IN PARTNERSHIP WITH THE MASSACHUSETTS COUNCIL ON GAMING AND HEALTH

SOCIAL IMPACTS STUDY:

Overview of Responsible Gaming and Problem Gambling Best Practices in the United States

Prepared for the New Hampshire Charitable Gaming Study Commission
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SPECTRUM GAMING GROUP
Independent Research and Professional Services

200 Lakeside Drive, Suite 250
Horsham, PA 19044 USA
+1.609.926.5100
spectrumgaming.com

Executive Summary

The New Hampshire Charitable Gaming Study Commission ("the Commission") engaged Spectrum Gaming Group, working with Massachusetts Council on Gaming and Health, (collectively, "Spectrum," "we" or "our") to provide an independent overview of best practices in responsible gaming ("RG") and problem gambling ("PG") – with a focus on the six New England states. The methodology used to complete this report included a literature review, qualitative interviews with leaders in the RG and PG fields, and charts that demonstrate the initiatives in those same states.

The literature review covers the significant evidence for prevention, intervention, and treatment services for people at risk and living with gambling problems. There is also special emphasis on veterans, older adults, youth, and rural populations specific to New Hampshire. The results of this literature review reveal strong evidence for the following best practices to be implemented by any jurisdiction, including, but not limited to: statewide voluntary self-exclusion programs, comprehensive helpline services, extensive treatment systems that contain multiple modalities, and recovery and peer services utilizing the lived experience of individuals with gambling problems.

The qualitative interviews signify the evidence for cooperation and collaboration. Eight respondents out of 15 emailed were interviewed. They were asked five questions. From those interviews, there was a consensus that there was no one specific way to deliver or establish a strong safety net for people who make the decision to gamble; however, there were a number of suggestions as to how to mandate funding, allocate it to specific statewide services for RG and PG, and to evidence the efficacy of current services vs. future services through research and evaluation.

The GameSense model specifically outlines RG tools and programs. It gives patrons the opportunity, whether online or through brick-and-mortar facilities, to connect directly with experts where they are at – understanding the games, needing risk mitigation, or accessing help in the community.

The tables at the end of this report demonstrate the wide array of best practices online and in brick-and-mortar facilities, as well as how New England states treat winnings from excluded gamblers and how they fund their RG/PG programs. They outline the need for an overarching strategic plan that will give specific details as to how individual jurisdictions should be coordinate and fund services, and the specificity that should be paid to programming across the RG and PG spectrum.

The recommendations outline the need for a comprehensive group of stakeholders to work together to establish a well-thought-out and strategic approach to statewide services with a guaranteed funding stream mandated from the legislature through a state agency procurement process. The recommendations call for research and audit prior to any further establishment of services. Following that, the incorporation of public awareness, voluntary self-exclusion, prevention, and treatment services will be essential to build the strong safety net that will protect the citizens of New Hampshire. In addition, having individuals available through a RG branded program, similar to GameSense, will allow knowledge to be accessed by New Hampshire residents regardless of their knowledge and risk level.

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Introduction

The New Hampshire Charitable Gaming Study Commission ("the Commission") engaged Spectrum Gaming Group, working with Massachusetts Council on Gaming and Health ("MACGH"), (collectively "Spectrum," "we" or "our") to provide an independent overview of best practices in responsible gaming ("RG") and problem gambling ("PG") – with a focus on the six New England states.

In this report, Spectrum and MACGH provide best practices and programs for addressing responsible gaming and gambling-related harms that can lead to problem gambling. The reason for this is to guide the Commission in developing and enhancing its approach to regulating and operating gaming with a player health focus in New Hampshire. Given the rapid expansion of legalized retail and digital gambling (including sports betting) in the United States, as well as increasing industry and public awareness around gambling-related harms,[1] it is crucial to identify and implement effective strategies tailored to New Hampshire.

Problem gambling and gambling-related harm have been internationally recognized as public health issues.[2] [3] [4] Our report adopts a public health approach, which supports strategies that address not only the individual person who chooses to gamble, but also the wider impact of problem gambling on partners, children, extended families, social networks, employers, and communities. By considering both individual and social factors affecting gambling behavior, the public health perspective focuses on minimizing harm and promoting responsible gaming.[5] [6]

We begin the report by reviewing the literature on best practices and programs within a comprehensive framework of prevention, intervention, treatment, and recovery. In our discussion of prevention, we examine three levels of problem gambling and gambling-related harm prevention: primary or universal prevention, secondary or indicated prevention, and tertiary or selective prevention. We particularly focus on four vulnerable and at-risk populations: rural communities, older adults, veterans, and youth. Given that nearly half (47%) of New Hampshire's population resides in rural areas, we begin by addressing how rurality creates barriers to accessing problem gambling treatment and recovery

[1] Marla B Royne Stafford et al., "Evaluating Language and Communication Surrounding Responsible Gambling," *UNLV Gaming Research & Review Journal* 28, no. 1 (2024): 2.

[2] Alex Blaszczynski, Robert Ladouceur, and Howard J Shaffer, "A Science-Based Framework for Responsible Gambling: The Reno Model," *Journal of Gambling Studies* 20 (2004): 301–17.

[3] Royne Stafford et al., "Evaluating Language and Communication Surrounding Responsible Gambling."

[4] Elton-Marshall et al., "A Public Health Approach to Gambling: A Report Prepared for Gambling Research Exchange Ontario (GREO)," *Centre for Addiction and Mental Health: Toronto, ON, Canada*, 2017.

[5] Carmen Messerlian, Jeffrey Derevensky, and Rina Gupta, "Youth Gambling Problems: A Public Health Perspective," *Health Promotion International* 20, no. 1 (2005): 69–79.Alex Blaszczynski et al., "Responsible Gambling: General Principles and Minimal Requirements," *Journal of Gambling Studies* 27 (2011): 565–73.

[6] Laurie Dickson-Gillespie et al., "Preventing the Incidence and Harm of Gambling Problems," *The Journal of Primary Prevention* 29, no. 1 (January 2008): 37–55, https://doi.org/10.1007/s10935-008-0126-z.

services, along with the unique challenges faced by those living in these communities.[7] Additionally, New Hampshire has a higher proportion of veterans and older adults than the national average.[8] Research consistently highlights the critical importance of addressing gambling behaviors in adolescents and young adults as well. Therefore, we also focus on the risk factors and impacts of problem gambling associated with these specific populations. We also emphasize how gaming employees may be more at risk for problematic gambling behaviors and gambling-related harm.

Under intervention, we assess how specific responsible gambling measures can prevent gambling-related harm. We evaluate the efficacy of two prominent gambling-harm-minimization intervention methods: voluntary self-exclusion programs and helpline services that offer referrals to trained clinicians and local resources. In the treatment section, we provide an overview of current psychological and psychiatric methods for treating problem gambling, highlighting approaches such as cognitive-behavioral therapy and motivational interviewing. We also explore alternative methods, including mindfulness practices and the involvement of significant others in treatment programs. Additionally, the section addresses both internal and external barriers to treatment and discusses how public health initiatives can effectively overcome these barriers. Recovery supports are essential for sustaining long-term recovery from problem gambling. We then review the efficacy of Gamblers Anonymous ("GA"), a peer support group that remains a preeminent resource for recovery.

Following the review of best practices, we present a detailed case study of the GameSense program in Massachusetts as a recommended responsible gaming intervention strategy for New Hampshire. This case study highlights the key factors that contribute to the program's success in Massachusetts and the challenges and limitations encountered along the way.

Finally, in our recommendations, we outline best practices and strategies for the Commission to implement an effective, state-wide, public health-informed responsible gambling initiative. We offer both general recommendations and specific recommendations to address New Hampshire's most vulnerable and at-risk populations. As part of our general prevention and intervention recommendations, we propose three key initiatives: launching targeted public awareness campaigns, expanding voluntary self-exclusion programs, and implementing GameSense or a similar responsible gambling program. We also discuss how New Hampshire can enhance treatment and recovery options for problem gambling by increasing awareness among healthcare providers, encouraging them to screen and refer patients for treatment of problem gambling, and by offering targeted training for existing clinicians.

We then present targeted prevention and interventions recommendations that address the needs of New Hampshire's most vulnerable and at-risk populations – rural communities, older adults and veterans, and youth. We highlight how expanding telehealth and online counseling services, along with

[7] US Department of Health and Human Services, "Overview of the State - New Hampshire," 2022, https://mchb.tvisdata.hrsa.gov/Narratives/Overview/9510ebf8-ac54-4449-ab5c-eb868c982cbe#:~:text=With%20its%20ten%20counties%2C%20approximately,west%20of%20the%20capital%20Concord.

[8] US Census Bureau., "American Community Survey 1-Year Estimates," 2022, https://data.census.gov/profile/New_Hampshire?g=040XX00US33#populations-and-people

offering virtual peer support networks, can bridge the rural treatment and recovery service divide. For older adults, targeted public awareness campaigns and alternative recreational activities can help reduce problem gambling risks and mitigate gambling-related harms. For veterans, specialized treatments that address both gambling disorder and co-occurring mental health conditions, such as PTSD and depression, are crucial for effective intervention. Finally, we recommend that New Hampshire supports youth (under age 18), by implementing youth gambling awareness programs and fostering a healthy family environment.[9] The insights from this report will be essential for the Commission in designing and implementing responsible gaming initiatives that effectively reduce gambling-related harms and foster a safer gaming environment for all residents.

Figure 1 and Figure 2 in the report Appendix lay out the essential elements of a comprehensive RG and PG statewide program, and what currently exists in the six New England states. Figure 3 and Figure 4 in the Appendix compare the New England states' treatment of funds won by excluded gamblers and their funding of RG/PG programs.

[9] Giosan et al., "Gambling Addiction among Teenagers: Risk Factors, Protective Factors, Prevention."

1. Literature Review

In this literature review, we begin by defining key terms, including responsible gaming, problem gambling, and gambling-related harm. Following this, we review best practices within a framework of prevention, intervention, treatment, and recovery.

A. Key Terms & Definitions

1. Responsible Gaming

Responsible gaming ("RG") and problem gambling ("PG") are often conflated terms, though they represent distinct concepts.[10] RG emerged as a policy initiative in the late 1980s, driven by the gaming industry's recognition of problem gambling as a public health issue and the need to identify behaviors indicative of non-problematic gambling.[11] The core principle of RG is engaging in gambling in a manner that minimizes potential harm to the player and maintains their well-being while still allowing them to participate in enjoyable betting activities.[12] [13] [14]

Blaszczynski et al. (2004), in their pioneering Reno model, defined RG as "policies and practices designed to prevent and reduce potential harms associated with gambling." [15] Stafford et al. (2024) further described RG as "exercising control and informed choice to ensure that gambling remains within affordable limits of money and time, is enjoyable, balanced with other activities and responsibilities, and avoids gambling-related harm."[16] RG programs generally encompass a mix of corporate policies, employee training, and player-focused product features.[17] [18] These programs often include measures such as self-exclusion, self-imposed marketing restrictions, and limits on time or losses, among other

[10] Royne Stafford et al., "Evaluating Language and Communication Surrounding Responsible Gambling."

[11] Royne Stafford et al.

[12] Blaszczynski, Ladouceur, and Shaffer, "A Science-Based Framework for Responsible Gambling: The Reno Model."

[13] Royne Stafford et al., "Evaluating Language and Communication Surrounding Responsible Gambling."

[14] Wood, "Integrative Modelling for One Health: Pattern, Process And."

[15] Blaszczynski, Ladouceur, and Shaffer, "A Science-Based Framework for Responsible Gambling: The Reno Model."

[16] Royne Stafford et al., "Evaluating Language and Communication Surrounding Responsible Gambling."

[17] Kahlil S Philander, A Keshabyan, and J. Robinson, "Assessing the Techniques and Needs for Responsible Gambling Professional Training and Education." (Las Vegas: International Center for Gaming Regulation at the University of Nevada, Las Vegas, 2018), https://www.greo.ca/Modules/EvidenceCentre/files/Philander%20et%20al%20(2018)_Assessing%20the%20techniques%20and%20needs%20for%20responsible%20gambling_final.pdf

[18] Christine Reilly, "Responsible Gambling: A Review of the Research" (National Center for Responsible Gaming, 2017), https://mnapg.org/wp-content/uploads/2021/02/Review-of-responsible_gambling_research_white_paper_1.pdf

strategies.[19] [20] [21] Building on these conceptualizations, in our review, we define RG as providing information and resources to help individuals make informed decisions about their gambling activities, the promotion of safer gambling environments and behaviors, and the implementation of measures to protect vulnerable populations from gambling-related harm.

2. Problem Gambling

While the term "problem gambling" is widely used in both academic and public discussions around gambling, ambiguity regarding its definition exists, particularly in relation to RG. PG, often referred to as "gambling addiction" or "gambling disorder," is a behavior that results in negative consequences for the gambler and others within their social network or community.[22] The National Council on Problem Gambling ("NCPG") defined PG as a "gambling behavior that is damaging to a person or their family, often disrupting their daily life and career."[23] The UK Gambling Commission defined PG as "gambling to a degree that compromises, disrupts, or damages family, personal, or recreational pursuits."[24]

Gambling disorder ("GD") is identified as an addictive disorder marked by continuous and problematic gambling behavior leading to clinical impairment or distress.[25] [26] GD manifests through several symptoms, such as distorted thinking patterns around gambling, persistent attempts to win back

[19] Sally Gainsbury, *Internet Gambling: Current Research Findings and Implications*, 2012.

[20] Irwin Cohen and Garth Davies, "BCLC's Voluntary Self-Exclusion Program from the Perspectives and Experiences of Program Participants" (University of the Fraser Valley, January 2016), http://hdl.handle.net/1880/109375.

[21] Jeff Edelstein, "Has The Time Come To Incentivize Gamblers To Use Responsible Gambling Tools?," *SportsHandle*, December 13, 2023, https://sportshandle.com/incentivize-gamblers-use-responsible-gambling-tools/.

[22] Jackie Ferris et al., "The Canadian Problem Gambling Index: Final Report" (Canadian Centre on Substance Abuse, February 19, 2001), https://www.greo.ca/Modules/EvidenceCentre/files/Ferris%20et%20al(2001)The_Canadian_Problem_Gambling_Index.pdf.

[23] National Council on Problem Gambling, "FAQs: What Is Problem Gambling?," *FAQs: What Is Problem Gambling?* (blog), 2024, https://www.ncpgambling.org/help-treatment/faqs-what-is-problem-gambling/.

[24] U.K. Gambling Commission, *Problem Gambling and Gambling-Related Harms* (blog), 2023, https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-vs-gambling-related-harms#:~:text='Problem%20gambling'%20means%20gambling%20to,family%2C%20personal%20or%20recreational%20pursuits.

[25] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, 5th ed (Washington: American Psychiatric Association, 2013).

[26] Sally M. Gainsbury et al., "Strategies to Customize Responsible Gambling Messages: A Review and Focus Group Study," *BMC Public Health* 18, no. 1 (December 2018): 1381, https://doi.org/10.1186/s12889-018-6281-0

losses, a fixation on gambling, and an inability to cease gambling activities.[27] [28] [29] Initially seen as an impulse-control disorder, GD is now a recognized mental health diagnosis under the Diagnostic and Statistical Manual of Mental Disorders ("DSM-5") and is now more commonly viewed as a "substance-related and addictive disorder."[30] [31] [32] According to the American Psychiatric Association, a GD diagnosis requires that at least four of nine specific criteria of the DSM-5 must be met.[33]

Within a given year, an estimated 2.5 million adults in the United States (1% of the population) are thought to meet the criteria for a severe gambling problem.[34] Additionally, between 5 million and 8 million individuals (2% to 3% of the US population) would be considered to have mild or moderate gambling problems.[35] These individuals may not meet the full DSM-5 diagnostic criteria for a gambling disorder, but they meet at least one criterion and are experiencing problems related to their gambling behavior. [36] In New Hampshire, an estimated 27,800 to 65,000 people may have experienced gambling-related problems during their lifetime.[37]

3. Gambling-Related Harm

From a public health perspective, "gambling-related harms" is a concept closely related to PG but distinct from it. Gambling-related harms refer to the negative effects of gambling on the health and well-

[27] Hyoun S (Andrew) Kim et al., "When Do Gamblers Help Themselves? Self-Discontinuity Increases Self-Directed Change Over Time," *Addictive Behaviors* 64 (August 31, 2016): 148–53, https://doi.org/10.1016/j.addbeh.2016.08.037.

[28] Kim et al.

[29] David C Hodgins, Jonathan N Stea, and Jon E Grant, "Gambling Disorders," *The Lancet* 378, no. 9806 (2011): 1874–84.

[30] Gainsbury et al., "Strategies to Customize Responsible Gambling Messages."

[31] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*.

[32] José M Menchon et al., "An Overview of Gambling Disorder: From Treatment Approaches to Risk Factors," *F1000Research* 7 (2018).

[33] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*.

[34] National Council on Problem Gambling, "FAQs: What Is Problem Gambling?," 2024, https://www.ncpgambling.org/help-treatment/faqs-what-is-problem-gambling/#:~:text=Problem%20gambling%20(sometimes%20referred%20to,for%20developing%20a%20gambling%20problem.

[35] National Council on Problem Gambling, "FAQs: What Is Problem Gambling?," 2024.

[36] National Council on Problem Gamblng.

