportunity going gamble before it does the opportunity of going to work at the casino, and so, it's almost like we're being set up to fail, anyway, you know.

There's expectation that maybe we're too dumb. Okay. And that's all we wanna do. So, we get targeted that way, but then there's no effort to target the economic opportunity to go to work, and work at the casino.”

Negative impact of casinos and gambling

Participants mentioned four main concerns or examples of how casinos could adversely impact the community: increase in crime, social services, gentrification, and weakening of community ties. Please note that concerns about crime and gentrification were mostly mentioned by focus group participants in Springfield.

Crime

Participants from Springfield believe that law enforcement resources are going to be diverted to secure the area around the casino and this is going to result in an increase of criminal activity elsewhere:

“I don't think that there's gonna be a lot of crime in the vicinity of the casino, because with that type, they'll have a lot of security. So, whatever's done will be done away from the casino.”

A Chelsea resident indicated that the casino in Everett will increase the burden on the Chelsea police.

Chelsea's got 112 police officers right now we have on the police force. 112 police officers are not out there working 24/7 for us. There are some nights, weekends especially when you may have four police officers on midnight shifts. Out of 112 you may have four cops out here. People don't know all that. So when you get the casino next year in Everett, the crime's gonna go even higher in our city.

A participant was concerned about the casino attracting criminals who will prey on its visitors.

“You have the have, and you have the have not. You have people ... You're going to have people that's going to be on front of the scene looking for change, you're going to have jack boys looking for loose women. You're going to have people that rob casinos, rob patrons. And personally, what I feel about it, that it would probably be higher arrests, with all the police. And you have all this tourism stuff already, you're going to deal with the city being more congested, more out-of-towners, foreigners.”

Social Services

The current opiate crisis has taxed social services even more and participants worry that casinos are going to create an increased need for these kinds of services.

There's a lot of issues we have in this community. The opiates rapid high, there's not a lot of money that's in our community, especially the black community, to get the services. So at least I know for me, I didn't want this casino to come.

Gentrification

The issue of gentrification also arose when discussing the economic impact casinos would have. Participants were concerned about rising rent prices that are subsequently pushing them out of their communities.

Participant 1: *I can see where something was now, I can see the whole gentrification of neighborhoods.*

Facilitator *Gentrification?*

Participant 1: *Yeah, I can see just because a casino come into town, the town of Springfield, property value is about to go up all around there.*

Participant 2: *Oh yeah.*

Participant 1: *Up and down, the property value about to go up and down, that means people who've got an apartment down there by the Fayette building about to be sky-high. They're about to turn around and turn those into condominiums, and it's about to be ...*

Weakening of community ties

Closely related to gentrification is the disruption of community ties. Places where neighbors can play Keno or Lotto create opportunities in the community to foster social interactions. Going to the store on a daily basis to get the numbers or scratch tickets, greeting the regulars at the store or Keno parlor, and catching up with peoples' comings and goings creates a sense of community.

"When I go into the store in Dudley, a lot of people that come in there. I know them just by coming in, you know, just "Hey, how you doing?" You know, "How's your luck going?" "Oh, not too good," you know. "I missed a number because I didn't play it," you know."

