

2022 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. 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 Problem gambling is also strongly associated with mental health disorders and substance use disorders.²

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 substances³. Aside from financial consequences, problems with relationships and work, or potential legal issues, problem gamblers are at increased risk of suicide. An earlier age of onset of gambling behavior is associated with greater risk of developing gambling problems and an increased severity of those problems.⁴

In a focus group conducted in January 2023 (including clinicians, advocates, prevention specialists and persons in recovery), participants indicated that services related to prevention, treatment and recovery were, at best, "somewhat sufficient." Screening for gambling problems was felt to be inadequate and gambling-specific treatment was insufficient. Participants identified underserved populations that included ethnic/racial minorities, LGBTQ community members, and college students.

The legalization of sports betting and online gambling in Connecticut (CT) in 2021 has led to increases in gambling addiction and the number of people seeking help in CT. As of October 2022, the numbers of calls and chats to the CT problem-gambling hotline were up by 134%.⁵ Legalization has also been accompanied by an increase in advertisements for gambling, which is

associated with a greater risk of development of problem gambling behaviors, especially in children, young people, and vulnerable adults.⁶

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 30s whereas substance use disorders may begin much earlier.⁷ However, the legalization of online and retail sports betting may be changing the typical demographics. For example, the National Council on Problem Gambling indicated in 2022 that between 60% and 80% of high school students report having gambled for money and between 4% and 6% were considered addicted to gambling.⁸

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. One community has included questions related to gaming behavior in a survey of middle school and high school students but there is no data regarding the magnitude of video game addiction.

Magnitude (prevalence)

In the United States, about 2 million adults meet criteria for severe gambling problems each 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).¹ In 2019, the Connecticut Council on Problem Gambling (CCPG) 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.⁹

¹ National Council on Problem Gambling

² Ford M et al. PLoS One. 2020; 15(1): e0227644.

³ American Psychiatric Association, Gambling Disorder

⁴ Rahman AS et al. J Psychiatr Res. 2012;46:675-83

⁵ CT Insider, Oct 24, 2023

⁶ McGrane E et al. Public Health. 2023;215:124-30

⁷ Black DW et al. Compr Psychiatry. 2015;60:40A6

⁸ PewTrusts.org, July 12, 2022

⁹ Risk Factors for Developing a Gambling Problem, Centre for Addiction and Mental Health (CAMH)

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There is limited quantitative data regarding the prevalence of problem gambling in Southwest Connecticut (SW CT). Nevertheless, according to data from CT Problem Gambling Services, the demographics of adults admitted to treatment for gambling disorder in this region may be changing in recent years. For example, the proportion of those between the ages of 18 and 25 years increased from just under 9% in 2021 to 20% in 2022. This might reflect an increasing prevalence of gambling behavior in younger age groups. It is well established that males are more prone than females to gambling addiction, and it is notable that the proportion of males increased from 61% in 2021 to 70% in 2022.

Data from the CCPG Helpline for SW CT suggests that the types of gambling might also be changing in recent years. For example, increases between 2021 and 2022 were found for contacts (chats or calls) related to sports (30% to 34%), casino (general; 9% to 20%) and internet gambling (15% to 39%). Although the increase in casino gambling contacts might be related to easing of pandemic restrictions, the increase in internet gambling contacts is more likely to be a result of the changed legal status in Connecticut.

In preliminary data from several towns in SW CT (part of the Datahaven Community Wellbeing Survey in 2021), between 27% and 41% of participants in each town acknowledged having gambled within the past year. However, the proportion of those who reported having bet more than they could afford to lose was almost twice as high for those in one more affluent town compared with those in a more economically challenged subregion (7% vs 3-4%).

Recovery Network of Programs Inc (Disordered Gambling Integration [DiGIn] Program site in SW CT), includes screening for problem gambling for all their clients. Their data have identified yearly increases from 2020 to 2022 in the percentage of clients who have a gambling disorder (table below). More than one third of clients with a gambling problem also have an alcohol use disorder, and more than 90% have a substance use disorder.

