# 2021 Statewide Assessment of Gambling and Problem Gambling in Illinois

**Prepared for:** Illinois Department of Human Services, Division of Substance Use Prevention and Recovery

Prepared by: Health Resources in Action



Health Resources in Action Advancing Public Health and Medical Research



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Governor J.B. Pritzker Lt. Governor Juliana Stratton IDHS Secretary Grace Hou

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A downloadable version of this report can be found at https://weknowthefeeling.org/

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- Local, State and National Leader Interviews (See Appendix B)
- Community Discussion Hosts (See Appendix B)
- Survey Respondents

### Land Acknowledgment

We would like to acknowledge that the State of Illinois is on the lands of the Peoria, Kaskaskia, Piankashaw, Wea, Miami, Mascoutin, Odawa, Sauk, Mesquaki, Kickapoo, Potawatomi, Ojibwe, and Chickasaw Nations. These ancestral lands were the territory of these Native Nations prior to their forced and violent removal.

The state of Illinois is currently home to more than 75,000 tribal members. By making a land acknowledgment, we recognize that Indigenous peoples are the traditional stewards of the land that we now occupy, living here long before Illinois was a state and still thriving here today. As we work, live, and play on these territories we have a responsibility to acknowledge these Native Nations and to work with them as we move forward as a vibrant, inclusive State of Illinois.

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# **Executive Summary**

## Introduction

There has been significant growth in commercial gambling in the past 40 years, in Illinois and nationally. Most recently, the Illinois Legislature voted to expand gambling in the state, signing a bill in June 2019 that legalized sports betting; authorized up to six new casinos; allowed casino-like gaming at horse racetracks; and expanded video gambling in restaurants, taverns, fraternal organizations, and truck stops. With this expansion, Illinois residents now have many more opportunities to gamble, including ten casinos and over 36,000 video gaming terminals, with more expansion planned.

Legalized gambling is common across the U.S., with 76.9% of adults reporting that they gambled in the past year at least once [1]. Many adults engage in responsible gambling behaviors, however for some vulnerable individuals, gambling can negatively impact their economic, social, and mental well-being. Recent estimates indicate that the prevalence of problem gambling (PG) in the U.S. ranges from 0.1% to 6.0% [2], and the American Medical Association and the American Psychiatric Association classify problem gambling as an addiction.

To address problem gambling in Illinois, it is critical to understand the scope of the problem; which populations are most affected or at risk of developing gambling disorders; and what structures, policies, and practices are currently in place to prevent problem gambling, treat gambling disorders, and support those in recovery. The Illinois Department of Human Services (IDHS) Division of Substance Use Prevention and Recovery (SUPR) aims to address the needs in the state and provide services for problem gambling, including **prevention** of problem gambling, **intervention** for those at risk, **treatment** for those with an addiction, and support for those in **recovery**. There is limited data about the impact of at-risk and problem gambling in Illinois. IDHS/SUPR supported this statewide gambling baseline assessment study which can inform a strategic initiative for preventing and addressing problem gambling in the state.

## Context

The Illinois Gambling Assessment was conducted during an unprecedented time period, due to the COVID-19 pandemic. This impacted both the data collection process as well as the behaviors of assessment participants related to their ability to gamble, and their personal employment and financial security. Many of the questions in the Illinois gambling surveys, key informant interviews, and community discussions in this study asked about behaviors and experiences in the past 12 months, which overlapped entirely with the pandemic and ongoing lockdowns and business closures for most participants. In addition, many of the changes in regulation of gambling in Illinois were adopted during the time of this assessment, including expansion of video gaming availability and legalization of sports betting in the state. Altogether, this was a unique and ever-changing time period in which to conduct a statewide assessment. This created challenges with collecting data and interpretation of findings, but also a rare opportunity to explore the topic of gambling in Illinois during such an unprecedented moment in time.

## Methods

The assessment was launched in July 2020 and led by Health Resources in Action (HRiA), a non-profit public health consulting organization. The study utilized multiple methods, including surveys of Illinois residents (n=2,029) and frequent gamblers (n=2,503), focus groups, interviews, and reviews of data and best practices. The Problem and Pathological Gambling Measure (PPGM) was used to categorize survey respondents who gambled monthly or more as frequent recreational gamblers, people at risk of problem gambling, and people with problem gambling. The research team also worked with the Problem Gambling Sub-Committee of the Substance Use Advisory Council to guide the study's approach.