[37] *Understanding, Identifying, And Screening For Problem Gambling Webinar*, YouTube video [47:19], 2023, https://www.youtube.com/watch?v=2JjZ7NYva3o&t=284s.

being of individuals, families, communities, or populations.[38] [39] Gambling-related harms can range from mild to severe and may affect mental health, work productivity, financial stability, and relationships.[40] Importantly, individuals can experience gambling-related harms without meeting the DSM-5 criteria for problem gambling, as these harms are outcomes of problematic gambling rather than the condition itself.[41] [42] Additionally, gambling-related harm can extend beyond the individual gambler to affect their children, partners, extended families, social networks, employers, and communities.[43]

B. Review of Best Practices and Programs

1. Prevention

As a public health issue, addressing PG requires more than just treatment; there is a need for effective prevention strategies. Gambling prevention efforts can be categorized into three distinct levels, each aimed at different segments of the population: primary or universal prevention, secondary or indicated prevention, and tertiary or selective prevention.[44] [45]

The first level of prevention, known as primary or universal prevention**,** aims to reduce the risk of gambling problems across the entire population.[46] The core principle of universal prevention is that by increasing people's understanding of gambling, the onset of gambling disorders can be prevented.[47] Primary prevention encourages informed gambling choices and raises public awareness about the potential risks and consequences of excessive gambling.[48] This includes educating the public about how gambling products actually work, the odds of winning, the risks of gambling, recognizing the warning signs

[38] U.K. Gambling Commission.

[39] Erika Langham et al., "Understanding Gambling Related Harm: A Proposed Definition, Conceptual Framework, and Taxonomy of Harms," *BMC Public Health* 16, no. 1 (December 2015): 80, https://doi.org/10.1186/s12889-016-2747-0.

[40] Langham et al.

[41] Royne Stafford et al., "Evaluating Language and Communication Surrounding Responsible Gambling."

[42] Langham et al., "Understanding Gambling Related Harm."

[43] U.K. Gambling Commission.

[44] Dickson-Gillespie et al., "Preventing the Incidence and Harm of Gambling Problems."

[45] Alicia Monreal-Bartolomé et al., "Preventive Gambling Programs for Adolescents and Young Adults: A Systematic Review," *International Journal of Environmental Research and Public Health* 20, no. 6 (March 7, 2023): 4691, https://doi.org/10.3390/ijerph20064691.

[46] Monreal-Bartolomé et al.

[47] Aris Grande-Gosende et al., "Systematic Review of Preventive Programs for Reducing Problem Gambling Behaviors among Young Adults," *Journal of Gambling Studies* 36, no. 1 (2020): 1–22.

[48] Dickson-Gillespie et al., "Preventing the Incidence and Harm of Gambling Problems."

of PG in oneself and others, and increasing awareness of available help and support services to treat and recover from PG.[49]

Public awareness campaigns are an essential component of primary prevention.[50] These campaigns aim to directly influence behaviors and beliefs by raising awareness about gambling risks and promoting RG programs.[51] Current prevention strategies may focus on reducing the impact of advertising and promotions that may mislead players, misrepresent gambling products, or target youth and other at-risk groups.[52] Even small improvements in RG campaigns can significantly reduce gambling-related harm.[53]

The second level of prevention, known as secondary or selective prevention, focuses on high-risk groups that are more likely to develop problematic gambling behaviors.[54] Secondary prevention aims to reduce harm for individuals at risk or already experiencing gambling problems, while also preventing recreational gamblers from progressing to problematic gambling.[55] Secondary consumer protection interventions often involve voluntary or mandatory changes to gambling products or services to enhance safety and address a wide range of gambling behaviors.[56] Examples include self-exclusion programs, modifications to gaming environments and machines to prevent impulsive decisions and excessive play (e.g., removing ATMs from casino floors), and improving awareness and access to support services through signage and informational materials.[57] [58]

The third level, referred to as tertiary or indicated prevention, focuses on preventing further harm in those who already show signs of problematic gambling.[59] For example, by offering PG screening and

[49] Dickson-Gillespie et al.

[50] Gainsbury et al., "Strategies to Customize Responsible Gambling Messages."

[51] Gainsbury et al.

[52] Kahlil S Philander, "Third-Party Responsible Gambling Accreditation Programs Are Related to Short-Term Improvements at Casinos but No Ongoing Gains: Evidence from RG Check" 27 (2023).

[53] Gainsbury et al., "Strategies to Customize Responsible Gambling Messages."

[54] Monreal-Bartolomé et al., "Preventive Gambling Programs for Adolescents and Young Adults."

[55] Dickson-Gillespie et al., "Preventing the Incidence and Harm of Gambling Problems."

[56] Dickson-Gillespie et al.

[57] Alex Blaszczynski, "Harm Minimization Strategies in Gambling: An Overview of International Initiatives and Interventions," *Melbourne: Australian Gaming Council*, 2001.

[58] Laurie Dickson, Jeffrey Derevensky, and Rina Gupta, "The Prevention of Gambling Problems in Youth: A Conceptual Framework," *Journal of Gambling Studies / Co-Sponsored by the National Council on Problem Gambling and Institute for the Study of Gambling and Commercial Gaming* 18 (February 1, 2002): 97–159, https://doi.org/10.1023/A:1015557115049.

[59] Dickson-Gillespie et al., "Preventing the Incidence and Harm of Gambling Problems."

support to individuals undergoing substance use disorder treatment or those already seeking treatment for gambling issues.[60]

C. Vulnerable and At-Risk Populations in New Hampshire

It is crucial for the New Hampshire Charitable Gaming Study Commission to identify vulnerable populations at risk for PG and gambling-related harm within their jurisdiction, and to develop targeted prevention and intervention programs that address their specific needs. Research shows a clear social gradient in gambling-related harms, with least seven groups being particularly vulnerable and at-risk to gambling-related harms: young people, older adults, women, veterans, Indigenous peoples, the prison population, and low-income individuals or those experiencing poverty.[61]

Socioeconomic status has consistently been linked to gambling harm, particularly financial stress.[62] [63] [64] Gambling issues are more common among financially disadvantaged individuals, such as those living in poverty or with a low income, those in lower socioeconomic classes, and those who are unemployed.[65] Castrén et al. (2018) found that lower-income individuals tend to spend a higher proportion of their income on gambling, highlighting the need for harm-reduction strategies that target these specific communities.[66]

In multi-ethnic societies like the United States and other major English-speaking countries, being a racial or ethnic minority, a migrant, and speaking a language other than English have been identified as

[60] Dickson-Gillespie et al.

[61] Steve Sharman, Kevin Butler, and Amanda Roberts, "Psychosocial Risk Factors in Disordered Gambling: A Descriptive Systematic Overview of Vulnerable Populations," *Addictive Behaviors* 99 (December 1, 2019): 106071, https://doi.org/10.1016/j.addbeh.2019.106071.

[62] Dieter Henkel and Uwe Zemlin, "Social Inequality and Substance Use and Problematic Gambling among Adolescents and Young Adults: A Review of Epidemiological Surveys in Germany," *Current Drug Abuse Reviews* 9, no. 1 (2016): 26–48.

[63] Danny Tu, Rebecca J Gray, and Darren K Walton, "Household Experience of Gambling-Related Harm by Socio-Economic Deprivation in New Zealand: Increases in Inequality between 2008 and 2012," *International Gambling Studies* 14, no. 2 (2014): 330–44.

[64] Angela C Rintoul et al., "Modelling Vulnerability to Gambling Related Harm: How Disadvantage Predicts Gambling Losses," *Addiction Research & Theory* 21, no. 4 (2013): 329–38.

[65] Sharman, Butler, and Roberts, "Psychosocial Risk Factors in Disordered Gambling: A Descriptive Systematic Overview of Vulnerable Populations."

[66] Sari Castrén et al., "The Relationship between Gambling Expenditure, Socio-demographics, Health-related Correlates and Gambling Behaviour – a Cross-sectional Population-based Survey in Finland," *Addiction* 113, no. 1 (2018): 91–106.

risk factors for gambling-related harm.[67] [68] [69] Kong et al. (2020) revealed that Black, Hispanic, and Asian individuals in the United States exhibit significantly higher rates of problem gambling or pathological gambling compared to white individuals.[70]

Additionally, casino employees may be at higher risk of developing PG. In a study by Shaffer et al. (1999) on full-time US casino employees, it was found that workers were more likely to be pathological gamblers (2.1%) compared to the general US population (1.1%).[71] However, they were less likely to be problem gamblers (1.4% vs. 2.2%). Additionally, casino employees showed a greater tendency toward alcohol use, smoking, and depression than the general US population.[72]

Populations at risk to gambling-related harms in New Hampshire specifically, include those in rural communities, older adults, veterans and youth. New Hampshire has higher proportions of veterans and older adults compared to the national averages.[73] Specifically, 20.2% of New Hampshire's population is 65 years or older, compared to 17.3% nationally.[74] About 7.7% of New Hampshire's population consists of veterans, versus 6.2% in the general US population.[75] Although 18% of New Hampshire's population is under 18 years old, compared to 22.1% nationally, research consistently emphasizes that addressing gambling behaviors in adolescents and young adults remains critically important.[76] [77]

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[67] Dave Clarke et al., "Gender, Age, Ethnic and Occupational Associations with Pathological Gambling in a New Zealand Urban Sample.," *New Zealand Journal of Psychology* 35, no. 2 (2006).

[68] Jan McMillen et al., "Help-Seeking by Problem Gamblers, Friends and Families: A Focus on Gender and Cultural Groups," 2004.

[69] Namrata Raylu, Tian PS Oei, and Jasmine Loo, "The Current Status and Future Direction of Self-Help Treatments for Problem Gamblers," *Clinical Psychology Review* 28, no. 8 (2008): 1372–85.

[70] G Kong et al., "A Bibliometric Analysis of the 100 Most-Cited Journal Articles on Gambling Disorder.," *Journal of Gambling Studies*, no. 36 (2020): 779–803, https://doi.org/10.1007/s10899-019-09916-1.

[71] Howard J Shaffer, Joni Vander Bilt, and Matthew N Hall, "Gambling, Drinking, Smoking and Other Health Risk Activities among Casino Employees," *American Journal of Industrial Medicine* 36, no. 3 (1999): 365–78.

[72] Shaffer, Bilt, and Hall.

[73] US Census Bureau., "American Community Survey 1-Year Estimates."

[74] US Census Bureau.

[75] US Census Bureau.

[76] US Census Bureau.

[77] US Census Bureau., "U.S. Adult Population Grew Faster Than Nation's Total Population From 2010 to 2020," August 12, 2021, https://www.census.gov/library/stories/2021/08/united-states-adult-population-grew-faster-than-nations-total-population-from-2010-to-2020.html#:~:text=By%20comparison%2C%20the%20younger%20population,in%20fertility%2C%20ongoing%20since%202007.

Rural Populations

Research[78] [79] has shown that in rural and remote areas, substances such as tobacco, cannabis, alcohol, and methamphetamine are used by more people, more frequently, and with greater associated harms than in urban settings. Early evidence suggests that this trend extends to GD and gambling-related harms, where higher rates of PG in rural areas are often linked to factors such as fewer leisure opportunities, social familiarity that can deter seeking treatment (e.g., fear of knowing the service provider, concerns about confidentiality, or concern about becoming the subject of local hearsay), and a lack of local specialized services.[80]

Despite higher rates of substance use and GD, access to treatment in rural areas remains limited. Individuals struggling with GD in rural areas often face major barriers in accessing face-to-face treatment and support. These challenges include geographical distance and isolation, limited availability of local services, a lack of information about nearby resources, concerns about stigma, and the difficulty of finding time to attend meetings due to work, family, and other daily responsibilities.[81] These issues may be pronounced in New Hampshire.

Older Adults

Gambling has become increasingly popular among older adults, particularly those aged 70 and older.[82] This growing trend, however, poses significant health risks. PG among older adults has become a pressing public health issue.[83] [84] Research indicates that older adults are at substantial risk of developing PG, which can severely impact their financial security, mental health, and overall well-being.[85] A 2015 review of 25 studies across the United States, Canada, Australia, New Zealand, Denmark and Sweden

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[78] Amanda Roxburgh, Peter Miller, and Matthew Dunn, "Patterns of Alcohol, Tobacco and Cannabis Use and Related Harm in City, Regional and Remote Areas of Australia," *International Journal of Drug Policy* 24, no. 5 (2013): 488–91.

[79] Ann Roche and Alice McEntee, "Ice and the Outback: Patterns and Prevalence of Methamphetamine Use in Rural Australia," *Australian Journal of Rural Health* 25, no. 4 (August 1, 2017): 200–209, https://doi.org/10.1111/ajr.12331.

[80] Elly Gannon, Paul Delfabbro, and Carly Sutherland, "Gambling in Rural and Remote South Australia," *International Journal of Mental Health and Addiction* 19, no. 4 (August 2021): 1243–60, https://doi.org/10.1007/s11469-020-00221-3.

[81] Annette Peart et al., "Web-Based Forums for People Experiencing Substance Use or Gambling Disorders: Scoping Review," *JMIR Mental Health* 11, no. 1 (2024): e49010.

[82] Katelyn M. Thompson and Dennis P. McNeilly, "Populations at Risk for a Gambling Disorder: Older Adults," *Current Addiction Reports* 3, no. 3 (September 2016): 275–79, https://doi.org/10.1007/s40429-016-0107-x.

[83] M Abbott et al., "New Zealand 2012 National Gambling Study: Gambling Harm and Problem Gambling, Report Number 2." (Ministry of Health, 2014), http://www.aut.ac.nz/__data/assets/pdf_file/0007/508588/Report-final-National-Gambling-Study-Report-No.-2.pdf.

[84] Samson Tse et al., "Gambling Behavior and Problems among Older Adults: A Systematic Review of Empirical Studies," *Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 67, no. 5 (2012): 639–52.

[85] Menchon et al., "An Overview of Gambling Disorder: From Treatment Approaches to Risk Factors."

found significantly high rates of disordered gambling among older adults, with some studies reporting prevalence rates as high as 10.6%.[86]

Several risk factors increase the vulnerability of older adults to PG and gambling-related harm. Significant life transitions, such as the loss of loved ones, represent major turning points in an older adult's life.[87] Many older adults struggle to cope with the grief and disruption that follow the loss of a partner.[88] This experience can lead to social isolation and a sense of purposelessness, which may push them toward maladaptive coping strategies, including gambling and substance use.[89]

Research also indicates that loneliness is a strong predictor of PG among older adults, often resulting from the loss of a loved one.[90] [91] Older individuals with GD are more likely to be single or divorced/separated, which can exacerbate feelings of loneliness and further contribute to their vulnerability to PG.[92] Additionally, a smaller, less satisfying social network and a lack of motivation to engage socially exacerbates older adults' vulnerability to PG.[93] Those with limited social support are more likely to frequent casinos,[94] and older individuals without a partner frequently show a heightened inclination to play electronic gaming machines, using these machines to fulfill both recreational and social needs, which further increases the risk of PG.[95]

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[86] Mythily Subramaniam et al., "Prevalence and Determinants of Gambling Disorder among Older Adults: A Systematic Review," *Addictive Behaviors* 41 (2015): 199–209.

[87] Morgane Guillou Landreat et al., "Determinants of Gambling Disorders in Elderly People – A Systematic Review," *Frontiers in Psychiatry* 10 (November 25, 2019): 837, https://doi.org/10.3389/fpsyt.2019.00837.

[88] D. P. McNeilly and W. J. Burke, "Disposable Time and Disposable Income: Problem Gambling Behaviors in Older Adults," *J Clin Geropsychol* 8 (2002), https://doi.org/10.1023/A:1014679507988.

[89] McNeilly and Burke.

[90] Tara Elton-Marshall et al., "Marital Status and Problem Gambling among Older Adults: An Examination of Social Context and Social Motivations," *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement* 37, no. 3 (2018): 318–32, https://doi.org/10.1017/S071498081800017X.

[91] Adrian Parke et al., "Age-Related Physical and Psychological Vulnerability as Pathways to Problem Gambling in Older Adults," *Journal of Behavioral Addictions* 7, no. 1 (2018): 137–45.

[92] Rachel A Volberg and D McNeilly, "Gambling and Problem Gambling among Seniors in Florida," *Maitland: Florida Council on Compulsive Gambling*, 2003.

[93] Peter A. Lichtenberg, Fayetta Martin, and Cheri Anderson, "Gambling in Older Adults: An Emerging Problem for Nurses," *Journal of Addictions Nursing* 20, no. 3 (2009), https://journals.lww.com/jan/fulltext/2009/20030/gambling_in_older_adults__an_emerging_problem_for.1.aspx.

[94] Rochelle R Zaranek and Elizabeth E Chapleski, "Casino Gambling among Urban Elders: Just Another Social Activity?," *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 60, no. 2 (2005): S74–81.

[95] Jenni Southwell, Paul Boreham, and Warren Laffan, "Problem Gambling and the Circumstances Facing Older People: A Study of Gaming Machine Players Aged 60+ in Licensed Clubs," *Journal of Gambling Studies* 24 (2008): 151–74.

Retirement is another significant turning point in an older person's life.[96] The transition into retirement or semi-retirement, along with the challenge of shifting from work to increased leisure time, can amplify the risk of PG and gambling-related harms among older adults.[97] [98] With more free time, older adults may be more susceptible to PG and the development of GD.[99] [100] Subramaniam et al. (2017) found that adults aged 60 and above often exhibited cognitive distortions, such as illusions of control, belief in luck and superstition, and a tendency to minimize their gambling losses, factors that can lead to the development of PG.[101]

Problem gambling can have a range of detrimental impacts on older adults. Bergh and Kühlhorn (1994) identified several negative effects of PG on older adults, including depression, low self-esteem, physical health problems, financial difficulties, strained relationships with family and friends, social isolation, work-related issues, and even criminal behavior.[102] Moreover, older adults with GD are more likely to experience comorbid physical and mental health issues compared to non-gamblers or low-frequency gamblers. These issues include alcohol/substance abuse, depression, and anxiety disorders.[103] [104] [105]

A significant negative impact specific to older adults is their diminished ability to address the financial damage caused by PG.[106] Older adults are notably less likely to recover financially from excessive gambling losses.[107] Given that many older adults rely on fixed and modest monthly incomes (e.g., Social

[96] Guillou Landreat et al., "Determinants of Gambling Disorders in Elderly People – A Systematic Review."

