



# DEPARTMENT OF COMMUNITY, FAMILY & ADDICTION SCIENCES

TEXAS TECH  
College of Health & Human Sciences

## The Impact of Legalized Gambling on Recovery Communities: A Community-Based Participatory Research Study

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The Massachusetts Council on  
**GAMING AND HEALTH**



## Table of Contents

Table of Contents	2
List of Tables	3
Suggested Citation and Contact Person	4
Authorship and Acknowledgements	5
Student Research Training Opportunities	6
Executive Summary	7
Introduction and Aims	8
Background: The Current Gambling Landscape	9
Study Methods	13
Results: Themes and Definitions	17
<i>Section 1 – Defining Gambling</i>	17
<i>Section 2 – Defining Gambling Problems</i>	19
<i>Section 3 – Defining Gambling Recovery</i>	20
<i>Section 4 – Supporting Recovery Efforts</i>	24
<i>Section 5 – Recovery Communities and Community Support</i>	26
<i>Section 6 – Impact of Legalized Gambling</i>	31
<i>Section 7 – The CRT Experience</i>	32
Discussion	32
Conclusion	38
References	39
Appendices	45
<i>CRT Session Outlines</i>	46
<i>Breakout Session Facilitator Worksheet</i>	55
<i>In-Session Survey Sample Question</i>	57
<i>Ranking Factors Supporting Recovery</i>	58
<i>Ranking Factors Undermining Recovery</i>	59
<i>Ranking Recommendations to MA Communities for Supporting Gambling Recovery Efforts</i>	60

## List of Tables

Table 1 - Community Research Team Demographics	14
Table 2 - Session Schedule, Objectives, and Attendance	16
Table 3 - Iterations of the Definition of Recovery	23
Table 4 - Factors Supporting or Undermining Recovery	26
Table 5 - Factors Supporting or Undermining Recovery Ranked by Rating Totals	25
Table 6 - Recommendations to Massachusetts Communities to Support Gambling Recovery Efforts	29
Table A1 - CRT Session Outlines	46
Table A2 - CRT Facilitator Worksheets	55
Table A3 - Ranking Factors Supporting Recovery	58
Table A4 - Ranking Factors Undermining Recovery	59
Table A5 - Ranking Recommendations to MA Communities for Supporting Gambling Recovery Efforts	60

## Suggested Citation and Contact Person

Spencer, T.J., Strong, M.K., & Mills, D.J. (2025). *The Impact of Legalized Gambling on Recovery Communities: A Community-Based Participatory Research Study*. Lubbock, TX: Department of Community, Family, and Addiction Sciences, Texas Tech University.

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## Authorship and Acknowledgements

### Authorship

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**Devin J. Mills**, Associate Professor in the Addiction Disorders and Recovery Studies at Texas Tech University and Principal Investigator of this project. Dr. Mills was the main facilitator of the CRT meetings.

**The Community Research Team**, named on the title page of this report, were the voices that make up the primary data used in this project.

### Acknowledgements

We thank the Massachusetts Gaming Commission for funding this research project (RFR# 2024-MGC-CBR) and appreciate the ongoing support from Mark Vander Linden and Bonnie Andrews. We are also grateful to the Commission's Research Review Committee for their valuable feedback at the project's outset.

Special thanks to our partners at the Massachusetts Council on Gaming and Health—Marlene D. Warner, Odessa Dwarika, Jodie Nealley, Shekinah Hoffman, and Philip Kopel—for their critical role in recruiting and supporting the Community Research Team (CRT). We also acknowledge two exceptional undergraduate students at Texas Tech University, Allison Hamilton and Cristian Avila, whose careful transcription and coding of CRT meeting recordings laid the foundation for continued analysis.

Finally, we want to recognize and thank the members of the CRT. Your passion for recovery, your compassion for others, and your openness in sharing your stories was incredible. It was an honor to learn from you. We hope this report reflects your collective voice, informs future research on gambling disorder recovery, and highlights the strength and compassion of Massachusetts's remarkable recovery communities.

## Student Research Training Opportunities

This grant not only advanced our understanding of gambling recovery and the impact of legalized gambling on recovery communities (i.e., the primary research objectives), but also created critical research training opportunities for university students that would not have been otherwise possible. The support enabled meaningful student involvement in applied research—experiences that are often difficult to access without dedicated funding. Under the supervision of Dr. Devin Mills (Principal Investigator), both undergraduate and graduate students received hands-on training in qualitative research methods and completed Institutional Review Board (IRB) certifications. All students participated in ongoing team meetings where they engaged in data interpretation and considered the broader implications of the findings. Naturally, the work for undergraduate and graduate student research assistants varied.

Undergraduate research assistants were actively involved in key aspects of the project, including transcription, organizing field notes, and contributing to collaborative coding discussions. These experiences introduced them to the foundational principles of ethical and rigorous qualitative research.

Graduate students played a central role in executing the project and mentoring undergraduate research assistants. They supported Dr. Mills during focus groups, assisted with data interpretation, and helped lead analytical discussions during team meetings. Additionally, they received advanced training in qualitative methodology and contributed substantially to the writing of reports and manuscripts.

Moving forward, several students plan to use the data generated through this project to gain experience presenting at academic conferences, further enriching their professional development and academic trajectories.

On behalf of the two graduate and several undergraduate research assistants, we thank the Massachusetts Gaming Commission (MGC) for supporting these valuable training experiences. We hope that MGC will continue funding projects that not only advance gambling research but also provide students with meaningful hands-on learning alongside university faculty. We encourage other public and private agencies to invest in research partnerships with university researchers that foster both scientific progress and student development.

## Executive Summary

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The 2018 Supreme Court decision overturning the Professional and Amateur Sports Protection Act (PASPA) led to a rapid expansion of legalized sports betting and gambling. This shift raised growing concern about its impact on vulnerable communities, particularly those in recovery from gambling and substance use disorders. With funding from the Massachusetts Gaming Commission, this study explored the effects of legalized gambling on recovery communities—including individuals with lived experience and mental health professionals specializing in addiction treatment.

Fourteen individuals formed a Community Research Team (CRT), working with researchers from Texas Tech University and the Massachusetts Council on Gaming and Health. Using a community-based participatory research (CBPR) approach, the team conducted six 90-minute focus groups to explore recovery experiences and perceptions of legalized gambling. Researchers analyzed the qualitative data and identified key themes, with ongoing input from CRT members to ensure findings reflected both lived and professional perspectives.

### Key Takeaways

- Stop Using Responsible Gaming: The term “responsible gaming” is harmful and stigmatizing. There is a need to develop an alternative term that is ideally informed by a future CBPR study focused on harm reduction for players.
- Gambling Recovery Defined: The CRT successfully developed a recovery definition that focuses on personal commitment toward recovery and overall growth and healing from the harms of gambling disorder. The definition also emphasizes setting personalized recovery goals, actively engaging in a positive support network, and engaging in meaningful activities beyond gambling. It is expected that this definition will serve as the foundation for a future recovery measure.
- Validation and Support Gaps: Individuals in recovery from gambling disorder often feel invalidated in their experiences and struggle to identify supportive resources. It is recommended that resources be increased to address problem gambling and greater awareness campaigns be launched to de-stigmatize gambling disorder.
- Legalized Gambling is Impacting Recovery Process: Legalized gambling has increased risks for recovery communities, highlighting the urgent need for education, access to care, and culturally responsive, well-resourced support systems.

### Conclusion

Findings highlight the need for recovery community voices to be included in discussions surrounding gambling policy. Future efforts should emphasize responsive regulation, targeted interventions, and inclusive, well-resourced supports for those in recovery.

## Introduction and Aims

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The continued expansion of gambling across the U.S. that followed the 2018 Supreme Court decision declaring the Professional and Amateur Sports Protection Act of 1992 (PASPA) unconstitutional has raised widespread concerns regarding the impact of legalized gambling on various communities. Research on the impacts of legalized gambling within Massachusetts (MA) has largely validated these concerns. Specifically, several recent projects by the Social and Economic Impacts of Gambling in MA (SEIGMA) research team at the University of MA-Amherst have found that the introduction of casino gambling, sports betting, and other forms of legalized gambling has corresponded with a significant increase in gambling participation and heightened exposure to gambling-related harms, particularly among populations already experiencing economic stress, social marginalization, and health disparities (Volberg et al., 2021, 2022, 2023). While these findings provide a comprehensive understanding of the broad social and economic impacts of legalized gambling in MA, relatively little research has examined how legalized gambling uniquely affects individuals in recovery from gambling and substance use disorders. The present study addresses this gap in the literature through a community-based participatory research (CBPR) project that aimed to gather diverse perspectives on the impact of legalized gambling on recovery communities.

Specifically, we sought the following aims:

1. **Understanding and Defining Recovery:** Create an agreed definition of 'recovery' from gambling and substance use disorders, while examining varying perceptions and definitions.
2. **Assessment Metrics for Recovery Progress:** Identify an agreed set of metrics for assessing recovery from gambling and substance use disorders.
3. **Risk Factors and Support Systems:** Describe key factors that either support or undermine recovery progress, including gaps in support for recovery communities.
4. **Impact of Legalized Gambling:** Explore the unique impact of legalized gambling and sports betting on communities recovering from gambling and substance use disorders, focusing on their impact on relapse and wellbeing.

The MA Gaming Commission (MGC) has funded a substantial body of published research on the impact of legalized gambling across different MA communities, including veterans (Freeman et al. 2020), Asian Americans (Colby et al. 2022), females (Venne et al. 2020), and those living closest to casino venues (Evans et al. 2024). The present MGC-funded study builds on this extensive body of research in studying the impact of legalized gambling from the perspectives of individuals in addiction recovery and mental health professionals specializing in addiction treatment. Findings will offer policymakers a clearer understanding of how legalized gambling impacts individuals in addiction recovery and establish a foundation for future research on legalized gambling's role in the recovery process, which is especially timely within this rapidly changing gambling landscape in Massachusetts and across the U.S.



## Background: The Current Gambling Landscape

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Gambling is a popular recreational activity in which something of value, often money, is staked on the outcome of a chance-based event with the potential to win a greater reward. Nearly three in four U.S. adults participate in gambling each year (National Council on Problem Gambling, 2023). For many, gambling is a minimally harmful form of entertainment that can offer social and cognitive benefits (Basham & Luik, 2011; Desai et al., 2007). However, for some, gambling contributes to psychological, social, or financial harms. Furthermore, a smaller subset of players may develop a Gambling Disorder (GD); **a persistent pattern of gambling-related behaviors that result in significant distress and impairment** (Hodgins et al., 2011).

State prevalence estimates for GD range from <1% to >6% (Carliner et al., 2021; Harwell et al., 2023; Nower et al., 2017; Spare et al., 2023; Williams et al., 2012). Further, data from the National Council on Problem Gambling (NCPG) indicate that more than 20% of U.S. adults may be at-risk for gambling disorder, as evidenced by their endorsement of at least one problematic gambling behavior (NCPG, 2021).<sup>1</sup> However, these figures may underrepresent shifts in the prevalence of GD following the 2018 Supreme Court decision overturning PASPA, thus allowing states to legalize sports betting. As of 2025, 37 states and the District of Columbia have legalized sports betting, compared to only Nevada offering full-scale sports betting prior to 2018. Additionally, GD prevalence is only one metric of concern; overall gambling participation as well as the experience of mild to severe gambling harms among recreational players are also likely to have increased due to the rapid expansion of sports betting and the broader normalization of gambling in the U.S. (Browne et al., 2017; Langham et al., 2015).

As states across the U.S. continue to introduce new gambling opportunities, it becomes increasingly important to examine how these changes impact communities differently based on factors such as geography, race and ethnicity, biological sex, and histories of addiction or mental health challenges. The above-mentioned trends underscore the importance of understanding not only the risks associated with gambling participation, but also the potential unintended consequences of expanded legalized gambling for various communities.

### *Gambling in Massachusetts*

Massachusetts has played a prominent role in the rapidly evolving gambling landscape. Notably, in 1974, the state was the first to introduce scratch-off lottery tickets, which have since become one of the highest-grossing gambling products in the country. Scratch off tickets contribute significantly to overall state lottery revenues, often dwarfing the revenue of draw games such as Powerball and Mega Millions. The most recent financial reports for the MA Lottery revealed

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<sup>1</sup> The percentage of U.S. adults is not listed explicitly in the report. However, of the 73% of adults who gambled during the past year, 31% endorsed at least one problematic gambling behavior. Thus, 31% of 73% is 22.6% of U.S. adults.

revenues of \$6.17 billion with \$1.16 billion in profits (Massachusetts State Lottery Commission, 2024) These profits are distributed to the 350+ cities and towns across MA as unrestricted aid. Many of the municipalities spend this money on public safety, education programs, infrastructure, and community service projects, which offers an argument for keeping the lottery available.

In 2011, the state passed the Expanded Gaming Act (Massachusetts District Attorneys Association, 2011). This bill legalized full-scale casinos and online lottery options as well as excess taxes to fund public health services, including problem gambling awareness and prevention programming and expanded treatment services. Following the overturning of PASPA, sports betting was also legalized and active in 2023. There is early evidence that gambling participation and gambling harms are elevated for the state since the passage of the 2011 Act (Volberg et al. 2024). Interestingly, Volberg and colleagues' report did not find a significant increase in the prevalence of GD despite increases in gambling participation and gambling harms. Rather, the prevalence of GD remained between 1.5-2%. Yet, Volberg and colleagues did not explore differences across marginalized communities in this report. Indeed, studies have found differences in gambling participation, gambling harms, and GD across sex (Gartner et al., 2020; Jiménez-Murcia et al., 2020; Merkouris et al., 2016), age (Jiménez-Murcia et al., 2010; Nowak. 2018; Pettorruso et al., 2021; Subramaniam et al., 2015), and race (Alegría et al., 2009; Barnes et al., 2017). Thus, although not yet explored by Volberg and her team, it is likely that the impact of gambling expansion in MA has had a disproportionate impact on various communities, including addiction recovery communities, that may not be reflected in the aggregation of the observed prevalence rate.

### ***Defining Recovery and Assessing Recovery Progress***

Addiction recovery was originally defined from a medical perspective, where the emphasis was on the decrease in the severity of addiction symptoms. As a result, individuals were considered by many standards “in recovery” when the severity of addiction symptoms decreased or they were “sober” regardless of their intrapersonal or interpersonal well-being. However, most recent definitions for addiction recovery have turned the focus to personal growth and often do not mention a reduction in substance use or gambling engagement or even the extent to which the severity of addiction symptoms have decreased (Ashford et al., 2019; Best et al., 2016; White, 2007; Witkiewitz et al., 2020). This change in definition moved the emphasis of recovery from the overt addictive behavior to a person-centered perspective on the individual and their underlying unique needs. To date, numerous definitions for addiction recovery exist within both scholarly and mainstream literatures (Ashford et al., 2019; Nower & Blaszczynski, 2008; White, 2007), and several provided below.

