

2019 PROFILE: PROBLEM GAMBLING IN SOUTHWEST CONNECTICUT

Problem Gambling is defined by the National Council on Problem Gambling (NCPG) as “behavior that causes disruptions in any major area of life” but does not meet the criteria for a diagnosis of Disordered Gambling (behavioral addiction, per the 2013 American Psychiatric Association Diagnostic and Statistical Manual V criteria).¹⁷ Disordered Gambling was previously classified as an impulse-control disorder. The revised classification as an addiction has helped clinicians to better understand and treat it, and also helped researchers to redefine addiction. Once thought of as dependency on a chemical, addiction is now defined as “repeatedly pursuing a rewarding experience despite serious repercussions.”¹⁸

A new area of concern is online videogaming. With the introduction of loot boxes in videogames, the lines between gaming and gambling are becoming blurred. Loot boxes, which can be bought or offered as rewards for achieving certain goals within a game, have come under fire over concerns that they encourage addictive behavior, especially by children.¹⁹

Magnitude:

According to the CT Council on Problem Gambling (CCPG), 8% of the population in CT is at risk of developing a problem with gambling in their lifetime and up to 2% will meet the clinical criteria for Disordered Gambling.⁷ Gambling activity is high in Connecticut, according to a November 2018 survey by the NCPG. Past-year gambling rates for 14 of 15 activities were higher in Connecticut than nationally, including any activity (83% vs 73%), lottery games (74% vs 66%), and casino activity (48% vs 37%).²⁰ Within the state, Fairfield County had the second lowest gambling rate compared with other counties on a 2013 profile; however, more updated information is not available at the county level.²¹

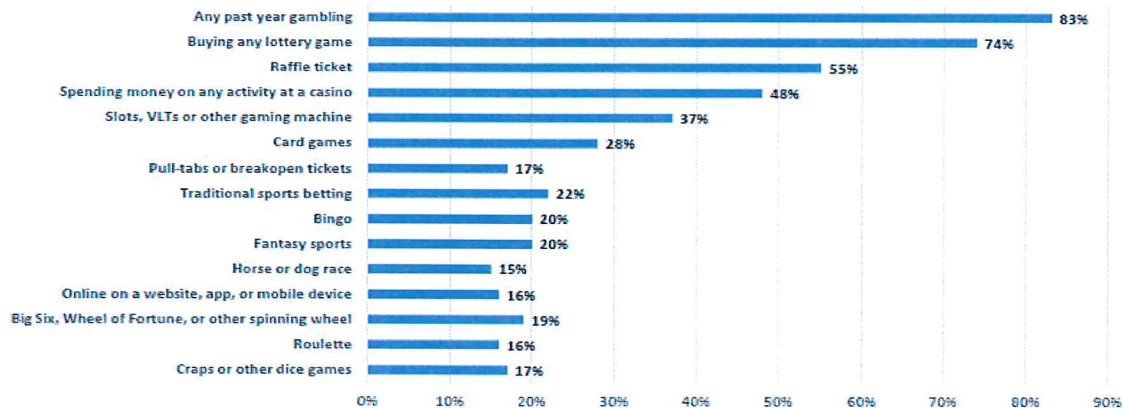


Figure 16: Rates of Past Year Gambling Activity in Connecticut

Source: NPGC

Data from Department of Mental Health and Addiction Services, Better Choice Gambling Treatment Programs indicate the most concerning gambling behaviors for clients admitted into treatment were scratch tickets (29%), sports betting

¹⁷ Kagan R, et al. 2014. Problem gambling in the 21st century healthcare system. National Council on Problem Gambling. Available at: <https://www.ncpgambling.org/wp-content/uploads/2014/07/ACA-brief-web-layout-publication.pdf>

¹⁸ Jabr F. 2013. Gambling on the brain. *Scientific American*. 309 (5): 28-30.

¹⁹ *Washington Post*, May 8. Available at: https://www.washingtonpost.com/technology/2019/05/08/video-game-loot-boxes-would-be-outlawed-many-games-under-forthcoming-federal-bill/?noredirect=on&utm_term=.ebabcd50a4eb.

²⁰ National Council on Problem Gambling. 2018. National Survey on Gambling Attitudes and Gambling Experience. Available at: <https://www.ncpgsurvey.org/>.

²¹ Lower Fairfield County Regional Action Council. 2013. Epidemiologic profile of substance use, suicide & problem gambling. CT Department of Mental Health & Addiction Services. Available at: <https://www.ct.gov/dmhas/lib/dmhas/prevention/ctspf/lfcrac.pdf>.