## Findings

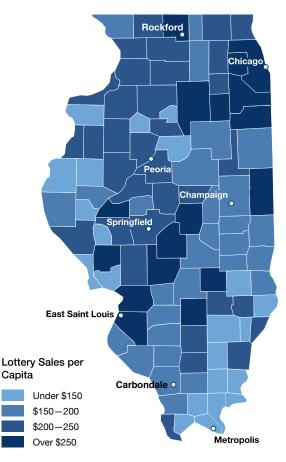
The following provides a brief overview of key findings that emerged from this assessment:

### Prevalence of Gambling in Illinois

The vast majority of Illinois residents reported having gambled in the past year:

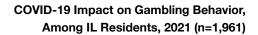
- Gambling behaviors According to survey responses, 41.9% of adult Illinoisans reported participating in any form of gambling in the past month, 68.4% had gambled in the past year, and 90.3% had gambled ever in their life.
- Gambling activities In the past year, the most popular form of gambling that adult Illinoisans participated in was the state lottery (reported by 54.2% of survey respondents), followed by gambling with friends (33.0%), and organized sports and fights betting (15.3%).
- Lottery sales per capita for adults aged 18 or older was \$275 for FY 2020. Total lottery revenue for FY 2020 was \$2.80 billion.

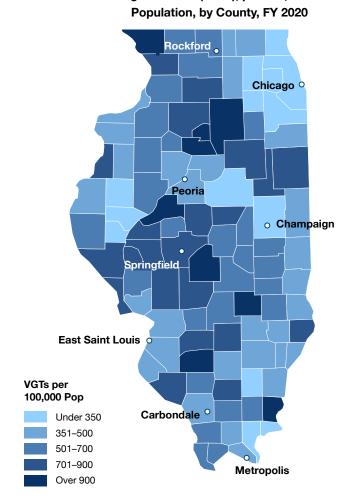
Lottery Sales per Capita for Adults Aged 18 or Older, by County, FY 2020



Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019; Illinois Lottery, Camelot, FY 2020 Note: Per capita rates were calculated by aggregating Camelot sales per zip code into counties and using 2019 American Community Survey county population estimates for population over 18 years of age

- Admissions and revenue data indicated a prevalent but decreasing trend in casino and riverboat gambling in Illinois, with a striking decline in 2020 due to the COVID-19 pandemic. Only 15.1% of Illinoisans reported that they had gambled at a casino or riverboat in the past year.
- Video **gaming** terminals (VGTs) continued to grow from FY 2013 (7,920) to FY 2020 (36,145) and total tax revenues from terminals similarly increased over 10-fold from FY 2013 (\$36.3 million) to FY 2020 (\$403.5 million). Almost 14% of Illinoisans reported that they had gambled at a VGT in the past year.

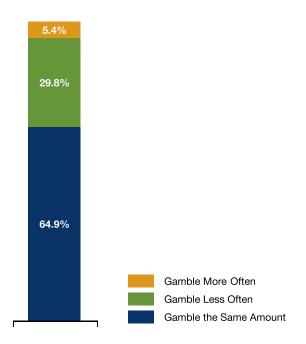




Video Gaming Terminals (VGTs), per 100,000

Data Source: IL Wagering Report, 2020; U.S.; U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

- Online gambling was reported by 12.6% of Illinoisans over the past year. Illinoisans aged 18–24 were more likely to have gambled online in the past year and in their lives, relative to older adults. Assessment participants perceived that online gambling has significantly increased due to COVID-19.
- Organized sports and fights betting became legal in March 2020, though activity was limited due to COVID-19 restrictions. About 15% of Illinoisans reported that they gambled on organized sports and fights in the past year.

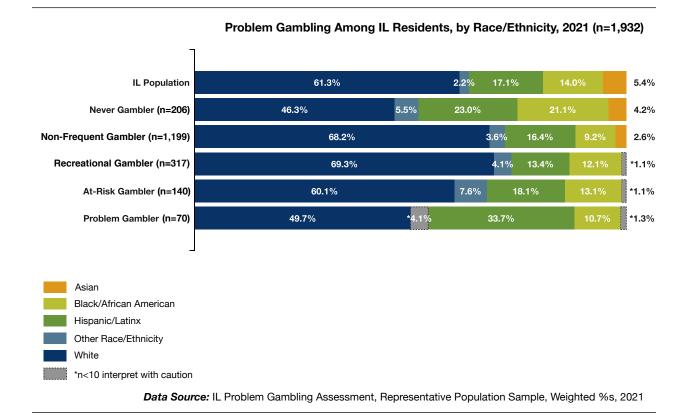


Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

- **Gambling with friends** or in the community was the second most common form of gambling in the past year (33.0%). Men, Whites, and college graduates had the highest prevalence of gambling with friends ever in their lives, relative to their counterparts.
- Illinoisans indicated that COVID-19 affected their gambling behaviors in a number of ways, though nearly two-thirds reported that they gambled the same amount of time as they did before the pandemic.