[97] D. P. McNeilly and W. J. Burke, "Gambling as a Social Activity of Older Adults," *Int J Aging Hum Dev* 52 (2001), https://doi.org/10.2190/A4U7-234X-B3XP-64AH.

[98] McNeilly and Burke, "Disposable Time and Disposable Income: Problem Gambling Behaviors in Older Adults."

[99] Dennis P McNeilly and William J Burke, "Gambling as a Social Activity of Older Adults," *The International Journal of Aging and Human Development* 52, no. 1 (2001): 19–28.

[100] McNeilly and Burke, "Disposable Time and Disposable Income: Problem Gambling Behaviors in Older Adults."

[101] Mythily Subramaniam et al., "Responsible Gambling among Older Adults: A Qualitative Exploration," *BMC Psychiatry* 17 (2017): 1–11.

[102] Cecilia Bergh and Eckart Kühlhorn, "Social, Psychological and Physical Consequences of Pathological Gambling in Sweden.," *Journal of Gambling Studies* 10, no. 3 (1994): 275–85, https://doi.org/10.1007/BF02104968.

[103] Vanchai Ariyabuddhiphongs, "Older Adults and Gambling: A Review," *International Journal of Mental Health and Addiction* 10 (2012): 297–308.

[104] Cindy Sullivan Kerber, Donald W Black, and Kathleen Buckwalter, "Comorbid Psychiatric Disorders among Older Adult Recovering Pathological Gamblers," *Issues in Mental Health Nursing* 29, no. 9 (2008): 1018–28.

[105] Robert H Pietrzak et al., "Gambling Level and Psychiatric and Medical Disorders in Older Adults: Results from the National Epidemiologic Survey on Alcohol and Related Conditions," *The American Journal of Geriatric Psychiatry* 15, no. 4 (2007): 301–13.

[106] Guillou Landreat et al., "Determinants of Gambling Disorders in Elderly People – A Systematic Review."

[107] Guillou Landreat et al.

Security), they may have limited capacity to replace funds lost to gambling.[108] This can result in higher credit card balances, increased debt, and a greater need for loans.[109] [110] Such financial strain can further impair relationships with family and friends, adding to the social consequences of PG for older adults.[111]

Research suggests that gambling problems may develop more rapidly in older adults, and they may be more prone to relapse during treatment compared to younger individuals.[112] Although older adults generally have better overall recovery rates for PG than their younger counterparts,[113] they are less likely to seek treatment for gambling-related issues.[114]

Veterans

Active and veteran military servicemembers have been identified as a high-risk group for problem gambling.[115] Gambling disorders have been shown to be more prevalent among veterans and active military servicemembers compared to the general US population.[116] A study by Van Der Mass and Nower (2021) found that problem gambling scores for active and former military servicemembers, those that served in US Military, Military Reserves, or National Guard, were more than double those of civilians in New Jersey.[117] Specifically, 31.97% of military respondents were classified as having moderate to severe gambling problems, compared to 16.97% of civilian respondents.[118] Other estimates suggested that between 2.3% and 9.0% of US military veterans have been diagnosed with GD, compared to 0.4% to 4.0%

[108] Angelique Lemay et al., *Betting on Older Adults : A Problem Gambling Prevention Clinical Manual for Service Providers*, 1 online resource ([xi], 49 pages) : digital file (PDF) vols. (Toronto, Ont.: Sault Area Hospital, St. Joseph Care Group, Centretown Community Health Centre, 2006), https://www.problemgambling.ca/EN/Documents/Betting%20on%20Older%20Adults%20Manual.pdf.

[109] Lemay et al.

[110] Jennifer L McComb, Bonnie K Lee, and Douglas H Sprenkle, "Conceptualizing and Treating Problem Gambling as a Family Issue," *Journal of Marital and Family Therapy* 35, no. 4 (2009): 415–31.

[111] McComb, Lee, and Sprenkle.

[112] Kristine Bjelde, Barbara Chromy, and Debra Pankow, "Casino Gambling among Older Adults in North Dakota: A Policy Analysis," *Journal of Gambling Studies* 24 (2008): 423–40.

[113] Bjelde, Chromy, and Pankow.

[114] Nancy M Petry, "A Comparison of Young, Middle-Aged, and Older Adult Treatment-Seeking Pathological Gamblers," *The Gerontologist* 42, no. 1 (2002): 92–99.

[115] Mark Van Der Maas and Lia Nower, "Gambling and Military Service: Characteristics, Comorbidity, and Problem Severity in an Epidemiological Sample," *Addictive Behaviors* 114 (March 2021): 106725, https://doi.org/10.1016/j.addbeh.2020.106725.

[116] Lauren Levy and J. Kathleen Tracy, "Gambling Disorder in Veterans: A Review of the Literature and Implications for Future Research," *Journal of Gambling Studies* 34, no. 4 (December 2018): 1205–39, https://doi.org/10.1007/s10899-018-9749-z.

[117] Van Der Maas and Nower, "Gambling and Military Service."

[118] Van Der Maas and Nower.

of civilians.[119] In 2022, the National Council on Problem Gambling estimated that 1.6% of active duty servicemembers in the United States had serious gambling problems.[120]

Certain groups within the military are particularly at risk. Veterans with lower educational attainment, lower income, women service members, and some minority ethnic groups are at higher risk for problem gambling.[121] Notably, despite gambling less frequently, women servicemembers in Van Der Mass and Nower's (2021) study exhibited higher rates of PG than their male counterparts, suggesting they may be more at risk for gambling-related harm.[122]

Gambling problems among veterans are often linked with other serious mental health conditions. Research has shown that veterans who struggle with PG are also more likely to face mental health issues such as substance abuse, depression, anxiety, mood disorders, and PTSD.[123] [124] [125] For instance, Westermeyer et al.'s (2005) study of Native American and Hispanic American veterans found that 70% of veterans experiencing pathological gambling were also diagnosed with other major mental health conditions, such as substance, mood, and personality disorders, compared to 46% of veterans without pathological gambling disorder.[126] The NCPG estimated that 40% of veterans seeking treatment for GD reported a suicide attempt in 2022.[127] Additional risk factors for veterans include, exposure to traumatic events, homelessness, and limited social support after deployment.[128] [129]

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[119] Repairer Etuk et al., "Gambling Problems in US Military Veterans," *Current Addiction Reports* 7, no. 2 (June 2020): 210–28, https://doi.org/10.1007/s40429-020-00310-2.

[120] National Council on Problem Gambling, "Fact Sheet: Gambling & Addiction Among Servicemembers and Veterans," September 2022, https://www.ncpgambling.org/wp-content/uploads/2023/12/Fact-Sheet-Gambling-Addiction-Among-Servicemembers.pdf.

[121] Van Der Maas and Nower, "Gambling and Military Service."

[122] Van Der Maas and Nower.

[123] Ellen L Edens and Robert A Rosenheck, "Rates and Correlates of Pathological Gambling among VA Mental Health Service Users," *Journal of Gambling Studies* 28 (2012): 1–11.

[124] Elina A Stefanovics, Marc N Potenza, and Robert H Pietrzak, "Gambling in a National US Veteran Population: Prevalence, Socio-Demographics, and Psychiatric Comorbidities," *Journal of Gambling Studies* 33 (2017): 1099–1120.

[125] Seth W Whiting et al., "Investigating Veterans' Pre-, Peri-, and Post-Deployment Experiences as Potential Risk Factors for Problem Gambling," *Journal of Behavioral Addictions* 5, no. 2 (2016): 213–20.

[126] Joseph Westermeyer et al., "Lifetime Prevalence of Pathological Gambling among American Indian and Hispanic American Veterans," *American Journal of Public Health* 95, no. 5 (2005): 860–66.

[127] National Council on Problem Gambling, "Fact Sheet: Gambling & Addiction Among Servicemembers and Veterans."

[128] Edens and Rosenheck, "Rates and Correlates of Pathological Gambling among VA Mental Health Service Users."

[129] Whiting et al., "Investigating Veterans' Pre-, Peri-, and Post-Deployment Experiences as Potential Risk Factors for Problem Gambling."

Youth

Prevention strategies for teens and young adults is crucial, as public concern continues to grow over the heightened vulnerability of these age groups to developing gambling addictions.[130] The expansion of gambling, coupled with its increasing social acceptance, has made gambling more appealing to younger audiences.[131] Internet gaming, in particular, has significantly increased accessibility to gambling for youth.[132] [133]

Individuals under 30 are among the most likely to experience gambling disorder.[134] Starting to gamble at a young age can lead to more severe gambling issues later.[135] Children who start gambling by age 12 are four times more likely to develop PG behaviors as they grow older.[136] A review of 44 studies on gambling among people aged 11-24 across five continents found that up to 12.3% of youth within this age group qualify as problem gamblers.[137]

In the United States, the situation is concerning. Approximately 5% of youth in the United States, ages 11-17, meet one or more criteria of having a gambling problem, such as enjoying the thrill of gambling, writing IOUs to keep playing, or continuing to play even after losing in hopes of hitting a "big win."[138] An additional 10%-14% are at risk of developing an addiction, indicating that they are already

[130] Caterina Giosan et al., "Gambling Addiction among Teenagers: Risk Factors, Protective Factors, Prevention," *BRAIN. Broad Research in Artificial Intelligence and Neuroscience* 15, no. 1 (2024): 41–45.

[131] Giosan et al.

[132] Tara Elton-Marshall, Scott T. Leatherdale, and Nigel E. Turner, "An Examination of Internet and Land-Based Gambling among Adolescents in Three Canadian Provinces: Results from the Youth Gambling Survey (YGS)," *BMC Public Health* 16, no. 1 (March 18, 2016): 277, https://doi.org/10.1186/s12889-016-2933-0.

[133] Natale Canale et al., "Impact of Internet Gambling on Problem Gambling among Adolescents in Italy: Findings from a Large-Scale Nationally Representative Survey," *Computers in Human Behavior* 57 (April 1, 2016): 99–106, https://doi.org/10.1016/j.chb.2015.12.020.

[134] Ana Fernández-Alba and Francisco J Labrador, "Sociodemographic, Psychopathological and Clinical Characteristics of Pathological Slot-Machine Gamblers in Treatment: A Descriptive Study of Spanish Male Gamblers," *International Gambling Studies* 5, no. 1 (2005): 113–22.

[135] Susana Jiménez-Murcia et al., "Age of Onset in Pathological Gambling: Clinical, Therapeutic and Personality Correlates," *Journal of Gambling Studies* 26 (2010): 235–48.

[136] Ardeshir S Rahman et al., "The Relationship between Age of Gambling Onset and Adolescent Problematic Gambling Severity," *Journal of Psychiatric Research* 46, no. 5 (2012): 675–83.

[137] Filipa Calado, Joana Alexandre, and Mark D. Griffiths, "Prevalence of Adolescent Problem Gambling: A Systematic Review of Recent Research," *Journal of Gambling Studies* 33, no. 2 (June 1, 2017): 397–424, https://doi.org/10.1007/s10899-016-9627-5.

[138] Marsha Mercer, "States Tackle Teenage Gambling as Sports Betting Grows," *EducationWeek*, July 13, 2022, https://www.edweek.org/leadership/states-tackle-teenage-gambling-as-sports-betting-grows/2022/07.

showing signs of losing control over their gambling behavior.[139] US high school students are twice as likely as adults to have gambling issues.[140]

College students aged 18-25 are at a high risk for developing gambling disorders, with this age group showing the highest rates of both problem and pathological gambling.[141] Compared to the general population, college-aged adults are vulnerable to PG due to the combination of risky behaviors typical of this age group (e.g., underage drinking) and newly gained legal access to gambling (age 21), making it more accessible than ever.[142] A study of 41,989 university students from 1987 to 2017 worldwide found that 6.1% of university students were classified as pathological gamblers, and another 10.2% were considered problem gamblers.[143] These rates were higher than those found in the general US population.[144] Nearly half (48.7%) of problem gamblers in a sample of college students aged 18 and older in the United States, reported gambling online in the previous month.[145]

A range of individual and social risk factors are closely linked to elevated rates of PG among youth. Individual risk factors include being male; being younger in age; consuming alcohol, tobacco, cannabis, or illicit drugs; experiencing depression; having impulsive tendencies or sensation-seeking behavior; a propensity for violence or an under-controlled temperament; lower education levels; low socioeconomic status; and demonstrating poor academic performance.[146] [147] [148] The main social/relationship risks are family and peer influence.[149] The United Kingdom Gambling Commission (2021) highlighted that observing significant wins or losses, receiving encouragement from parents to gamble, and having parents who

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[139] Mercer.

[140] Mercer.

[141] Yaxi Zhao et al., "The Scope, Focus and Types of Gambling Policies among Canadian Colleges and Universities.," *Canadian Psychology/Psychologie Canadienne* 58, no. 2 (2017): 187.

[142] Grande-Gosende et al., "Systematic Review of Preventive Programs for Reducing Problem Gambling Behaviors among Young Adults."

[143] Donald E. Nowak, "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, no. 2 (June 1, 2018): 465–98, https://doi.org/10.1007/s10899-017-9726-y.

[144] Nowak.

[145] Nancy M. Petry and Angels Gonzalez-Ibanez, "Internet Gambling in Problem Gambling College Students," *Journal of Gambling Studies* 31, no. 2 (June 1, 2015): 397–408, https://doi.org/10.1007/s10899-013-9432-3.

[146] Giosan et al., "Gambling Addiction among Teenagers: Risk Factors, Protective Factors, Prevention."

[147] Nerilee Hing, Alex M. Russell, and Matthew Browne, "Risk Factors for Gambling Problems on Online Electronic Gaming Machines, Race Betting and Sports Betting," *Frontiers in Psychology* 8 (2017), https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2017.00779.

[148] NA Dowling et al., "Early Risk and Protective Factors for Problem Gambling: A Systematic Review and Meta-Analysis of Longitudinal Studies," *Clinical Psychology Review* 51 (2017): 109–24.

[149] 10/30/2024 4:04:00 PM

frequently gamble can strongly influence the development of gambling problems in youth aged 15-25.[150] Exposure to gambling within the household can normalize gambling behavior and increase the likelihood that young people will engage in other risky behaviors, such as alcohol and drug use.[151]

In addition to family and peer influences, exposure to gambling marketing during youth significantly shapes perceptions and intentions around gambling, increasing the risk of PG in this vulnerable group.[152] Intensive marketing of gambling products normalizes the idea that gambling is a harmless form of entertainment, reduces perceived risks, and influences young people under 18 to develop an interest in gambling.[153] Moreover, research suggests that early exposure to gambling, particularly through online platforms, can lead to more severe gambling issues later in life.[154]

1. Intervention

A fundamental principle of RG is prevention and intervention.[155] To address gambling-related harms, a range of wellness-oriented and harm-reduction interventions have been implemented both in the United States and internationally.[156] Effective interventions help gamblers of varying risk levels gain and apply the skills and knowledge necessary to control their gambling within affordable limits.[157]

Programs across different jurisdictions may consist of psychosocial treatment, awareness campaigns, player education programs, self-exclusion options, and play management tools such as limit-setting features.[158] Other interventions include pre-commitment and limit-setting, youth prevention programs, and machine messages/feedback.[159]

Harm-reduction interventions, specifically, target both individual behavior and the gambling environment. From an individual perspective, harm-reduction interventions may focus on pre-

[150] U.K. Gambling Commission, "Exploring the Gambling Journeys of Young People," 2021, https://www.gamblingcommission.gov.uk/statistics-and-research/publication/exploring-the-gambling-journeys-of-young-people.

[151] Lia Nower, Wen Li Anthony, and Jackie F. Stanmyre, "The Intergenerational Transmission of Gambling and Other Addictive Behaviors: Implications of the Mediating Effects of Cross-Addiction Frequency and Problems," *Addictive Behaviors* 135 (December 1, 2022): 107460, https://doi.org/10.1016/j.addbeh.2022.107460.

[152] Samantha Thomas et al., "Protecting Children and Young People from Contemporary Marketing for Gambling," *Health Promotion International* 38, no. 2 (April 1, 2023): daac194, https://doi.org/10.1093/heapro/daac194.

[153] Thomas et al.

[154] Rahman et al., "The Relationship between Age of Gambling Onset and Adolescent Problematic Gambling Severity."

[155] Blaszczynski et al., "Responsible Gambling: General Principles and Minimal Requirements."

[156] Blaszczynski et al.

[157] Gainsbury et al., "Strategies to Customize Responsible Gambling Messages."

[158] Gainsbury et al.

[159] Naoimh McMahon et al., "Effects of Prevention and Harm Reduction Interventions on Gambling Behaviours and Gambling Related Harm: An Umbrella Review," *Addictive Behaviors* 90 (March 1, 2019): 380–88, https://doi.org/10.1016/j.addbeh.2018.11.048.

commitment/limit-setting, machine messages/feedback, self-exclusion, and personalized feedback for individuals.[160] Gaming operators may implement environmental interventions including limiting gaming machine hours, removing large note acceptors, capping maximum bets, and eliminating ATMs.[161] In this report, we highlight two prominent harm-reduction interventions, voluntary self-exclusion and referrals or helpline calls.