*“Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted*

*by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life” (White, 2007, p. 236).*

*“[Recovery is] a process of social identity change in which a person’s most salient identity shifts from being defined by membership of a group whose norms and values revolve around substance abuse to being defined by membership of a group whose norms and values encourage recovery (Best et al. 2016, p. 113).*

*“Recovery is an individualized, intentional, dynamic, and relational process involving sustained efforts to improve wellness” (Ashford et al. 2019, p. 183).*

*“[Recovery is] a dynamic process of change characterized by improvements in health and social functioning, as well as increases in well-being and purpose in life” (Witkiewitz et al. 2020, p. 10).*

*“Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential” (National Institute on Drug Abuse, 2025).*

Although these definitions do well in broadly capturing addiction recovery as an individualistic, dynamic, and multifaceted process of *growth*, they present challenges for translating into an assessable measure. This limitation hinders efforts to develop validated instruments that can reliably assess recovery trajectories, and thus, the ability to compare outcomes across individuals and interventions. The present research on the impact of legalized gambling on individuals in addiction recovery started with first establishing an agreed upon definition of recovery, including the specific metrics for recovery progress from the perspective of individuals in recovery from gambling and/or substance use disorders (SUDs) and mental health professionals specializing in addiction.

### ***Factors that Support versus Undermine Recovery***

There is a myriad of factors that support the addiction recovery process as well as factors that undermine this same process. In their seminal paper, Cloud and Granfield (2008) expanded upon their model of Recovery Capital as “the sum total of one’s resources that can be brought to bear on the initiation and maintenance of substance misuse cessation” (p. 1972). They present four general areas of capital, including human capital (e.g., education, skills, and mental and physical health), physical capital (e.g., tangible assets like housing and income), social capital (e.g., supportive relationships and social networks), and cultural capital (e.g., values, beliefs, and norms that support recovery). Research has demonstrated that greater recovery capital is associated with being in recovery for a longer period of time, less depression, and greater therapeutic adherence (Cano et al., 2017; Laudet & White, 2018; Sánchez et al., 2020) as well as recovery from gambling disorder (Gavriel-Fried, 2018; Gavriel-Fried & Lev-el, 2020). Although

mentioned within the literature as barriers (versus strengths) to recovery (Best & Hennessy, 2022; Gavriel-Fried & Lev-el, 2022), less research has been spent on identifying the impact these have beyond their unsurprising ill-effects to mental well-being and recovery milestones. In this context, the current study sought not only to replicate existing findings but also to deepen our understanding of how various supports and barriers shape the recovery process across gambling and substance use disorders.

### ***The Impact of Legalized Gambling on Addiction Recovery***

Many researchers, policy advocates, and public health officials have expressed grave concern about the potential harmful effects of legalized gambling in the U.S. and globally (Thomas et al., 2023; Ukhova et al., 2024; Yeola et al., 2025; Wardle et al., 2024). These concerns largely stem from research demonstrating GD to be associated with a myriad of negative consequences, including depression, suicide, unemployment and bankruptcy, criminal activity, strained interpersonal relationships, and reduced overall well-being (April & Weinstock, 2018; Dowling, 2021; Grant et al., 2010; Håkansson & Karlsson, 2020; Marchica et al., 2019; Syvertsen et al., 2024). Thus, the argument is that greater rates of gambling participation due to the increased availability of gambling will be associated with an elevation in percentage of individuals experiencing harms from gambling. Notably, much of this concern stems from the inadequate, or entirely absent, mental health infrastructure in many states and countries. These deficiencies are likely to be exacerbated by the continued expansion of gambling, which will contribute to more individuals seeking services due to gambling-related harms. Thus, although legalized gambling is often cited as a contributing factor to rising mental health challenges, these concerns must be viewed within the broader context of an ongoing mental health crisis around the world and in the U.S., more specifically.

In the context of addiction recovery, there is concern that increased access to gambling or even the exposure to gambling via advertisements will represent a trigger for those with a history of GD (Hanss et al., 2015). Even individuals with a history of substance use disorders may find themselves triggered by such advertisements that lead them to begin engaging in gambling as an alternative to substance use (Cowlshaw et al., 2014, McGrane et al., 2025). Thus, with the rising expansion of gambling, it is important to consider the unique impacts of legalized gambling for those in recovery from either gambling or substance use disorders, or both.

### ***The Present Study***

The present study seeks to understand the impact of legalized gambling on individuals in recovery from gambling and substance use disorders through a community-based participatory research (CBPR) framework. Specifically, the project had four primary aims: (1) to explore how recovery from gambling and substance use disorders is defined by individuals in recovery and those who support them, (2) to identify appropriate metrics for assessing recovery progress, (3) to examine the risk and protective factors that influence sustained recovery, and (4) to

understand how the expansion of legalized gambling affects recovery communities, particularly in relation to relapse risk and overall well-being. Underlying these aims is the broader objective of elevating the voices of individuals with lived experience and mental health professionals specializing in addiction treatment to inform ongoing policy discussions and provide actionable insights for shaping future gambling regulations and recovery supports in Massachusetts and beyond.

## Study Methods

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### Community Based Participatory Research Study Design

To address the aims of the current study, we followed community-based participatory research (CBPR) methodological and ethical guidelines (Collins et al., 2018, 2018; Kemmis et al., 2014; Torre et al., 2012). CBPR methods are recommended for research that aims to empower community members and give them a voice in directing research regarding their community. Several examples of CBPR approaches recently include studying underlying stigmas associated with substance use disorder (Nieweglowski et al., 2018), exploring youth's perspective on risk and protective factors for substance use and mental health challenges (McMahon et al., 2020), and examining perspectives on youth violence prevention programming (Dodington et al., 2012). These examples underscore a key strength of CBPR: *its ability to generate solutions that are directly responsive to a community's specific needs, even when those solutions may not be generalizable to other populations.*

A critical component of the CBPR approach is the community research team (CRT). For this project, the CRT included a diverse group of (1) individuals in recovery from gambling and/or substance use disorders, (2) mental health professionals and recovery specialists, (3) staff from the MACGH, and (4) academic researchers with expertise in gambling, addiction recovery, and qualitative research methods. We partnered with the Massachusetts Council on Gaming and Health (MACGH) to assist in recruiting participants. Founded in 1983, MACGH promotes public health by mitigating the negative personal and community impacts of gambling, video gaming and co-occurring disorders. They are one of the oldest and largest public health organizations in the country with this focus and they accomplish their mission through advocacy, training, direct service, and public education. They address the full spectrum of care, from prevention through to recovery and partner with community, state, national and international research initiatives in gambling and co-occurring disorders. The MACGH was successful in recruiting four individuals in recovery primarily from gambling disorder, four individuals in recovery primarily from a substance use disorder, four individuals in recovery from both gambling and substance use disorder, and five mental health professionals and recovery specialists. Three participants dropped from the study before data collection leaving 14 community members to participate in the study (see Table 1 for demographic information).

Participants were offered a \$100 per hour incentive (\$150 per 90-minute meeting) to participate in the study as well as an option to be recognized in the final report.

**Table 1.**

*CRT Demographic Table*

Characteristics	<i>M (SD)</i>	n
Participant Type		
Recovering from GD		4
Recovering from SUD		2
Recovering from both		3
Mental Health Professional		5
Age	48.43 (12.74)	
Gender		
Men		10
Women		3
Genderqueer		1
Ethnicity		
African American/Black		1
Caucasian/White		10
Hispanic or Latino		3
Asian		1
Native American		1
Sexual Orientation		
Heterosexual		13
Pansexual		1
Household Income		
\$25,000 - \$49,999		2
\$50,000 - \$74,999		3
\$75,000 - \$99,999		4
\$100,000 - \$124,999		2
\$150,000 - \$174,999		1
\$175,000 - \$199,999		0
\$200,000 or more		2
Education Level		
Some college, no degree		4
Bachelor's degree		3
Master's degree		6
Professional degree (e.g., MD, JD)		1
Received Treatment for Addiction		
None		4
Counseling or therapy		8
Medication-assisted treatment		2

12-step programs	7
Outpatient rehabilitation	2
Inpatient rehabilitation	6
Detoxification	1
Sober living houses	3
Time in Recovery	
Less than 6 months	1
2-5 years	1
More than 5 years	8

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## Data Collection

Consistent with CBPR, the responses and perspectives of the CRT are the principal data source throughout the study. The primary data is comprised of extensive qualitative notes taken by the principal investigator (PI) and two graduate research assistants throughout the 90-minute CRT meetings. The first meeting was on October 10, 2024 with the next four meetings scheduled every two weeks. The 6<sup>th</sup>, and final meeting, was conducted on January 23, 2025, seven weeks following the 5<sup>th</sup> meeting. This allowed time for the research team to draft an initial report of the findings ahead of the final meeting, which was used as the last chance to acquire feedback from participants on the findings.

Meetings were conducted via Zoom on a secure network hosted by Texas Tech University, with audio and video recordings captured for documentation, transcription, and further qualitative analysis. Each meeting consisted of breakout sessions facilitated separately by the PI and graduated student researchers to maximize the opportunity for each CRT member to share their perspectives on topics discussed and seek saturation of ideas. Following breakout sessions, the researchers who facilitated each break-out discussion shared a summary of their group's discussion for the CRT as a whole to further discuss, offering a chance for clarification and evaluation. If CRT members did not have anything else to add, we assumed we had reached a saturation of ideas on the topic, at least at that moment in time. If there were opposing ideas shared in the summaries, we sought further clarification and pursued consensus with the CRT. Our results show that consensus was not possible for all topics, i.e. whether abstinence is necessary for gambling recovery. Finally, each consecutive meeting began with a summary of results collected in the previous meeting for another opportunity for clarification and adjustment in further pursuit of the saturation of ideas. The meeting schedule and objectives is presented in Table 2.



**Table 2.**  
*Session Schedule and Objectives*

<b>Session #</b> <b>Date</b> <b>Attendance</b>	<b>Session Topics</b> <b>Objectives</b>
<b>Session 1</b> October 10 <sup>th</sup> 13/14 Attended	<b>CRT Introductions, Study Purpose, and Gambling Definitions</b> <i>Objectives: 1) Establish study purpose and meeting rules/expectations. 2) Cultivate rapport and trust among CRT members. 3) Define gambling and gambling harms</i>
<b>Session 2</b> October 24 <sup>th</sup> 12/14 Attended	<b>Defining Recovery from Gambling Addiction</b> <i>Objectives: 1) Establish a working definition of gambling recovery. 2) Identify indicators of gambling recovery progress. 3) Seek consensus on whether abstinence is necessary for recovery from gambling addiction.</i>
<b>Session 3</b> November 7 <sup>th</sup> 13/14 Attended	<b>Factors that Support and Undermine Gambling Recovery, Defining a Gambling Recovery Community</b> <i>Objectives: 1) Identify factors that support recovery from gambling addiction. 2) Identify factors that undermine recovery from gambling addiction. 3) Distinguish what a gambling recovery community looks like.</i>
<b>Session 4</b> November 21 <sup>st</sup> 12/14 Attended	<b>Revisit Initial Findings, Community Support for Recovery</b> <i>Objectives: 1) Review and critique initial findings of Gambling definitions, Recovery definitions, Factors of recovery, and Recovery community definitions. 2) Ascertain how the broader MA community can better support gambling recovery efforts.</i>
<b>Session 5</b> December 5 <sup>th</sup> 14/14 Attended	<b>Legalization of Gambling in Massachusetts</b> <i>Objectives: 1) Identify themes describing how gambling legalization has affected recovery communities.</i>
<b>Session 6</b> January 23 <sup>rd</sup> 12/14 Attended	<b>Review of Initial Report</b> <i>Objectives: 1) Receive anonymous and group feedback regarding results from each topic for final adjustments. 2) Receive anonymous assessment of the study experience and individual willingness to be named as a CRT participant in the final report.</i>

The final meeting was designed as a review of an initial report of the full study results. Here CRT members took two in-session anonymous surveys (see Table A6). Each survey presented participants drafted definitions of lists of themes from several sections of the report and asked them to rate their level of agreement from 0 to 100%. This format was developed by the authors for the purpose of this study. If they reported less than 100% agreement, they were prompted to offer qualitative recommendations for final adjustments. The first survey addressed definitions and lists of themes presented in Sections 1-3 in this report, and the second survey addressed those presented in Sections 4-6. After participants had a chance to complete each in-session survey, participants were asked to discuss openly their thoughts on each section. This again was allowed as it offered a chance for clarification and a general assessment of overall agreement. To be clear, we use the term consensus more liberally throughout the report to indicate a high level of overall agreement with each definition that was cultivated from the emerging themes. Where disagreements emerged, we documented these and altered the definitions where possible but recognized that perfect agreement is not the goal.



The final session ended with a 3<sup>rd</sup> in-session survey that allowed CRT members to anonymously reported their willingness to be named in the final report. This is consistent with best practices for CBPR as it recognizes the work of members on the CRT. Importantly, in so doing, we are unable to attribute quotes to any participants, even if pseudonyms were used.

### **Rapid Thematic Analysis**

Given the two-week intervals between meetings and the goal to revisit resulting themes from previous discussions, a comprehensive qualitative analysis that requires a detailed transcription and rigorous thematic analysis was not feasible. Instead, a rapid thematic analysis method was employed (Nevedal et al., 2021; Taylor et al., 2018). This methodology allowed for swift identification of emerging themes from the meeting notes meticulously taken by the PI and two graduate research assistants during each meeting. Directly following each meeting, the researchers met to discuss the emerging themes they recognized from their notes and their memory of the break-out discussions. Then, a graduate research assistant, between each meeting, synthesized the notes and themes into conglomerate “definitions” for each topic addressed. This resulted in more accessible narrative descriptions of the results of each topic, rather than an overwhelming number of lists of themes for each of the many topics addressed in this study. These definitions were first shared with the other researchers to review and then with the CRT to review and confirm at the start of the following meeting. Notably, the recordings were later transcribed and coded by undergraduate researchers with the purpose of identifying CRT quotes that support the emerging themes.

## **Results: Themes and Definitions**

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This section presents resulting themes that emerged from discussions with the Community Research Team (CRT). For most of the topics, the emerging themes are synthesized into a conglomerated definition. These findings are delineated by topic area rather than a specific focus group session due to the iterative design of this study as each topic was discussed and revisited across multiple sessions. The discussions centered on the following six topics across 5 focus group discussions: (1) Defining Gambling, (2) Defining Gambling Problems, (3) Defining Gambling Recovery, (4) Supporting Recovery, (5) Community Support, and (6) Impacts of Gambling Legalization. A sixth focus group was used for a final review of the results where CRT members gave quantitative levels of agreement with resulting themes and definitions and offered final suggestions, resulting in final adjustments to some of the definitions and themes.

