Gambling Harms in Massachusetts: Evidence from the BGPS and BOPS

May 22, 2020

SEIGMA

SOCIAL AND ECONOMIC IMPACTS OF GAMBLING IN MASSACHUSETTS

UNIVERSITY OF MASSACHUSETTS SCHOOL OF PUBLIC HEALTH AND HEALTH SCIENCES

Authorship and Acknowledgements

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Acknowledgements

Financial support for the Social and Economic Impacts of Gambling in Massachusetts (SEIGMA) study comes from the Massachusetts Gaming Commission. This multi-year project was competitively bid and awarded to the University of Massachusetts Amherst in April 2013. In June 2019 the Massachusetts Gaming Commission issued a subsequent Request for Response (BD-19-1068-1700-1-40973) for Research Services and the University of Massachusetts Amherst was awarded the contract effective January 2020.

The population surveys on which the analyses in this report rest could not have been completed without the cooperation and good will of the thousands of Massachusetts residents who agreed to participate. We are grateful to the many individuals at NORC at the University of Chicago who helped in collecting the data for the Baseline General Population Survey (BGPS) and to staff at Ipsos Public Affairs who helped in collecting the data for the Baseline Online Panel Survey (BOPS). We would also like to thank two members of the SEIGMA team, Dr. Edward J. Stanek and Dr. Alissa Mazar, who participated in discussions of the data.

We would like to thank the members of the Massachusetts Gaming Commission's Research Review Committee (RRC). Members of this committee represent a range of perspectives and their careful review of draft versions of this report contributed to its clarity as well as utility to multiple audiences.

As always, we thank the Massachusetts Gaming Commission for their continued vision and guidance over the course of the SEIGMA project. The Commission's broad vision for the expansion of gambling in Massachusetts and commitment to the research needed to maximize the benefits and minimize the harms related to gambling in the Commonwealth made this project possible.

SUGGESTED CITATION:

Volberg, R.A., Evans, V., Zorn, M., Williams, R.J. (2020). *Gambling Harms in Massachusetts: Evidence from the BGPS and BOPS.* Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.

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Executive Summary

Until quite recently, gambling harms have largely been identified with the clinical entity of problem gambling. In the past decade, however, a broader view of the impacts of gambling has emerged with a shift in focus from problem gambling to 'gambling-related harm.' This approach recognizes that there are many more people harmed by gambling than reflected in the rates of problem gambling alone. Similar to public health and health promotion approaches to alcohol consumption, adoption of this approach to gambling consumption recognizes that gambling has some positive impacts on society, including generation of revenues to governments, industry employment, and new leisure options for communities, and that the majority of people gamble without experiencing any evident harm.

A public health approach to understanding and minimizing gambling harm requires: (a) a consistent definition of the concept, (b) a description of the scope of gambling harm, and (c) the use of measures that can support evidence-based practice. While harmful gambling can be challenging to define and measure, significant research has been done to classify the impacts associated with heavy gambling involvement and to develop measures for use in population surveys.

The goal of this report is to build on this emerging research area of investigating gambling harms as these are reported to have been experienced by gamblers. The recently adopted *Research Strategy for Gaming in Massachusetts* emphasizes the importance of research results that will inform programming to prevent and mitigate gambling harm in Massachusetts. In support of this initiative, the present report seeks to identify gambling harms reported by key demographic groups and without regard to the prevalence of problem gambling among members of these groups.

The analyses presented here draw from two population surveys that were carried out in Massachusetts in 2013 and 2014, prior to the opening of any casinos in the Commonwealth. These surveys were the Baseline General Population Survey (BGPS) and the Baseline Online Panel Survey (BOPS). While recognizing that the BOPS respondents were much more likely to engage in heavy gambling and to experience gambling problems compared with the BGPS respondents, the decision to combine the samples was a practical one to create a sample sufficient to analyze the **relative** prevalence of gambling harms among different demographic groups. While differences in the samples and survey methods can limit the conclusions drawn, combining data from different sources often has positive benefits and can yield important policy-relevant findings. We further chose to focus on regular gamblers because only these individuals were routed through the section of the questionnaire that assessed gambling harms. For the present analysis, endorsements of gambling harms based on responses to these survey questions were collapsed into six categories: financial, health, emotional/psychological, family/relationships, work/school, and illegal acts. Individuals experiencing one or more harms (n = 701) were included in the analysis.