### **Problem Gambling in Illinois**

The statewide prevalence of problem gambling in Illinois in 2021 was 3.8%. An estimated 383,000 Illinois adults may have a gambling problem, while an additional 761,000 are estimated to be at risk for developing a gambling problem.



 Types of gambling behaviors — Approximately 10% of adult Illinoisans never gambled, 61.9% gambled infrequently (less than once per month), 16.5% were frequent recreational gamblers not currently at risk for developing a gambling problem, and 7.7% were at risk of developing a gambling problem.

#### Demographics of types of gamblers

- White Illinoisans were more likely to gamble than other races/ethnicities but less likely to have a gambling problem. Hispanic/Latinx Illinoisans were more likely to not gamble at all but, if they did, were more likely to develop a gambling problem.

- Men were more likely than women to be frequent recreational gamblers, at-risk gamblers, and problem gamblers.
- The most common forms of gambling that people with problem gambling reported engaging in weekly or more were online gambling (72.3%), racetracks (71.4%), and the lottery (69.9%).
- Number of types of gambling Among frequent gamblers, recreational gamblers tended to participate in one or two types of gambling (49.4%), people at risk for problem gambling tended to participate in three to five types of gambling (50.3%), and people with problem gambling tended to participate in six or more types of gambling (61.7%).

## "

I have \$5, why not bet it? If I win, then we can move out of this neighborhood.

**Focus Group Participant** 

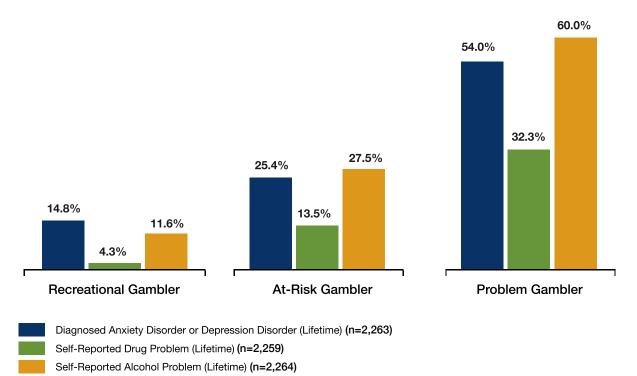
- During COVID-19, over half (53.5%) of people with problem gambling reported that their **financial situation** had gotten worse because of the **pandemic**, whereas only 36.5% of at-risk gamblers and 37.6% of frequent recreational gamblers reported a worse financial situation.
- In an average year, people with problem gambling estimated that they spent a median of \$16,750 on gambling. **Debt from gambling** (including loans, credit cards, and informal borrowing) was greatest among people with problem gambling, with 33.0% indicating they had \$10,000-\$50,000 of debt and 21.3% indicating they had \$50,000-\$100,000 of debt.

### Mental Health, Substance Use, and Other Risk and Protective Factors for Problem Gambling in Illinois

Problem gambling disproportionately impacts marginalized communities and is typically interconnected with mental health conditions and substance use.

- Problem gambling in racial/ethnic groups

   indicated that people of color, specifically Hispanic/ Latinx (7.3%), Other race/ethnicity (4.1%) and
   Black/African American (3.6%) Illinoisans had a
   higher prevalence of problem gambling than White
   Illinoisans (2.9%). Of frequent gamblers (monthly
   or more), about one-quarter of Hispanic/Latinx
   Illinoisans (25.9%) had a gambling problem, whereas
   about one in ten Black/African American Illinoisans
   (11.8%) and White Illinoisans (10.4%) did.
- People who engaged in **substance use while gambling** were more likely to have a gambling problem. Among frequent gamblers in Illinois who had problem gambling:
  - 80.4% had ever used alcohol while gambling, compared to only 48.1% of frequent recreational gamblers.
  - 44.5% had ever used marijuana while gambling, compared to only 10.4% of frequent recreational gamblers.
  - Over 30% had ever used illicit drugs or prescription drugs not as prescribed while gambling, compared to less than 3% of frequent recreational gamblers.