### **1. Defining Gambling**

An initial aim was to establish an agreed definition for gambling among members of the CRT. Interestingly, CRT members strongly related the *act of gambling* to gambling problems, and

consistently defined gambling by the problems gambling has caused in their lives and the lives of those around them as seen by the following definition:

Gambling is an activity that involves risking something of value, often money, on the chance of winning something of greater value. For many, gambling is an entertaining social and recreational activity that represents connection to cultural norms and spiritual practices, a way of making money, an expression of hope, and an emotional rush. Most can enjoy gambling without experiencing much harm. However, it also supports a broader industry that often exploits weaknesses of vulnerable populations. Thus, the line between casual gambling and gambling addiction is often blurred, making it difficult to distinguish between harmless participation and compulsive gambling behavior. [Average CRT Approval: 94.8%, Min 72%]

It is important to note that a preliminary definition included the idea that gambling could be done *responsibly* by most. However, the CRT agreed that the concept of responsible gambling was not helpful, particularly to recovery communities due to incorrect assumptions that responsible gambling was no longer harmful or those that are experiencing harms are merely being irresponsible. One member of the CRT put it this way:

“I just think it needs to be acknowledged that stigmatizing the person by, you know, telling them that they are being responsible or irresponsible, especially when they are, you know, receiving some type of treatment, doesn't help much when they are already dealing with, like we said last time, all the stress, all the negative impact of gambling and the financial relationships and everything that that happens to the person. So, then we come from this point of view that they're being irresponsible and I feel like might not be that way. I feel like speaking that way might even be harmful for the people who gamble and have a problem with gambling, so I feel like we always have to, maybe keep an open mind to how the games and the way they're advertised and the way they are aggressively pushed towards people in general can also, could also be defined as responsible or irresponsible, but I don't know that that's the point really. When we try to understand if something is harmful, I don't know that behavior or attitude, whatever that is, can be the way to define, like what I'm trying to say is that if it's harmful, we should just try to acknowledge the effect of that harm instead of trying to define it based on the persona's qualities.”  
[Average CRT Approval: 93%%, Min: 61%]

One CRT member in their final feedback recommended that the idea of responsible gambling may be captured in a less stigmatizing way by “accountable gambling or gambling accountability.” However, we were unable to address this with the rest of the CRT so it was not included in the final definition that is intended to be representative of the combined CRT member’s perspectives.

## 2. Defining Gambling Problems

Perhaps unsurprisingly, many of the discussions with the CRT were focused on gambling problems, even when questions were not explicitly targeting these behaviors or harms. We divided the resulting themes into two conglomerated definitions that underwent further adjustment following the final meeting. This definition describes the CRT's perspective of when gambling behavior becomes a problem/addiction:

Gambling addiction is a compulsive disorder where individuals become obsessed with gambling, often planning their lives around the next opportunity to gamble. It manifests differently for everyone, but common signs include isolation from loved ones, dishonesty about the extent of their gambling, a reckless disregard for consequences, and continuing to gamble despite experiencing significant personal, relational, financial, or emotional harms. The addictive nature of gambling creates a cycle where individuals seek the high or excitement of winning, leading them to compromise their values and principles in pursuit of the next bet. [Average CRT Approval: 94.4%, Min: 80%]

**Adjusted Definition:** Gambling addiction is a compulsive disorder where individuals become obsessed with gambling, often planning their lives around the next opportunity to gamble. It manifests differently for everyone, but common signs include isolation from loved ones, dishonesty about the extent of their gambling, *engaging in high-risk situations*, and continuing to gamble despite experiencing significant personal, relational, financial, or emotional harms. The addictive nature of gambling creates a cycle where individuals seek *the excitement* of winning *or the desperate chance to make up losses*, leading them to compromise their values and principles in pursuit of the next bet.

This definition describes the CRT's perspective of harms often caused by gambling:

Gambling-related harms encompass a wide range of negative consequences that affect individuals and their families. These harms often result in various forms of loss, including financial, emotional, and social. Some individuals may turn to criminal activity, such as theft or fraud, to fund their gambling or repay debts. This behavior often leads to neglecting important responsibilities and failing in key roles, such as parenting, work, or maintaining a household. Over time, gambling can contribute to significant mental and physical health problems, including anxiety, depression, and stress-related illnesses. Relationship problems frequently arise as trust erodes, communication breaks down, and conflicts over gambling behavior escalate. [Average CRT Approval: 95.4%, Min: 82%]

**Adjusted Definition:** Gambling-related harms encompass a wide range of negative consequences that affect individuals and their families. These harms often result in various forms of loss, including financial, emotional, and social. Some individuals may turn to criminal activity, such as theft or fraud, to fund their gambling or repay debts. *This behavior often leads to neglecting household and work responsibilities, along with neglecting care for others and oneself.* Over time, gambling can contribute to significant mental and physical health problems, including anxiety, depression, *other compulsive behaviors*, and stress-related illnesses. Relationship problems frequently arise as trust erodes, communication breaks down, and conflicts over gambling behavior escalate.

### 3. Defining Gambling Recovery

As a recovery community, the CRT also had a lot to say about recovery from problematic gambling. The following definitions are derived from responses to the following four questions. Final adjustments were made in response to suggestions by the CRT in the final meeting.

#### 3.1. *What defines recovery from gambling addiction?*

Recovery from gambling addiction/disorder is a strong commitment to redefine one's relationship with gambling in an ongoing effort, unique to everyone, to heal from the harms that gambling has caused while fostering holistic life improvement. This process involves (1) setting and working toward personalized recovery goals through honest and consistent self-reflection and social feedback, (2) developing healthier coping processes to manage cravings and triggers, (3) actively participating in positive social support systems, and (4) replacing old patterns by engaging in new meaningful and fulfilling activities. [Average CRT Approval: 94.9%, Min: 72%]

**Adjusted Definition:** Recovery from gambling addiction/disorder is a strong commitment to redefine one's relationship with gambling in an ongoing effort, unique to everyone, to heal from the harms that gambling has caused while fostering holistic life improvement. This process involves (1) setting and working toward personalized recovery goals through honest and consistent self-reflection and social feedback, (2) *gaining self-awareness of underlying factors that lead to triggers and urges to gamble*, (3) developing healthier coping processes *and tools* to manage cravings and triggers, (4) actively participating in *social support systems that encourage desired recovery efforts*, and (5) replacing old patterns by engaging in new meaningful and fulfilling activities.

#### 3.2. *How is gambling addiction recovery similar or different from recovery from other addictions?*

Gambling addiction recovery and substance addiction recovery share a nearly identical psychological process. Both involve similar cycles of compulsion, reward, and reinforcement, relying on dopamine to fuel cravings and the "high" from the behavior. However, unlike substance addiction, gambling addiction lacks a physical dependency, meaning there are no chemical withdrawal symptoms, even though cravings can be intense and difficult to manage. Gambling addiction is often easier to hide, as there are no visible physical signs like those seen in substance use. People struggling with gambling addiction may conceal their behavior until they experience severe consequences, often reaching rock bottom before others notice. Additionally, gambling addiction tends to carry less stigma and is often perceived as less serious than substance addiction, which can make it harder for individuals to seek help or for others to recognize the need for intervention. [Average CRT Approval: 97.6%, Min: 80%]

**Adjusted Definition:** Gambling addiction recovery and substance addiction recovery share a nearly identical psychological process. Both involve similar cycles of compulsion, reward, and reinforcement, relying on dopamine to fuel cravings and the "high" from the behavior. However, unlike substance addiction, gambling addiction lacks a physical dependency, meaning there are no chemical withdrawal symptoms, even though cravings can be intense and difficult to manage. Gambling addiction is often easier to hide, as there are no visible physical signs like those seen in substance use. People struggling with gambling addiction may conceal their behavior until they experience severe consequences, often reaching rock bottom before others notice. Additionally, gambling addiction tends to carry less stigma and is often perceived as less serious than substance addiction, which can make it harder for individuals to seek help or for others to recognize the need for intervention. *These challenges are compounded by a lack of resources, trained professionals, and specialized treatment programs for recovery from gambling addiction, particularly for minority communities, who often face additional barriers to accessing culturally competent care.*

### 3.3. How should progress in recovery from gambling addiction be measured?

Measurement of recovery from gambling addiction is difficult to capture due to the numerous pathways of recovery. However, perspectives that emphasize gradual holistic growth and the ability to build a fulfilling life without gambling are beneficial. Recovery should be seen as a day-by-day commitment, where small, meaningful steps reflect an ongoing dedication to change. Success is reflected in a person's ability to cultivate supportive relationships, increase access to recovery resources, adopt healthier behaviors, improve self-esteem and self-awareness, and make value-driven choices rather than simply stopping the behavior. True recovery

lies in the sustained commitment to improve one's life holistically, not just in managing or suppressing gambling urges. [Average CRT Approval: 96.0%, Min: 80%]

**Adjusted Definition:** Measurement of recovery from gambling addiction is difficult to capture due to the numerous pathways of recovery. However, perspectives that emphasize gradual holistic growth and the ability to build a fulfilling life without gambling are beneficial. Recovery should be seen as a day-by-day commitment, where small, meaningful steps reflect an ongoing dedication to change. Success is reflected in a person's ability to cultivate supportive relationships, increase access to recovery resources, adopt healthier behaviors, improve self-esteem and self-awareness, and make *honest*, value-driven choices rather than simply stopping the behavior. True recovery lies in the sustained commitment to improve one's life holistically, not just in managing or suppressing gambling urges.

### 3.4. *Is abstinence or self-exclusion required for gambling recovery?*

In gambling addiction recovery, abstinence can be an important goal, but it is not a universal requirement for everyone. Some individuals may choose to pursue abstinence as a clear boundary to avoid the risks of gambling, while others may focus on harm reduction, a perspective that helps meet people where they are in their journey. Harm reduction allows individuals to set personal limits and gradually reduce their engagement in gambling without the all-or-nothing pressure of abstinence, which can be especially useful in early recovery. [Average CRT Approval: 91.3%, Min: 16%]

Self-exclusion—voluntarily banning oneself from gambling venues or online platforms—can be a valuable recovery tool for those who need external boundaries to support their commitment to change. It provides an extra layer of accountability and can reduce the temptation to relapse. For some, self-exclusion is an effective way to create space for healing and personal growth, allowing them to rebuild their lives with fewer risks. Whether through abstinence, harm reduction, or self-exclusion, the goal is to help individuals regain control and pursue a healthier, more balanced life. [Average CRT Approval: 98.3%, Min: 80%]

The fourth question (Section 3.4) was the most controversial topic of the entire project, revisited in several sessions without reaching consensus among participants. Some CRT members voiced strong opinions that for individuals struggling with a true gambling addiction, likely meeting criteria of gambling disorder, abstinence was the only acceptable goal for lasting recovery to be achieved, as portrayed by this participant's comment:



“I also think that that we need to have something about abstinence. That having had sufficient time, abstaining from gambling, to be able to understand what recovery is all about. Because without abstinence, you can't recover... I know from my own experience and from counseling others that there is nobody who can be a mentor to somebody who is just starting their recovery that can go out and gamble. Now, you know, again, this is just my opinion, but I think that you really have to look at it in terms of that... 'cause I don't think you can go into recovery until you're able to understand what it's like not to gamble.”

Another participant portrayed in the following quote what seemed to be a common belief among individuals in recovery from gambling through 12-step based programs like Gambler's Anonymous (GA): “An addicted gambler must stop gambling much the same as an addicted alcoholic cannot have that first drink.” However, the majority of the CRT held the opinion that abstinence should not be required in the recovery process and recovery goals should be up to the individual to determine for themselves as represented by this participant's perspective:

“Sometimes people, they can't be abstinent in the beginning. I think harm reduction is probably beneficial to a lot of people, I mean me personally, I believe in abstinence, but you have to meet people where they are and sometimes abstinence is not gonna work for them in the moment.”

Due to this controversy around abstinence as well as several other preferences regarding word choice and emphasis, the definition of recovery underwent extensive revision following waves of feedback from the CRT. The following table displays a progression of the definition following a number of modifications. As presented in Section 3.1, we achieved an average approval rate of 94.9% among CRT members.

**Table 3.**

*Iterations of the Definition of Recovery from the Perspective of the CRT.*

<b>Iteration</b>	<b>Drafted Definition</b>
1	Recovery from gambling addiction is a complex personalized process focused on holistic life improvement and well-being. It requires a personal desire and commitment to change and often involves building a social support network that reinforces new healthy behaviors. It is not defined solely by abstinence; instead, recovery emphasizes improving self-awareness, self-esteem, and self-control. The journey includes learning to manage cravings and withdrawal in a healthy way, and replacing old patterns with new, constructive behaviors, allowing individuals to reshape their lives and achieve a sense of fulfillment beyond gambling.
2	Recovery from gambling disorder is a strong commitment to redefine one's relationship with gambling in an ongoing effort to heal from the harms that gambling has caused the individual and their loved ones by (1) developing healthier coping processes to manage cravings and triggers, (2) actively

	participating in a positive social network, and (3) engaging in meaningful and fulfilling activities.
3	Recovery from gambling addiction/disorder is a strong commitment to redefine one's relationship with gambling in an ongoing effort, unique to each individual, to heal from the harms that gambling has caused while fostering holistic life improvement. This process involves (1) setting and working toward personalized recovery goals through honest and consistent self-reflection (2) developing healthier coping processes to manage cravings and triggers, (3) actively participating in a positive social network, and (4) engaging in meaningful and fulfilling activities.
4	Recovery from gambling addiction/disorder is a strong commitment to redefine one's relationship with gambling in an ongoing effort, unique to everyone, to heal from the harms that gambling has caused while fostering holistic life improvement. This process involves (1) setting and working toward personalized recovery goals through honest and consistent self-reflection and social feedback, (2) developing healthier coping processes to manage cravings and triggers, (3) actively participating in positive social support systems, and (4) replacing old patterns by engaging in meaningful and fulfilling activities.
5	Recovery from gambling addiction/disorder is a strong commitment to redefine one's relationship with gambling in an ongoing effort, unique to everyone, to heal from the harms that gambling has caused while fostering holistic life improvement. This process involves (1) setting and working toward personalized recovery goals through honest and consistent self-reflection and social feedback, (2) gaining self-awareness of underlying factors that lead to triggers and urges to gamble, (3) developing healthier coping processes and tools to manage cravings and triggers, (4) actively participating in social support systems that encourage desired recovery efforts, and (5) replacing old patterns by engaging in new meaningful and fulfilling activities.