Voluntary Self-Exclusion Programs

Voluntary self-exclusion ("VSE") programs enable gamblers to exclude themselves from gambling platforms for a period of their choosing.[162] These opt-in programs limit access to gambling, whether in-person or online, and differ by jurisdiction.[163] VSE programs aim to increase gamblers' awareness of their issues and encourage them to seek professional help.[164] Participants agree to ban themselves from specific gambling establishments for a duration that can range from six months to a lifetime, though the most common duration is up to five years.[165] After signing the VSE agreement, individuals may be refused entry or asked to leave if they are found at the excluded gambling venues.[166] VSE methods include both online self-management tools and in-person programs.[167] VSEs also offer treatment opportunities to varying extents. These opportunities can range from providing information about treatment options to requiring participation in educational programs that encourage self-assessment.[168] [169]

Approximately 95% of individuals who self-exclude meet the criteria for disordered gambling at the time they choose to self-exclude.[170] On average, these individuals have been gambling between 7 and 17 years, with those aged 56-79 gambling for an even longer period before seeking VSE.[171] Self-excluders

[160] McMahon et al.

[161] McMahon et al.

[162] Niklas Hopfgartner et al., "The Efficacy of Voluntary Self-Exclusions in Reducing Gambling among a Real-World Sample of British Online Casino Players," *Journal of Gambling Studies* 39, no. 4 (2023): 1833–48.

[163] Morgan B. Zolkwer, Simon Dymond, and Bryan F. Singer, "Voluntary Self-Exclusion and Contingency Management for the Treatment of Problematic and Harmful Gambling in the UK: An Exploratory Study," *Healthcare* 11, no. 19 (October 4, 2023): 2682, https://doi.org/10.3390/healthcare11192682.

[164] Igor Yakovenko and David C. Hodgins, "Effectiveness of a Voluntary Casino Self-Exclusion Online Self-Management Program," *Internet Interventions* 23 (March 2021): 100354, https://doi.org/10.1016/j.invent.2020.100354.y

[165] Yakovenko and Hodgins.

[166] Yakovenko and Hodgins.

[167] Yakovenko and Hodgins.

[168] Blaszczynski, Ladouceur, and Shaffer, "A Science-Based Framework for Responsible Gambling: The Reno Model."

[169] Yakovenko and Hodgins.

[170] Robert Ladouceur et al., "Brief Communications Analysis of a Casino's Self-Exclusion Program," *Journal of Gambling Studies* 16 (2000): 453–60.

[171] Lia Nower and Alex Blaszczynski, "Recovery in Pathological Gambling: An Imprecise Concept," *Substance Use & Misuse* 43, no. 12–13 (2008): 1844–64.

are generally white and middle-aged, between 36 and 55 years old.[172] The rate of self-exclusion is comparable between men and women.[173]

Common motivations for choosing to self-exclude include the desire to regain control over gambling, the need for help, and "hitting rock bottom."[174] In addition, older adults also cite suicide prevention as a reason for seeking VSE.[175] For gamblers who recognize they may have severe problems, self-exclusion provides an opportunity to take a break and reassess their gambling behavior and its impact on themselves and others.[176]

Research showed that self-exclusion is effective in managing betting urges and reducing gambling activity.[177] Participants in both online and in-person VSE programs reported gambling less frequently and spending less money on gambling.[178] Additionally, VSE has beneficial effects on health outcomes associated with gambling-related harm. VSE improved psychological well-being, reduced anxiety and depression, lessened family and work-related challenges, and helped alleviate symptoms of comorbid disorders including depression and alcohol use.[179] [180] [181] Nelson's (2010) evaluation of American VSE programs revealed that participation in VSE led to increased treatment-seeking behavior, enhanced relationships, and better emotional health.[182]

Although VSE is generally regarded as effective for preventing gambling, it has several weaknesses. Many disordered gamblers find ways to bypass their self-imposed restrictions.[183] Studies

[172] Nower and Blaszczynski.

[173] Nower and Blaszczynski.

[174] Nower and Blaszczynski.

[175] Nower and Blaszczynski.

[176] Ludwig Kraus et al., "Voluntary Self-Exclusion from Gambling: Expert Opinions on Gaps and Needs for Improvement," *Nordic Studies on Alcohol and Drugs*, August 9, 2024, 14550725241264628, https://doi.org/10.1177/14550725241264628.

[177] Zolkwer, Dymond, and Singer, "Voluntary Self-Exclusion and Contingency Management for the Treatment of Problematic and Harmful Gambling in the UK."

[178] Yakovenko and Hodgins, "Effectiveness of a Voluntary Casino Self-Exclusion Online Self-Management Program."

[179] McMahon et al., "Effects of Prevention and Harm Reduction Interventions on Gambling Behaviours and Gambling Related Harm: An Umbrella Review."

[180] Ladouceur et al., "Brief Communications Analysis of a Casino's Self-Exclusion Program."

[181] Robert Ladouceur, Caroline Sylvain, and Patrick Gosselin, "Self-Exclusion Program: A Longitudinal Evaluation Study," *Journal of Gambling Studies* 23 (2007): 85–94.

[182] Sarah E Nelson et al., "One Decade of Self Exclusion: Missouri Casino Self-Excluders Four to Ten Years after Enrollment," *Journal of Gambling Studies* 26 (2010): 129–44.

[183] Yakovenko and Hodgins, "Effectiveness of a Voluntary Casino Self-Exclusion Online Self-Management Program."

have shown that self-excluders may violate their agreements.[184] [185] This can lead to a relapse; the progress made during the exclusion period was lost when they resumed gambling. Additionally, in many jurisdictions, VSE regulations apply only to specific types of venues, such as casinos or online gambling platforms, which means that excluded gamblers can easily switch to other venues or websites to continue gambling during their exclusion period.[186]

While VSE has proven effective at the individual level,[187] [188] its implementation as a tool to prevent psychological, financial, and social harm at the community or population level is often lacking and underutilized.[189] Although VSE is generally seen as an effective strategy for minimizing individual gambling harm, there are significant barriers and limitations within current self-exclusion programs. A more holistic approach is needed to prevent problem gamblers from continuing to harm themselves through gambling.[190] VSE programs tend to be more effective in jurisdictions where harm reduction is prioritized as a state-level, public health goal.

Gambling Helplines

Gambling helplines are a critical intervention for addressing PG, acting as an initial point of contact for many individuals seeking help. It can also support individuals and families affected by gambling-related harms.[191] [192] Helplines provide immediate assistance, including crisis intervention, information, and referrals to more extensive treatment services.[193]

Gambling helplines are the most common strategy employed by jurisdictions with legalized gambling to address the issue of problem gambling.[194] States can direct callers nationwide through the routing systems set up by the National Council on Problem Gambling through the use of 1-800-GAMBLER;

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[184] McMahon et al., "Effects of Prevention and Harm Reduction Interventions on Gambling Behaviours and Gambling Related Harm: An Umbrella Review."

[185] Alexandra S Drawson et al., "The Use of Protective Behavioural Strategies in Gambling: A Systematic Review," *International Journal of Mental Health and Addiction* 15 (2017): 1302–19.

[186] Kraus et al., "Voluntary Self-Exclusion from Gambling."

[187] Cyril Devault-Tousignant et al., "Qualitative Experience of Self-Exclusion Programs: A Scoping Review," *International Journal of Environmental Research and Public Health* 20, no. 5 (2023): 3987.

[188] McMahon et al., "Effects of Prevention and Harm Reduction Interventions on Gambling Behaviours and Gambling Related Harm: An Umbrella Review."

[189] Kraus et al., "Voluntary Self-Exclusion from Gambling."

[190] Devault-Tousignant et al., "Qualitative Experience of Self-Exclusion Programs: A Scoping Review."

[191] Sally Gainsbury, Nerilee Hing, and Niko Suhonen, "Professional Help-Seeking for Gambling Problems: Awareness, Barriers and Motivators for Treatment," *Journal of Gambling Studies* 30, no. 2 (June 1, 2014): 503–19, https://doi.org/10.1007/s10899-013-9373-x.

[192] Jeremiah Weinstock et al., "Predictors of Engaging in Problem Gambling Treatment: Data from the West Virginia Problem Gamblers Help Network.," *Psychology of Addictive Behaviors* 25, no. 2 (2011): 372.

[193] Dickson-Gillespie et al., "Preventing the Incidence and Harm of Gambling Problems."

[194] Dickson-Gillespie et al.

for those without state call centers, NCPG routes people struggling with their gambling through a nationwide call center.[195] [196]

Studies have shown that financial difficulties are the most frequent reason for calling gambling helplines, although legal and relationship issues also drive many to seek help.[197] The anonymity and confidentiality provided by helplines make them an appealing option for individuals who might be hesitant to seek face-to-face services.[198] [199] Furthermore, helplines are accessible and cost-effective, often reaching more people than traditional counseling services.[200] [201]

The motivations for seeking help through helplines can vary significantly by gender and racial/ethnic groups.[202] Most callers are men, typically seeking information and referrals to address their gambling issues.[203] Data from the Florida Council on Compulsive Gambling revealed that while financial problems were the leading cause of helpline calls across all ethnic groups, relationship and legal issues also played a significant role.[204] Among people with gambling problems calling for non-financial reasons, Hispanics were more likely to call for relationship-related issues, while whites often reported legal problems as their primary concern.[205]

Over time, some gambling helplines have expanded their role beyond providing information and referrals to offering brief interventions for gamblers and their significant others, typically consisting of

[195] Dickson-Gillespie et al.

[196] National Council on Problem Gambling, "FAQs: What Is Problem Gambling?," 2024.

[197] Mary Cuadrado and Ibrahim S Malick, "Factors Precipitating Calls to a Help Hotline: A Comparison of Whites, Blacks, and Hispanics," *Journal of Gambling Studies* 35, no. 4 (2019): 1271–81.

[198] Kerrie Shandley and Susan Moore, "Evaluation of Gambler's Helpline: A Consumer Perspective," *International Gambling Studies* 8, no. 3 (2008): 315–30.

[199] Simone N Rodda, Nerilee Hing, and Dan I Lubman, "Improved Outcomes Following Contact with a Gambling Helpline: The Impact of Gender on Barriers and Facilitators," *International Gambling Studies* 14, no. 2 (2014): 318–29.

[200] Shandley and Moore, "Evaluation of Gambler's Helpline: A Consumer Perspective."

[201] Rodda, Hing, and Lubman, "Improved Outcomes Following Contact with a Gambling Helpline: The Impact of Gender on Barriers and Facilitators."

[202] Cuadrado and Malick, "Factors Precipitating Calls to a Help Hotline: A Comparison of Whites, Blacks, and Hispanics."

[203] Heidi Sinclair, Adele Pretorius, and Dan J Stein, "A Counselling Line for Problem and Pathological Gambling in South Africa: Preliminary Data Analysis," *Journal of Behavioral Addictions* 3, no. 3 (2014): 199–202.

[204] Cuadrado and Malick, "Factors Precipitating Calls to a Help Hotline: A Comparison of Whites, Blacks, and Hispanics."

[205] Cuadrado and Malick.

one to four sessions.[206] [207] These brief interventions can significantly impact callers, with more than half of those who contact a helpline attending at least one treatment session afterward.[208] [209] [210] Moreover, helplines are not only effective in connecting individuals to treatment but also in improving their overall outcomes.[211] Callers often report significant improvements in both gambling behaviors and psychosocial well-being following their interaction with a helpline.[212]

The effectiveness of helplines in promoting treatment engagement is well-documented in the United States. For example, Weinstock et al. (2011) found that more than 75% of callers to the West Virginia Problem Gamblers Help Network accepted referrals for further treatment, with 72% attending an in-person assessment.[213] Similarly, Ledgerwood et al. (2013) found that 67% of callers to the Michigan Problem Gambling Hotline who were re-contacted after their initial call initiated some form of treatment.[214] Of those participants in Ledgerwood et al.'s (2013) study, more than 92% attended formal treatment, and 28% reported attending peer support meetings, such as Gamblers Anonymous, either instead of or in combination with psychotherapy.[215] Additionally, Valdivia-Salas et al. (2014)[216] found that 49% of New Mexico Council on Problem Gambling callers referred to treatment attended their appointment. These findings suggest that helplines remain a crucial gateway to treatment for many

[206] Abbott et al., "New Zealand 2012 National Gambling Study: Gambling Harm and Problem Gambling, Report Number 2."

[207] David M Ledgerwood et al., "Clinical Characteristics and Treatment Readiness of Male and Female Problem Gamblers Calling a State Gambling Helpline," *Addiction Research & Theory* 20, no. 2 (2012): 162–71.

[208] David M. Ledgerwood et al., "Who Goes to Treatment? Predictors of Treatment Initiation among Gambling Help-Line Callers," *The American Journal on Addictions* 22, no. 1 (January 2013): 33–38, https://doi.org/10.1111/j.1521-0391.2013.00323.x.

[209] Sonsoles Valdivia-Salas et al., "Treatment-Seeking Precipitators in Problem Gambling: Analysis of Data from a Gambling Helpline.," *Psychology of Addictive Behaviors* 28, no. 1 (2014): 300.

[210] Weinstock et al., "Predictors of Engaging in Problem Gambling Treatment: Data from the West Virginia Problem Gamblers Help Network."

[211] Shandley and Moore, "Evaluation of Gambler's Helpline: A Consumer Perspective."

[212] Shandley and Moore.

[213] Weinstock et al., "Predictors of Engaging in Problem Gambling Treatment: Data from the West Virginia Problem Gamblers Help Network."

[214] David M. Ledgerwood et al., "Who Goes to Treatment? Predictors of Treatment Initiation among Gambling Help-Line Callers," *The American Journal on Addictions* 22, no. 1 (January 1, 2013): 33–38, https://doi.org/10.1111/j.1521-0391.2013.00323.x.

[215] Ledgerwood et al., "Who Goes to Treatment?"

[216] Valdivia-Salas et al., "Treatment-Seeking Precipitators in Problem Gambling: Analysis of Data from a Gambling Helpline."

problem gamblers, helping them transition from initial contact to sustained treatment and recovery efforts.[217]

2. Treatment

Methods of Treatment

Unlike other mental health disorders, there is no universally established method for treating gambling disorder.[218] Instead, a variety of approaches are used to address GD, reflecting the complexity and individual nature of the disorder.[219] These treatments include counseling and psychotherapy, residential care, medication, and peer support groups.[220] Often, gambling-related help is integrated into general services, such as those offered by primary care physicians, financial counselors, and community health services.[221]

Among the various treatment options for GD, psychological interventions – particularly cognitive-behavioral therapy ("CBT") – is the most common.[222] CBT combines cognitive and behavioral approaches to address GD by identifying triggers, managing gambling urges, and developing alternative activities.[223] [224] [225] This therapy helps patients recognize and challenge cognitive distortions related to gambling behavior, such as repetitive thought patterns, irrational beliefs, and "magical thinking," promoting more realistic and healthier perspectives on gambling.[226] [227] Studies have demonstrated that CBT is highly effective in reducing gambling severity, frequency, and intensity, although its efficacy may

[217] Cuadrado and Malick, "Factors Precipitating Calls to a Help Hotline: A Comparison of Whites, Blacks, and Hispanics."

[218] Gainsbury, Hing, and Suhonen, "Professional Help-Seeking for Gambling Problems: Awareness, Barriers and Motivators for Treatment."

[219] Gainsbury, Hing, and Suhonen.

[220] Gainsbury, Hing, and Suhonen.

[221] Gainsbury, Hing, and Suhonen.

[222] Thomas et al., "Protecting Children and Young People from Contemporary Marketing for Gambling."

[223] Thomas et al.

[224] S Cowlishaw et al., "Psychological Therapies for Pathological and Problem Gambling," *Cochrane Database of Systematic Reviews*, no. 11 (2012), https://doi.org/10.1002/14651858.CD008937.pub2.

[225] Marco Di Nicola et al., "Pharmacological and Psychosocial Treatment of Adults With Gambling Disorder: A Meta-Review," *Journal of Addiction Medicine* 14, no. 4 (2020), https://journals.lww.com/journaladdictionmedicine/fulltext/2020/08000/pharmacological_and_psychosocial_treatment_of.22.aspx.

[226] Menchon et al., "An Overview of Gambling Disorder: From Treatment Approaches to Risk Factors."

[227] Ståle Pallesen et al., "Outcome of Psychological Treatments of Pathological Gambling: A Review and Meta-analysis," *Addiction* 100, no. 10 (2005): 1412–22.

vary among individuals.[228] [229] [230] [231] Enhancements to CBT, such as incorporating motivational interventions, have been found to improve treatment and outcomes.[232]

Motivational interviewing is a directive counseling approach designed to boost an individual's motivation for change and helps resolve ambivalence about making changes in their gambling behavior.[233] A key element of motivational interviewing is normative feedback, which involves individuals evaluating their gambling behaviors and patterns.[234] Motivational interviewing can be used either as a standalone treatment or in combination with other techniques, such as CBT.[235] Research showed that motivational interviewing is associated with reduced gambling frequency and severity, and these improvements often last over time.[236] [237] Additionally, studies have found that motivational interviewing can enhance emotional and social well-being, as well as overall quality of life for those struggling with GD.[238]

Although no medication is specifically approved for GD, various drugs such as antidepressants, opioid antagonists, and mood stabilizers have been studied and prescribed as part of GD treatment.[239] These pharmacological treatments are based on their effects on similar conditions, including compulsive-impulsive disorders, substance use disorders, and bipolar disorder, reflecting the similarities and comorbidity between these GD and these disorders.[240]

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[228] Cowlishaw et al., "Psychological Therapies for Pathological and Problem Gambling."

[229] Di Nicola et al., "Pharmacological and Psychosocial Treatment of Adults With Gambling Disorder: A Meta-Review."

