

Treatment Desire Among People Experiencing Gambling Problems in Massachusetts



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SEIGMA  SOCIAL AND ECONOMIC IMPACTS
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Treatment Desire Among People Experiencing Gambling Problems in Massachusetts

In 2011, the Legislature legalized casino-style gambling in Massachusetts. The first casino to open was a slot parlor, Plainridge Park Casino, in June 2015. MGM Springfield followed in the summer of 2017 and Encore Boston Harbor opened in June 2019. Prior to the opening of any casinos in Massachusetts, the SEIGMA team conducted the Baseline General Population Survey (BGPS) and the Baseline Online Panel Survey (BOPS) in 2013-2014 to obtain a basic understanding of how Massachusetts residents felt about gambling and to elucidate underlying attitudes and behaviors of people experiencing a gambling problem, as well as basic demographic information (Volberg et al. 2017, Williams et al. 2017).

There is good evidence internationally that less than 10 percent of individuals with gambling-related problems will access specialist treatment services. These individuals are more likely to seek treatment when their gambling problems become severe (Braun et al. 2014). The lack of help-seeking among individuals experiencing a gambling problem is a concern because of the potential for treatment to reduce, resolve, or prevent the harms associated with gambling problems. The primary barriers to help-seeking across several studies are ‘person-centered’ factors, including shame, denial, and a preference to resolve one’s problems without outside assistance. However, ‘service-centered’ factors such as lack of treatment availability or being unaware of where or when to seek treatment are also important barriers to help-seeking (Pulford et al. 2009). While many studies have investigated barriers to wanting and seeking gambling treatment for those experiencing gambling problems, few have researched the impact of individual characteristics on treatment seeking behaviors (Suurvali et al. 2009).

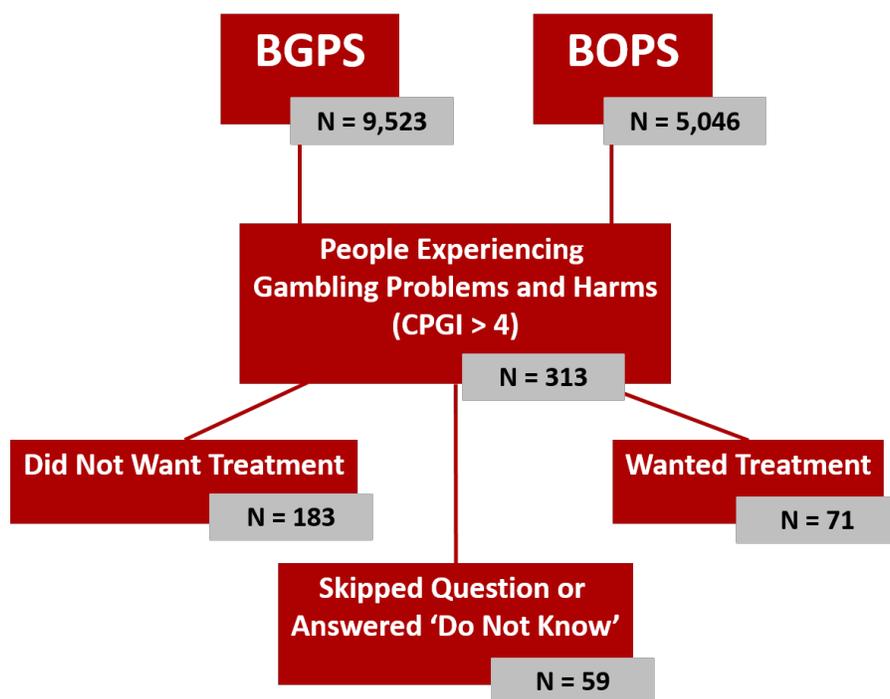
The goal of the current analysis is to understand the differences between people who want treatment and those who do not among individuals experiencing gambling problems in Massachusetts. Results of these analyses may assist in developing early interventions and effective treatment strategies in the Commonwealth.

All participants from both the BGPS and BOPS surveys, regardless of gambling status, were asked about their awareness of media campaigns to prevent gambling problems. Just under half (42.6 percent) of all respondents from this combined dataset had seen or heard media campaigns to prevent gambling problems in Massachusetts in the past year with only 13.9 percent reporting awareness of programs which exist to prevent problem gambling.

Survey participants from both the BGPS and BOPS were identified as experiencing a gambling problem if they reported significant impaired control over gambling and negative consequences as a result of their gambling using the Problem and Pathological Gambling Measure (PPGM) (Williams & Volberg 2014). For those people identified as experiencing gambling problems, just over half (53.1 percent) indicated they had heard or seen media campaigns to prevent gambling problems. When they were asked about awareness of any programs to prevent problem gambling, only one third (33.4 percent) indicated they were aware of these types of programs. Although those experiencing gambling problems were more

aware of media campaigns and programs to prevent problem gambling than other survey participants, positive responses were still quite low. Attention could be paid to how and where these media campaigns are conducted to ensure they are reaching more of the population, especially those at risk of experiencing gambling problems.

Those survey participants who were identified as experiencing gambling problems and had a CPGI score¹ of 5 or higher were asked about their desire to seek treatment for their gambling problem within the past year and if they had sought help for gambling problems. Although there is a strong relationship between wanting treatment and seeking treatment, the small number of participants actually seeking treatment (n=34) prevents a comprehensive analysis. Here, we examine the characteristics of those who wanted treatment (n = 71).



A multivariate model was used to determine which demographic, health-related, or gambling-related characteristics of people experiencing gambling problems were predictive of wanting treatment. A univariate screening step was used to reduce the number of variables in the final multivariate model.² These variables were entered into the model to assess which variables were predictive of wanting treatment among people experiencing a gambling problem. The results distinguish those wanting treatment from those not wanting treatment.

¹ The simplified screening criterion from the Canadian Problem Gambling Index (CPGI) was used to determine which survey participants would be asked specifically about their desire to seek treatment (Ferris & Wynne 2001).

² The univariate screening cutoff was <0.05. Using this approach, 35 variables were reduced to 13: race, health status, current tobacco use, problems with other behavioral addictions, mental health problems, PPGM total score, raffle, sports betting, bingo, horse racing, online betting, daily games, and number of gambling formats.

From this analysis, we determined that the factors predicting wanting treatment among these survey respondents were experiencing a more severe gambling problem, having a better self-reported health status, and being Hispanic. The finding of those experiencing more severe gambling problems being predictive of wanting treatment is consistent with previous studies; however, having better health status and being Hispanic are newly identified characteristics predictive of wanting treatment in this surveyed population of Massachusetts individuals experiencing gambling problems.

Characteristics Predicting Wanting Treatment Listed in Order of Importance
Experiencing more severe gambling problems (as determined by PPGM total score)
Having better self-reported health status
Being Hispanic

The aim of the current analysis is to provide some evidence to assist in developing early intervention strategies and effective treatment strategies for individuals who experience gambling problems and want treatment but are unable or unwilling to seek treatment. Media campaigns and prevention messaging could be directed to those with characteristics predictive of wanting treatment. Outreach for treatment services could target those wanting help for a gambling problem by reaching out to people who are experiencing more severe gambling harm or those who are in better health overall. In addition, race and ethnicity were associated with wanting treatment. Given that Hispanics experiencing a gambling problem are more than 4 times as likely to want help compared to Whites, targeted interventions and treatment services directed towards this population would be beneficial.

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