#### 4. Supporting Recovery Efforts

When we discussed ways to support and undermine recovery efforts, a wealth of themes were shared. Representing these themes as lists rather than attempting to create an exhaustive definition was more appropriate. Due to the subjectivity of recovery pathways, not all of the themes were relevant to each member of the CRT in supporting or undermining recovery. This appeared to be largely dependent on individual recovery goals and circumstances. The themes are as follows:



**Table 4.***Factors Supporting or Undermining Recovery Ranked.*

<b>Factors that May Support Recovery</b>	<b>Factors that May Undermine Recovery</b>
<ol style="list-style-type: none"> <li>1. Willingness to change</li> <li>2. Available and accessible services</li> <li>3. Connection with others</li> <li>4. Building a supportive recovery community and asking for help</li> <li>5. Changing associations to likeminded supports</li> <li>6. Changing environments</li> <li>7. Changing activities and lifestyle</li> <li>8. Family involvement in the recovery process</li> <li>9. Stable employment</li> <li>10. Stable housing</li> <li>11. Understanding and remembering your why</li> <li>12. Awareness of triggers and stressors</li> <li>13. Establishing recovery reminders</li> <li>14. Education of addiction</li> <li>15. Mindful of actions</li> <li>16. Abstinence focus</li> </ol>	<ol style="list-style-type: none"> <li>1. Prevalence of gambling</li> <li>2. Acceptance of gambling</li> <li>3. Instability and unwellness</li> <li>4. Returning to other addictive substances/behaviors</li> <li>5. Desperate rumination about winning</li> <li>6. Constant advertising of incentives</li> <li>7. Experts contributing to advertising</li> <li>8. Lack of accountability</li> <li>9. Cultural, societal, and social norms around gambling</li> <li>10. Having money</li> <li>11. Getting help from gamblers with different recovery goals</li> <li>12. People who do not understand</li> <li>13. People who are not supportive</li> <li>14. Friends and family traditions/rituals</li> </ol>

[Average CRT Approval: 96.5%, Min: 80%]

[Average CRT Approval: 97.8%, Min: 80%]

In the 6<sup>th</sup> session, the 12 CRT members were additionally asked to rate each of the factors that were identified as either supporting or undermining recovery. For factors supporting recovery, participants were asked to rate the factor from 1 (Not Essential) to 5 (Very Essential) on how essential each were for recovery. For factors undermining recovery, participants were asked to rate each factor from 1 (Does not Undermine) to 5 (Severely Undermines) on how much each factor undermines recovery. The rating totals across all participants were calculated for each of the supporting and undermining factors. Table 5 shows the CRT's perspective on which matter most to recovery processes ordered from highest to least scored. It is important to note that due to the small sample size this order of priorities is not generalizable to the entire gambling recovery community of MA, but rather a representation of this CRT's priorities. Supplemental Tables X gives further breakdown of the CRT's ranking of these themes. Finally, participants were allowed to provide additional factors in the 6<sup>th</sup> meeting, however, these were not scored.

**Table 5.***Factors Supporting or Undermining Recovery Ranked by Rating Totals.*

<b>Factors that May Support Recovery</b>	<b>Rating Total</b>	<b>Factors that May Undermine Recovery</b>	<b>Rating Total</b>
1. Willingness to change	60	1. Lack of accountability	57
2. Awareness of triggers and stressors	58	2. Returning to other addictive substances/behaviors	56
3. Building a supportive recovery community and asking for help	55	3. Desperate rumination about winning	56
4. Understanding and remembering your why	55	4. Instability and unwellness	55
5. Connection with others	54	5. Acceptance of gambling	52
6. Changing associations to likeminded supports	54	6. Prevalence of gambling	51
7. Changing activities and lifestyle	54	7. Constant advertising of incentives	50
8. Available and accessible services	52	8. Cultural, societal, and social norms around gambling	49
9. Being mindful of actions	51	9. Experts contributing to advertising	48
10. Stable housing	49	10. Having money	45
11. Abstinence focus	47	11. People who are not supportive	45
12. Education of addiction	46	12. Friends and family traditions/rituals	43
13. Changing environments	45	13. Getting help from gamblers with different recovery goals	40
14. Establishing recovery reminders	44	14. People who do not understand	37
15. Stable employment	44	<i>Added</i>	
16. Family involvement in the recovery process	41	15. <i>Having extra time</i>	
<i>Added</i>		16. <i>Unmanaged bipolar disorder or other mental health issues that affect impulse control</i>	X
17. <i>Addressing underlying mental health issues or stressors with professionals</i>	X		X
18. <i>Harm reduction focus</i>	X		
19. <i>Finding a recovery mentor/sponsor</i>	X		

## 5. Recovery Communities and Community Support

As a recovery community themselves, the CRT offered valuable insights into gambling recovery communities. Discussions related to three questions resulted in the following definitions. Note that we explain our use the term “addict” following the definitions.

### 5.1. What does a recovery community look like for gambling addiction?

A gambling recovery community is a network of individuals and support systems dedicated to fostering long-term recovery from gambling addiction through shared experiences, mutual support, and holistic stability. These communities center around recovery-focused programs and groups where individuals can come together, sharing a commitment to growth and healing. [Average CRT Approval: 98.1%, Min: 80%]

Recognizing that **addicts** often find it easier to trust others who have walked a similar path, these communities welcome individuals recovering from various addictions, fostering connection and understanding. Those with lived experience offer guidance, empathy, and accountability, creating a unique environment of trust. It also embraces the involvement of others who genuinely desire to help **addicts**—friends, family, and allies—who can earn their trust and contribute to their journey. They often provide support systems and programs to stabilize basic needs, ensuring participants can focus on their recovery. [Average CRT Approval: 96.0%, Min: 80%]

Acknowledging imperfection, the community accepts that not every member will always be helpful, but it is bound by shared beliefs and values of recovery and a collective commitment to the long-term recovery journey. It offers validation, mutual accountability, and support to relieve loneliness, stigma, and shame while emphasizing the value of fellowship and friendship. [Average CRT Approval: 98.3%, Min: 80%]

A gambling recovery community gives members a sense of belonging beyond the self, encouraging healthy socialization away from triggering environments and providing a safe space for connection, personal growth, and renewed purpose. [Average CRT Approval: 98.3%, Min: 80%]

In the second piece of this description of recovery communities, the language of “**addicts**” was deliberately left in as part of the initial definition in order to prompt an intentional discussion around stigmatizing language with the CRT. Some members of the CRT, particularly those that are in their own recovery, would occasionally and casually use the label of “addict” in their answers to questions, indicating it might be common language within their community. However, in the deliberate discussion around language, the CRT unanimously agreed that for this report, the term “addict” should be replaced with less stigmatizing language such as the following suggestions: “people with a gambling disorder, people with an addiction to gambling, individuals who experience addiction, individuals who are impacted by addictive behavior.” Therefore, the second part of the description of a recovery community was adjusted as follows:

**Adjusted Definition:** Recognizing that *individuals struggling with addiction* often find it easier to trust others who have walked a similar path, these communities welcome individuals recovering from various addictions, fostering connection and understanding. Those with lived experience offer guidance, empathy, and accountability, creating a unique environment of trust. These communities also embrace the involvement of others who genuinely desire to help *those affected by addiction*—friends, family, and allies—who can earn their trust and contribute to their journey. They often provide support systems and programs to stabilize basic needs, ensuring participants can focus on their recovery.

5.2. *What differences are there between gambling recovery communities and substance recovery communities?*

A substance abuse recovery community and a gambling recovery community share fundamental processes of addressing addiction, however, they differ in keyways. Gambling recovery communities manage unique triggers, such as the pervasive accessibility of online platforms. Gambling addiction faces less validation, often being misunderstood as a lack of discipline. This has led to fewer established recovery resources and comprehensive research compared to the longstanding frameworks in substance abuse recovery. Additionally, it is more common among gambling recovery communities to adopt harm reduction strategies, such as setting limits, in contrast to stricter abstinence models more common in substance abuse recovery. [Average CRT Approval: 92.0%, Min: 61%]

During the discussion of the comparison between gambling recovery communities and substance use communities, there were mixed perspectives regarding whether harm reduction recovery strategies were more common among gambling recovery communities or substance use communities. Additionally, CRT members suggested it was more appropriate to use less stigmatizing language of SUD rather than substance abuse. Therefore, the following adjustments were made:

**Adjusted Definition:** *An SUD* recovery community and a gambling recovery community share fundamental processes of addressing addiction, however, they differ in keyways. Gambling recovery communities manage unique triggers, such as the pervasive accessibility of online platforms. Gambling addiction faces less validation, often being misunderstood as a lack of discipline. This has led to fewer established recovery resources and comprehensive research compared to the longstanding frameworks in *SUD* recovery.

5.3. *How important is the role of a recovery community in recovery from gambling addiction?*

Recovery from gambling addiction is a deeply personal journey, yet connection with a recovery community often plays an important role in fostering lasting success. Though it is not mandatory for gambling recovery, a recovery community serves as an environment that offers opportunities to support and serve others, which often reinforces and sustains personal recovery efforts. Choosing to face recovery alone, while possible, often relies heavily on “white knuckling,” the idea that one changes through “willpower.” However, this approach can often be ineffective and lead to greater isolation. However, it is necessary to approach recovery communities with discernment. Not all groups or individuals within these spaces are healthy or constructive. Toxic dynamics or unhealthy relationships can hinder progress and may even exacerbate existing challenges. [Average CRT Approval: 98.3%, Min: 80%]

In addition to the previous descriptions of important aspects of gambling recovery communities, discussions with the CRT also resulted in themes regarding how the broader community can better support gambling recovery efforts. These were also more appropriately displayed as a list rather than a narrative.

#### *5.4. How can communities in Massachusetts better support gambling recovery efforts?*

1. Increased education about gambling harms.
2. Clinicians assess more often for gambling problems.
3. Establishing better language for problem gaming and gambling.
4. Treating gambling as an addiction.
5. Holding the gambling community accountable.
6. Better screening policies and practices for gambling problems.
7. Increased education on responsible financial practices.
8. Further regulating gambling advertising.
9. Improved health care and treatment coverage and availability for gambling addicts.
10. Better trained professionals that offer treatment to gambling addicts.
11. Offering gambling free environments with sports and other gambling saturated entertainment.
12. Transparency from gaming organizations.
13. Accountability to gamers on how much they are spending.
14. Requiring gaming providers to contribute significant funding to recovery resources.
15. Increased awareness and access to recovery resources for individuals of diverse cultures.
16. Companies and organizations taking a stance against gambling harms.
17. Commercials that foster awareness of gambling harms.

[Average CRT Approval: 98.3%, Min: 80%]

In the final session, the attending 12 CRT members were also asked to rate what level of priority each of these themes should be given between a value of 1) urgent – address immediately, 2) secondary – address within 1-2 years, and 3) minor – address within 5 years. The following table represents the CRT’s recommended priorities for with total value points ordering them from highest priority to least priority. Similar to the findings in Table 5, Table 6 is not a generalizable representation of the priorities of the entire gambling recovery community. Rather, these ordered findings represent just the CRT’s recommendations on how MA communities could better support gambling recovery efforts. Supplemental Tables A3-A5 gives further breakdown of the CRT’s ranking of these recommendations (see Appendix). No additional recommendations were made in the final meeting.

**Table 6.**

*Recommendations to Massachusetts Communities to Support Gambling Recovery Efforts.*

<b>Themes of Community Support</b>	<b>Rating Total</b>
1. Increased education about gambling harms	36
2. Treating gambling as an addiction.	35
3. Increased awareness and access to recovery resources for individuals of diverse cultures.	35
4. Improved health care and treatment coverage and availability for those suffering from gambling addiction.	34
5. Better screening policies and practices for gambling problems.	33
6. Further regulating gambling advertising.	33
7. Better trained professionals that offer treatment to those suffering from gambling addiction.	33
8. Commercials that foster awareness of gambling harms.	32
9. Clinicians assess more often for gambling problems.	30
10. Transparency from gaming organizations.	30
11. Requiring gaming providers to contribute significant funding to recovery resources.	30
12. Offering gambling free environments with sports and other gambling saturated entertainment.	29
13. Accountability to gamers on how much they are spending.	29
14. Companies and organizations taking a stance against gambling harms.	29
15. Establishing better language for problem gaming and gambling.	28
16. Holding the gambling community accountable.	28
17. Increased education on responsible financial practices.	28

## 6. Impact of Legalized Gambling

Finally, a major focus of this study was to understand the impact of legalized gambling on recovery communities. The following four questions were discussed and no revisions were offered in the final review by the CRT:

### 6.1. *How has legalized gambling in Massachusetts (MA) affected gambling recovery communities?*

Legalized gambling in Massachusetts has significantly impacted gambling recovery communities. It has heightened cultural attention and increased gambling normalization, while disproportionately affecting the finances of emerging adults and college students, often leading to exploitation of these and other vulnerable groups. The increase in virtual access has widened the generational gap among recovery seekers, with younger individuals gravitating toward online meetings for support. Increased focus on betting as entertainment, coupled with pervasive gambling content in sports, has led to a surge in gambling-related issues, including addiction substitution and new problem types, but without a corresponding increase in treatment options. The normalization of gambling makes seeking support more challenging for some, yet recovery pathways are diversifying to meet the rising demand. [Average CRT Approval: 98.3%, Min: 80%]

### 6.2. *Are there any positive impacts of legalizing gambling?*

Legalizing gambling has some positive impacts, such as increased awareness of gambling problems, community benefits from redistributed earnings, safer gambling environments, opportunities for social connection, employment opportunities, and funding for treatment, though insufficient for rising needs. However, these positives are outweighed by negative consequences of gambling legalization. Better regulations should have been in place from the start, as reversing legalization is not feasible. [Average CRT Approval: 98.3%, Min: 80%]

### 6.3. *What does the recovery community need to be mindful of regarding legalized gambling?*

The recovery community must recognize that legalized gambling increases accessibility and introduces new triggers, requiring enhanced training in healthy financial practices and improved methods to assess emerging gambling problems. Legalization does not eliminate harm, and insurance coverage gaps for gambling disorder treatment may limit care. Addressing these challenges is critical to supporting those at risk. [Average CRT Approval: 98.0%, Min: 80%]

### 6.4. *Does legalizing gambling make gambling safer for players?*



While a major aim of legalizing gambling was to make it safer, the recovery community's experience suggests otherwise. While regulations can enhance safety in some areas, such as fraud prevention, the increased accessibility has led to more gambling harms. For players in recovery, legalization can pose additional challenges by normalizing gambling and increasing exposure, making it harder to maintain abstinence. Safety, therefore, is multifaceted – improved in some respects but worsened overall. [Average CRT Approval: 97.6%, Min: 80%]

## 7. The CRT Experience

A final result that was somewhat unintentionally discovered was the great enjoyment the CRT members continually expressed about their participation in this project. Despite not always agreeing and coming from differing experiences with gambling, the CRT overwhelmingly shared their great enjoyment with this project as exemplified by the following two quotes:

“Thank you all. This was enlightening. You had a lot of diverse opinions and the sessions were incredibly engaging. You folks are incredible pros. Please include me in any future adventures.”

“It was amazing! The safe culture, the organization, transparency, the wisdom and the connection amongst all was fantastic. It was enjoyable and an honor to be part of.”

Additionally, all 12 CRT members that were present in the final meeting anonymously expressed a desire to continue with further projects and all but one expressed a desire to be named in the final report. One CRT member summarized what was expressed by many:

“I thoroughly enjoyed this. I loved meeting each and every one of you and just really the professionalism and the kindness and also we had some fun. I appreciated people's sense of humor, and it's been an honor to be part of. Thank you, everybody.”

## Discussion

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This project aimed to deepen understanding of 1) recovery from gambling and substance use disorders by exploring how recovery is defined, 2) how progress can be assessed, 3) what factors support or hinder growth, and 4) how legalized gambling may impact recovery efforts. In this section of the report, we discuss the present findings within the context of the broader literature while also highlighting directions for further research.