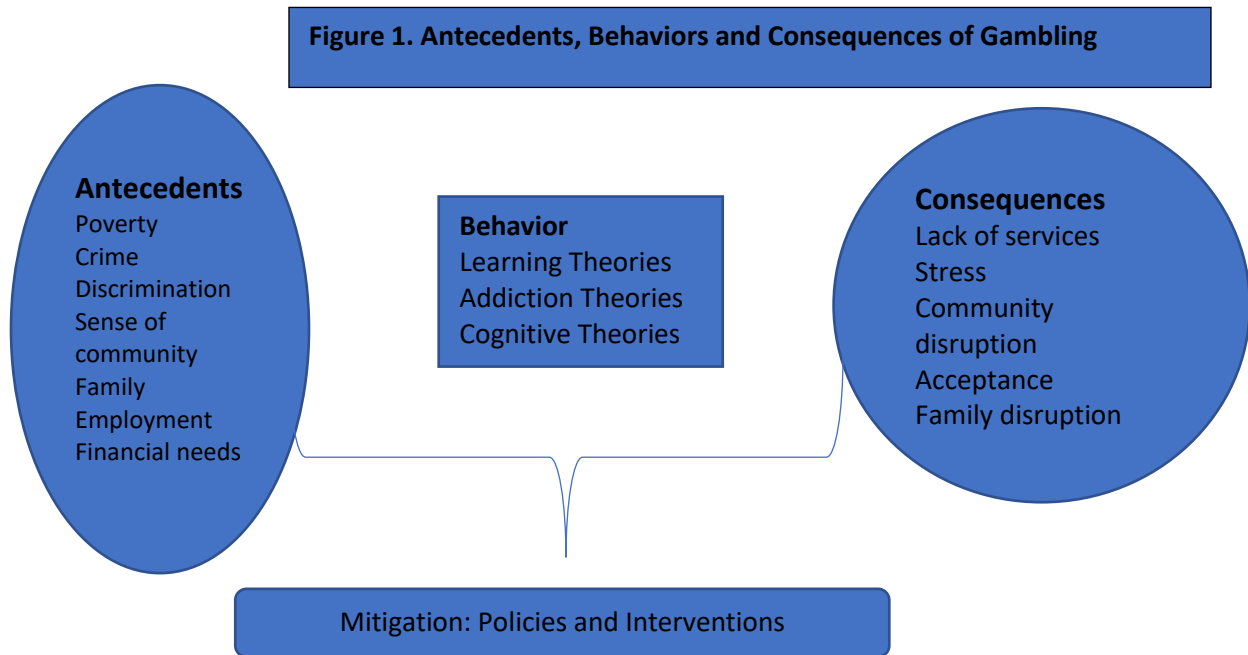
According to a participant, the Keno and lotto places "will be dead" due to the casinos. He reasons: "...for \$5 dollars I can play 25 times in a slot machine or buy five \$1 scratch tickets, with free alcohol...it is a no brainer! "

Consequences of at-risk and problem gambling among African Americans

The adverse impact of gambling among participants is not much different from that reported in the research literature. Similar to another study, participants reported a host of negative consequences associated with problem gambling, including divorce, bankruptcy, homelessness, losing money intended for living essentials, such as food and rent, losing key elements that help them to gain their livelihood (e.g., car, jobs), and social (and family) isolation (Nower, Eyrich-Garg, Pollio, & North, n.d.). Reliance on family and friends is a coping mechanism for the poor. Thus, to be disconnected from their social network augments the negative consequences of problem gambling. Unsurprisingly, participants identified depression as another negative product of problem gambling.

Discussion

Gambling can be seen as an event that contains Antecedents (e.g., poverty, crime, discrimination), Behaviors (e.g., gambling), and Consequences (e.g., stress, divorce, community disruption)—the ABCs of behavior (see Figure 1). The body of knowledge created by the SIEGMA Team provides ample insights into part B, that is, the prevalence, frequency, and type of behavior. However, information on the contextual Antecedents, and Consequences of gambling, particularly among African Americans, is lacking.



Similarly, leading gambling research models in the field, (i.e., learning, cognitive, addiction), do not fully take these antecedents and consequences of gambling such as motivations to gamble, financial need, or coping with stress, into account.

Findings from this study denote the importance of these antecedents and consequences of gambling behavior. Taking place and context into account helps to achieve a clear understanding of factors influencing problem gambling among African Americans in Massachusetts. Such findings could inform the development of effective strategies to prevent and treat problem gambling behavior. For example, participants alluded to many examples of antecedents, such as poverty, crime, discrimination, family dynamics, and financial need. Positive consequences of gambling were also shown, such as the feeling of being accepted in a place where they do not feel discriminated against, and the recreational offers of casinos. Negative consequences included the burden that problem gambling may bring to already overburdened services and disruption of community and family ties. A possible intervention calls for the inclusion of community and family components. The African American community is disproportionately

exposed to a barrage of daily stressors such as crime, poverty, poor health, and homelessness. The effect of these conditions is greatly ameliorated by their family and the fabric of the community. Family and community ties thus appear to serve as a protective factor that could be incorporated when developing interventions or outreach efforts.

