

Presentation of Evidence for Massachusetts Gaming Commission

# Impacts of casino gambling on priority populations

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# Evidence Synthesis Purpose and Approach

# Evidence on the populations at-risk of gambling harms

- The Massachusetts Gaming Commission (MGC) requested an evidence summary on the populations that may be at increased risk of experiencing gambling harms.
- The information will serve as source material for MGC's website, funding materials, presentations, and stakeholder communications.

# Guiding questions

1. Which populations have emerged as at-risk of gambling harms in Massachusetts and other relevant jurisdictions?
2. How can stakeholders effectively prevent and address gambling harms among identified at-risk populations?

# Search parameters

Greo identified, reviewed, and synthesized evidence that is:

- Useful in the Massachusetts context (i.e., evidence generated in Massachusetts or a comparable jurisdiction);
- Found in academic and grey literature; and
- Recently published (in the past 5 years).

Which populations have emerged as at-risk of gambling harms in Massachusetts and other relevant jurisdictions?

# Scope and focus

- 1.1 East Asian, South Asian, Hispanic, and Latino communities
- 1.2 Young people and men
- 1.3 People who work in casinos
- 1.4 Other populations
- 1.5 Impact of COVID-19 on at-risk communities in Massachusetts
- 1.6 Priority populations in other jurisdictions

# 1.1 East Asian, South Asian, Hispanic, and Latino Communities

## East and South Asian

- **East and South Asian populations** in Massachusetts generally display a higher risk for problem gambling compared to non-Asian populations. Problem gambling within these communities also has ripple effects that include family deterioration and domestic violence.<sup>1</sup>
- Financial stress is prevalent among at-risk **East and South Asian communities**, affecting various aspects of family and social structures. This financial vulnerability is often compounded by other issues like immigration.<sup>1</sup>
- Stressors related to **low-wage jobs** in the food service industry, as well as **trauma associated with immigration**, may lead higher-risk East and South Asian individuals toward gambling as a perceived solution.<sup>1,2</sup>



# 1.1 East Asian, South Asian, Hispanic, and Latino Communities

## East and South Asian

- Research in Greater Boston demonstrates a cycle where continued gambling losses lead to increased stress and desperation, which drive continued gambling, particularly among **East and South Asian populations**.<sup>3</sup>
- Social integration challenges, including a lack of culturally appropriate recreational activities in the Greater Boston Area, have been found to contribute to feelings of boredom and social isolation among **East and South Asian immigrants in Massachusetts**. For some, these feelings are mitigated through gambling in environments like casinos, which appear more welcoming to these communities.<sup>3</sup>

# 1.1 East, South Asian, Hispanic, and Latino Communities

## East and South Asian

- Poverty is a significant root cause for problem gambling among **Asian immigrants**.<sup>3</sup> Poverty is interconnected with stress and deteriorating mental health, further exacerbating the risk of gambling-related harms.
- In a study involving **Khmer, Chinese, Korean, and Vietnamese immigrants in Greater Boston**, it was observed that many Asian immigrants engage in low-wage, stressful occupations, which drives some people to use gambling as a coping mechanism.<sup>3</sup>

# 1.1 East, South Asian, Hispanic, and Latino Communities

## East and South Asian

- In **Boston's Chinatown**, at-risk populations for gambling harms largely consist of low-wage workers and retirees from the food and services industries. Most of these individuals possess limited English proficiency.<sup>2</sup>
  - Contrary to media stereotypes that often depict **Chinese populations** as inherent gamblers, the cultural landscape is in reality far more complex and diverse in terms of generational, age, and gender backgrounds. The complexity of cultural influences intersects with issues like poverty and social isolation.<sup>2</sup>

# 1.1 East, South Asian, Hispanic, and Latino Communities

## Hispanic / Latino communities

- **Hispanic / Latino communities in Springfield**, particularly renters and those living in zip code 01103, had a less positive or neutral perception of the social impact of the casino, while **long-time residents of 6-20 years** held more neutral attitudes about the social problems related to the casino. <sup>4</sup>

## 1.2 Young people and men

- **Younger people between 21 and 44 years-of-age** in Massachusetts have been found to be more susceptible to risky gambling behaviours as they score lower on Positive Play metrics compared to older adults.<sup>5</sup>
  - People who engaged in higher frequency multi-game gambling exhibited more risky behaviours and were more likely to report gambling-related issues. This group was also more likely to be **male and younger, and less likely to be white**.<sup>5</sup>
  - Both **younger people and men** have been found to score low on gambling literacy, suggesting that this group may be more prone to potential gambling issues.<sup>5</sup>
  - Although differences were minor, **men** in Massachusetts scored lower on Positive Play metrics than women, indicating a slightly elevated risk for gambling harms.<sup>5</sup>
- A community-based study revealed that some participants from neighbourhoods around Encore were concerned that the casino normalized gambling behaviours among young people.<sup>7</sup>