[230] Nancy M Petry, Meredith K Ginley, and Carla J Rash, "A Systematic Review of Treatments for Problem Gambling.," *Psychology of Addictive Behaviors* 31, no. 8 (2017): 951.

[231] Patricia Gooding and Nicholas Tarrier, "A Systematic Review and Meta-Analysis of Cognitive-Behavioural Interventions to Reduce Problem Gambling: Hedging Our Bets?," *Behaviour Research and Therapy* 47, no. 7 (July 1, 2009): 592–607, https://doi.org/10.1016/j.brat.2009.04.002.

[232] Rory A. Pfund et al., "Effect of Cognitive-behavioral Techniques for Problem Gambling and Gambling Disorder: A Systematic Review and Meta-analysis," *Addiction* 118, no. 9 (September 2023): 1661–74, https://doi.org/10.1111/add.16221.

[233] David C Hodgins, Shawn R Currie, and Nady el-Guebaly, "Motivational Enhancement and Self-Help Treatments for Problem Gambling.," *Journal of Consulting and Clinical Psychology* 69, no. 1 (2001): 50.

[234] John A Cunningham et al., "A Randomized Controlled Trial of a Personalized Feedback Intervention for Problem Gamblers," *PLoS One* 7, no. 2 (2012): e31586.

[235] Menchon et al., "An Overview of Gambling Disorder: From Treatment Approaches to Risk Factors."

[236] David C Hodgins et al., "Brief Motivational Treatment for Problem Gambling: A 24-Month Follow-Up.," *Psychology of Addictive Behaviors* 18, no. 3 (2004): 293.

[237] Hodgins, Currie, and el-Guebaly, "Motivational Enhancement and Self-Help Treatments for Problem Gambling."

[238] Jon E Grant et al., "Imaginal Desensitisation plus Motivational Interviewing for Pathological Gambling: Randomised Controlled Trial," *The British Journal of Psychiatry* 195, no. 3 (2009): 266–67.

[239] Menchon et al., "An Overview of Gambling Disorder: From Treatment Approaches to Risk Factors."

[240] Menchon et al.

Alternative approaches to traditional psychological and psychiatric treatments for PG exist. Mindfulness practices, such as meditation, which focus on increasing awareness of the present moment without judgment, have shown positive effects in managing GD.[241] Mindfulness practices can alleviate anxiety and stress related to gambling.[242] Even brief mindfulness interventions have been found to reduce gambling-related ruminations,[243] enhance cognitive and behavioral flexibility,[244] and improve overall quality of life.[245] Additionally, innovative approaches like virtual reality and video games are emerging, with early evidence suggesting that these methods allow GD patients to apply therapeutic tools learned in CBT to simulated gaming environments.[246] [247]

Involving significant others in treatment programs has also shown potential in the treatment of GD, with studies indicating improved outcomes for both gamblers and their families.[248] Treatment options for concerned significant others ("CSOs") of people experiencing problems with their gambling are limited.[249] The Community Reinforcement and Family Training ("CRAFT") program, originally designed to assist partners of individuals with substance abuse issues, has been adapted for CSOs of problem gamblers.[250] Early studies of the modified CRAFT approach to GD have shown a reduction in distress experienced by CSOs of problem gamblers, proving more effective than self-help options.[251]

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[241] J Mark G Williams, Ian Russell, and Daphne Russell, "Mindfulness-Based Cognitive Therapy: Further Issues in Current Evidence and Future Research.," 2008.

[242] Shokooh Shahidi, Hossein Akbari, and Fatemeh Zargar, "Effectiveness of Mindfulness-Based Stress Reduction on Emotion Regulation and Test Anxiety in Female High School Students," *Journal of Education and Health Promotion* 6, no. 1 (2017), https://journals.lww.com/jehp/fulltext/2017/06000/effectiveness_of_mindfulness_based_stress.87.aspx.

[243] Tammy Chung et al., "Brain Mechanisms of Change in Addiction Treatment: Models, Methods, and Emerging Findings," *Current Addiction Reports* 3 (2016): 332–42.

[244] Juan Jose Santamaria et al., "Serious Games as Additional Psychological Support: A Review of the Literature," *J. CyberTherapy Rehabil* 4, no. 4 (2011): 469–76.

[245] Salomé Tárrega et al., "A Serious Videogame as an Additional Therapy Tool for Training Emotional Regulation and Impulsivity Control in Severe Gambling Disorder," *Frontiers in Psychology* 6 (2015): 1721.

[246] Tárrega et al.

[247] Stéphane Bouchard et al., "Using Virtual Reality in the Treatment of Gambling Disorder: The Development of a New Tool for Cognitive Behavior Therapy," *Frontiers in Psychiatry* 8 (2017): 27.

[248] Anders Nilsson et al., "The Development of an Internet-Based Treatment for Problem Gamblers and Concerned Significant Others: A Pilot Randomized Controlled Trial," *Journal of Gambling Studies* 34 (2018): 539–59.

[249] Nicole Elizabeth Peden, "The Efficacy of Individual Community Reinforcement and Family Training (CRAFT) with Concerned Significant Others of Problem Gamblers," *ProQuest Dissertations and Theses* (Ph.D., Canada -- Alberta, CA, University of Calgary (Canada), 2011), ProQuest Dissertations & Theses A&I (915016880), https://www.proquest.com/dissertations-theses/efficacy-individual-community-reinforcement/docview/915016880/se-2?accountid=14902.

[250] Peden.

[251] Peden.

Barriers to Treatment

Gamblers often seek help only when their physical, emotional, and mental health concerns – along with financial pressures and relationship issues stemming from their gambling behavior – reach a breaking point.[252] [253] [254] Notably, fewer than 10% of problem gamblers seek treatment, a rate significantly lower than treatment-seeking rates for individuals with other mental health disorders.[255] These low treatment-seeking rates are largely due to people with gambling problems often struggling to recognize their gambling behavior as an issue and tending to seek help only as a last resort.[256] [257] This situation presents a challenge in implementing a comprehensive, public-health-informed approach to PG in New Hampshire, as it requires addressing both internal and external barriers to seeking treatment.

People with gambling problems often face various internal barriers that prevent them from seeking treatment, such as a fear of stigma, feelings of shame, and denial.[258] [259] Internal barriers may also include minimizing their gambling problem, experiencing embarrassment or anxiety, wariness about seeking treatment or wanting to handle the issue on their own, or lacking a clear understanding of the treatment process.[260] Additionally, limited knowledge about the quality and effectiveness of available treatments can deter individuals from seeking help.[261] Research consistently indicated that psychological and internal barriers are the most significant obstacles preventing people with PG from seeking help.[262]

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[252] Tanya Davidson and Bryan Rodgers, *2009 Survey of the Nature and Extent of Gambling and Problem Gambling, in the Australian Capital Territory* (Gambling and Racing Commission Canberra, 2010).

[253] Justin Pulford et al., "Reasons for Seeking Help for a Gambling Problem: The Experiences of Gamblers Who Have Sought Specialist Assistance and the Perceptions of Those Who Have Not," *Journal of Gambling Studies* 25 (2009): 19–32.

[254] Helen Suurvali et al., "Treatment Seeking among Ontario Problem Gamblers: Results of a Population Survey," *Psychiatric Services* 59, no. 11 (2008): 1343–46.

[255] Ramin Mojtabai, Mark Olfson, and David Mechanic, "Perceived Need and Help-Seeking in Adults with Mood, Anxiety, or Substance Use Disorders," *Archives of General Psychiatry* 59, no. 1 (2002): 77–84.

[256] Lyn Evans and Paul H Delfabbro, "Motivators for Change and Barriers to Help-Seeking in Australian Problem Gamblers," *Journal of Gambling Studies* 21, no. 2 (2005): 133–55.

[257] Helen Suurvali et al., "Treatment Seeking among Ontario Problem Gamblers: Results of a Population Survey," *Psychiatric Services* 59, no. 11 (2008): 1343–46.

[258] Clarke et al., "Gender, Age, Ethnic and Occupational Associations with Pathological Gambling in a New Zealand Urban Sample."

[259] Evans and Delfabbro, "Motivators for Change and Barriers to Help-Seeking in Australian Problem Gamblers."

[260] Clarke et al., "Gender, Age, Ethnic and Occupational Associations with Pathological Gambling in a New Zealand Urban Sample."

[261] Helen Suurvali et al., "Barriers to Seeking Help for Gambling Problems: A Review of the Empirical Literature," *Journal of Gambling Studies* 25 (2009): 407–24.

[262] Pulford et al., "Reasons for Seeking Help for a Gambling Problem: The Experiences of Gamblers Who Have Sought Specialist Assistance and the Perceptions of Those Who Have Not."

Demographic factors such as age, gender, race/ethnicity, and cultural background can influence the likelihood of seeking treatment.[263] Research shows that young adults experience the highest levels of gambling-related harms compared to other age groups.[264] However, young adults often fail to recognize their gambling as a problem, significantly underestimate the severity of their gambling problem, and are less likely to seek treatment.[265] [266]

Gender differences can also affect seeking treatment for GD.[267] Although men are generally more likely to experience gambling problems, studies often show nearly equal numbers of men and women attending treatment services, [268] suggesting that women may be more inclined to seek help.[269] However, work-family conflict and familial responsibilities can create barriers for women in accessing and adhering to treatment plans for GD.[270]

Although internal barriers, such as feelings of denial, shame, and guilt, are common reasons for not seeking treatment for GD across different racial, ethnic, and cultural groups, non-English speaking communities may be even less likely to seek help due to the increased stigma and shame associated with mental illness within these communities.[271] [272] The lack of treatment services in languages other than English, along with the absence of culturally sensitive services that address differences among racial and ethnic groups – or even the perception of these gaps – can also act as significant barriers to treatment for cultural and racial/ethnic minorities.[273]

Research indicated that individuals who undergo treatment for GD experience positive outcomes both in the short and long term, such as reduced gambling frequency, diminished urges and desires to

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[263] Gainsbury, Hing, and Suhonen, "Professional Help-Seeking for Gambling Problems: Awareness, Barriers and Motivators for Treatment."

[264] Gainsbury, Hing, and Suhonen.

[265] Heather Wardle et al., "Defining the Online Gambler and Patterns of Behaviour Integration: Evidence from the British Gambling Prevalence Survey 2010," *International Gambling Studies* 11, no. 3 (2011): 339–56.

[266] John W Welte et al., "The Prevalence of Problem Gambling among US Adolescents and Young Adults: Results from a National Survey," *Journal of Gambling Studies* 24 (2008): 119–33.

[267] Gainsbury, Hing, and Suhonen, "Professional Help-Seeking for Gambling Problems: Awareness, Barriers and Motivators for Treatment."

[268] Productivity Commission, "Gambling" (Canberra: Productivity Commission, 2010).

[269] Gainsbury, Hing, and Suhonen, "Professional Help-Seeking for Gambling Problems: Awareness, Barriers and Motivators for Treatment."

[270] McMillen et al., "Help-Seeking by Problem Gamblers, Friends and Families: A Focus on Gender and Cultural Groups."

[271] Jasmin Dhillon, Jenny D Horch, and David C Hodgins, "Cultural Influences on Stigmatization of Problem Gambling: East Asian and Caucasian Canadians," *Journal of Gambling Studies* 27 (2011): 633–47.

[272] Wooksoo Kim, "Acculturation and Gambling in Asian Americans: When Culture Meets Availability," *International Gambling Studies* 12, no. 1 (2012): 69–88.

[273] Sue Scull and Geoffrey Woolcock, "Problem Gambling in Non-English Speaking Background Communities in Queensland, Australia: A Qualitative Exploration," *International Gambling Studies* 5, no. 1 (2005): 29–44.

gamble, and decreased fixation with gambling. [274] [275] Combining traditional treatments with innovative approaches – such as mindfulness practices, advanced technologies, and CRAFT interventions – offers a promising path for lasting recovery for individuals struggling with problem gambling.

A multifaceted approach that addresses not only the individual complexities of GD, but also systemic barriers to treatment is crucial for improving outcomes for both individuals and their families. External barriers to treatment, such as a lack of awareness of treatment services, difficulties in attending sessions due to geographical distance, and lack of local and culturally sensitive expertise and resources, can often be mitigated through state-wide RG initiatives.[276]

While expanding resources and treatment availability can address these external barriers, internal barriers pose more challenges from a public health perspective.[277] Nevertheless, internal barriers such as a lack of understanding of the treatment process[278] can be tackled through statewide public health initiatives that raise awareness about gambling and its harms, improve gambling literacy among the general public, and increase awareness among clinicians and healthcare providers about GD. These recommendations will be further explored in the recommendations section.

3. Recovery

Despite the significant impact of gaming-related harms, finding clear paths to recovery for GD remains challenging.[279] This difficulty arises partly because GD, similar to other mental health and addiction issues, is complex and highly individualized, and no single treatment and recovery approach works for everyone.[280] Nevertheless, several treatment and recovery options are available in the United States. Treatment and recovery options include peer and family support groups, medications, family and marital therapy, and various types of counseling such as behavioral and cognitive-behavioral therapies.[281] [282] Gamblers Anonymous ("GA") and Smart Recovery, peer-support groups, stand out as preeminent resources for recovery.

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[274] Pallesen et al., "Outcome of Psychological Treatments of Pathological Gambling: A Review and Meta-analysis."

[275] Pallesen et al.

[276] Gainsbury, Hing, and Suhonen, "Professional Help-Seeking for Gambling Problems: Awareness, Barriers and Motivators for Treatment."

[277] Gainsbury, Hing, and Suhonen.

[278] Clarke et al., "Gender, Age, Ethnic and Occupational Associations with Pathological Gambling in a New Zealand Urban Sample."

[279] Katy L. Penfold and Jane Ogden, "The Role of Social Support and Belonging in Predicting Recovery from Problem Gambling," *Journal of Gambling Studies* 40, no. 2 (June 1, 2024): 775–92, https://doi.org/10.1007/s10899-023-10225-y.

[280] Penfold and Ogden.

[281] Penfold and Ogden.

[282] Nancy M Petry, *Pathological Gambling: Etiology, Comorbidity, and Treatment*, vol. 2 (American Psychological Association Washington, DC, 2005).

Gamblers Anonymous and Peer Support

Modeled after Alcoholics Anonymous ("AA"), GA addresses gambling-related harms by bringing together people affected by problem gambling, including families and friends, to provide mutual support.[283] [284] GA is a free, self-run group that focuses more on comradery and peer support, rather than professional advice.[285] Membership requires only a commitment to abstain from gambling.[286]

The strength of GA lies in its peer support approach. Members share their personal lived experiences and knowledge, and they offer practical help to one another.[287] [288] Peer support has been proven effective in overcoming the shame and stigma associated with gambling addiction, by creating spaces where individuals feel understood and less isolated.[289] [290] Research has demonstrated that the sense of belonging and social support provided by peer support groups like GA significantly contributes to successful recovery. [291] [292] [293]

Studies have shown that both membership in GA and the length of time individuals stay involved are linked to positive recovery outcomes, such as reduced gambling urges and improved quality of life.[294] Hutchison et al. (2018) found that members of GA felt more supported in their recovery, more confident in staying abstinent, and less at risk in situations that may trigger gambling.[295] Additionally, research has

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[283] Penfold and Ogden, "The Role of Social Support and Belonging in Predicting Recovery from Problem Gambling."

[284] Peter Ferentzy, Wayne Skinner, and Paul Antze, "Changing Spousal Roles and Their Effect on Recovery in Gamblers Anonymous: GamAnon, Social Support, Wives and Husbands," *Journal of Gambling Studies* 26 (2010): 487–501.

[285] Penfold and Ogden, "The Role of Social Support and Belonging in Predicting Recovery from Problem Gambling."

[286] Penfold and Ogden.

[287] David Eddie et al., "Lived Experience in New Models of Care for Substance Use Disorder: A Systematic Review of Peer Recovery Support Services and Recovery Coaching," *Frontiers in Psychology* 10 (2019): 1052.

[288] Paul S Haber et al., "New Australian Guidelines for the Treatment of Alcohol Problems: An Overview of Recommendations," *Medical Journal of Australia* 215, no. S7 (October 4, 2021), https://doi.org/10.5694/mja2.51254.

[289] Eddie et al., "Lived Experience in New Models of Care for Substance Use Disorder: A Systematic Review of Peer Recovery Support Services and Recovery Coaching."

[290] Kathlene Tracy and Samantha P Wallace, "Benefits of Peer Support Groups in the Treatment of Addiction," *Substance Abuse and Rehabilitation*, 2016, 143–54.

[291] David Best et al., "Overcoming Alcohol and Other Drug Addiction as a Process of Social Identity Transition: The Social Identity Model of Recovery (SIMOR)," *Addiction Research & Theory* 24, no. 2 (2016): 111–23.

[292] Sarah A Buckingham, Daniel Frings, and Ian P Albery, "Group Membership and Social Identity in Addiction Recovery.," *Psychology of Addictive Behaviors* 27, no. 4 (2013): 1132.

[293] Genevieve A Dingle, Tegan Cruwys, and Daniel Frings, "Social Identities as Pathways into and out of Addiction," *Frontiers in Psychology* 6 (2015): 1795.

[294] Penfold and Ogden, "The Role of Social Support and Belonging in Predicting Recovery from Problem Gambling."

[295] Paul Hutchison, Sharon Cox, and Daniel Frings, "Helping You Helps Me: Giving and Receiving Social Support in Recovery Groups for Problem Gamblers.," *Group Dynamics: Theory, Research, and Practice* 22, no. 4 (2018): 187.

demonstrated that individuals who not only *received* support, but actively *gave* support to others in the group experienced better recovery outcomes themselves.[296] The key takeaway from GA is that effective recovery strategies for gambling addiction should not only leverage social support networks but also create environments that foster a sense of belonging, as GA does.[297] A sense of belonging is crucial for helping individuals navigate their recovery journey and minimize the risk of relapse.[298]

[296] Hutchison, Cox, and Frings.