A more contextual approach may shed light on the reasons why African Americans gamble less but have over four times the prevalence of problem gambling as Whites.

Limitations

This was an exploratory, qualitative study based on five focus groups. The main limitation of this study is that the sample was overwhelmingly older and female. Perhaps that was due to the reliance on community residents to serve as recruiters. They perhaps focused their recruitment efforts on friends and neighbors that mirrored their sociodemographic profile i.e. females over 50 years of age.

There is a dearth of knowledge about gender-differences among pathological gamblers given that most research has been conducted with male gamblers. This study runs opposite to that trend in the sense that the majority of participants are females. For that reason, in interpreting these findings we need to take into account the little that is known about gender differences in pathological gambling. González-Ortega and his colleagues point to these differences: 1) female gamblers tend to be older than men, 2) are more likely to be divorced or widowed, 3) have a lower annual income, 4) are more anxious and have poorer self-esteem than male gamblers, and 5) are more affected by depressive symptoms. They reported no gender differences with regard to the motivation for treatment.

The authors acknowledge the following limitations:

- These findings are based on a small number of participants and are not generalizable to the Massachusetts' African American population.
- The analyses were not stratified, that is, participants were not selected a priority into categories such as gender and age.
- The JSI Team tried a variety of recruitment strategies (e.g., flyers, recruiting through organizations) unsuccessfully and was finally successful when they enlisted a member of the community to help in recruiting.

Recommendations

These findings are relevant to the goals of the Massachusetts Gaming Commission in a variety of ways. First, any intervention to outreach, educate, or treat gambling problems should recognize that many play out of need, that is, to escape poverty. This also runs counter to casino marketing efforts that highlight their entertainment value and intervention approaches that promote healthy gambling.

Second, many African Americans are family and community oriented. Thus, outreach efforts should use principles that play on the notion of communalism, that is, that highlight family

strengthening and community values. Outreach messages and interventions should be constructed in a way that fosters a sense of community.

Third, some participants view the casino environment as egalitarian. They perceive that it is welcoming, embracing, and discrimination free. However, the institutional or business aspects of the casinos are viewed in a different light. Some participants, for example, were afraid that the most talked about employment opportunities will not materialize and that those opportunities, if available, will be for low paying positions. One approach to address this discrepancy would be to align the marketing efforts that promote the entertainment aspects of casinos with those that highlight their corporate values. Residents need to see the added resources and opportunities that casinos bring to the community and how they could be accessed.

Fourth, there is a demand to increase mental health services for African Americans and to form a workforce capable of dealing with issues of stigma and shame in a culturally competent framework.

Fifth, participants noted the lack of mental health services in the community. It is not clear whether services are non-existent or they exist but the African American community is not aware of them. If the latter is the case, then the need for a culturally competent social marketing campaign to promote those services and resources should be ascertained.

Sixth, residents will need reassurance that the safety of the community will be guaranteed far beyond the geographical boundaries of the casinos.

Finally, regarding future research, the field of gambling studies could benefit from a mixed method research approach to conduct an in-depth examination of contextual factors in general and social determinants and their impact on gambling on African American communities.

In conclusion, African Americans in Boston, Everett-Chelsea, and Springfield are hopeful about the new casinos. Their hopes are grounded on the promises made about new job opportunities, monies, and resources to their communities. They are also weary of the potential negative effect of casinos in their communities and indicated that they lack the resources to mitigate their impact (e.g., they called attention to the lack of social services, the already burdened police force, and the scarcity of affordable housing).

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