## 1.3 People who work in casinos

- **Women** make up 43% of the surveyed workforce at Encore Boston Harbor. Given their proportional representation, the risk of gambling harms within this demographic should not be overlooked.<sup>6</sup>
- **Racialized workers** constitute a significant proportion (65%) of the casino's workforce at Encore Boston Harbor<sup>6</sup> and may be at heightened risk for gambling harms given the high risk found among gambling industry employees.<sup>23</sup>
- **Casino employees who work non-traditional hours** at Encore are more exposed to the casino environment, increasing their vulnerability to gambling-related harms.<sup>6</sup>

## 1.3 People who work in casinos

- A considerable proportion (43%) of Encore workers were **born outside the United States**; this group may lack familiarity with safer gambling norms, thus potentially elevating their risk levels.<sup>6</sup>
- Encore tends to attract **younger workers**, who might be more susceptible to the harms associated with gambling due to the correlation between younger age and risk-taking behaviour.<sup>6</sup>

## 1.4 Other populations

- Among **immigrants in Greater Boston**, language barriers contribute to daily stress, acting as another catalyst for gambling. <sup>3</sup>
- Communities who are **impacted by gentrification and crime** could be at risk due to the socio-economic pressures they experience. <sup>4</sup>
- Encore tends to attract players who are **underemployed and unemployed**. These demographics may be more susceptible to gambling-related harms due to financial instability. <sup>6</sup>



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## 1.5 Impact of COVID-19 on at-risk communities in Massachusetts

The COVID-19 pandemic and its related restrictions impacted **job insecurity, unemployment, financial problems, and emotional distress.**<sup>8</sup> In Massachusetts, data is available on the impact of COVID-19 on the gambling workforce.

### **Cultural and socio-economic considerations**

- Springfield and Encore casino workers from host and surrounding communities were laid off disproportionately compared to workers commuting in from other communities.<sup>9</sup>
- The majority of unemployment claimants were women, young workers under 35, and individuals with less than a Bachelor's degree. Racialized workers were also overrepresented among claimants, particularly Black and Hispanic communities. Bristol, Essex, Hampden, and Suffolk counties, which house the state's three casinos, had disproportionate concentrations of claimants.<sup>9</sup>

## 1.5 Impact of COVID-19 on at-risk communities in Massachusetts

### Employment and Community Agreements

- The **local workforce**, particularly at MGM Springfield and Encore Boston Harbor, experienced significant layoffs during the pandemic despite prior commitments by casinos to employ them.<sup>9</sup>
- Casinos **struggled to maintain a 50% female workforce** during the pandemic, with the share of female employees dropping significantly due to gender role disparities and broader economic factors.<sup>9</sup>
- **Veteran-status employees at casinos** appeared to have been less affected by layoffs; MGM Springfield and Plainridge Park Casino saw a spike of veteran-status employees throughout the shutdown.<sup>9</sup>
- **Ethnic minorities** experienced a significant impact due to layoffs, despite casinos initially exceeding minority workforce goals.<sup>9</sup>

## 1.5 Impact of COVID-19 on at-risk communities in Massachusetts

### Employment by race and department

- At Encore Boston Harbor, 64% of **Black and Hispanic workers** were laid off during the pandemic, compared to 53% of White workers.<sup>9</sup>
- **Hispanic workers** at MGM Springfield were disproportionately impacted by layoffs, constituting 26% of the workforce.<sup>9</sup>
- **Racialized employees across all casinos** were overrepresented in departments heavily impacted by layoffs, such as food and beverage, gaming, and recreation.<sup>9</sup>

## 1.6 Priority populations in other jurisdictions

### United Kingdom (UK)

- In the UK, **men, young people, certain ethnic minority groups, people who are homeless, and people with mental health and substance misuse issues** appear to be more vulnerable to harmful gambling.<sup>10</sup>
- **UK Armed Forces veterans** have been found to be at higher risk of problem gambling compared to non-veterans.<sup>11</sup>
  - In a study of the UK Royal Air Force (RAF), researchers identified that being **male, aged 18-24, and non-commissioned** were all risk factors for gambling harms, and although a minority of RAF personnel were affected, they experienced higher rates of at-risk gambling compared to the general population.<sup>24</sup>
- **Women aged 18-34 and those from ethnic minority groups** have been found to face heightened gambling-related harms, including financial and mental health issues, with some evidence linking gambling to criminal activity among women.<sup>25</sup>

## 1.6 Priority populations in other jurisdictions

### Canada

- There is a higher rate of gambling harm in **low-income and ethno-cultural groups**. Problem gambling rates can be two to three times higher in **Indigenous communities**.<sup>12</sup>
- Other priority populations include **low socioeconomic status communities, older adults, and youth**.<sup>12</sup>
- **Neighborhood disadvantage and poor social conditions** are significant risk factors for experiencing harms from gambling.<sup>12</sup>