[297] Penfold and Ogden, "The Role of Social Support and Belonging in Predicting Recovery from Problem Gambling."

[298] Penfold and Ogden.

2. Qualitative Interview Summary

To offer a qualitative approach to the analysis of best practices in player health space, including RG and PG, we contacted leaders across the New England region. Fifteen people were asked for interviews, and eight interviews were completed. Every individual reviewed the interview questions and the notes as they were typed. All respondents agreed to be named by their state and their general area of work. For example, someone could be listed as "Employee, Massachusetts Gambling-Related Nonprofit" to offer them anonymity, but still offer a context for their viewpoint. All interviews took place over Zoom and lasted between 15 and 25 minutes. All respondents were told that this was a project to provide a report on best practices for the New Hampshire Lottery Commission. No institutional review board process was utilized, as we determined that there were no potential negative consequences or personal implications for the individuals interviewed.

The overall theme for the interviews is that the New England states have a strong reliance on cooperation and collaboration. No one entity believed they could handle the funding, services, or research alone.

In the first question, respondents had a wide range of responses as to what is needed for a strong safety net for the constituents who decided to choose to gamble. In order of priority, the responses were organized into the following categories:

What is most needed for a state to boast an effective safety net for people who choose to gamble? (categorization of responses were done by the interviewer; the eight respondents were able to offer multiple responses):

- Education and Awareness of PG and RG resources (4 responses)
- Easy Access to Help (Helpline, GameSense, Customer Service) (3 responses)
- Treatment Resources (2 responses)
- Voluntary Self-Exclusion Program (2 responses)
- Game/Product Knowledge (2 responses)
- Peer Support (2 responses)
- Prevention Programs (1 response)
- Dedicated Problem Gambling Staff (1 response)
- Technological solutions to gambling behavior (1 response)

In the second question, the eight respondents' answers coalesced around five primary categories, indicating that the approach to sound responsible gaming and problem gambling should be a shared effort.

Who are the necessary players to make sure it is well-rounded and effective? (categorization of responses were done by the interviewer; the eight respondents were able to offer multiple responses):

- Nonprofit State Council on RG/PG (also noted as an NCPG or National Council on Problem Gambling affiliate) (5 responses)
- Industry Representatives (5 responses)

- State department of health/human services (4 responses)
- State gambling regulator (4 responses)
- Legislators (3 responses)

Follow the discussion of who should be leading the way for sound programs and practices in a state, respondents were asked to remark on how those services may be financially covered. There was no clear consensus in these responses.

How do you believe it is best to determine how to fund these player health programs? (categorization of responses were done by the interviewer; the eight respondents offered only one response each; note – we do not believe some of these are mutually exclusion):

- Department of Health/Human Services to receive funds (no clear indication as to where they will come from) and procure services (3 responses)
- Gambling Regulator to receive a percentage of gambling revenue to procure services (2 responses)
- Legislative Mandate for monies (this would likely result in bullets above) (2 responses)
- Look to National Association of Administrators for Disordered Gambling Services (would likely point to the first 3 bullets) (1 response)

The fourth question that respondents were asked had to do with evaluation. For a number of the interviewees this was hard to answer. In general there was consensus that evaluation is important, but not everyone knew how to achieve it or had to get it funded.

How should player health programs be evaluated? (categorization of responses were done by the interviewer; the eight respondents could answer multiple ways or not at all):

- Third-party evaluation (2 responses)
- Baseline research prior to expansion of gambling (1 response)
- Tracking prevalence of gambling problems and suicide rates (1 response)
- Count enrollment into RG tools and PG programs (1 response)
- State review of programs (1 response)

In the end, respondents were given an opportunity to go back and explain any further details they didn't get to offer earlier. They also were able to mention programs/services that maybe the questions didn't initially elicit for them. This was the list of responses offered.

Any other details or information you'd like to provide re: player health best practices in Northeast (categorization of responses were done by the interviewer; the eight respondents could answer multiple ways or not at all. The list below is in no certain order.):

- Regional approach to PG/RG and ask your neighboring state for help as needed
- National Voluntary Self-Exclusion Program
- Statewide Self-Exclusion Program

- Advertising guidelines for industry/regulators
- Specifications on how to operate a helpline
- Survey residents of your state on RG and PG attitudes/behaviors
- Strategic plan
- Pre-commitment/Limit programs on apps

Overall, the respondents offered content that is fairly consistent across the region and aligns with the evidence in the literature review presented earlier in this report. It is also important to note that each of the eight respondents was excited to hear that New Hampshire is engaging in the RG and PG dialogue, and said they were eager for them to be more involved in the ongoing conversations taking place through the Northeast Consortium on Problem Gambling that rotates and meets quarterly or through any other areas where information can be shared.

Questions:

From your perspective within your gaming or gaming-adjacent role here in New England:

1. What is most needed for a state to boast an effective safety net for people who choose to gamble?
2. Who are the necessary players to make sure it is well-rounded and effective?
3. How do you believe it is best to determine how to fund these player health programs?
4. How should player health programs be evaluated?
5. Any other details or information you'd like to provide re: player health best practices in Northeast

3. Case Study: GameSense in Massachusetts

GameSense, developed by the British Columbia Lottery Corporation in 2009, is a comprehensive RG program aimed at helping all players make informed gambling decisions and reduce gambling-related harms.[299] GameSense promotes responsible and safer gambling behaviors by educating gamblers about the nature of gambling, including the odds of winning and associated risks.[300] It also provides guidance on RG practices, such as setting limits on time and money spent, and offers information on PG and available resources, including local VSE programs.[301] In casinos with the GameSense program, GameSense Advisors ("GSAs") and GameSense Managers ("GSMs") assist visitors at on-site GameSense Information Centers ("GSICs").

When Massachusetts legalized casino gaming in 2011, the Massachusetts Gaming Commission ("MGC") required all newly licensed operators to provide complimentary on-site counseling services for issues such as compulsive gambling, substance abuse, and other mental health concerns.[302] To fulfill this mandate, the MGC adopted the GameSense program. Unlike its initial implementation, the GameSense program in Massachusetts is independently managed by the Massachusetts Council on Gaming and Health ("MACGH"), which is responsible for hiring and supervising GSAs.[303] GameSense Information Centers are present at all Massachusetts casinos and are staffed by trained GSAs during operating hours.[304] Additionally, patrons can access 24-hour RG tips and information at GameSenseMA.com.[305]

A. Lessons Learned from GameSense in Massachusetts

The implementation of the GameSense program in Massachusetts has provided valuable insights into both the successes and challenges of implementing GameSense as a RG prevention and intervention strategy. Recently, Wohl et al. (2023) conducted a comprehensive assessment of the GameSense program in Massachusetts, examining awareness, perceptions, and engagement from the players' perspective through surveys and focus groups involving casino patrons, GSAs and GSMs, and player-facing casino employees.[306] A significant portion of casino patrons (73.1%) surveyed were aware of GameSense, and

[299] Michael J A Wohl et al., "Players' Awareness of and Engagement with GameSense in Massachusetts Casinos" (Massachusetts Gaming Commission, 2023).

[300] Wohl et al.

[301] Wohl et al.

[302] Wohl et al.

[303] Eric R. Louderback et al., "A Comparison of Two GameSense Implementation Approaches: How Program Awareness and Engagement Relate to Gambling Beliefs and Behaviors," *Journal of Gambling Studies* 38, no. 1 (March 2022): 153–83, https://doi.org/10.1007/s10899-021-10013-6.

[304] Wohl et al.

[305] Wohl et al.

[306] Michael J A Wohl et al., "Players' Awareness of and Engagement with GameSense in Massachusetts Casinos" (Massachusetts Gaming Commission, 2023).

recognized its value in educating players about RG and providing support for gambling-related problems.[307] Similarly, nearly all casino employees surveyed (96.2%) were aware of GameSense, with a majority recognizing its important role in educating players about RG and providing support for patrons such as the VSE program.[308] The study revealed that GSAs have been instrumental in building relationships with Massachusetts players, facilitating meaningful discussions about both RG prevention and intervention.[309] A significant majority (74.2%) of patrons who interacted with GSAs reported feeling more informed about RG practices, underscoring the effectiveness of these engagements.[310]

In 2022, Louderback et al. examined how well casino patrons were aware of and engaged with the GameSense program at MGM Springfield, a Massachusetts casino where GameSense is highly visible, compared to other MGM properties in the United States, where GameSense is less visible and more corporate-integrated.[311] Their findings revealed that patrons at MGM Springfield were more aware of and engaged with GameSense, likely due to the prominent presence of GSAs and an easily recognizable GameSense Information Center at the Springfield property.[312] Patrons who engaged with GameSense brochures in Louderback et al.'s (2022) study reported using more RG strategies, hinting that even limited engagement with GameSense educational materials may encourage safer gambling practices.[313]

[307] Michael J A Wohl et al., "Players' Awareness of and Engagement with GameSense in Massachusetts Casinos" (Massachusetts Gaming Commission, 2023).

[308] Wohl et al.

[309] Wohl et al.

[310] Wohl et al.

[311] Eric R. Louderback et al., "A Comparison of Two GameSense Implementation Approaches: How Program Awareness and Engagement Relate to Gambling Beliefs and Behaviors," *Journal of Gambling Studies* 38, no. 1 (March 2022): 153–83, https://doi.org/10.1007/s10899-021-10013-6.

[312] Louderback et al.

[313] Louderback et al.

4. Recommendations

In this chapter, we present a series of recommendations designed to guide the New Hampshire Charitable Gaming Study Commission to develop a comprehensive and effective statewide RG initiative grounded in public health principles. We start with an infrastructure and funding plan that will set New Hampshire up for success. Then general prevention and intervention recommendations include the proposal of key initiatives: launching targeted public awareness campaigns, expanding voluntary self-exclusion programs, and implementing GameSense or a comparable RG program. We also propose strategies for enhancing PG treatment and recovery in New Hampshire by increasing awareness and screening of GD among healthcare providers and offering targeted training for clinicians. Finally, we present targeted prevention and intervention recommendations for New Hampshire's most at-risk and vulnerable populations, rural communities, older adults, veterans and youth.

A. Infrastructure and Funding Recommendations

The work of establishing a strong safety net for all people who make the choice to gamble rests on collaborative efforts. The Commission could pull together the New Hampshire Council on Responsible Gaming, New Hampshire Council on Problem Gaming, New Hampshire Department of Health, and all gambling industry partners and vendors. From this collection of partners, it would be wise to suggest legislative language that would route at least 5% of taxes on gross gaming revenue from all forms of gambling into a reserve fund for all the RG and PG services and initiatives mentioned below. In addition, legislative language should dictate how those funds can be administered via state procurement processes either from the regulator or the Department of Health Services. Without an established stream of funding and an agreement on how they are utilized, it is difficult to establish a strong network of services.

B. General Recommendations

1. Audit Services and Attitudes/Behaviors in NH

To provide a foundation to all the other recommendations and to best offer evidence-based services, there needs to be an awareness of what currently exists in the state of New Hampshire. This can be done through further explanation of the items mentioned in the charts at the end of this report or through a third-party evaluation. In addition, the general public or at the very least players in New Hampshire should be surveyed about their attitudes and beliefs as well as their behaviors related to gambling generally, responsible gaming and problem gambling resources, and how to best care for people at risk for and experiencing problems related to state-sponsored gambling.

2. Public Awareness Campaigns

As a primary prevention strategy, we recommend launching public awareness campaigns – such as billboards, public service announcements, radio spots, social media and media outreach, community outreach events, and printed materials like brochures or stickers in gambling venues – to educate all New Hampshire residents about the risks and consequences of excessive gambling. Customized RG campaigns

have proven to be more effective than one-size-fits-all messaging.[314] Therefore, these public awareness campaigns should deliver tailored messages that resonate with New Hampshire's unique demographics and culture, making them more relevant and impactful. Particular emphasis should be placed on the state's most vulnerable populations, including older adults, veterans, and youth.

The goal of these public awareness campaigns should be to promote informed gambling choices while also normalizing help-seeking behavior for those struggling with problem gambling. This includes educating the public about how gambling products actually work, the odds of winning, the risks of gambling, and recognizing the warning signs of PG in oneself and others.[315] The campaigns should also raise awareness of available help and support services to treat and recovery from PG such as VSE programs, the 1-800-GAMBLER hotline, bet-blocking software, and other services. By enhancing public awareness, New Hampshire can minimize gambling-related harms and facilitate access to necessary support, ultimately preventing the onset of gambling disorders and improving the overall well-being of New Hampshire communities.

3. Voluntary Self-Exclusion Programs

Voluntary self-exclusion ("VSE") programs are a proven intervention strategy designed to mitigate the harms associated with problem gambling and to help individuals who struggle to control their gambling behaviors. VSEs serve as a harm reduction tool for individuals across the gambling risk spectrum. For New Hampshire, we recommend refining their current VSE offerings to create a low-barrier, one-stop-shop self-exclusion system. This system should allow residents to exclude themselves from various gambling activities, including lottery, sportsbooks, and both retail venues (casinos and cardrooms), or from all such activities within the state. The program should be easily accessed online to serve residents statewide and offer an option for applicants to connect with trained staff who can provide additional services and recovery support. These supports may include follow-up from a trained peer with lived experience of gambling harm, telephone recovery support from a peer specialist, or case management from a recovery coach trained in problem gambling.

Furthermore, based on Kraus et al.'s (2024) international evaluation of effective VSE programs, we recommend that New Hampshire focus on offering a streamlined VSE initiation process that is simple yet non-stigmatizing.[316] This process should provide flexibility in the length of self-exclusion bans while maintaining a minimum duration.[317] Furthermore, the VSE termination process should be straightforward

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[314] Sally M. Gainsbury et al., "Strategies to Customize Responsible Gambling Messages: A Review and Focus Group Study," *BMC Public Health* 18, no. 1 (December 2018): 1381, https://doi.org/10.1186/s12889-018-6281-0.

[315] Dickson-Gillespie et al.

[316] Ludwig Kraus et al., "Voluntary Self-Exclusion from Gambling: Expert Opinions on Gaps and Needs for Improvement," *Nordic Studies on Alcohol and Drugs*, August 9, 2024, 14550725241264628, https://doi.org/10.1177/14550725241264628.

[317] Ludwig Kraus et al., "Voluntary Self-Exclusion from Gambling: Expert Opinions on Gaps and Needs for Improvement," *Nordic Studies on Alcohol and Drugs*, August 9, 2024, 14550725241264628, https://doi.org/10.1177/14550725241264628.

and free of unnecessary bureaucracy, but also have strict controls.[318] Options for ending a VSE could include automatic expiration at the end of the term or a more formal process, such as the excluded individuals submitting a written request or showing participation in counseling or treatment services.[319] To ensure the effectiveness of the VSE program, a comprehensive system should be implemented to verify individuals' identities, such as a statewide register that includes all licensed gambling operators in New Hampshire, or strict ID checks to prevent excluded individuals from accessing gambling venues.[320]

In addition, and based on the involvement of the other New England states, New Hampshire should consider taking any statewide programs to the national level, and allowing patrons who opt-in to also easily exclude themselves from other states' gambling options across the country.

4. GameSense

Based on Wohl et al. (2023)'s insights, several recommendations for the New Hampshire Charitable Gaming Study Commission should be considered if implementing GameSense as a RG initiative.

First, increasing awareness about the benefits of GameSense is crucial.[321] Despite general awareness, many patrons in Massachusetts are not fully informed about the available tools and support GameSense offers. To address this gap, a targeted campaign that educates patrons about the full range of tools and benefits the program offers is recommended, addressing misconceptions and highlighting its value for all players, not just those with gambling issues.

Second, tailored RG messaging should be employed to engage different age demographics effectively.[322] For example, older patrons may respond better to messages focused on financial management, while younger audiences might be drawn in through curiosity-driven campaigns or appealing swag. GameSense should be tailored to the unique, localized playing characteristics and demographics of New Hampshire gamblers.[323]

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[318] Ludwig Kraus et al., "Voluntary Self-Exclusion from Gambling: Expert Opinions on Gaps and Needs for Improvement," *Nordic Studies on Alcohol and Drugs*, August 9, 2024, 14550725241264628, https://doi.org/10.1177/14550725241264628.

[319] Ludwig Kraus et al., "Voluntary Self-Exclusion from Gambling: Expert Opinions on Gaps and Needs for Improvement," *Nordic Studies on Alcohol and Drugs*, August 9, 2024, 14550725241264628, https://doi.org/10.1177/14550725241264628.

[320] Ludwig Kraus et al., "Voluntary Self-Exclusion from Gambling: Expert Opinions on Gaps and Needs for Improvement," *Nordic Studies on Alcohol and Drugs*, August 9, 2024, 14550725241264628, https://doi.org/10.1177/14550725241264628.

[321] Wohl et al.

[322] Wohl et al.

[323] Louderback et al.

Third, normalizing the use of GameSense within the casino environment is important.[324] This involves creating a culture where GameSense is integrated into the overall gaming experience and perceived as a standard part of RG practices rather than a resource for problem gamblers only.

Fourth, enhancing the role and perceptions of GSAs can significantly impact their effectiveness.[325] This includes increasing their visibility and reinforcing that GameSense is a resource for all players, helping to reduce stigma and broaden the scope of support provided. Lastly, establishing dedicated "Play Break" sections within GameSense Information Centers can offer players a designated space to take breaks and engage in RG discussions.[326] This approach not only supports player well-being but also aligns with RG strategies by providing a proactive, supportive environment.

