

2020 Region 1 Epidemiological Profile: Problem Gambling

Problem Statement

Problem gambling, sometimes referred to as gambling addiction, includes gambling behaviors which disrupt or damage personal, family, or vocational pursuits.¹

Symptoms include: increasing preoccupation with gambling, needing to bet more money more frequently, irritability when attempting to stop, and continuation of the gambling behavior despite serious negative consequences.¹

According to the American Psychiatric Association, for some people gambling becomes an addiction and individuals may crave gambling the way someone craves alcohol or other substances.² Aside from financial consequences, problems with relationships and work, or potential legal issues, problem gamblers are at increased risk of suicide.²

In key informant interviews and focus groups (including teens, clinicians, and persons in recovery) conducted in 2021 in Southwest CT (SW CT), participants indicated that there was a general lack of awareness regarding problem gambling, including prevalence, risk factors, and potential consequences.

One focus group member did indicate that gambling "...is absolutely a problem in Fairfield. I would say particularly for teen boys it is an issue. They do a lot of gambling and sometimes spend a lot of money. I have heard of high schoolers who even go as far as selling all of their family's old iPhones and iPads."

The increasing availability of online gambling opportunities has increased ease of access and thereby represents a potential major contributor to problem gambling. Legislation is currently underway in Connecticut to legalize sports betting and online wagers.³

Although raising awareness regarding the risks of gambling behaviors may be particularly effective when included in early education in schools, that remains a challenge due to competing priorities for school-aged

youth. Gambling disorders typically have an age of onset ranging from mid-20s to late 30s⁴ whereas substance use disorders may begin much earlier. In the 2019 Connecticut School Health Survey, only 25.4% of all students reported ever having gambled compared with 49.8% had ever had alcohol and 35.9% who had ever used marijuana.

Many online video games include "loot boxes", in which random rewards can be purchased, and so this may constitute a form of gambling. Video game addiction is relatively new and is not yet recognized in the US as a diagnosable disease. Thus, there is no data regarding the magnitude.

Magnitude (prevalence)

In the United States, about 2 million adults meet criteria for severe gambling problems in a given year, and another 4-6 million would have mild or moderate gambling problems.¹

In 2018 national survey data, the rate of past-year gambling activity in Connecticut was higher than the national average (83% vs 73%, respectively).^{1a} In 2019, the Connecticut Council on Problem Gambling reported that about 70,000 Connecticut residents met the clinical criteria for disordered gambling and another 280,000 residents were at risk of developing a gambling problem in their lifetime.⁵

According to data from Bettor Choice and Problem Gambling Services, among 291 persons admitted to treatment for gambling disorder in FY2019, most were white (80%), more than half were between ages 45 – 64 (51%), and there were approximately equal proportions of females and males (47% and 53%, respectively).

There is limited quantitative data regarding the prevalence of problem gambling in SW CT. Focus groups were conducted in 2021, it was noted that teens are now frequently engaging in gambling activities (e.g., poker, e-sports betting). In youth surveys performed in

¹ National Council on Problem Gambling

² American Psychiatric Association, Gambling Disorder

³ Singer S. 2021. Expanded gambling in Connecticut closer to reality as sports betting and online wagers approved by General Assembly committee; Bridgeport casino also included. *Hartford Courant*, Mar 24

⁴ Black DW et al. *Compr Psychiatry*. 2015;60:40-46

National Council on Problem Gambling

⁵ Connecticut Council on Problem Gambling Annual Report 2019



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2 communities in SW CT during 2018, between one third and one half of respondents indicated that they had engaged in betting on sports.⁶ However, the prevalence of problem gambling among youth or any other age group in the region is currently unknown. Furthermore, there are wide differences in demographics and socioeconomic factors between wealthy and urban core communities in the region, and so there might exist differences in the prevalence between subregions. In addition, factors such as the increase in online gambling sites and the 2020 COVID-19 pandemic are likely to have had an impact on the current prevalence.

According to the Connecticut School Health Survey in 2019, 25.4% of high school students reported gambling on a sports team, playing cards or dice game, state lottery games, gambling on the internet, or bet on a game of personal skill.⁷ The survey also showed that 34.6% of high school males reported gambling, compared to 16.2% of females. The prevalence among 12th graders was significantly higher (31.7%) than any other grade (22.1%-24.3%). Differences among race/ethnicity were not statistically significant.

Risk Factors and Subpopulations at Risk

- Risk Factors include:⁸
 - Having an early big win
 - Having easy access to preferred form of gambling
 - Holding mistaken beliefs about odds of winning
 - Having a recent loss or change, such as divorce, job loss, retirement, death of a loved one
 - Financial problems
 - A history of risk-taking or impulsive behavior
 - Depression and anxiety
 - Having a problem with alcohol or other drugs
 - A family history of problem gambling
- Problem gambling rates double for individuals living within 50 miles of a casino.