## 1.6 Priority populations in other jurisdictions

### **Black, Asian and Minority Ethnic groups**

- One study on **Black, Asian, and Minority Ethnic (BAME) groups** in Chicago, IL and Minneapolis, MN identified unique risks in the context of gambling harms, such as earlier age of onset for initial gambling and gambling-related problems.<sup>13</sup>
- **BAME status** has been correlated with health inequalities, barriers in accessing mental health treatment, and experiences of discrimination, which may contribute to gambling harms.<sup>14-16</sup>

## 1.6 Priority populations in other jurisdictions

### **Black, Asian and Minority Ethnic groups**

- No significant difference in treatment-seeking behaviours was observed between **BAME and non-BAME groups**, indicating that minority status does not necessarily act as a barrier to accessing formal treatment for gambling disorders.<sup>13</sup>
  - However, the percentage of individuals from both **BAME and non-BAME groups** who have sought formal treatment, such as medication or psychotherapy, was notably low, ranging from 10-15%.<sup>13</sup>

## 1.6 Priority populations in other jurisdictions

### US veterans

- **US veterans** have higher rates of problem gambling than civilians (between 2.3 and 9.0%),<sup>27</sup> by more than double.<sup>28</sup> Problem gambling rates are predicted by various gambling behaviors, including gambling on military bases,<sup>26</sup> friends and family who gamble,<sup>30</sup> and higher levels of distorted thinking about gambling.<sup>30</sup>
- Other predictors include being female,<sup>28, 31, 36, 37</sup> having a higher income,<sup>31</sup> past-year homelessness,<sup>31</sup> belonging to a racial/ethnic minority group,<sup>32, 33</sup> adverse childhood experiences,<sup>34</sup> post-deployment stressful events and lack of support.<sup>35</sup>
- Gambling problems among **US veterans** are associated with co-occurring conditions, such as substance use, mental health disorders, physical/psychological conditions, and suicidality.<sup>27, 28, 29, 31-33, 36-38</sup>



## 1.6 Priority populations in other jurisdictions

### People experiencing homelessness

- An international review of gambling and homelessness found that **people who experience homelessness** were less likely to gamble than the general population; however, those who did were more likely to experience harmful gambling.<sup>17</sup>
- People who seek help for gambling were more likely to have experienced homelessness compared to the general population.<sup>17</sup>

## 1.6 Priority populations in other jurisdictions

### People experiencing unemployment

- A Finnish study found that at-risk and problem gambling were more common among people who were **unemployed or who received social security benefits**.<sup>18</sup>
- Likelihood of experiencing gambling harms was almost six times higher for people who received social assistance.<sup>18</sup>

How can stakeholders effectively prevent and address gambling harms among identified priority populations?

# Scope and focus

2.1 Tailored prevention measures

2.2 Community-specific interventions

2.3 Accessible treatment and support options

## 2.1 Tailored prevention measures

- Offer mental health screenings specifically for **women** and self-esteem interventions for **men**.<sup>19, 6</sup>
- Provide family-based interventions through alternative recreational activities and localized resource centres in **host communities** to increase engagement and reduce risks of gambling harms.<sup>19, 7</sup>
- Increase **veteran** participation in gambling treatment by promoting self-disclosure in peer-support groups and enhancing Veterans Affairs provider outreach.<sup>20</sup>
- Offer career advancement and financial literacy programs, particularly targeting **low-wage earners and hourly workers**, to provide a multi-faceted approach to risk mitigation.<sup>22, 6</sup>

## 2.1 Tailored prevention measures

- Provide culturally-tailored prevention programs **for casino workers of Asian descent** and include community-based programs that align with the cultural expectations of the **Asian immigrant community**.<sup>2,3</sup>
- Provide skill and education-based support for **casino employees, particularly low-wage workers, women, young people, and people from racialized communities**.<sup>22,1</sup>
  - Higher education and occupational skills programs can mitigate financial stress and vulnerability to gambling-related harms.<sup>22,1</sup>

## 2.2 Community-specific interventions

### Supporting host communities and casino employees

- Tailor interventions **to local residents and commuters**.<sup>22</sup>
  - Most employees at PPC are residents of Massachusetts, though 33 percent of new hires over the last few years commute from out-of-state.
  - Tailoring interventions that align with employees' local cultural factors and commuting patterns might improve the effectiveness of prevention strategies.
- Localized, culturally responsive approaches have been identified as particularly salient for **communities surrounding MGM Springfield**, especially considering the concentration of **Hispanic patrons** at that casino.<sup>21</sup>