To strengthen the impact of the GameSense program, the New Hampshire Charitable Gaming Study Commission should focus on more than just increasing visitation and patron engagement and improving the physical environment of GSICs. Key recommendations from Massachusetts' GSAs and GSMs also included destigmatizing GameSense, enhancing tools like PlayMyWay (a precommitment/play management tool), and boosting community engagement.[327] Additionally, providing robust support for GSAs and GSMs is crucial for maximizing the program's effectiveness.[328] These actions will not only address challenges encountered by Massachusetts but also ensure a more comprehensive and successful implementation of New Hampshire's RG initiatives.

5. Enhancing PG Capacity and Awareness Among Clinicians

As established in this review, people with gambling problems historically exhibit lower treatment-seeking behavior compared to individuals experiencing other mental health challenges.[329] Effective treatment for gambling disorder requires a network of clinicians proficient in gambling disorders and gambling-specific interventions. Gambling disorder is most effectively addressed when screening and treatment are integrated within broader behavioral health and substance use treatment systems, as GD is most often a co-occurring disorder.[330] [331] To address this, it is crucial that New Hampshire providers

[324] Wohl et al.

[325] Wohl et al.

[326] Wohl et al.

[327] Wohl et al.

[328] Wohl et al.

[329] Anders Håkansson, Anna Karlsson, and Carolina Widinghoff, "Treatment Seeking for Gambling Disorder in Nationwide Register Data–Observations around a Major Shift in Legislation," *Frontiers in Public Health* 12 (2024): 1293887.

[330] Elisabeth Yarbakhsh, Anke van der Sterren, and Devin Bowles, "Screening and Treatment for Co-Occurring Gambling and Substance Use: A Scoping Review," *Journal of Gambling Studies* 39, no. 4 (2023): 1699–1721.

[331] Marc N. Potenza et al., "Gambling Disorder," *Nature Reviews Disease Primers* 5, no. 1 (July 25, 2019): 51, https://doi.org/10.1038/s41572-019-0099-7.

across the care continuum screen for gambling problems among their client population and are trained in evidence-based interventions for gambling disorder.

Even when individuals self-identify as experiencing gambling harm and seek help through a helpline, the usefulness of the helpline is limited by the quality and availability of treatment resources. This challenge has been addressed in other states through offering free or low-cost clinical training with continuing education units for providers. Ideally, this training would meet the standards set by the International Gambling Counselor Certification Board. Counselors who complete this training and meet other state-specific requirements could apply to be listed as a resource for the problem gambling helpline or use their enhanced skills to expand services within their current clinical settings.

Additionally, clinicians must be aware of the unique needs of New Hampshire, including culturally relevant services that address the specific needs of New Hampshire's large rural population. Providing culturally relevant training for counselors will enhance the effectiveness of treatment and support for problem gambling in the state.

To address treatment and recovery of problem gambling effectively in New Hampshire, it is essential to implement a comprehensive continuum of care that integrates professional treatment, peer support networks, and self-help resources. By ensuring access to diverse treatment options, expanding and supporting peer support groups, and promoting self-help tools, the state can provide a holistic approach that addresses both the psychological and social dimensions of gambling addiction, enhance recovery outcomes, and support individuals in achieving and maintaining long-term recovery.

C. Targeted Recommendations for New Hampshire's At-Risk Populations

1. Rural Populations

Access to treatment of GD in rural areas remains limited, with individuals often facing significant barriers to face-to-face treatment and support. These challenges may be especially pronounced in New Hampshire, as nearly half of the population resides in rural areas. Therefore, it is vital to offer tailored treatment and recovery services that address the unique needs of rural communities in New Hampshire.

Research suggests that online platforms, telehealth services, and phone-based interventions are particularly effective in bridging the rural treatment gap.[332] [333] These virtual solutions can mitigate the barriers to attending face-to-face meetings by allowing individuals to seek support remotely, with the

[332] Sally Gainsbury, Nerilee Hing, and Niko Suhonen, "Professional Help-Seeking for Gambling Problems: Awareness, Barriers and Motivators for Treatment," *Journal of Gambling Studies* 30, no. 2 (June 1, 2014): 503–19, https://doi.org/10.1007/s10899-013-9373-x.

[333] Annette Peart et al., "Web-Based Forums for People Experiencing Substance Use or Gambling Disorders: Scoping Review," *JMIR Mental Health* 11, no. 1 (2024): e49010.

added benefit of anonymity.[334] Studies have demonstrated that web-based services, including counseling and CBT, offer flexible, anonymous, and confidential support for GD. [335] [336] [337] [338] Such interventions have shown promising results, leading to reductions in gambling behaviors and improvements in related mental health issues such as anxiety and depression, both during treatment and in follow-up periods of up to 36 months.[339] [340] Additionally, online CBT has been shown to benefit considered significant others, helping to reduce their symptoms of anxiety and depression.[341]

Web-based peer support also plays a crucial role in addressing the rural divide in recovery services. Online gambling communities are increasingly being used by individuals with gambling disorders, providing a space for peer support and shared experiences.[342] Virtual peer support forums and meetings, such as GA meetings conducted via Zoom, offer the same essential recovery principles as in-person meetings, including a sense of community and mutual understanding.[343] Engaging in web-based support has been shown to improve mood, increase social connectedness, and provide practical advice for individuals facing gambling disorders.[344] [345] For rural clients, these forums offer an opportunity to

[334] Annette Peart et al., "Web-Based Forums for People Experiencing Substance Use or Gambling Disorders: Scoping Review," *JMIR Mental Health* 11, no. 1 (2024): e49010.

[335] M Abbott et al., "New Zealand 2012 National Gambling Study: Gambling Harm and Problem Gambling, Report Number 2." (Ministry of Health, 2014), http://www.aut.ac.nz/__data/assets/pdf_file/0007/508588/Report-final-National-Gambling-Study-Report-No.-2.pdf.

[336] Jaymee-Lee Chebli, Alexander Blaszczynski, and Sally M Gainsbury, "Internet-Based Interventions for Addictive Behaviours: A Systematic Review," *Journal of Gambling Studies* 32 (2016): 1279–1304.

[337] Sari Castrén et al., "The Relationship between Gambling Expenditure, Socio-demographics, Health-related Correlates and Gambling Behaviour – a Cross-sectional Population-based Survey in Finland," *Addiction* 113, no. 1 (2018): 91–106.

[338] Helga Myrseth et al., "Description and Pre-Post Evaluation of a Telephone and Internet Based Treatment Programme for Pathological Gambling in Norway: A Pilot Study," *International Gambling Studies* 13, no. 2 (2013): 205–20.

[339] Per Carlbring and Filip Smit, "Randomized Trial of Internet-Delivered Self-Help with Telephone Support for Pathological Gamblers.," *Journal of Consulting and Clinical Psychology* 76, no. 6 (2008): 1090.

[340] Per Carlbring et al., "Internet-Based Treatment of Pathological Gambling with a Three-Year Follow-Up," *Cognitive Behaviour Therapy* 41, no. 4 (2012): 321–34.

[341] Anders Nilsson et al., "The Development of an Internet-Based Treatment for Problem Gamblers and Concerned Significant Others: A Pilot Randomized Controlled Trial," *Journal of Gambling Studies* 34 (2018): 539–59.

[342] Iina Savolainen and Atte Oksanen, "Keeping You Connected or Keeping You Addicted? Weekly Use of Social Media Platforms Is Associated with Hazardous Alcohol Use and Problem Gambling among Adults," *Alcohol and Alcoholism* 59, no. 3 (2024): agae024.

[343] Sam-Wook Choi et al., "Treatment Modalities for Patients with Gambling Disorder," *Annals of General Psychiatry* 16 (2017): 1–8.

[344] Annette Peart et al., "Web-Based Forums for People Experiencing Substance Use or Gambling Disorders: Scoping Review," *JMIR Mental Health* 11, no. 1 (2024): e49010.

[345] S Cowlishaw et al., "Psychological Therapies for Pathological and Problem Gambling," *Cochrane Database of Systematic Reviews*, no. 11 (2012), https://doi.org/10.1002/14651858.CD008937.pub2.

overcome geographic isolation and connect with others facing similar struggles, including challenges unique to rural living.[346]

It is important to recognize that individuals in rural areas may be hesitant to engage with services that do not take their unique geographical background and needs into account.[347] Urban-focused terminology and assumptions can alienate rural clients, leading to disengagement not only from face-to-face services but from online platforms as well.[348] To improve service quality and engagement, online programs should ensure that counselors receive training on the specific challenges faced by rural populations, such as service accessibility and rural isolation, and provide more tailored support.[349]

In summary, addressing the unique challenges faced by New Hampshire's rural population in accessing PG services requires a multifaceted approach. Expanding telehealth and online counseling services, along with offering virtual peer support networks, can help overcome the geographical barriers and stigma that often deter individuals from seeking help. Tailoring these services to the specific needs of rural clients by providing culturally relevant training for counselors and considering the distinct social and structural challenges of rural life will be essential in ensuring that PG treatment is accessible, effective, and engaging for those living outside of New Hampshire's metropolitan areas.

2. Older Adults and Veterans

Rates of PG and associated gambling-related harms among older adults and veterans can be reduced through targeted prevention and intervention strategies that address their unique vulnerabilities. Initiatives designed to raise awareness about problematic gambling behaviors in older adults, such as Lemay et al.'s (2006) "Betting on Older Adults: A Problem Gambling Awareness Kit," can help mitigate the risk of PG.[350] To aid in identifying gambling disorders in older adults, Kerber et al. (2015) introduced the acronym CASINO: Chronic health problems, Affective disorders, Serious risk of suicide, Incarceration, NO

[346] Patrick A. C. Haylock et al., "Regional and Rural Clients' Presenting Concerns and Experiences of Care When Engaging with an Online Substance Use Counseling Service," *Addiction Research & Theory* 30, no. 5 (September 3, 2022): 330–39, https://doi.org/10.1080/16066359.2022.2039911.

[347] Rachael Elliot-Schmidt and Jenny Strong, "THE CONCEPT OF WELL-BEING IN A RURAL SETTING: UNDERSTANDING HEALTH AND ILLNESS," *Australian Journal of Rural Health* 5, no. 2 (May 1, 1997): 59–63, https://doi.org/10.1111/j.1440-1584.1997.tb00239.x.

[348] Patrick A. C. Haylock et al., "Regional and Rural Clients' Presenting Concerns and Experiences of Care When Engaging with an Online Substance Use Counseling Service," *Addiction Research & Theory* 30, no. 5 (September 3, 2022): 330–39, https://doi.org/10.1080/16066359.2022.2039911.

[349] Patrick A. C. Haylock et al., "Regional and Rural Clients' Presenting Concerns and Experiences of Care When Engaging with an Online Substance Use Counseling Service," *Addiction Research & Theory* 30, no. 5 (September 3, 2022): 330–39, https://doi.org/10.1080/16066359.2022.2039911.

[350] Lemay et al., *Betting on Older Adults : A Problem Gambling Prevention Clinical Manual for Service Providers*.

money, credit card debts, and financial problems, highlighting key individual and social risk factors for disordered gambling.[351]

Public health authorities and adult care facilities responsible for older adults' well-being and care often rely on gambling venues as a source of social activities.[352] However, older adults who engage in gambling as a major recreational activity are at greater risk of developing gambling problems.[353] Instead, it would be more prudent for public health and care facilities to develop alternative social or leisure activities specifically designed for older adults.[354] Such activities could reduce casino attendance and mitigate gambling-related harm.[355]

Furthermore, gambling establishments often target older adults with aggressive marketing strategies, which increases the risk of PG and gambling-related harms in this age group.[356] Research indicates that older adults new to gambling are at even greater risk of harm, as they are often easily influenced by incentives to gamble, tend to associate good customer service with personal likability, and may not recognize their activities as gambling.[357] [358] [359] Gambling can provide entertainment, enjoyment, and social activity for older adults, enhancing their mental and social well-being.[360] [361] Therefore, a comprehensive prevention strategy should focus on RG education to minimize gambling-related harm for older adults, rather than eliminating gambling entirely for this age group.[362]

Given the significant and growing veteran population in New Hampshire and across the United States, it is crucial to also develop and implement targeted GD treatments that address the specific circumstances and challenges faced by this at-risk group. To effectively address gambling-related harm

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[351] Cindy Kerber et al., "The Impact of Disordered Gambling among Older Adults," *Journal of Psychosocial Nursing and Mental Health Services* 53, no. 10 (2015): 41–47.

[352] Guillou Landreat et al., "Determinants of Gambling Disorders in Elderly People – A Systematic Review."

[353] Guillou Landreat et al.

[354] Guillou Landreat et al.

[355] Guillou Landreat et al.

[356] Guillou Landreat et al.

[357] Connie Tira, Alun Conrad Jackson, and Jane Elizabeth Tomnay, "Pathways to Late-Life Problematic Gambling in Seniors: A Grounded Theory Approach," *The Gerontologist* 54, no. 6 (2014): 1035–48.

[358] Connie Tira and Conrad Jackson, "Exploring the Gray Areas: Senior Gamblers' Perceptions Of What Is and What Isn't Gambling.," *Journal of Gambling Issues*, no. 31 (2015).

[359] Flora I Matheson et al., "Prevention and Treatment of Problem Gambling Among Older Adults: A Scoping Review," *Journal of Gambling Issues*, no. 39 (September 27, 2018), https://doi.org/10.4309/jgi.2018.39.2.

[360] Yves Chantal and Robert J. Vallerand, "Skill versus Luck: A Motivational Analysis of Gambling Involvement," *Journal of Gambling Studies* 12, no. 4 (December 1, 1996): 407–18, https://doi.org/10.1007/BF01539185.

[361] David A Korn and Howard J Shaffer, "Gambling and the Health of the Public: Adopting a Public Health Perspective," *Journal of Gambling Studies* 15 (1999): 289–365.

[362] Matheson et al., "Prevention and Treatment of Problem Gambling Among Older Adults."

faced by veterans, treatment strategies must encompass both pharmacotherapy and psychotherapy.[363] These interventions should be designed to address not only GD, but also the often co-occurring mental health conditions experienced by veterans, such as PTSD, depression, and substance abuse.[364]

3. Youth Prevention

Youth gambling prevention programs and interventions in school settings have been proven effective in increasing gambling literacy among youth, reducing frequency of gambling, and reducing related harms.[365] Based on the evidence reviewed, it is recommended that youth gambling prevention programs be implemented in New Hampshire.

Although evidence-based gambling intervention curricula that address the current betting behaviors of youth – behavior that is shaped by the rise of new technologies, online gambling, sports betting, and the growing social acceptance and accessibility of gambling – are still being developed in the United States, New Hampshire can look to international models for guidance.[366] For example, the United Kingdom's Young Gamers and Gamblers Education Trust, a nonprofit focused on reducing gaming and gambling harms among adolescents, has developed an evidence-based intervention program for school-aged youth. This program aims to prevent both gambling and gaming harm through training for teachers, parents, and students, featuring an easy-to-follow curriculum and built-in evaluation tools.[367]

It is recommended that youth gambling program content be relevant and engaging to young audiences, incorporating new technologies, multimedia elements, and real-life examples that resonate with their experiences.[368] To avoid overwhelming youth, programs that teach mathematical principles related to gambling should use simple, accessible language.[369] Programs should be universal, with early intervention (e.g., middle school-aged children) being critical to prevent the formation of gambling-related misconceptions among youth and correct any existing ones.[370] These programs should consist of multiple sessions, supplemented with reinforcement and reminder sessions, and include long-term follow-up to ensure sustained impact.[371]

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[363] Etuk et al., "Gambling Problems in US Military Veterans."

[364] Etuk et al.

[365] Monreal-Bartolomé et al., "Preventive Gambling Programs for Adolescents and Young Adults."

[366] Monreal-Bartolomé et al.

[367] Young Gamers & Gamblers Education Trust, "University and Student Engagement Programme," 2024, https://www.ygam.org/programmes/student-engagement-programme/.

[368] Monreal-Bartolomé et al., "Preventive Gambling Programs for Adolescents and Young Adults."

[369] Monreal-Bartolomé et al.

[370] Monreal-Bartolomé et al.

[371] Jinma Ren et al., "Long-Term Effectiveness of a Gambling Intervention Program among Children in Central Illinois," *Plos One* 14, no. 2 (2019): e0212087.

Additionally, youth programs should consider the social dimensions of gambling, involving families in the process.[372] Positive relationships between parents and their children and encouraging meaningful activities between each have been identified as protective factors against youth gambling.[373] Prevention and intervention programs that emphasize strengthening parent-child relationships and engaging youth in fulfilling activities that satisfy their need for risk-taking in socially acceptable ways can be effective in reducing youth gambling.[374]

Education within schools is just one aspect of a broader prevention strategy. State government initiatives that raise public awareness and promote a public health response to problem gambling, particularly among adolescents, are also essential. States, like Massachusetts, have developed their own educational materials and toolkits to share, which New Hampshire could adopt or adapt to its context. For example, the Massachusetts Department of Public Health and other organizations have funded a range of prevention initiatives, offering free and accessible toolkits and resources for parents, adolescents and college students. These resources are designed to promote media literacy, community engagement, and critical thinking about gambling.[375] Moreover, in Massachusetts, the Attorney General's Office is collaborating with the MACGH and other stakeholders to develop youth-focused sports betting prevention campaigns and interventions.[376]

[372] Monreal-Bartolomé et al., "Preventive Gambling Programs for Adolescents and Young Adults."