*On Defining Gambling, Problem Gambling, and Responsible Gaming – Results sections 1 and 2*

Results from this section were largely consistent with expectations. CRT members defined gambling, problem gambling, and gambling-related harms largely along the same lines as others (Basham & Luik, 2011; Desai et al., 2007; Hodgins et al., 2011). One of the interesting topics that came up during these early discussions was the idea of *responsible gaming*. Many felt this term served no purpose but to stigmatize further those struggling with gambling problems. Unfortunately, we were not able to discern a more appropriate term from the perspective of CRT members. Despite this limitation, we do recommend that a new term be developed in lieu of responsible gaming possibly through a future CBPR study that explores harm reduction from the perspective of players.

*AIM 1: Defining Recovery – Results sections 3.1 and 3.2*

Members of the CRT had understandably strong opinions regarding the definition and measurement of recovery, as it was by far the most debated and revisited topic throughout the project. Many of the elements of the definition of gambling recovery developed by the CRT parallels the definition constructed by Pickering and colleagues (2021). This definition is provided below alongside the definition developed by the CRT.

Pickering and colleagues (2021) definition:

*“Maintained improvements across several domains ranging from the gambling specific to more general wellbeing. The former refers to a shift toward adaptive beliefs and attitudes about oneself in relation to one’s gambling, the reduction of gambling in line with personal goals, and remission or successful management of gambling urges. The latter concerns engagement with a life outside of gambling that provides personal meaning and includes good psychosocial health and functioning.” (p. 474)*

CRT-Developed Definition:

*Recovery from gambling addiction/disorder is a strong commitment to redefine one's relationship with gambling in an ongoing effort, unique to everyone, to heal from the harms that gambling has caused while fostering holistic life improvement. This process involves (1) setting and working toward personalized recovery goals through honest and consistent self-reflection and social feedback, (2) gaining self-awareness of underlying factors that lead to triggers and urges to gamble, (3) developing healthier coping processes and tools to manage cravings and triggers, (4) actively participating in social support systems that encourage desired recovery efforts, and (5) replacing old patterns by engaging in new meaningful and fulfilling activities.*

The two definitions have broad agreement regarding recovery as a dynamic, multidimensional process that extends beyond abstinence from gambling. For instance, both emphasize the importance of improved well-being, personal meaning, and deeper engagement in other areas

outside of gambling as central components of recovery from GD. However, they offer different levels of focus. Pickering and colleagues' definition presents a broader, high-level conceptualization of recovery. It was recently used to inform the development of a psychometrically validated Recovery Index for Gambling Disorder (RIGD), which offers a concise means of assessing global recovery outcomes. On the other hand, we argue that the CRT-developed definition provides a more detailed, process-oriented framework that identifies specific and measurable elements such as setting recovery goals, continued self-reflection, developing coping strategies, active engagement in a social network, and meaningful engagement in alternative activities. We hope this definition is used in future research to develop an assessment tool to track individual growth and change over time.

CRT members were also asked to contrast recovery from GD and recovery from SUDs. Although both recovery processes are nearly identical, as they are both addictions, members noted some differences. First, in comparison with SUDs, GD can be easier to hide and go unnoticed, and that the widespread normalization of gambling behavior will make this even easier going forward. Second, GD is often viewed as being less serious than SUDs suggesting that those struggling with GD are not always validated in terms of the seriousness of their struggle. Finally, as noted in addition to the adjusted definition in Section 3.2, recovery from GD suffers from a severe lack of resources compared to SUD recovery, including access trained professionals, especially in marginalized communities, as well as culturally competent services. Thus, a key takeaway for us was that individuals in recovery from GD often feel invalidated in their struggle and unable to identify resources for support.

#### *AIM 2: Identifying Assessment Metrics for Recovery Progress – Results section 3.3 and 3.4*

After identifying and refining a definition of recovery, the second aim of this research was to identify assessment metrics for recovery progress. We were largely successful in this effort, as the present qualitative data establishes a strong foundation for how recovery progress may be assessed in future research. However, we acknowledge that the wording of this aim may have implied the development of a fully operationalized assessment tool, which was not our intention given the qualitative nature of the methods employed. Rather, our goal was to identify key domains that reflect meaningful progress in recovery, as endorsed by the CRT, to inform future measure development. We discuss our findings below and how they will be used to in future research to support measurement development.

CRT members emphasized the importance of “gradual holistic growth,” which requires a broader shift in how recovery is evaluated. Specifically, assessments must extend beyond the present moment by incorporating retrospective evaluations of individuals' past experiences. Without accounting for where someone has been, current assessments risk overestimating how well someone is doing now without considering individual growth. CRT members also recommended that assessments function as tools for self-reflection, enabling individuals to identify areas for continued growth and improvement.

In terms of specific indicators, CRT members' perspectives largely aligned with the five mechanisms embedded in their definition of recovery—such as developing and actively engaging in supportive relationships, adopting healthier behaviors (e.g., routines, coping strategies), and making honest, value-driven decisions. These elements also closely align with the Recovery Capital Model (Cloud & Granfield, 2008), with one key addition: commitment to recovery. The importance of personal commitment was stressed in several areas of this report, suggesting that CRT members see this element as essential, even if not commonly assessed within current recovery research. Two key takeaways, then, are the need for (1) continual assessment of commitment to recovery over time, and (2) development of assessment methods that meaningfully capture personal growth, potentially aligned with the five mechanisms embedded in the CRT's recovery definition. Although our methods did not allow for the development of a new measure, we were nonetheless able to identify a set of domains that can serve as a foundation for future measure development.

Finally, although not a primary area of inquiry, some discussion focused on the role of abstinence in gambling disorder (GD) recovery and addiction recovery more broadly. CRT members generally agreed that abstinence should not be the sole focus, especially in the early stages of recovery. While the definition of abstinence in Section 3.4 was largely approved by CRT members (91.3% agreement), it should not be considered a consensus—at least one participant rated it as only 16% aligned. This disagreement centered primarily on messaging. For example, suggesting that some individuals may continue gambling during recovery could unintentionally stigmatize those for whom abstinence is essential. While some studies support abstinence as beneficial for recovery (Oei & Gordon, 2007), more recent work has shown that individuals can make holistic progress without full abstinence (Müller et al., 2020). Reflecting on these discussions, we returned to the CRT-developed definition of recovery, particularly the emphasis on “setting and working toward personalized recovery goals.” In this context, individuals must honestly assess the extent to which continued gambling interferes with achieving their goals. Ultimately, the question of abstinence is a personal one—answerable only by the individuals in recovery themselves.

### *AIM 3: Risk Factors and Support Systems – Results Section 4 and 5*

As part of the community-engaged process, the CRT collaboratively generated and ranked a list of factors perceived to most strongly support or undermine recovery from gambling addiction. Members rated each factor by its relative importance or harm, resulting in a prioritized list of considerations to inform intervention development, program evaluation, and community education efforts.

Top-rated supporting factors emphasized personal agency, self-awareness, and social connection. Among the most essential were a willingness to change, awareness of triggers and stressors, building a supportive recovery community and asking for help, and understanding and remembering one's personal reasons for recovery (i.e., *their why*). Other supportive elements

included shifting one's social environment, engaging in meaningful activities, accessing services, and addressing underlying mental health needs. Notably, both abstinence-based and harm-reduction approaches were included, reflecting the CRT's endorsement of individualized recovery pathways.

On the other hand, CRT members identified several key factors that most significantly undermined recovery. These are centered on the absence of accountability, engagement in other addictive behaviors, and ongoing psychological distress. Additional concerns included the widespread availability and acceptance of gambling, constant advertising, and cultural or social norms that normalize gambling behavior. Interpersonal dynamics, such as being surrounded by unsupportive individuals or family traditions that involve gambling, were also viewed as harmful. Finally, untreated or poorly managed mental health conditions were recognized as barriers to sustained recovery.

Beyond general factors supporting or undermining recovery, we also explored CRT members' perspectives on recovery communities and the role they play in individuals' recovery journey. The members generally see communities offering more than just support but also a trusted and stabilizing environment rooted in shared experiences, where individuals find empathy, accountability, and a renewed sense of purpose. While recovery is possible without such networks, doing so often relies on willpower alone and may lead to isolation or relapse. Recovery communities, by contrast, offer a space for meaningful connection, validation, and mutual growth, helping to relieve the shame and loneliness that often accompany addiction. Thus, a key takeaway from these conversations is the need to support recovery communities across the state such that these groups have space to meet and resources to promote recovery programming.

#### *AIM 4: Impact of Legalized Gambling – Results Section 6*

Legalized gambling in Massachusetts has had profound effects on recovery communities, altering both the cultural landscape and the lived experience of those in recovery. CRT members consistently expressed concern that legalization has contributed to the normalization of gambling, especially among emerging adults and college students, groups that have become disproportionately vulnerable to risks posed by gambling. Additionally, the expansion of virtual gambling platforms has increased accessibility and introduced new triggers, while also creating a generational divide in how support is accessed, with younger individuals more likely to engage in online recovery spaces. Although some positive outcomes have emerged such as increased public awareness of gambling harms and modest funding for treatment and prevention, CRT members agreed that these benefits are outweighed by the surge in gambling-related harms following the expansion of gambling (see Volberg et al. 2024) and the lack of sufficient infrastructure to address them.

From the perspective of CRT members, the rapid expansion of legalized gambling has not been matched by adequate protections or resources, leaving treatment systems under-resourced and individuals at risk. CRT members emphasized that to reduce gambling harms and support recovery, the broader community must prioritize several key efforts. These include expanding education about gambling harms to counteract its normalization, treating gambling as a legitimate addiction to reduce stigma and improve care pathways, and increasing culturally responsive outreach to ensure individuals from diverse backgrounds can access support. Moreover, improving healthcare access and insurance coverage for gambling treatment remains a critical unmet need. Without these supports in place, legalization may continue to exacerbate disparities in gambling harms and recovery outcomes. While making gambling safer was a key promise of legalization, the community's experience suggests that, without stronger regulations and investment in prevention and recovery, the reality falls short of that goal.

Future research needs to continue exploring the impact of legalized gambling on the recovery process, possibly by drawing on the mechanisms of recovery outlined in the CRT-developed definition of recovery. For instance, does the increased normalization of gambling—through heightened exposure, cultural acceptance, and integration into everyday activities—disrupt key components of recovery, such as commitment, coping skills, and goal setting? More broadly, how does the normalization of gambling influence recovery outcomes among individuals recovering from gambling and substance use disorders? Additionally, to what extent does the presence of supporting factors and the absence of undermining factors shape this relationship? Specifically, does the presence of supporting factors and the absence of undermining factors dampen the ill-effects of gambling normalization on recovery progress? Investigating these questions could inform future interventions and policy efforts aimed at protecting recovery communities in an increasingly gambling-saturated environment.

## **Study Limitations**

This study is not without limitations. Chief among them is the broad scope of topics addressed. While qualitative research often seeks saturation of ideas to ensure comprehensive coverage of a phenomenon (Malterud et al., 2016), the wide range of issues explored likely limited the depth of discussion on any single topic. As a result, saturation may not have been fully achieved within each area, and additional insights may have emerged through more narrowly focused inquiry with the recovery community. To help address this limitation, the study employed an iterative design that incorporated regular member checking at each stage of data collection, culminating in a sixth session dedicated entirely to reviewing initial findings and integrating final adjustments. Nonetheless, not all CRT members had the opportunity to fully express their views on every issue, and limited time for deeper discussion and debate may have constrained the emergence of additional perspectives. Finally, a notable gap in the composition of the CRT was the limited representation of individuals currently struggling with problematic gambling. Including such voices in future research may be critical for understanding how legalized gambling affects individuals at various stages of the recovery process. The inclusion of family members of those

struggling with problematic gambling, who may also be experiencing gambling harms, could provide an additional perspective important to acknowledge in the study of the effects of legalized gambling.

### **CRT-Directed Areas for Future Research**

As we look ahead, we recognize the closing reflections offered by CRT members regarding potential directions for future research. This aligns with CBPR principles, which emphasize that research questions should be guided by the community itself. The following five research questions were suggested:

1. How are adolescents and young adults being targeted and affected by legalized gambling?
2. What is the impact of legalized gambling on specific communities that are being targeted and affected and have less access to help or services? i.e. Asians, Hispanics, African Americans, people of color in general, LGBTQIA, and younger populations.
3. What is the impact of gambling in younger generations who might not be gambling now but are at risk to develop problem gambling in the future?
4. What is the addictive impact of gaming/gambling?
5. What is the impact of legalized gambling on vulnerable populations? (i.e. mentally unhealthy, elderly, mental disability)

## **Conclusion**

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This study shed light into gambling disorder recovery and the impact of legalized gambling. The CRT identified themes and definitions that offer operationalizable building blocks for a holistic measure of recovery. Central to these findings are the social and structural supports deemed essential to initiate and sustain recovery, including access to community of support and accountability as well as culturally responsive resources. At the same time, CRT members raised critical concerns about how the normalization and expansion of legalized gambling introduced new risks, especially for youth and marginalized populations. These findings highlight the need for equity-oriented policies and interventions that are informed by lived experience. As legalized gambling continues to grow, future research must explore the evolving risks it poses and prioritize the development of multidimensional recovery tools rooted in community expertise. Ultimately, this work affirms that addiction recovery is not only a personal journey but a collective responsibility, one that requires inclusive, well-resourced recovery communities to support long-term well-being through growth and healing.