## 2.2 Community-specific interventions

### **Supporting diverse ethnocultural communities and language speakers**

- Offer community-specific support groups **for Hispanic / Latino/a/e communities** that hold negative views about gambling establishments.<sup>7</sup>
- Employ ethno-cultural tailoring of programs for **diverse at-risk groups**.<sup>5</sup>
- Support community-based, integrated multi-service agency approaches to offer a range of services including childcare, ESL classes, and workforce development act, as they function as first points of contact for **individuals at-risk**.<sup>1</sup>



## 2.2 Community-specific interventions

### **Supporting diverse ethnocultural communities and language speakers**

- Provide culturally adapted resources and interventions for **non-U.S. born individuals**—they may gamble less but exhibit a higher incidence of harms when they do.<sup>19, 6</sup>
- Make resources available in multiple languages. This strategy is crucial for the inclusion of **non-English-speaking community members and non-White people** who may face language barriers compounded by other systemic challenges.<sup>7, 5</sup>

## 2.2 Community-specific interventions

### **Veteran specific approaches:**

- Consider the unique barriers faced by **veterans** in developing culturally sensitive and trauma-informed interventions, such as complex service-related trauma.<sup>20</sup>

## 2.2 Community-specific interventions

### **Institutional partnerships and committees:**

- Encourage ongoing collaborations with and across **community organizations** to support more **formalized locally-representative committees** that can address gambling harms. Committees could comprise key community leaders, religious and spiritual institutions, and organizations like the Asian CARES coalition.<sup>1, 3, 4</sup>

## 2.2 Community-specific interventions

### **Targeted advertising ethics:**

- Establish ethical guidelines around targeted advertising, particularly to the **Asian community**, to replace current strategies with more culturally sensitive approaches.<sup>7,2</sup>

## 2.2 Community-specific interventions

### **Innovative contexts and cultural brokers:**

- Implement gambling harm-focused interventions in **community-familiar settings** such as churches and schools and involve trained cultural brokers.<sup>1</sup>
  - **Cultural brokers** are people who act as a bridge between groups or persons of different cultural backgrounds, can reduce barriers between communities and service providers and help build trust between groups or persons of differing cultural systems.

## 2.2 Community-specific interventions

### **Gender specific interventions:**

- Offer increased and a wider range of gender-specific programs, particularly for **women** in gambling environments.<sup>6</sup>

## 2.2 Community-specific interventions

### **Long-term resident engagement:**

- Employ the cultural and historical knowledge of **long-term residents** as a means to create interventions that are effective and resonate with host communities.<sup>4</sup>

## 2.3 Accessible treatment and support options

### **Employee-centric approaches:**

- Integrate mental health support and counselling services into **existing employee benefits packages**, to offer a streamlined channel for treatment access for gambling harms.<sup>22, 6</sup>
- Extend the scope of in-house training modules to cover gambling-related issues, to make use of existing **educational infrastructure** for better support provision.<sup>22, 6</sup>



## 2.3 Accessible treatment and support options

### Targeted treatment plans:

- Develop gender-specific treatment plans that address different risk factors identified in **men and women**, including substance abuse and childhood trauma.<sup>19</sup>
- Create treatment plans that are multifaceted to also **address co-occurring behavioral addictions**.<sup>19, 20</sup>

## 2.3 Accessible treatment and support options

### **Integrated and holistic approaches:**

- Consider providing comprehensive mental health care that includes screening for suicidality and other co-occurring conditions, especially for high-risk groups like **veterans**.<sup>20,7</sup>
- Offer financial literacy and counselling, potentially in partnership with insurance companies, as part of a more holistic treatment approach for **individuals facing financial stress**.<sup>3,1</sup>

## 2.3 Accessible treatment and support options

### **Technological interventions:**

- Internet-based interventions and virtual consultations may be useful in the context of pandemic limitations and should be piloted for efficacy.<sup>20,3</sup>
- Online safer gambling tools and pre-commitment strategies can be powerful means of prevention and support.<sup>5</sup>

## 2.3 Accessible treatment and support options

### **Community-based and culturally sensitive measures:**

- Leverage local community centers and multi-service agencies as first points of contact for **at-risk individuals**, providing a range of comprehensive support options. <sup>1,4</sup>
- Culturally sensitive peer-support groups and community activities can serve both preventive and supportive roles. <sup>3,2</sup>

## 2.3 Accessible treatment and support options

### **Accessibility for low-income groups:**

- Consider economic barriers in treatment options, potentially offering subsidies for **low-income people**.<sup>21, 2</sup>

## 2.3 Accessible treatment and support options

### **Accountability and effectiveness:**

- Employ third-party oversight and community engagement for greater transparency and customization of intervention strategies.<sup>7</sup>
- Test effectiveness of treatment and support initiatives both pre- and post-implementation, to ensure their effectiveness for targeted sub-communities.<sup>5</sup>

# For more information



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# *Thank You*

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