Data From the DiGIn Program in Region 1: Co-Occurrence of Gambling Problems with Alcohol and Substance Use Disorders, 2020 to 2022

Year	% of clients who indicated problem gambling	% of clients with a gambling problem who have AUD	% of clients with a gambling problem who have SUD
2020	1.2	39.2	90.2
2021	2.5	39.1	91.1
2022	3.4	36.4	90.7

There is very limited recent data regarding gambling behaviors and attitudes among adolescents in this region. Nevertheless, one town conducted a survey of middle school and high school students in 2022 that included gambling data. The incidence of self-reported gambling in their lifetime increased incrementally by grade from 3.45% in Grade 7 to 9.57% in Grade 12, and males were almost 3 times more likely than females to report gambling. Across all grades, fewer respondents perceived moderate or great risk of gambling compared with smoking, vaping nicotine, alcohol use, or use of prescription drugs without a prescription. Those who reported any substance use in their lifetime were more likely to perceive less risk of gambling and less peer disapproval for gambling. Importantly, the average “Age of First Use” was 11.2 years, younger than for use of over the counter or prescription drugs, alcohol, vaping nicotine, cigarettes, or marijuana.

Risk Factors and Subpopulations at Risk

Risk factors for development of gambling problems are shown in the table below.^{10 11}

Risk Factor for Development of Adult and Underage Gambling Problems

Adults	Underage - Specific
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Community norms promoting gambling • Availability and access to gambling • Parental involvement and attitudes favorable toward gambling • Favorable youth attitudes toward gambling

¹⁰ CADCA

¹¹ CADCA 2022 CT Gambling Boot Camp

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<ul style="list-style-type: none"> •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 	<ul style="list-style-type: none"> •Promotion of gambling opportunities •Peer networks engage in gambling activities •Sensation seeking/poor impulse control
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Using elements of CADCA training (provided by CT PGS), a regional working group identified low perception of risk and community norms as priority risk factors to address underage gambling in Region 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
FY2022	321	31	18	94	70	108

In data from Bettor Choice and Problem Gambling Services for Regions 1–5, treatment admissions for gambling disorder in region 1 during FY2022 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

In Region 1 data from the CT Community Readiness Survey, there was a marked increase in the percent of key informants between 2020 and 2022 who indicated that prevention of gambling/gaming addiction in the community was very important (table below).

Community Readiness Survey: % Rating Importance of Preventing Gambling/Gaming Addiction in the Community, 2020 vs 2022

	2020	2022
Very important	18.8	34.5
Somewhat important	44.2	37.7
A little important	28.3	24.1
Not important	8.8	3.6

Almost half of key informants indicated the ability to raise awareness about the risks of problem gambling/gaming addiction as medium or high, representing a substantial increase from 2020 data (table below).

Community Readiness Survey: % Rating Ability to Raise Awareness About the Risks of Problem Gambling/Gaming Addiction, 2020 vs 2022

	2020	2022
High	8.3	10.9
Medium	28.3	38.0
Low	57.3	51.1
No ability	6.1	0

There were also substantial increases in the percentages of key informants who indicated the awareness of community residents that gambling activities can become an addiction (table below).

Community Readiness Survey: % Rating Awareness That Gambling Activities Can Become an Addiction, 2020 vs 2022

	2020	2022
Very aware	2.3	6.3
Somewhat aware	24.6	29.2
A little aware	48.0	49.3
Not aware	24.5	15.2

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Overall, key informants indicated readiness of their community as moderate to high for the following activities:

- Collecting data on the nature of local behavioral health problems
- Identifying community members as resources to address behavioral health problems
- Securing support from local policy makers for behavioral health
- Developing culturally appropriate programs and strategies
- Raising community awareness of priority problems or issues (substance misuse, gambling, mental health, suicide)
- Collaborating with organizations concerned with preventing other types of problems (e.g., HIV, violence)
- Developing policies related to or to specifically address behavioral health problems in the community