## References

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- April, L. M., & Weinstock, J. (2018). The Relationship Between Gambling Severity and Risk of Criminal Recidivism. *Journal of Forensic Sciences*, 63(4), 1201–1206.  
<https://doi.org/10.1111/1556-4029.13662>
- Alegría, A. A., Petry, N. M., Hasin, D. S., Liu, S.-M., Grant, B. F., & Blanco, C. (2009). Disordered Gambling Among Racial and Ethnic Groups in the US: Results From the National Epidemiologic Survey on Alcohol and Related Conditions. *CNS Spectrums*, 14(3), 132–143. <https://doi.org/10.1017/S1092852900020113>
- Ashford, R. D., Brown, A., Brown, T., Callis, J., Cleveland, H. H., Eisenhart, E., Groover, H., Hayes, N., Johnston, T., Kimball, T., Manteuffel, B., McDaniel, J., Montgomery, L., Phillips, S., Polacek, M., Statman, M., & Whitney, J. (2019). Defining and operationalizing the phenomena of recovery: A working definition from the recovery science research collaborative. *Addiction Research & Theory*, 27(3), 179–188.  
<https://doi.org/10.1080/16066359.2018.1515352>
- Barnes, G. M., Welte, J. W., & Tidwell, M.-C. O. (2017). Gambling involvement among Native Americans, Blacks, and Whites in the United States. *The American Journal on Addictions*, 26(7), 713–721. <https://doi.org/10.1111/ajad.12601>
- Basham, P., & Luik, J. (2011). The Social Benefits of Gambling. *Economic Affairs*, 31(1), 9–13.  
<https://doi.org/10.1111/j.1468-0270.2010.02041.x>
- Best, D., Beckwith, M., Haslam, C., Alexander Haslam, S., Jetten, J., Mawson, E., & Lubman, D. I. (2016). Overcoming alcohol and other drug addiction as a process of social identity transition: The social identity model of recovery (SIMOR). *Addiction Research & Theory*, 24(2), 111–123. <https://doi.org/10.3109/16066359.2015.1075980>
- Best, D., & Hennessy, E. A. (2022). The science of recovery capital: Where do we go from here? *Addiction*, 117(4), 1139–1145. <https://doi.org/10.1111/add.15732>
- Browne, M., Greer, N., Rawat, V., & Rockloff, M. (2017). A population-level metric for gambling-related harm. *International Gambling Studies*, 17(2), 163–175.  
<https://doi.org/10.1080/14459795.2017.1304973>
- Canales, D. D., Campbell, M. A., Wei, R., & Totten, A. E. (2014). Prediction of General and Violent Recidivism Among Mentally Disordered Adult Offenders: Test of the Level of Service/Risk–Need–Responsivity (LS/RNR) Instrument. *Criminal Justice and Behavior*, 41(8), 971–991. <https://doi.org/10.1177/0093854814523003>
- Cano, I., Best, D., Edwards, M., & Lehman, J. (2017). Recovery capital pathways: Modelling the components of recovery wellbeing. *Drug and Alcohol Dependence*, 181, 11–19.  
<https://doi.org/10.1016/j.drugalcdep.2017.09.002>
- Carliner, H., Auerbach, A., Showalter, E., Reynoso, N., Robertson, N., Rana, P., Flynn, P., Rushman, A., Sanusi, M., Lawson, E., & Wolff, L. S. (2021). *2021 Statewide Assessment of Gambling and Problem Gambling in Illinois*.  
<https://e.helplineil.org/areyoureallywinning/statewide-gambling-assessment/>

- Cloud, W., & Granfield, R. (2008). Conceptualizing Recovery Capital: Expansion of a Theoretical Construct. *Substance Use & Misuse*, 43(12–13), 1971–1986.  
<https://doi.org/10.1080/10826080802289762>
- Colby, M. H., Hires, B., Le, L., Sauma, D., Yau, M. Y., Chu, M. T., & Rubin, H. L. (2022). Unpacking the root causes of gambling in the Asian community: Contesting the myth of the Asian gambling culture. *Frontiers in Public Health*, 10.  
<https://doi.org/10.3389/fpubh.2022.956956>
- Collins, S. E., Clifasefi, S. L., Stanton, J., The Leap Advisory Board, Straits, K. J. E., Gil-Kashiwabara, E., Rodriguez Espinosa, P., Nicasio, A. V., Andrasik, M. P., Hawes, S. M., Miller, K. A., Nelson, L. A., Orfaly, V. E., Duran, B. M., & Wallerstein, N. (2018). Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research. *American Psychologist*, 73(7), 884–898.  
<https://doi.org/10.1037/amp0000167>
- Cowlshaw, S., Merkouris, S., Chapman, A., & Radermacher, H. (2014). Pathological and problem gambling in substance use treatment: A systematic review and meta-analysis. *Journal of Substance Abuse Treatment*, 46(2), 98–105.  
<https://doi.org/10.1016/j.jsat.2013.08.019>
- Desai, R. A., Desai, M. M., & Potenza, M. N. (2007). Gambling, health and age: Data from the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychology of Addictive Behaviors*, 21(4), 431–440. <https://doi.org/10.1037/0893-164X.21.4.431>
- Dodington, J., Mollen, C., Woodlock, J., Hausman, A., Richmond, T. S., & Fein, J. A. (2012). Youth and Adult Perspectives on Violence Prevention Strategies: A Community-Based Participatory Study. *Journal of Community Psychology*, 40(8), 1022–1031.  
<https://doi.org/10.1002/jcop.21513>
- Dowling, N. A., Oldenhof, E., Cockman, S., Suomi, A., Merkouris, S. S., & Jackson, A. C. (2021). Problem Gambling and Family Violence: Factors Associated With Family Violence Victimization and Perpetration in Treatment-Seeking Gamblers. *Journal of Interpersonal Violence*, 36(15–16), 7645–7669.  
<https://doi.org/10.1177/0886260519835877>
- Evans, V., Zorn, M., Williams, R., & Volberg, R. (2024). Proximity to Casino Gambling Venues and Risk of Problem Gambling in Massachusetts. *International Journal of Mental Health and Addiction*, 22(1), 92–105. <https://doi.org/10.1007/s11469-022-00861-7>
- Freeman, J. R., Volberg, R. A., & Zorn, M. (2020). Correlates of At-Risk and Problem Gambling Among Veterans in Massachusetts. *Journal of Gambling Studies*, 36(1), 69–83.  
<https://doi.org/10.1007/s10899-018-9814-7>
- Gartner, C., Bickl, A., Härtl, S., Loy, J. K., & Häffner, L. (2022). Differences in problem and pathological gambling: A narrative review considering sex and gender. *Journal of Behavioral Addictions*, 11(2), 267–289. <https://doi.org/10.1556/2006.2022.00019>
- Gavriel-Fried, B. (2018). The crucial role of recovery capital in individuals with a gambling disorder. *Journal of Behavioral Addictions*, 7(3), 792–799.  
<https://doi.org/10.1556/2006.7.2018.82>





- Gavriel-Fried, B., & Lev-el, N. (2020). Mapping and conceptualizing recovery capital of recovered gamblers. *American Journal of Orthopsychiatry*, 90(1), 22–36. <https://doi.org/10.1037/ort0000382>
- Gavriel-Fried, B., & Lev-el, N. (2022). Negative Recovery Capital in Gambling Disorder: A Conceptual Model of Barriers to Recovery. *Journal of Gambling Studies*, 38(1), 279–296. <https://doi.org/10.1007/s10899-021-10016-3>
- Grant, J. E., Schreiber, L., Odlaug, B. L., & Kim, S. W. (2010). Pathologic gambling and bankruptcy. *Comprehensive Psychiatry*, 51(2), 115–120. <https://doi.org/10.1016/j.comppsy.2009.04.002>
- Håkansson, A., & Karlsson, A. (2020). Suicide Attempt in Patients with Gambling Disorder—Associations with Comorbidity Including Substance Use Disorders. *Frontiers in Psychiatry*, 11, 593533. <https://doi.org/10.3389/fpsy.2020.593533>
- Hanss, D., Mentzoni, R. A., Griffiths, M. D., & Pallesen, S. (2015). The impact of gambling advertising: Problem gamblers report stronger impacts on involvement, knowledge, and awareness than recreational gamblers. *Psychology of Addictive Behaviors*, 29(2), 483–491. <https://doi.org/10.1037/adb0000062>
- Harwell, W., Spare, K. E., Mills, D. J., Lee, U., & Lewis, L. E. (2023). 2022 *Oklahoma Gambling Prevalence Study* [Report to the Oklahoma Association for Problem Gambling and Gaming].
- Hodgins, D. C., Stea, J. N., & Grant, J. E. (2011). Gambling disorders. *The Lancet*, 378(9806), 1874–1884. [https://doi.org/10.1016/S0140-6736\(10\)62185-X](https://doi.org/10.1016/S0140-6736(10)62185-X)
- Jiménez-Murcia, S., Álvarez-Moya, E. M., Stinchfield, R., Fernández-Aranda, F., Granero, R., Aymamí, N., Gómez-Peña, M., Jaurrieta, N., Bove, F., & Menchón, J. M. (2010). Age of Onset in Pathological Gambling: Clinical, Therapeutic and Personality Correlates. *Journal of Gambling Studies*, 26(2), 235–248. <https://doi.org/10.1007/s10899-009-9175-3>
- Jiménez-Murcia, S., Granero, R., Giménez, M., del Pino-Gutiérrez, A., Mestre-Bach, G., Mena-Moreno, T., Moragas, L., Baño, M., Sánchez-González, J., de Gracia, M., Baenas-Soto, I., Contaldo, S. F., Valenciano-Mendoza, E., Mora-Maltas, B., López-González, H., Menchón, J. M., & Fernández-Aranda, F. (2020). Contribution of sex on the underlying mechanism of the gambling disorder severity. *Scientific Reports*, 10(1), 18722. <https://doi.org/10.1038/s41598-020-73806-6>
- Kemmis, S., McTaggart, R., & Nixon, R. (2014). *The Action Research Planner: Doing Critical Participatory Action Research*. Springer. <https://doi.org/10.1007/978-981-4560-67-2>
- Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J., & Rockloff, M. (2015). Understanding gambling related harm: A proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*, 16(1), 80. <https://doi.org/10.1186/s12889-016-2747-0>
- Laudet, A. B., & White, W. L. (2008). Recovery capital as prospective predictor of sustained recovery, life satisfaction, and stress among former poly-substance users. *Substance Use & Misuse*, 43(1), 27–54. <https://doi.org/10.1080/10826080701681473>

- Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample Size in Qualitative Interview Studies: Guided by Information Power. *Qualitative Health Research*, 26(13), 1753–1760. <https://doi.org/10.1177/1049732315617444>
- Marchica, L. A., Mills, D. J., Keough, M. T., Montreuil, T. C., & Derevensky, J. L. (2019). Emotion regulation in emerging adult gamblers and its mediating role with depressive symptomology. *Journal of Affective Disorders*, 258, 74–82. <https://doi.org/10.1016/j.jad.2019.07.078>
- Massachusetts District Attorneys Association. (2011, December). *Legal update: An act establishing expanded gaming in the Commonwealth*. Massachusetts Gaming Commission. <https://massgaming.com/about/expanded-gaming-act/>
- Massachusetts State Lottery Commission. (2024). Commission meeting and performance management history. Retrieved April 11, 2025, from <https://www.masslottery.com/about/commission/meeting-and-performance-management-history>
- McGrane, E., Pryce, R., Field, M., Gu, S., Moore, E. C., & Goyder, E. (2025). What is the impact of sports-related gambling advertising on gambling behaviour? A systematic review. *Addiction*, 120(4), 589–607. <https://doi.org/10.1111/add.16761>
- McMahon, B., Rudella, J. L., McMahon, M., Wendling, K., Paredes, A., & Register, M. (2020). Community-Based Participatory Research: Engaging Youth to Provide Perspective on Risk and Protective Factors. *Journal of School Health*, 90(9), 673–682. <https://doi.org/10.1111/josh.12928>
- Merkouris, S. S., Thomas, A. C., Shandley, K. A., Rodda, S. N., Oldenhof, E., & Dowling, N. A. (2016). An Update on Gender Differences in the Characteristics Associated with Problem Gambling: A Systematic Review. *Current Addiction Reports*, 3(3), 254–267. <https://doi.org/10.1007/s40429-016-0106-y>
- Müller, K. W., Wölfling, K., Dickenhorst, U., Beutel, M. E., Medenwaldt, J., & Koch, A. (2017). Recovery, relapse, or else? Treatment outcomes in gambling disorder from a multicenter follow-up study. *European Psychiatry*, 43, 28–34. <https://doi.org/10.1016/j.eurpsy.2017.01.326>
- National Council on Problem Gambling. (2021). *National survey on gambling attitudes and gambling experiences 2.0 (NGAGE 2.0)*. <https://www.ncpgsurvey.org/2021-national-report>
- National Council on Problem Gambling. (2023). *National Survey on Gambling Attitudes and Gambling Experiences 2.0*. Washington, DC. <https://www.ncpgsurvey.org/>
- Nevedal, A. L., Reardon, C. M., Opra Widerquist, M. A., Jackson, G. L., Cutrona, S. L., White, B. S., & Damschroder, L. J. (2021). Rapid versus traditional qualitative analysis using the Consolidated Framework for Implementation Research (CFIR). *Implementation Science*, 16(1), 67. <https://doi.org/10.1186/s13012-021-01111-5>
- Nieweglowski, K., Corrigan, Patrick W., Tyas, Tri, Tooley, Anastasia, Dubke, Rachel, Lara, Juana, Washington, Lorenzo, Sayer, Janis, Sheehan, Lindsay, & and. (2018). Exploring the public stigma of substance use disorder through community-based

- participatory research. *Addiction Research & Theory*, 26(4), 323–329.  
<https://doi.org/10.1080/16066359.2017.1409890>
- NIDA. (2017, June 15). *Recovery | National Institute on Drug Abuse (NIDA)*.  
<https://nida.nih.gov/research-topics/recovery>
- Nowak, D. E. (2018). A Meta-analytical Synthesis and Examination of Pathological and Problem Gambling Rates and Associated Moderators Among College Students, 1987–2016. *Journal of Gambling Studies*, 34(2), 465–498. <https://doi.org/10.1007/s10899-017-9726-y>
- Nower, L., & Blaszczynski, A. (2008). Recovery in Pathological Gambling: An Imprecise Concept. *Substance Use & Misuse*, 43(12–13), 1844–1864.  
<https://doi.org/10.1080/10826080802285810>
- Nower, L., Blaszczynski, A., & Anthony, W. L. (2022). Clarifying gambling subtypes: The revised pathways model of problem gambling. *Addiction*, 117(7), 2000–2008.  
<https://doi.org/10.1111/add.15745>
- Oei, T. P. S., & Gordon, L. M. (2008). Psychosocial Factors Related to Gambling Abstinence and Relapse in Members of Gamblers Anonymous. *Journal of Gambling Studies*, 24(1), 91–105. <https://doi.org/10.1007/s10899-007-9071-7>
- Pettorruso, M., Testa, G., Granero, R., Martinotti, G., d’Andrea, G., di Giannantonio, M., Fernández-Aranda, F., Mena-Moreno, T., Gómez-Peña, M., Moragas, L., Baenas, I., Del Pino-Gutierrez, A., Codina, E., Valenciano-Mendoza, E., Mora-Maltas, B., Zoratto, F., Valero-Solís, S., Guillen-Guzmán, E., Menchón, J. M., & Jiménez-Murcia, S. (2021). The transition time to gambling disorder: The roles that age, gambling preference and personality traits play. *Addictive Behaviors*, 116, 106813.  
<https://doi.org/10.1016/j.addbeh.2020.106813>
- Prochaska, J. O., Diclemente, C. C., & Norcross, J. C. (1997). *In search of how people change: Applications to addictive behaviors* (p. 696). American Psychological Association.  
<https://doi.org/10.1037/10248-026>
- Sánchez, J., Sahker, E., & Arndt, S. (2020). The Assessment of Recovery Capital (ARC) predicts substance abuse treatment completion. *Addictive Behaviors*, 102, 106189.  
<https://doi.org/10.1016/j.addbeh.2019.106189>
- Spare, K. E., Harwell, W., Mills, D. J., Lee, U., & Lewis, L. E. (2023). *2022 Missouri Gambling Prevalence Study* [Report to the Kansas City Port Authority Problem Gambling Fund Advisory Committee].
- Syvertsen, A., Leino, T., Smith, O. R. F., Mentzoni, R. A., Sivertsen, B., Griffiths, M. D., & Pallesen, S. (2024). *Unemployment as a risk factor for gambling disorder: A longitudinal study based on national registry data*. <https://doi.org/10.1556/2006.2024.00049>
- Subramaniam, M., Wang, P., Soh, P., Vaingankar, J. A., Chong, S. A., Browning, C. J., & Thomas, S. A. (2015). Prevalence and determinants of gambling disorder among older adults: A systematic review. *Addictive Behaviors*, 41, 199–209.  
<https://doi.org/10.1016/j.addbeh.2014.10.007>
- Taylor, B., Henshall, C., Kenyon, S., Litchfield, I., & Greenfield, S. (2018). *Can rapid approaches to qualitative analysis deliver timely, valid findings to clinical leaders? A*



