

Most gambling harms in Massachusetts reported by low-risk gamblers

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Nearly three-quarters of the total number of gambling harms in Massachusetts in a period before the state's casinos opened were reported by low-risk gamblers, according to University of Massachusetts

Amherst research.

This finding confirms a phenomenon known as the "prevention [paradox](#)" and suggests the need for targeted public health efforts to reduce community harm, says Rachel Volberg, lead investigator for the UMass Amherst research team known as SEIGMA (Social and Economic Impacts of Gambling in Massachusetts).

The prevention paradox occurs when the majority of impacts of a disease happen among people at low or moderate risk rather than among those diagnosed with the disease. From a public health perspective, the prevention paradox refocuses efforts away from individuals with the highest risk and toward prevention strategies for the population as a whole. The paradox refers to how this approach may benefit the community in significant ways but offer fewer benefits to individuals.

Volberg, research professor in the School of Public Health and Health Sciences, presented a report on the research, "Gambling Harms and the Prevention Paradox in Massachusetts," to the Massachusetts Gaming Commission on Thursday, Nov. 4.

She says the findings suggest that more resources should be focused on supporting primary prevention efforts to lessen [gambling](#) harms among those at [lower risk](#), and fewer resources should go to formal treatment and recovery programs for those at the highest risk of suffering gambling harms.

"...if the aggregate number of harms is higher among individuals with less severe problems, then primary prevention efforts aimed at altering unhealthy or unsafe behaviors across the entire population should be emphasized..." the report states. "...High rates of financial harms and health harms among regular gamblers in Massachusetts suggest the importance of raising awareness about gambling-related harm and

educating community-based organizations about the extent of gambling harm among regular gamblers."

However, Volberg notes that the analysis was based on survey data collected in 2013 and 2014, before any of the state's three casinos opened. In addition, the findings conflict with those from the Massachusetts Gambling Impact Cohort study (MAGIC), which followed the same people before and after the opening of Plainridge Park Casino and MGM Springfield. MAGIC found that most problem gamblers in Massachusetts were relapsed, not first-time problem gamblers.

"It is possible that gambling harms among individuals with more severe problems have intensified since the casinos in Massachusetts opened," the report states. To determine whether the prevention paradox is still in place or whether the distribution of gambling harms has since changed, the SEIGMA research team will analyze data from two follow-up surveys that are currently underway.

The most common harms reported in the prevention paradox study—financial, health and emotional/psychological—were broadly distributed across the different gambling severity groups. Even the less common harms—work/school, relationship and illegal harms—were also broadly distributed among the groups.

Nonetheless, Volberg notes, "people at higher gambling severity are definitely experiencing more harms individually and more severe harms. But because so many more people are in the other groups, there is support for the prevention paradox."

Volberg says all the general prevention strategies recommended in the recently presented [MAGIC study final report](#) remain on target in light of the [prevention](#) paradox report. A balance of programs focusing on

treatment and recovery for high-risk individuals also is still necessary. "What we've learned is there is no single thing that you can do to prevent gambling harms and gambling problems," she says.

"Because it's so complex—there's a genetic or biological component, there are psychological issues and it's a social thing—we need broad programs to raise people's awareness and specific programs targeting people in subgroups at particular risk.

"Gambling is not a risk-free activity," Volberg says. "It can be entertaining for many people, but for people with risk factors it can be a pretty devastating disorder."

More information: The report is available as a PDF at www.umass.edu/sites/default/files/2021-11/Gambling%20Harms%20Prevention%20Paradox%20in%20Massachusetts_2021-09-07.pdf

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