[373] A. Pisarska and K. Ostaszewski, "Factors Associated with Youth Gambling: Longitudinal Study among High School Students," *Gambling: An Emerging Public Health Challenge* 184 (July 1, 2020): 33–40, https://doi.org/10.1016/j.puhe.2020.03.017.

[374] Pisarska and Ostaszewski.

[375] Massachusetts Department of Health, Office of Problem Gambling Services, "Let's Get Real About Gambling Toolkit," 2024, https://www.mass.gov/lets-get-real-about-gambling-toolkit.

[376] Massachusetts Office of the Attorney General, "ATTORNEY GENERAL CAMPBELL ANNOUNCES PUBLIC-PRIVATE PARTNERSHIP TO ADDRESS THE HARMS OF YOUTH GAMBLING ON SPORTS," March 29, 2024, https://www.mass.gov/news/attorney-general-campbell-announces-public-private-partnership-to-address-the-harms-of-youth-gambling-on-sports#:~:text=Today%2C%20during%20Problem%20Gambling%20Awareness,and%20gambling%20among%20young%20people

About This Report

This report was prepared by Spectrum Gaming Group in cooperation with the Massachusetts Council on Gaming and Health.

Spectrum Gaming Group is non-partisan consultancy founded in 1993 that specializes in the economics, regulation and policy of legalized gambling worldwide. Our principals have backgrounds in operations, economic analysis, law enforcement, regulation, research and journalism. Spectrum holds no beneficial interest in any casino operating companies or gaming equipment manufacturers or suppliers. We employ only senior-level executives and associates who have earned reputations for honesty, integrity and the highest standards of professional conduct. Our work is never influenced by the interests of past or potential clients.

Each Spectrum project is customized to our client's specific requirements and developed from the ground up. Our findings, conclusions and recommendations are based solely on our research, analysis and experience. Our mandate is not to tell clients what they want to hear; we tell them what they need to know. We will not accept, and have never accepted, engagements that seek a preferred result.

Our clients in 44 US states and territories, and in 48 countries on 6 continents, have included government entities of all types and gaming companies (national and international) of all sizes, both public and private. In addition, our principals have testified or presented before the following governmental bodies:

- Brazil Chamber of Deputies
- British Columbia Lottery Corporation
- California Assembly Governmental Organization Committee
- Connecticut Public Safety and Security Committee
- Florida House Select Committee on Gaming
- Florida Senate Gaming Committee
- Georgia House Study Committee on the Preservation of the HOPE Scholarship Program
- Georgia Joint Committee on Economic Development and Tourism
- Illinois Gaming Board
- Illinois House Executive Committee
- Indiana Gaming Study Commission
- Indiana Horse Racing Commission
- International Tribunal, The Hague
- Iowa Racing and Gaming Commission
- Louisiana House and Senate Joint Criminal Justice Committee
- Massachusetts Gaming Commission
- Massachusetts Joint Committee on Bonding, Capital Expenditures, and State Assets
- Michigan Senate Regulatory Reform Committee
- National Gambling Impact Study Commission
- New Hampshire Gaming Study Commission
- New Jersey Assembly Regulatory Oversight and Gaming Committee
- New Jersey Assembly Tourism and Gaming Committee
- New Jersey Senate Legislative Oversight Committee

- New Jersey Senate Wagering, Tourism & Historic Preservation Committee
- New York Senate Racing, Gaming and Wagering Committee
- New York State Economic Development Council
- North Dakota Taxation Committee
- Ohio House Economic Development Committee
- Ohio Senate Oversight Committee
- Pennsylvania Gaming Control Board
- Pennsylvania House Gaming Oversight Committee
- Puerto Rico Racing Board
- US House Congressional Gaming Caucus
- US Senate Indian Affairs Committee
- US Senate Permanent Subcommittee on Investigations
- US Senate Select Committee on Indian Gaming
- US Senate Subcommittee on Organized Crime
- Washington State Gambling Commission
- West Virginia Joint Standing Committee on Finance
- World Bank, Washington, DC

Massachusetts Council on Gaming and Health serves as a private, non-profit (501c3) public health agency offering a range of services and supports to those impacted by gambling and video gaming in Massachusetts, as well as nationally and internationally. MACGH balances public health priorities, such as the operation of the GameSense program for the Massachusetts Gaming Commission with a people-first model for gambling and gaming expansion through education, treatment support, and research. Founded in 1983 by Tom Cummings, who translated his lived experience into the Council's focus and attention on inadequacies present for people at high risk and struggling with gambling disorder, the Council also continues to serve as the primary advocate for the Commonwealth regarding safer gaming practices, legislation, and regulation.

For the purposes of this report, it is important to note that MACGH works as a subcontractor to Spectrum Gaming Group. These joint projects with Spectrum allow the Council to offer its longtime expertise through qualitative and quantitative research and data analysis, and to offer its viewpoint on policy, programs, and developments related to gambling projects nationally and abroad. In addition, MACGH has lent its knowledge to projects initiated by the National Council of Legislators from Gaming States ("NCLGS"), a non-partisan group for which Spectrum serves as executive director.

Disclaimer

Spectrum has made every reasonable effort to ensure that the data and information contained in this study reflect the most accurate and timely information possible. The data are believed to be generally reliable. This study is based on estimates, assumptions, and other information developed by Spectrum from its independent research effort, general knowledge of the gaming industry, and consultations with the Client and its representatives. Spectrum shall not be responsible for any inaccuracies in reporting by the Client or its agents and representatives, or any other data source used in preparing or presenting this study. The data presented in this study were collected through the cover date of this report. Spectrum has not undertaken any effort to update this information since this time.

Appendix: Comparison of New England States

Figure 1: Best online RG tools available in New England states

Category	NH	MA	RI	ME	CT	VT	Notes
Limits/Time Out Options							
Cooling Off Periods	Y	Y	Y	Y	Y	Y	
Deposit Limits	Y	Y	Y	Y	Y	Y	
Loss Limits							
Time Limits	Y	Y	Y	Y	Y	Y	
Wagering Limits	Y	Y	Y	Y	Y	Y	
Win Limits	?	?	?	?	?	?	
Specialty Events/Campaigns							
Holiday Campaign- Lottery	Y Lottery	Y Lottery	Y Lottery	?	Y Lottery	?	
March Madness RG Messaging	?	Y	Y	?	Y	Y	High-frequency betting periods
PGAM Messaging	?	Y	Y	?	Y	Y	Ramped-up messaging during PGAM
RGEM Messaging	?	Y	Y	?	Y	Y	Ramped-up messaging during RGEM
Super Bowl/Bowl Season RG Messaging	?	Y	Y	?	Y	Y	High-frequency betting periods
Marketing/Targeting							
Messages with PG Tips/General	?	Y	Y	?	Y	Y	
Raise Age to 21 - Online	N	Y Lottery	Y igaming	?	Y	Y	
RG materials No More than 2 Clicks Away	?	Y	Y	?	Y	Y	Easy access to resources and VSE
RG/PG PSA or Blurb from Athletes/Operator	N	N	N	N	N	N	Buy-in from athletes or operator executives
Targeted RG and PG Messaging/At Risk	?	Y	?	?	Y	Y	Red flags/targeted messaging sent
VSE							
Providing Links to Apps that can Help Exclude	?	Y	Y	?	Y	Y	
VSE - Other Options in the Region	?	Y	?	?	?	Y	Additional options for guests seeking VSE
VSEs - In Apps	Y	Y	Y	Y	Y	Y	
Other PG/RG Resources and Ideas							
3rd-Party Verification	N	N	N	N	N	N	
Maintain Up to Date List of Clinicians	N	Y	N	N	Y	Y	
Providing Links to Peer Support Resources	N	Y	N	N	Y	Y	
Providing Links to Relevant Podcasts	N	Y	N	N	Y	Y	
Employee Trainings/Refreshers							
RG/PG Training for New Employees	N	Y	N	N	Y	N	
RG/PG Refresher Trainings for Employees	N	Y	N	N	Y	N	

Source: Spectrum/MACGH research

Figure 2: Best brick-and-mortar RG tools available in New England states (table on two pages)

Category	NH	MA	RI	ME	CT	VT	Notes
Physical Materials/Spaces							
RG Break Spaces (GSICs) - Casinos	N	Y	N	N	N	NA	Non-gaming space to take breaks.
General Sitting Space Off of Gaming Floor	Y	Y	Y	Y	Y	NA	
Brochures About Casino Games	N	Y	?	?	?	NA	
Casino Promotions Deliver RG/PG Cards	N	N	N	N	N	NA	RG/PG slip attached to all giveaways
LRGG Materials	N	Y	N	N	N	NA	On cards or brochure
Materials on Sports Betting/Online App Exclusion	N	Y	Y	Y	Y	NA	
PG Screening Materials	N	Y	?	N	?	NA	BBGS or some screen available for guests
Trailer Tickets/Lottery or at Cage	N	N	N	N	Y	NA	
VSE Info Cards in TG Pits, Slot Bunkers, Cage	N	Y	N	N	?	NA	VSE info card for gaming employees if patron is in crisis
PG Crisis							
988 Info and Access	N	Y	?	?	?	NA	Co-Occurring
Drug and Alcohol Crisis Info	N	N	?	?	?	NA	Co-Occurring
Helpline Info and Access	Y	Y	Y	Y	Y	NA	
Mobile Crisis Unit Access	N	N	?	?	?	NA	
Samaritans Info and Access	N	Y	?	?	?	NA	Co-Occurring
Specialty Events/Campaigns							
Holiday Campaign	N	Y	Y	Y	Y	NA	Lottery specific
National Mental Health Awareness Month	N	Y	?	?	?	NA	May/Co-Occurring
National Suicide Prevention Month Messaging	N	Y	?	?	?	NA	September, along with RGEM
PGAM Messaging and Activities	N	Y	Y (social media)	Y (social media)	Y (CCPG)	NA	Ramped-up PG during PGAM
RGEM Messaging and Activities	N	Y	Y (social media)	Y (social media)	Y (CCPG)	NA	Ramped-up RG during RGEM
Sports Betting RG/March Madness, Super Bowl	Y	Y	?	?	?	NA	High-volume sports betting times ramp up RG
Materials for Marginalized Groups							
Providing Links to BIPOC Resources	N	N	N	N	N	NA	
Providing Links to Financial Help Resources	N	Y	?	?	N	NA	
Providing Links to LGTBQI+ Resources	N	Y	N	N	N	NA	
Providing Links to Multiple Language Resources	N	Y	?	?	Y	NA	
Providing Links to Veterans Resources	N	Y	?	N	N	NA	
Translation Services Available	N	Y	?	?	?	NA	
Pre-Commitment Tools/Positive Play							
PlayMyWay	N	Y	N	N	N	NA	
PlayMyWay with Hard-Stop Option	N	Y	N	N	N	NA	
LRGG Materials	N	Y	N	N	N	NA	
Positive Play Materials	N	Y	N	N	N	NA	
VSE							
PG Resources and Links General	Y*	Y	Y	Y	Y	NA	Additional resources for recovery support

Category	NH	MA	RI	ME	CT	VT	Notes
PG Resources Friends and Family General	N	Y	Y	?	?	NA	
VSE - By Mail or Computer	N	N	N	N	Y	Y (SW)	With notarization or identity verification
VSEs - In Person	N	Y	Y	Y	Y	NA	
VSEs – Remote	N	Y	N	Y	N	NA	Meaning remotely but with a VSE rep involved
Financial Restrictions/Tools							
ATM Exclusion/Restriction	Y	Y	?	?	?	NA	
Casino Credit Exclusion	Y	Y	?	?	?	NA	
ATM Placement from Casino Floor	N	Y	N	N	N	NA	
Check Cashing Exclusion	?	Y	?	?	?	NA	
Cash Advance Restriction/Credit Cards	N	Y	?	?	?	NA	
Employee Training/Refreshers/Evaluation							
RG/PG in NHO for Casino Staff/Refreshers	N	Y	?	?	?	NA	All casino staff given RG/PG at NHO
Specialty Trained RG and PG Employee Group	N	Y	N	N	N	NA	
Survey or Evaluation of Employee Awareness	N	Y	N	N	N	NA	1-year survey or eval of employee knowledge of RG/PG
Survey or Evaluation of Guest Awareness	N	Y	N	N	N	NA	1-year survey or eval of guest knowledge of RG/PG

Source: Spectrum/MACGH research

Figure 3: How New England states treat funds won by excluded gamblers

State	How Does the State Handle Funds Held by a Person Found To Be Gambling Who Is on the Voluntary Self-Exclusion List?
Massachusetts	In casinos, the Massachusetts Gaming Commission ("MGC") confiscates any funds that are visible in the form of a ticket (not within their pockets, bags, wallets, etc.) and/or are currently in play within the machine. Those funds are withheld from the player and then placed in a fund to be used as determined by the MGC. There is no set approach for pari-mutuel racing VSEs. If someone is found to be violating a mobile sports wagering VSE, the same rules apply as for casinos. No VSE program exists for state Lottery currently.
Connecticut	Tribal casinos keep any money wagered and won by people who have self-excluded. The self-exclusion list is managed internally by the tribes. Connecticut Lottery currently does not have a VSE program for traditional lottery products. Per regulation, for online casino, online lottery, virtual table games, and sports wagering, when a person is on the self-exclusion list, funds are confiscated and go to Department of Mental Health and Addiction Services ("DMHAS") Problem Gambling Services. Self-exclusion is managed through the gaming regulator, which is the Department of Consumer Protection.
Rhode Island	Up to $150,000 per year of forfeited VSE winnings are given to the Rhode Island Council on Problem Gambling (after removal of back taxes and child support). Igaming and sports betting are held by Bally's and self-exclusion seems to cut across all forms of gambling held by Bally's.
Maine	Confiscations from the winnings of self-excluded individuals are directed to the Gambling Addiction Prevention and Treatment fund. It almost never happens because, since 2020, the casinos have been scanning IDs at the door. When this practice was implemented, it was for the purpose of Covid-19 contact tracing. What they found was that a surprising number of self-excluded individuals were trying to enter the casinos. Both casinos have decided to continue scanning IDs at the door to avoid this.
Vermont	No VSE option currently exists for the Vermont Lottery. Sportsbooks that allow excluded patrons to play must return winnings to Vermont's Department of Liquor and Lottery ("DLL"). Policy: *4.5. The Operator shall establish procedures that are designed, to make all commercially reasonable efforts, to: (a) Prevent an individual on the Self-Exclusion List or Involuntary Exclusion List from opening a new Sports Wagering Account; (b) Identify and suspend any Sports Wagering Accounts of an individual on the Self-Exclusion List or Involuntary Exclusion List to prevent further participation in Sports Wagering; (c) Promptly notify the Department, or its designee, if an individual on the Self-Exclusion List or Involuntary Exclusion List attempts to place or is discovered to have placed or attempted to place a wager; (d) In cooperation with the Department, and where reasonably possible, determine the amount wagered and lost by an individual identified to be on the Self-Exclusion List or Involuntary Exclusion List. The monetary value of the losses shall be paid to the Department within forty-five (45) calendar days; (e) Deny an individual identified to be on the Self-Exclusion List or Involuntary Exclusion List from any winnings derived from wagering while on the Self-Exclusion List or Involuntary Exclusion List. The monetary value of the withheld winnings shall be paid to the Department within forty-five (45) calendar days; (f) In the event that a player has pending wagers prior to be added to the Self-Exclusion List or Involuntary Exclusion List, handle such wagers in accordance with the terms and conditions. (g) Refund any remaining balance to an individual on the Self-Exclusion List or Involuntary Exclusion List provided that the Sportsbook acknowledges that the funds have cleared; and (h) Ensure that individuals on the Self-Exclusion List or Involuntary Exclusion List do not receive, either from the Operator, its Service Providers, or any agent thereof, direct marketing, telemarketing promotions, player club materials, or other targeted promotional materials relating to Sports Wagering.*

Figure 4: How New England states fund responsible gambling/problem gambling programs

State	How Does This State Fund All of Its RG and PG Programs?
Massachusetts	5% of taxes on gross gaming revenue from casinos go into a Public Health Trust Fund, with a baseline assessment of $5 million. 9% of taxes on GGR from sports wagering goes into a Public Health Trust Fund. A line item for racing funds goes through an Interdepartmental Service Agreement from MGC to the Department of Public Health's Office of Problem Gambling Services ("DPH/OPGS"). A line item is considered and voted on in the state budget from Lottery unclaimed winnings that go directly to DPH/OPGS. Total of $22.6 million funding for RG/PG in 2023 (NAADGS.org)
Connecticut	$3.3 million goes from the Lottery to DMHAS to be distributed to different organizations and projects. Tribal casinos support the Council on Problem Gambling through annual donations by giving $500,000 each. Total of $4.2 million funding for RG/PG in 2023 (NAADGS.org) No additional money is currently earmarked from ilottery.
Rhode Island	All funding for prevention and treatment is paid for by Bally's (Twin River and Tiverton casinos). Minimum amount given is mandated at $200,000 a year. In FY 2021, $550,000 was reimbursed for treatment. Up to $150,000 in forfeited winnings goes to the Rhode Island Council on Problem Gambling. An additional $50,000 minimum is given annually for training and education.
Maine	Until recently, Gambling Addiction Prevention and Treatment fund received $100,000 per year. Since sports betting went live this year, 1% of the adjusted gross sports wagering receipts must be deposited in the Gambling Addiction Prevention and Treatment Fund. Based on what is available through public records, it appears that approximately $25,000 is coming into the fund per month. Because most of the funds have not yet been released, specific amounts are not yet available. In FY 2024, small donations are also given directly from casinos in the amount of $15,000.
Vermont	The FY 2024 budget for RG and PG was $500,000. $250,000 came from a sports betting tax, and $250,000 came from the Department of Liquor and Lottery.