(29%), slot machines (18%), card games (12%), lottery games (6%) and dice games (6%).²² Clinicians in southwest CT treating those with problem or disordered gambling have noted trends, including a slight increase in numbers receiving treatment, an increase in electronic gambling use, and an increase in the number of women receiving treatment.²³ In addition, people in intensive outpatient programs for substance use disorder purchase many lottery and scratch-off tickets.⁶

Youth prevalence data in one community showed that, among high school students, the percentage of males participating in a sports fantasy league or gambling on a sporting event was 2.5 times higher than for females. CCPG's fact sheet states that college students also have a greater likelihood of past-year gambling and more money gambled by males than females.²⁴

Risk Factors and Subpopulations at Risk:

- *Risk Factors for problem gambling:* Having an early big win (leading to false expectation of future wins); easy access to the preferred form of gambling; having a recent loss or change, such as divorce, job loss, retirement or death of a loved one; feeling bored or lonely, or having a history of risk-taking or impulsive behavior; having financial problems; having a parent with a history of problem gambling.
- *At-risk populations include:* Women progress to a gambling disorder 2X faster than men after beginning to gamble. Youth who are more at risk of developing a problem are those who gamble at an early age, experience a win on their first time, and have a family history of problems with gambling problems. Rates of problem gambling are doubled among persons living within 50 miles of a casino.²⁵ (Although there is presently not a casino in Fairfield County, there is ongoing consideration for one to be built in Bridgeport.²⁶)

Burden:

Comorbidity with problem gambling is common. A national telephone survey revealed that 75% of all problem gamblers have had a problem with alcohol and 38% have had a problem with other drugs.²⁷ There are several health issues related to Disordered Gambling including anxiety and depression, sleep disturbances and chronic tiredness, back problems, and migraines.²⁸ Overall, those with Disordered Gambling are more likely to rate themselves in poorer health.⁴ In addition, no other addiction has as high a suicide rate as gambling. The NCPG estimates that one in five gambling addicts will attempt to kill themselves, about twice the rate of other addictions.²⁹

Capacity and Service System Strengths:

Connecticut has two state organizations to support treatment and prevention in the state. They are the CCPG, which runs the Problem Gambling Help Line, and DMHAS Problem Gambling Services, which oversee DMHAS-funded treatment providers and 5 regional gambling awareness teams and initiatives. Both organizations provide expertise and resources to strengthen the capacity of the regions to increase gambling education and awareness.

In Southwest Connecticut (SW CT), Positive Directions and CT Renaissance are the two "Better Choice" programs funded by the state to provide treatment for problem gambling at little to no cost.

²² Key informant interview. 2019. CT Department of Mental Health & Addiction Services, Problem Gambling Services.

²³ Key informant interview. 2019. Southwest Connecticut clinicians.

²⁴ Connecticut Council on Problem Gambling. 2018 update. Fact sheets. Available at: <http://www.ccp.org/resources/>.

²⁵ CT Department of Mental Health & Addiction Services, Problem Gambling Services. 2019 update. Expansion of legalized gambling fact sheet. Available at: <https://www.ct.gov/dmhas/lib/dmhas/pgs/gamblingexpansion2.pdf>.

²⁶ Munson E. 2019. New sports betting proposal, Bridgeport casino clear first Connecticut legislative hurdle. *CT Post*, Mar 19. Available at: <https://www.ctpost.com/politics/article/New-sports-betting-proposal-considered-by-13699940.php>.

²⁷ Romm T and Timberg C. 2019. Video game 'loot boxes' would be outlawed in many games under forthcoming federal bill. Petry NM et al. 2005. *J Clin Psychiatr*. 66: 564-574.

²⁸ 12 CT Department of Mental Health & Addiction Services, Problem Gambling Services. 2002. Co-occurring Disorders Problem

²⁹ Gambling Integrated Treatment Workbook, <https://www.ct.gov/dmhas/lib/dmhas/pgs/Cooccurringworkbook.pdf>.



Data collection on gambling has increased in SW CT. At college and health fairs, a three-question survey is asked to determine gambling prevalence and awareness. It identifies whether someone has gambled in past 12 months, whether they are concerned about someone who has gambled, and whether they are aware of gambling support resources that exist. 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 14 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 "hot topics" such as sports betting and using interactive activities to demonstrate key messages about gambling. A more recent initiative in our region is the 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.