In addition to differences in gambling participation and problem gambling rates, the BOPS respondents were more likely to be male and to have annual household incomes under $100,000. Since younger individuals tend to have lower incomes, it is likely that some of the observed differences in the distribution of gambling harms are correlated. Another aspect of these data worth noting is that all of the reported harms are based on self-report and it is possible that participants in some demographic subgroups may have differentially under-reported actual harms.

Analysis of gambling-related harms among regular gamblers in the BGPS and BOPS provides insight into several demographic groups that appear to be at a heightened risk for gambling harm when engaging regularly in one or more types of gambling. The results underscore the importance of broadening our focus on the impacts of gambling to highlight harms among individuals who do not meet diagnostic criteria for problem gambling. However, it is important to acknowledge that this study does not assess community-level gambling harm. It is quite possible that the wider social impacts of gambling harm are several magnitudes greater than the individual-level harms presented in this report.

It is interesting to consider each of the harm domains in terms of which demographic groups are most at risk. For example, males, adults under 30, Hispanics, Blacks and regular gamblers with one child in the household were significantly more likely to endorse health harms than other groups. The pattern is quite similar for financial harms. Young adults, Hispanics and Blacks were significantly more likely to report experiencing emotional/psychological harms than other groups. These same groups, along with regular gamblers with any children in the household, were significantly more likely to endorse family/relationship harms compared to other groups. Adults under 50 and regular gamblers with one or two children in the household were significantly more likely than other groups to endorse work/school harms. Harms related to illegal acts were significantly higher among adults under 50 compared with older adults. Finally, males, adults under 30, and regular gamblers with one or two children in the household were significantly more likely than other groups to endorse harms across more than one domain.

Higher rates of financial and health harms among males, young adults, Blacks and Hispanics suggest the importance of raising awareness about gambling-related harm with these groups. One important step toward mitigating gambling harm within communities would be to educate community-based organizations about the extent of gambling harm in their communities compared to levels of awareness and availability of specialized services. Beyond community organizations, health professionals and financial counselors would benefit from a better understanding of the scope of gambling harm among their clientele as well as some knowledge of how to sensitively ask their clients about their gambling and the gambling of their family members and friends. The high rate of emotional/psychological harms among Hispanics and Blacks underscores the importance of raising awareness of gambling harm in these communities while the high rate of emotional/psychological harms among young adults suggests the need to raise awareness of gambling harm among high school and college counseling staffs.

A particular concern, given the higher rates of all types of gambling harm among regular gamblers with children in the household, is to raise awareness and improve screening among professionals working with families and among community organizations concerned with child welfare. Communities and professionals would benefit from a better understanding of the greater risk of gambling harm in households where one or both parents gamble regularly.

Both the BGPS and the BOPS have some limitations that must be acknowledged. With regard to the BGPS, one potential limitation is the 36.6% response rate attained in the survey. Another limitation of the BGPS is that the survey was restricted to adults living in households and did not include adults living in group quarters, incarcerated individuals, or homeless individuals. A third limitation is that the questionnaire was translated into Spanish but not into other languages. Like other prevalence surveys, the BGPS is a cross-sectional ‘snapshot’ of gambling and problem gambling at a single point in time which limits our ability to draw any causal conclusions from reported associations in the data. With regard to the BOPS, the main limitation is the non-representative nature of online panels and the fact that a non-random minority of people do not use the Internet, and thus are not eligible to be part of an online panel. A limitation of the decision to combine the samples for the present

analysis is that the results cannot confidently be generalized to Massachusetts as a whole. A final limitation relates to the nature of self-report in surveys more generally which raises the possibility that respondents in the BGPS and BOPS under-reported their gambling behavior and harms due to social stigma.