

# MGC Research Snapshot

## Gambling Harms and the Prevention Paradox in Massachusetts November 2021

### What you need to know

In Massachusetts, approximately 70% of all gambling harms occur in the low-risk adult general population due to the high number of people in these groups, even though people in the high-risk population suffer the greatest amount of harm per individual.

Findings support the notion that more resources should go toward primary prevention to deter gambling harms.

### What is this research about?

In the past decade, a different approach to the impacts of gambling has emerged. The focus has shifted from 'problem gambling' to 'gambling-related harms.' This approach recognizes that there are many more people harmed by gambling than reflected in the rates of individuals who have experienced gambling problems.

The Prevention Paradox is a lens with which to explore the distribution of the impacts of gambling in the population, and the degree to which various forms of harm are concentrated in high-risk groups. The implication is that if the total number of harms is higher among individuals with less severe problems, then primary prevention efforts aimed at altering unhealthy or unsafe behaviors across the entire population should be emphasized. This is as opposed to secondary prevention efforts, aimed at slowing the progress of the disorder among individuals at risk, or tertiary prevention efforts aimed at helping or treating those already experiencing gambling problems.

In relation to gambling, the Prevention Paradox focuses on the recognition that a far greater number of individuals experiencing gambling-related harm are low-risk gamblers because there are far more low-risk gamblers than high-risk gamblers in the population. The 'paradox' is that more

harm, in the aggregate, is suffered by the low-risk gambling population even though, individually, people in the high-risk population suffer the greatest amount of harm per individual.

The goal of this study is to assess whether the Prevention Paradox, in relation to gambling harms, holds up in the Massachusetts context. This report examines the distribution of different gambling harms in the population and assesses the extent to which different types of harm are concentrated in higher risk groups.

### What did the researchers do?

This report analyzes the data from two population surveys that were carried out in Massachusetts in 2013 and 2014, prior to the opening of any casinos in the Commonwealth.

Authors analyzed the relative prevalence of gambling harms among groups with different levels of gambling severity. For this, 20 different gambling harms were grouped into six categories:

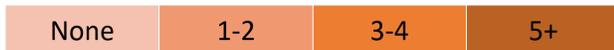
- Financial
- Health
- Emotional/Psychological



- Family/Relationships
- Work/School
- Illegal Acts.

Within each area of gambling harm, there are multiple harms that a person may experience. For example, within family/relationships, harms may include divorce, neglect of children, domestic violence, or other harms because of gambling.

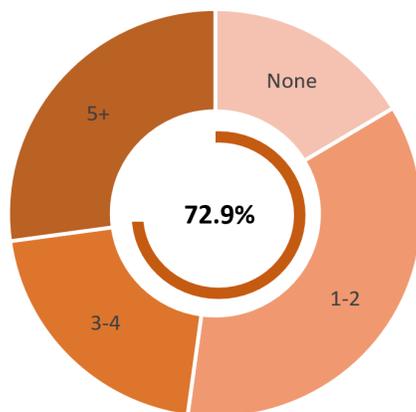
Gambling Severity was categorized into four groups based on the number of items endorsed related to impaired control (4 items) and behavioral dependence (3 items):



The analysis is based on 5,852 individuals who gambled at least once a month on one or more types of gambling. Descriptive analyses were conducted to summarize the prevalence of harms reported by different severity groups.

### What did the researchers find?

The study found an inverse relationship between gambling severity and harms. Because of the larger size of the three lower severity groups, even the smaller average number of harm endorsed by members of these groups accounted for nearly three-quarters of the total number of harms across all the groups (Figure 1).



**Figure 1. Proportion of Harms Among Regular Gamblers by Gambling Severity Group**

While almost all the individuals in the highest severity group reported one or more harms, any individual reporting one or more harms was far more likely to be in a lower severity group.

High rates of financial and health harms were found among regular gamblers in Massachusetts, highlighting the importance of raising awareness about gambling-related harm and educating the community about the extent of gambling harm among regular gamblers.

### About the researchers

Rachel A. Volberg is the Principal Investigator, and Martha Zorn and Valerie Evans are members of the SEIGMA team at the School of Public Health and Health Sciences University of Massachusetts Amherst. Robert J. Williams is the Co-Principal Investigator on the SEIGMA project and is with the Faculty of Health Sciences at the University of Lethbridge in Alberta, Canada. For more information about this study, please contact Rachel Volberg at rvolberg@schoolph.umass.edu.

While the [Massachusetts Gambling Impact Cohort \(MAGIC\) study](#) suggested that the focus of prevention and treatment efforts should be on individuals currently experiencing gambling problems, the Prevention Paradox results indicate that such efforts must be counterbalanced by ongoing prevention efforts aimed at individuals not yet experiencing problems. This is due to the fact that, while individual harms may be less severe, the majority of the total sum of those individual harms is still found in the general population.

In conclusion, the Prevention Paradox was supported in Massachusetts with approximately 70% of all harms arising from the lower severity groups. These findings support the notion that more resources should go toward primary prevention to forestall the development of gambling harms.

### Citation

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### Key Words

Gambling; Prevention Paradox; Social Research

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