- mixed methods study comparing rapid and thematic analysis.*  
<https://doi.org/10.1136/bmjopen-2017-019993>
- Thomas, S., Cowlshaw, S., Francis, J., van Schalkwyk, M. C. I., Daube, M., Pitt, H., McCarthy, S., McGee, D., Petticrew, M., Rwafa-Ponela, T., Minja, A., & Fell, G. (2023). Global public health action is needed to counter the commercial gambling industry. *Health Promotion International*, 38(5), daad110. <https://doi.org/10.1093/heapro/daad110>
- Torre, M. E., Fine, M., Stoudt, B. G., & Fox, M. (2012). Critical participatory action research as public science. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological*. (pp. 171–184). American Psychological Association. <https://doi.org/10.1037/13620-011>
- Ukhova, D., Marionneau, V., Volberg, R., & Wardle, H. (2024). The expansion of gambling across the Americas poses risks to mental health and wellbeing. *The Lancet Regional Health – Americas*, 37. <https://doi.org/10.1016/j.lana.2024.100855>
- Venne, D., Mazar, A., & Volberg, R. (2020). Gender and Gambling Behaviors: A Comprehensive Analysis of (Dis)Similarities. *International Journal of Mental Health and Addiction*, 18(5), 1181–1195. <https://doi.org/10.1007/s11469-019-00116-y>
- Volberg, R. A., Williams, R. J., Zorn, M., Evans, V. (2023). *Gambling and Problem Gambling in Massachusetts: Results of a Follow-up Population Survey*. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.
- Volberg, R.A., Zorn, M., Williams, R.J., Evans, V. (2021). *Gambling Harms and the Prevention Paradox in Massachusetts*. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.
- Volberg, R.A., Evans, V., Zorn, M., Williams, R.J. (2022). *Legalized Sports Betting in the United States and Potential Impacts in Massachusetts*. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.
- Wardle, H., Degenhardt, L., Marionneau, V., Reith, G., Livingstone, C., Sparrow, M., Tran, L. T., Biggar, B., Bunn, C., Farrell, M., Kesaite, V., Poznyak, V., Quan, J., Rehm, J., Rintoul, A., Sharma, M., Shiffman, J., Siste, K., Ukhova, D., ... Saxena, S. (2024). The Lancet Public Health Commission on gambling. *The Lancet Public Health*, 9(11), e950–e994. [https://doi.org/10.1016/S2468-2667\(24\)00167-1](https://doi.org/10.1016/S2468-2667(24)00167-1)
- White, W. L. (2007). Addiction recovery: Its definition and conceptual boundaries. *Journal of Substance Abuse Treatment*, 33(3), 229–241. <https://doi.org/10.1016/j.jsat.2007.04.015>
- Williams, R. J., Volberg, R. A., & Stevens, R. M. G. (2012). *The population prevalence of problem gambling: Methodological influences, standardized rates, jurisdictional differences, and worldwide trends* [Technical Report]. Ontario Problem Gambling Research Centre. <https://opus.uleth.ca/handle/10133/3068>
- Witkiewitz, K., Montes, K. S., Schwebel, F. J., & Tucker, J. A. (2020). What Is Recovery? *Alcohol Research : Current Reviews*, 40(3), 01. <https://doi.org/10.35946/arcr.v40.3.01>
- Yeola, A., Allen, M. R., Desai, N., Poliak, A., Yang, K. H., Smith, D. M., & Ayers, J. W. (2025). Growing Health Concern Regarding Gambling Addiction in the Age of Sportsbooks. *JAMA Internal Medicine*. <https://doi.org/10.1001/jamainternmed.2024.8193>

## Appendices



TEXAS TECH™

**Table A1. CRT Session Outlines**

<b>Sessions Outline and Itinerary</b>		
<b>Session 1: Introductions, Purpose, and Definitions</b>		
<b>Time &amp; Focus</b>	<b>Content</b>	<b>Responsibilities</b>
0-15min Set-up, Project Purpose	<ul style="list-style-type: none"> <li>• Technology connections checks</li> <li>• Brief review of background and aims for this project (why we are here)</li> <li>• Discuss questions or concerns with project aims</li> </ul>	<p><b>Facilitator:</b> Attendance, technology assistance, START RECORDING, give brief overview of background and aims for the project</p> <p><b>Participant:</b> Technology checks, ask questions if anything about the project is unclear or concerning</p>
15-45min Team Introductions	<ul style="list-style-type: none"> <li>• Each person share introduction information:               <ul style="list-style-type: none"> <li>• Name</li> <li>• Professional background</li> <li>• Why are you here: (your role in this project, your connection with problematic gambling, why you chose to participate)</li> <li>• Hopes for this project</li> </ul> </li> </ul>	<p><b>Facilitator:</b> Set up introductions, exemplify appropriate introduction</p> <p><b>Participant:</b> Answer introduction questions, be attentive to peer introductions</p>
45-70min Definitions and Harms Breakout	<ul style="list-style-type: none"> <li>• Set up breakout format, split into 3 breakout groups (preassigned and set for the remainder of the project)</li> <li>• Discuss the following:               <ul style="list-style-type: none"> <li>• Definitions of gambling (what does it include, what does it not?)</li> <li>• When does it become a problem/addiction?</li> <li>• Is gambling harmful for everyone?</li> <li>• Gambling related harms</li> <li>• Discuss co-occurring problems with gambling</li> </ul> </li> </ul>	<p><b>Facilitators:</b> Set up breakouts, assist with transitions to breakout groups, START RECORDING, facilitate discussion with semi structured questions, encourage participation – hear from everyone on each topic if possible</p> <p><b>Participant:</b> Engage in topic conversations, avoid dominating a topic, be respectful of differing views</p>
70-85min	<ul style="list-style-type: none"> <li>• Hold brief summary discussion on each topic</li> </ul>	<p><b>Facilitator:</b> Assist with transitions from breakouts, START</p>



Review/Summary from Breakouts	<ul style="list-style-type: none"> <li>• Address whether consensus was reached and discuss differing opinions/beliefs between groups</li> </ul>	<p>RECORDING, facilitate summary from each group on each topic, assess for consensus and seek clarification on differing opinions/beliefs between groups</p> <p><b>Participant:</b> Offer brief summaries of breakout discussions, be respectful of differing views</p>
85-90min Final Thoughts and Reminders	<ul style="list-style-type: none"> <li>• Wrap up thoughts</li> <li>• Reminders of time and content of next meeting</li> <li>• Addressing any final questions</li> </ul>	<p><b>Facilitator:</b> Assess for final thoughts that would like to be shared, express gratitude, give reminders for next meeting topic and time</p> <p><b>Participant:</b> Ensure next meeting is in your personal schedule, ponder about next meetings topic until then</p>
<b>Session 2: Defining Recovery</b>		
Time & Focus	Content	Responsibilities
0-20min Follow-up and Meeting Topic	<ul style="list-style-type: none"> <li>• Technology connections checks</li> <li>• Brief review and follow up from last week</li> <li>• Reminder of meeting topic</li> <li>• Set up 3 breakout groups</li> </ul>	<p><b>Facilitator:</b> Attendance, technology assistance, START RECORDING, give brief review of last meeting, ask for any new ideas since last meeting, give reminder of this meetings topic, set up breakout groups</p> <p><b>Participant:</b> Technology checks, respond to questions, prepare for topic discussion in breakouts</p>
20-60min Recovery Definition Breakout	<ul style="list-style-type: none"> <li>• Discuss the following: <ul style="list-style-type: none"> <li>• What defines recovery from addiction?</li> <li>• What is recovery in the context of gambling addiction? Are there differences between gambling recovery and recover from other addictions?</li> <li>• How should progress in recovery be measured? What are the indicators of <i>greater</i> progress in recovery? Would these differ from gambling and substance use recovery?</li> </ul> </li> </ul>	<p><b>Facilitators:</b> Assist with transitions to breakout groups, START RECORDING, facilitate discussion with semi structured questions, encourage participation – hear from everyone on each topic</p> <p><b>Participant:</b> Engage in topic conversations, avoid dominating a topic, be respectful of differing views</p>





	<ul style="list-style-type: none"> <li>• Is abstinence required? Is self-exclusion required?</li> </ul>	
60-80min Review/Summary from Breakouts	<ul style="list-style-type: none"> <li>• Hold brief summary discussion on each topic</li> <li>• Address whether consensus was reached and discuss differing opinions/beliefs between groups</li> </ul>	<p><b>Facilitator:</b> Assist with transitions from breakouts, START RECORDING, facilitate summary from each group on each topic, assess for consensus and seek clarification on differing opinions/beliefs between groups</p> <p><b>Participant:</b> Offer brief summaries of breakout discussions, be respectful of differing views</p>
80-90min Final Thoughts and Reminders	<ul style="list-style-type: none"> <li>• Wrap up thoughts</li> <li>• Reminders of time and content of next meeting</li> <li>• Addressing any final questions</li> </ul>	<p><b>Facilitator:</b> Assess for final thoughts that would like to be shared, express gratitude, give reminders for next meeting topic and time</p> <p><b>Participant:</b> Ensure next meeting is in your personal schedule, ponder about next meetings topic until then</p>
<b>Session 3: Factors That Support or Threaten Recovery</b>		
Time & Focus	Content	Responsibilities
0-15min Follow-up and Meeting Topic	<ul style="list-style-type: none"> <li>• Technology connections checks</li> <li>• Brief review and follow up from last week</li> <li>• Reminder of meeting topic</li> <li>• Set up breakout groups for breakout 1</li> </ul>	<p><b>Facilitator:</b> Attendance, technology assistance, START RECORDING, give brief review of last meeting, ask for any new ideas since last meeting, give reminder of this meetings topic, set up breakout groups</p> <p><b>Participant:</b> Technology checks, respond to questions, prepare for topic discussion in breakouts</p>
15-40min Recovery Factors Breakout	<ul style="list-style-type: none"> <li>• Discuss the following:             <ul style="list-style-type: none"> <li>• What factors are important for supporting gambling addiction recovery?</li> <li>• What factors undermine gambling addiction recovery efforts?</li> </ul> </li> </ul>	<p><b>Facilitators:</b> Assist with transitions to breakout groups, START RECORDING, facilitate discussion with semi structured questions, encourage participation – hear from everyone on each topic</p> <p><b>Participant:</b> Engage in topic conversations, avoid dominating a topic, be respectful of differing views</p>

40-50min Review/Summary from Breakouts	<ul style="list-style-type: none"> <li>• Hold BRIEF summary discussion on each topic, maybe just listing the factors each group came up with.</li> <li>• Address whether consensus was reached and discuss differing opinions/beliefs between groups</li> <li>• Set up new breakout groups for breakout 2</li> </ul>	<p><b>Facilitator:</b> Assist with transitions from breakouts, START RECORDING, facilitate summary from each group on each topic, assess for consensus and seek clarification on differing opinions/beliefs between groups</p> <p><b>Participant:</b> Offer brief summaries of breakout discussions, be respectful of differing views</p>
50-75min Recovery Community Breakout	<ul style="list-style-type: none"> <li>• Discuss the following: <ul style="list-style-type: none"> <li>• Who (broadly) identifies as being part of an addiction recovery community? Why?</li> <li>• What does a recovery community look like for gambling addiction?</li> <li>• Are there differences between an SA recovery community and a gambling recovery community?</li> <li>• How important is the role of a recovery community in recovery from gambling addiction?</li> </ul> </li> </ul>	<p><b>Facilitators:</b> Assist with transitions to breakout groups, START RECORDING, facilitate discussion with semi structured questions, encourage participation – hear from everyone on each topic</p> <p><b>Participant:</b> Engage in topic conversations, avoid dominating a topic, be respectful of differing views</p>
75-85min Review/Summary from Breakouts	<ul style="list-style-type: none"> <li>• Hold BRIEF summary discussion on each topic</li> <li>• Address whether consensus was reached and discuss differing opinions/beliefs between groups</li> </ul>	<p><b>Facilitator:</b> Assist with transitions from breakouts, START RECORDING, facilitate summary from each group on each topic, assess for consensus and seek clarification on differing opinions/beliefs between groups</p> <p><b>Participant:</b> Offer brief summaries of breakout discussions, be respectful of differing views</p>
85-90min Final Thoughts and Reminders	<ul style="list-style-type: none"> <li>• Wrap up thoughts</li> <li>• Reminders of time and content of next meeting</li> <li>• Addressing any final questions</li> </ul>	<p><b>Facilitator:</b> Assess for final thoughts that would like to be shared, express gratitude, give reminders for next meeting topic and time</p> <p><b>Participant:</b> Ensure next meeting is in your personal schedule, ponder about next meetings topic until then</p>



Session 4: Review of Initial Findings and Community Support for Recovery		
Time & Focus	Content	Responsibilities
0-15min Follow-up and Meeting Topic	<ul style="list-style-type: none"> <li>• Technology connections checks</li> <li>• Brief review and follow up from last week</li> <li>• Reminder of meeting topic</li> <li>• Set up breakout groups for breakout 1</li> </ul>	<p><b>Facilitator:</b> Attendance, technology assistance, START RECORDING, give brief review of last meeting, ask for any new ideas since last meeting, give reminder of this meetings topic, set up breakout groups</p> <p><b>Participant:</b> Technology checks, respond to questions, prepare for topic discussion in breakouts</p>
15-40min Review of Initial Findings Breakout	<ul style="list-style-type: none"> <li>• Discuss the following:               <ul style="list-style-type: none"> <li>• What do you think about this definition for recovery from gambling addiction? Is it missing any important pieces?</li> <li>• Here is the list of the key positive <i>indicators</i> of progress in recovery from gambling addiction. Are we missing any important pieces?</li> <li>• Here is the list of the key negative <i>indicators</i> of progress in recovery from gambling addiction. Are we missing any important pieces?</li> <li>• Here is a list of the key <i>factors</i> that were identified as supports for recovery from gambling addiction. Are we missing any important pieces?</li> <li>• Here is a list of the key <i>factors</i> that were identified to undermine recovery from gambling addiction. Are we missing any important pieces?</li> </ul> </li> </ul>	<p><b>Facilitators:</b> Assist with transitions to breakout groups, START RECORDING, facilitate discussion with semi structured questions, encourage participation – hear from everyone on each topic</p> <p><b>Participant:</b> Engage in topic conversations, avoid dominating a topic, be respectful of differing views</p>