#### Lifetime Prevalence of Mental and Substance Use Disorders Among Frequent Gamblers, by PPGM, 2021

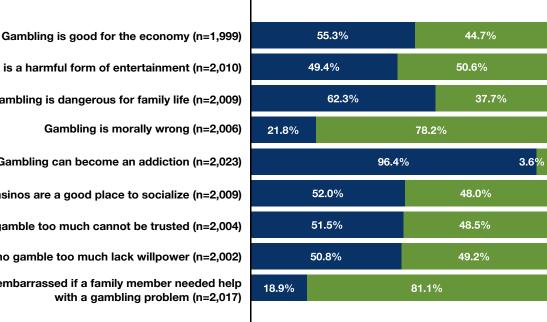
Data Source: IL Problem Gambling Assessment, Frequent Gambler Sample, 2021

- Comorbidities 68.6% of people with problem gambling experienced serious anxiety and/or depression in the past year, compared to 39.2% of at-risk gamblers and 27.9% of frequent recreational gamblers. Similarly, people with problem gambling were more likely to report alcohol (28.0% past year; 60.0% lifetime) and drug (14.0% past year; 32.3% lifetime) problems compared to their counterparts.
- One in ten Illinoisans with problem gambling thought about or attempted **suicide** in the past year; one in three had done so in their lifetime.

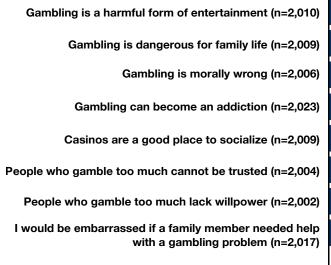
### Attitudes and Perceptions of Gambling and Problem Gambling in Illinois

Attitudes and perceptions of gambling and problem gambling are important to understand in determining the most effective approach to addressing problem gambling in a population. Illinois residents varied in what they thought about gambling behaviors and opportunities, as described below.

 61.5% of Illinoisans believed the current availability of gambling opportunities is OK, while 22.8% believed it is too widely available, 8.3% believed gambling should not be legal in Illinois, and 7.4% believed gambling is not available enough. People with problem gambling (29.2%) were the group most likely to believe gambling was too widely available in the state.



#### Attitudes Towards Gambling Among IL Residents, 2021



Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

Of Illinoisans with problem gambling, nearly half agreed with the statement that gambling is a harmful form of entertainment and over 60% agreed with the statement that gambling is dangerous for family life, both higher percentages than people who gamble frequently without problem gambling.

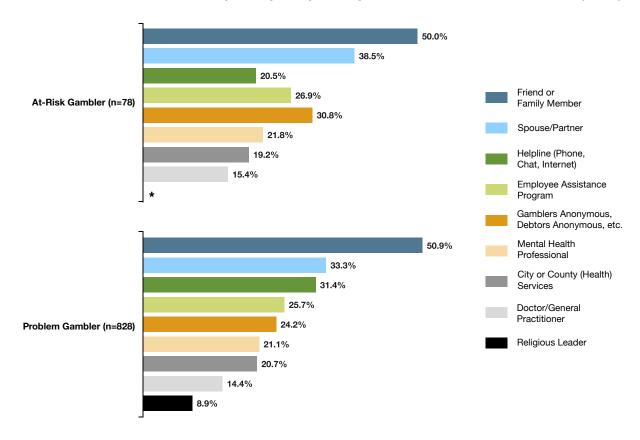
Agree Disagree

According to assessment participants, problem gambling is not well understood and is stigmatized, leading to denial of the issue and lack of treatment.

### Problem Gambling Prevention, Treatment, and Recovery in Illinois

It is critical to address at-risk and problem gambling at all levels of the continuum from prevention to treatment to recovery. This section describes the various initiatives currently being implemented in Illinois.

Prevention has not been a major focus of current gambling initiatives in Illinois. There have been several education and awareness campaigns focusing on problem gambling, particularly during Problem Gambling Awareness Month in March.



#### Sources from Which People Sought Help, Among At-Risk and Problem Gamblers, 2021 (n=908)

 Data Source:
 IL Problem Gambling Assessment, Frequent Gambler Sample, 2021

 Note:
 This question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.