- Although there is presently not a casino in SW CT, there is ongoing legislation that includes construction of a new casino in Bridgeport.¹

Burden (consequences)

The National Council on Problem Gambling estimates the national societal cost of problem gambling to be about \$7 billion, including gambling-related criminal justice and healthcare spending, job loss, and bankruptcy among others.¹

Treatment Admissions:

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
FY2019	291	28	87	93	27	56

In data from Bettor Choice and Problem Gambling Services for Regions 1–5, treatment admissions for gambling disorder in region 1 during FY2019 were among the lowest in the state. However, those data are unlikely to represent a comprehensive assessment of treatment burden in any of these regions. For example, gambling disorder often exists as a comorbidity with substance use disorder but may not be assessed in institutions and agencies treating patients for those disorders. Furthermore, persons from wealthy communities might seek treatment in private facilities and therefore would not be counted.

There is no regional data regarding the burden associated with gambling-related issues such as criminal justice and healthcare spending, job loss, bankruptcy, etc.

Capacity and Service System Strengths

Community Readiness Survey: % Rating Community Ability to Raise Awareness About the Risks of Problem Gambling/Gaming Addiction as Medium/High

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2020	33.8	36.6	39.9	44.4	28.6	24.1

⁶ Key informant interview. 2021. Region 1 Gambling Awareness Team member

⁷ Connecticut School Health Survey, 2019

⁸ Risk Factors for Developing a Gambling Problem, Centre for Addiction and Mental Health (CAMH)



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In the 2020 CT Community Readiness Survey, more than one third of respondents indicated the ability to raise awareness about the risks of problem gambling/gaming addiction as medium/high.

Community Readiness Survey: % Rating Community Importance of Preventing Gambling/Gaming Addiction as Somewhat/Very Important and Ability to Raise Awareness of Risks of Problem Gambling/Gaming Addiction as Medium/High

Community Type	Importance of Prevention	Ability to Raise Awareness
CT	62.1	33.8
Wealthy CT	56.7	48.7
Urban Core CT	67.2	29.3
Urban Periphery CT	63.3	37.7
Suburban CT	57.3	28.3

- CT-wide results from the 2020 CT Community Readiness Survey with respect to prevention and ability to raise awareness of problem gambling/gaming addiction were compared with those of communities best representing SW CT (Wealthy CT, Urban Core CT, Urban Periphery, Suburban CT).
- Overall, more than half of respondents in CT and in each community rated the importance of prevention as somewhat/very important, although less than half rated the ability to raise awareness as medium/high.
- Compared with overall results in CT, a higher percentage of respondents from Urban Core CT and Urban Periphery CT rated prevention as somewhat/very important, whereas lower percentages from Wealthy CT and Suburban CT responded similarly.
- A higher percentage of respondents from Wealthy CT and Urban Periphery CT indicated ability to raise awareness as medium/high, whereas a lower percentage from Urban Core CT and Suburban CT responded similarly.
- In SW CT, focus groups conducted in 2021, participants expressed recognition of a growing problem among youth, potential problems associated with increased advertising, and the lack of resources allocated to addressing problem gambling.
- Taken together, the recognition of the importance of prevention by respondents in the survey and the

recognition of problems and associated factors by the focus groups suggests that the level of community readiness might be higher than realized by survey respondents.

- In SW CT, CT Renaissance is the grantee of the “Better Choice” program funded by the state to provide treatment for problem gambling at little to no cost.
- In October 2018, the Brief Biosocial Gambling Screen (BBGS) was integrated into the Mental Wellness screening tool used throughout the region during Wellness Month, as well as by several towns, colleges and providers throughout the year. Use of this tool allows for assessment of potential problem gambling at any screening event for mental health and substance use.
- Within SW CT there are two primary teams focused on strengthening gambling awareness. They are the Regional Gambling Awareness Team, whose members presently represent 20 different organizations, and the Caribe Gambling Awareness Youth Team, whose members range in age from 14-18 years. Both teams annually plan and implement a number of initiatives to increase awareness, including infusing gambling awareness into existing opportunities (e.g. integrating gambling screening and discussions with mental health), developing social media (e.g. youth PSA), planning and coordinating events during PGAM (Problem Gambling Awareness Month), hosting opportunities to educate elected officials, and organizing forums on “emerging trends” such as sports betting and using interactive activities to demonstrate key messages about gambling.
- Congregation Assistance Program/Community Awareness Program (CAP), which is a community-based training program available to interested faith communities or other groups through The Hub. A CAP training provides awareness not only about problem gambling but also substance misuse, suicide, and mental health.