40-50min Review/Summary from Breakouts	<ul style="list-style-type: none"> <li>• Hold BRIEF summary discussion on each topic, maybe just listing any definition changes or additional indicators or factors each group came up with.</li> <li>• Address whether consensus was reached and discuss differing opinions/beliefs between groups</li> <li>• Set up new breakout groups for breakout 2</li> </ul>	<p><b>Facilitator:</b> Assist with transitions from breakouts, START RECORDING, facilitate summary from each group on each topic, assess for consensus and seek clarification on differing opinions/beliefs between groups</p> <p><b>Participant:</b> Offer brief summaries of breakout discussions, be respectful of differing views</p>
50-75min Recovery Community Support Breakout	<ul style="list-style-type: none"> <li>• Discuss the following:             <ul style="list-style-type: none"> <li>• How can the community better support gambling addiction recovery efforts?</li> <li>• What changes need to be made to better facilitate the positive recovery indicators?</li> <li>• What changes need to be made to mitigate hinderances to recovery efforts for recovering gambling addicts?</li> </ul> </li> </ul>	<p><b>Facilitators:</b> Assist with transitions to breakout groups, START RECORDING, facilitate discussion with semi structured questions, encourage participation – hear from everyone on each topic</p> <p><b>Participant:</b> Engage in topic conversations, avoid dominating a topic, be respectful of differing views</p>
75-85min Review/Summary from Breakouts	<ul style="list-style-type: none"> <li>• Hold BRIEF summary discussion on each topic.</li> <li>• Address whether consensus was reached and discuss differing opinions/beliefs between groups</li> </ul>	<p><b>Facilitator:</b> Assist with transitions from breakouts, START RECORDING, facilitate summary from each group on each topic, assess for consensus and seek clarification on differing opinions/beliefs between groups</p> <p><b>Participant:</b> Offer brief summaries of breakout discussions, be respectful of differing views</p>
85-90min Final Thoughts and Reminders	<ul style="list-style-type: none"> <li>• Wrap up thoughts</li> <li>• Reminders of time and content of next meeting</li> <li>• Addressing any final questions</li> </ul>	<p><b>Facilitator:</b> Assess for final thoughts that would like to be shared, express gratitude, give reminders for next meeting topic and time</p> <p><b>Participant:</b> Ensure next meeting is in your personal schedule, ponder about next meetings topic until then</p>
<b>Session 5: Legalization of Gambling in MA</b>		
Time & Focus	Content	Responsibilities



0-20min Follow-up and Meeting Topic	<ul style="list-style-type: none"> <li>• Technology connections checks</li> <li>• Brief review and follow up from last week</li> <li>• Reminder of meeting topic</li> <li>• Brief history of legalized gambling in MA and specific regulations. (Refer to previously emailed summary handout)</li> <li>• Set up 3 breakout groups</li> </ul>	<p><b>Facilitator:</b> Attendance, technology assistance, START RECORDING, give brief review of last meeting, ask for any new ideas since last meeting, give reminder of this meetings topic, give brief history of legalized gambling in MA and specific regulations, set up breakout discussion groups</p> <p><b>Participant:</b> Technology checks, respond to questions, prepare for topic discussion in breakouts</p>
20-60min Gambling Legalization Breakout	<ul style="list-style-type: none"> <li>• Discuss the following:             <ul style="list-style-type: none"> <li>• How has legalized gambling in MA affected gambling recovery communities?</li> <li>• Are there any positive impacts?</li> <li>• What does the recovery community need to be mindful of regarding legalized gambling?</li> <li>• Does legalizing gambling make gambling safer for players, in general? What about players in recovery from gambling disorder and/or addiction?</li> </ul> </li> </ul>	<p><b>Facilitators:</b> Assist with transitions to breakout groups, START RECORDING, facilitate discussion with semi structured questions, encourage participation – hear from everyone on each topic</p> <p><b>Participant:</b> Engage in topic conversations, avoid dominating a topic, be respectful of differing views</p>
60-80min Review/Summary from Breakouts	<ul style="list-style-type: none"> <li>• Hold brief summary discussion on each topic</li> <li>• Address whether consensus was reached and discuss differing opinions/beliefs between groups</li> </ul>	<p><b>Facilitator:</b> Assist with transitions from breakouts, START RECORDING, facilitate summary from each group on each topic, assess for consensus and seek clarification on differing opinions/beliefs between groups</p> <p><b>Participant:</b> Offer brief summaries of breakout discussions, be respectful of differing views</p>
80-90min Final Thoughts and Reminders	<ul style="list-style-type: none"> <li>• Wrap up thoughts</li> <li>• Reminders of time and content of next meeting</li> </ul>	<p><b>Facilitator:</b> Assess for final thoughts that would like to be shared, express gratitude, give reminders for next meeting topic and time</p>

	<ul style="list-style-type: none"> <li>• Additional topics we should address in our final session</li> <li>• Addressing any final questions</li> </ul>	<b>Participant:</b> Ensure next meeting is in your personal schedule, ponder about next meetings topic until then
Session 6: Final Report Review		
Time & Focus	Content	Responsibilities
0-20min Follow-up and Meeting Topic	<ul style="list-style-type: none"> <li>• Technology connections checks</li> <li>• Brief review and follow up from last week</li> <li>• Reminder of meeting topic</li> <li>• Authorship possibilities</li> <li>• Brief review of the project findings as outlined in the report summary</li> <li>• Set up 3 breakout groups</li> </ul>	<p><b>Facilitator:</b> Attendance, technology assistance, START RECORDING, give brief review of last meeting, ask for any new ideas since last meeting, give reminder of this meetings topic, mention authorship possibilities for participants that will be handled by email, give brief review of project findings as outlined in the report summary, set up breakout discussion groups</p> <p><b>Participant:</b> Technology checks, respond to questions, prepare for topic discussion in breakouts</p>
20-60min Final Report Review Breakout	<ul style="list-style-type: none"> <li>• Discuss the following:             <ul style="list-style-type: none"> <li>• Topic by topic, are there any final thoughts or concerns you see with our final report from this project?</li> </ul> </li> </ul>	<p><b>Facilitators:</b> Assist with transitions to breakout groups, START RECORDING, facilitate discussion with semi structured questions, encourage participation – hear from everyone on each topic</p> <p><b>Participant:</b> Engage in topic conversations, avoid dominating a topic, be respectful of differing views</p>
60-80min Review/Summary from Breakouts	<ul style="list-style-type: none"> <li>• Hold brief summary discussion on each topic</li> <li>• Address whether consensus was reached and discuss differing opinions/beliefs between groups</li> </ul>	<p><b>Facilitator:</b> Assist with transitions from breakouts, START RECORDING, facilitate summary from each group on each topic, assess for consensus and seek clarification on differing opinions/beliefs between groups</p> <p><b>Participant:</b> Offer brief summaries of breakout discussions, be respectful of differing views</p>
80-90min	<ul style="list-style-type: none"> <li>• Wrap up thoughts</li> <li>• Addressing any final questions</li> </ul>	<b>Facilitator:</b> Assess for final thoughts that would like to be shared,

Final Thoughts and Reminders	<ul style="list-style-type: none"><li>• Authorship</li><li>• Gratitude activity</li></ul>	reminder of authorship possibilities that will be handled through email, facilitate gratitude activity, express final gratitude. <b>Participant:</b> Ensure next meeting is in your personal schedule, ponder about next meetings topic until then
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**Table A2. Breakout Session Facilitator Worksheet**

<b><u>Facilitator Worksheet</u></b>	
<b>Main Study Questions</b>	<b>Notes</b>
<b>Session 1 – Break Out: Definitions and Harms</b>	
1) What is the definition of gambling?	
2) When does gambling become a problem? An addiction?	
3) Is gambling harmful for everyone?	
4) What harms are caused by gambling?	
5) What are co-occurring problems with gambling?	
<b>Session 2 – Break Out: Recovery Definition</b>	
1) What defines recovery from addiction?	
2) What is gambling recovery?	
3) How is it different from recovery from other addictions? (i.e. substance, sex)	
4) How should progress in recovery be measured for gambling addicts?	
5) Is abstinence required?	
6) Is self-exclusion required?	
<b>Session 3 – Break Out: Recovery Support Factors &amp; Recovery Communities</b>	
1) What factors are important for supporting gambling addiction recovery?	
2) What factors undermine gambling addiction recovery efforts?	
3) Who would be considered as being part of an addiction recovery community? Why?	
4) What does a recovery community look like for gambling addiction?	
5) Are there differences between a substance addiction recovery community and a gambling recovery community?	
6) How important is the role of a recovery community in gambling addiction recovery?	
<b>Session 4: Review or Initial Findings</b>	
1) What do you think about our definition for recovery from gambling addiction?	
2) Here is the list of key positive <i>indicators</i> of progress in recovery from gambling	



addiction. Are we missing any important pieces?	
3) Here is the list of key negative <i>indicators</i> of progress in recovery from gambling addiction. Are we missing any important pieces?	
4) Here is the list of key <i>factors</i> that were identified as supports for recovery from gambling addiction. Are we missing any important pieces?	
5) Here is the list of key <i>factors</i> that were identified to undermine recovery from gambling addiction. Are we missing any important pieces?	
<b>Session 4 – Break Out: Recovery Community Support</b>	
1) How can the community better support gambling addiction recovery efforts?	
2) What changes need to be made to better facilitate the positive recovery <i>indicators</i> ?	
3) What changes need to be made to mitigate hinderances to recovery efforts for recovering gambling addicts?	
<b>Session 5 – Break Out: Gambling Legalization</b>	
1) How has legalized gambling in MA affected gambling recovery communities?	
2) Are there any positive impacts?	
3) What does the recovery community need to be mindful of regarding legalized gambling?	
4) Does legalizing gambling make gambling safer for players, in general? What about players in recovery from gambling disorder and/or addiction?	
<b>Session 6: Review of Final Report</b>	
1) Topic by topic on the report, are there any final thoughts or concerns you see with what we have presented?	

## Sample In-Session Item Assessing Overall Agreement with Gambling Definition and What, if anything, Participants Would Change.

The following definition that was based on the discussions during the past few months.

Definition:

"Gambling is an activity that involves risking something of value, often money, on the chance of winning something of greater value. For many, gambling is an entertaining recreational activity that represents connection to cultural norms and spiritual practices, a way of making money, an expression of hope, and an emotional rush. Most can enjoy gambling without experiencing much harm. However, it also supports a broader industry that often exploits weaknesses of vulnerable populations. Thus, the line between casual gambling and gambling addiction is often blurred, making it difficult to distinguish between harmless participation and compulsive gambling behavior."

To ensure that we have accurately developed a definition reflecting the general perspective of the Community Research Team (CRT), please move the slider to indicate the percentage of your agreement. If less than 100%, there will be another question to provide feedback on how this definition could be more improved.

No or Low Agreement

0 10 20 30 40 50 60 70 80 90 100

High or Complete Agreement

Percentage of Agreement



What did you not agree with in the definition or was something missing in this definition?

(see definition below for reference)

**Table A3. Ranking Factors Supporting Recovery**

<b>Factors Supporting Recovery</b>	<b>Very</b>				<b>Not</b>
	<b>Essential</b>	<b>(4)</b>	<b>(3)</b>	<b>(2)</b>	<b>Essential</b>
	<b>(5)</b>				<b>(1)</b>
1. Willingness to change	100%	-	-	-	-
2. Awareness of triggers and stressors	92%	-	8%	-	-
3. Building a supportive recovery community and asking for help	58%	42%	-	-	-
4. Understanding and remembering your why	75%	8%	17%	-	-
5. Connection with others	58%	33%	8%	-	-
6. Changing associations to likeminded supports	58%	33%	-	17%	-
7. Changing activities and lifestyle	67%	25%	-	8%	-
8. Available and accessible services	58%	12%	25%	-	-
9. Being mindful of actions	58%	17%	17%	8%	-
10. Stable housing	50%	17%	25%	8%	-
11. Abstinence focus	42%	25%	17%	17%	-
12. Education of addiction	25%	50%	8%	17%	-
13. Changing environments	25%	42%	17%	17%	-
14. Establishing recovery reminders	33%	17%	33%	17%	-
15. Stable employment	17%	42%	25%	17%	-
16. Family involvement in the recovery process	17%	42%	17%	17%	8%



**Table A4. Ranking Factors Undermining Recovery**

<b>Factors Undermining Recovery</b>	<b>Severely Undermines</b>				<b>Does not Undermine</b>
	<b>(5)</b>	<b>(4)</b>	<b>(3)</b>	<b>(2)</b>	<b>(1)</b>
1. Lack of accountability	75%	25%	-	-	-
2. Returning to other addictive substances/behaviors	67%	33%	-	-	-
3. Desperate rumination about winning	67%	33%	-	-	-
4. Instability and unwellness	67%	25%	8%	-	-
5. Acceptance of gambling	58%	25%	8%	8%	-
6. Prevalence of gambling	33%	42%	25%	-	-
7. Constant advertising of incentives	50%	25%	17%	8%	
8. Cultural, societal, and social norms around gambling	50%	25%	17%	-	8%
9. Experts contributing to advertising	42%	25%	25%	8%	-
10. Having money	33%	25%	25%	17%	-
11. People who are not supportive	42%	17%	25%	8%	8%
12. Friends and family traditions/rituals	17%	33%	50%	-	-
13. Getting help from gamblers with different recovery goals	25%	17%	17%	33%	8%
14. People who do not understand	17%	17%	42%	8%	17%



**Table A5. Ranking Recommendations to MA Communities for Supporting Gambling Recovery Efforts**

<b>Community Support Recommendations</b>	<b>Urgent</b>	<b>Secondary</b>	<b>Minor</b>
1. Increased education about gambling harms	100%	-	-
2. Treating gambling as an addiction.	92%	8%	-
3. Increased awareness and access to recovery resources for individuals of diverse cultures.	92%	8%	-
4. Improved health care and treatment coverage and availability for those suffering from gambling addiction.	83%	17%	-
5. Better screening policies and practices for gambling problems.	75%	25%	-
6. Further regulating gambling advertising.	83%	8%	8%
7. Better trained professionals that offer treatment to those suffering from gambling addiction.	75%	25%	-
8. Commercials that foster awareness of gambling harms.	75%	17%	8%
9. Clinicians assess more often for gambling problems.	58%	33%	8%
10. Transparency from gaming organizations.	87%	17%	17%
11. Requiring gaming providers to contribute significant funding to recovery resources.	58%	33%	8%
12. Offering gambling free environments with sports and other gambling saturated entertainment.	50%	42%	8%
13. Accountability to gamers on how much they are spending.	58%	25%	17%
14. Companies and organizations taking a stance against gambling harms.	58%	25%	17%
15. Establishing better language for problem gaming and gambling.	42%	50%	8%
16. Holding the gambling community accountable.	42%	33%	25%
17. Increased education on responsible financial practices.	50%	33%	17%