 Values where n<10 are not presented.</th>

- The state has the Illinois Problem Gambling
   Helpline, a telephone and web resource with
   specialists trained in evidence-based approaches
   that help connect people with treatment and
   recovery support services.
- Treatment and recovery resources are numerous, though not spread evenly throughout the state. There are 45 substance use disorder (SUD) provider locations that provide gambling disorder services. Additionally, there are 1,020 SUD provider locations in the state who do not have gambling services but would be eligible to provide gambling screening and referral services. In SFY 2018, 7,000 gambling treatment-related services were provided by SUPRfunded treatment providers. This number more than doubled to over 16,450 services in SFY 2020.

## "

We are 50 years behind [other behavioral health issues] in terms of the level of stigma [around problem gambling].

#### **Treatment Provider**

- Treatment-seeking for gambling disorders was more common among people with problem gambling (76.0% have ever sought treatment), though they were most likely to seek help from friends or family rather than medical professionals.
   Only 21.1% of treatment-seeking problem gamblers sought help from a mental health professional, and only 14.4% from a doctor or general practitioner.
- Assessment participants cited several barriers to treatment. Among people with problem gambling, the most common reasons were that they thought they could fix the problem on their own (45.7%) or they were too embarrassed or worried to ask for

help (44.6%). Awareness of treatment services was also a barrier to care. "There's a lot of messaging on where to go to gamble, but nothing on where to get treated," explained one participant.

 Gamblers Anonymous (GA) is a well-known resource in the field that provides a way for those in treatment and recovery to share their experiences with others and receive peer support. The majority of GA locations are in the Chicago metropolitan area, with few locations in other parts of the state.

## Recommendations

Primary data from the surveys, interviews, and community discussions as well as secondary data from existing surveillance sources were analyzed and synthesized by HRiA to develop an initial list of recommendations. These recommendations were then examined in the context of the literature about problem gambling, best practices from the field, as well as the context of Illinois. Recommendations were developed for a range of stakeholders across Illinois — government agencies, healthcare and behavioral health institutions, regulatory entities, the gambling industry, educators, policymakers, and others who influence or are affected by problem gambling. These recommendations were organized by the components of the addiction continuum — prevention, intervention, treatment, and recovery — as well as two overarching recommendations.

### Overarching Recommendations

## 1

Funding Expansion and Consistency

#### Recommendation

Designate 1% of annual gambling tax revenue for problem gambling. Best practice is to legislatively establish a percentage of state gambling revenues to be earmarked for problem gambling services [3].

### 2

Statewide Collaborative

#### Recommendation

Support the development of a statewide collaborative organization to lead state stakeholders in convening, coordinating, and developing comprehensive programs and policies for those affected by problem gambling, which would include increasing public awareness about problem gambling and advocating for supportive services and treatment.

### Promotion and Prevention Recommendations

### 3

Impact Assessment and Zoning

## 4

Outreach, Engagement, Education, and Awareness

#### Recommendation

Require an impact assessment to be completed and reviewed prior to passage of new gambling legislation. Create zoning restrictions for the location and density of gambling establishments.

#### Recommendation

Further engage sub-populations disproportionately impacted by problem gambling to gather additional information about their needs and assets related to problem gambling and use the information to tailor implementation strategies for these populations. Engage these communities in the way they deem most appropriate to foster collaboration and create positive change. To complement tailored engagement, also employ a broad-based, multifaceted education campaign to spread awareness across Illinois about gambling and problem gambling, its risks and harms, and how to prevent and treat problem gambling [4].

### 5

Player Protections at Point of Sale and Online

#### Recommendation

Strengthen player protections by increasing training for gambling establishment employees to identify and offer resources for problem gambling. Implement Duty of Care legislation. Strengthen responsible gambling programs online.

### Identification and Intervention Recommendations

### 6

Monitoring and Data Systems

#### Recommendation

Conduct prevalence surveys at regular intervals (e.g., every three years) to assess trends. Rotate data collection for special populations of interest and communities at risk. Ensure data collected are made available to all stakeholders—regulators, operators, treatment providers, and researchers—so that work at all levels can be informed by current data. Develop and adapt services to meet the need and appropriately target specific populations [5].

#### Recommendation

Adopt a standardized screening for problem gambling that could be implemented in a variety of venues and sectors (e.g., primary care providers, mental health providers, court system, financial institutions). Form collaborations between Illinois State Departments and Divisions to implement screening tools with the populations they serve.

## Treatment and Recovery Recommendations

## 8

Treatment Access and Provider Training

### 9

Promotion of Holistic and Integrated Treatment and Recovery Model

#### Recommendation

Continue to expand the supply of treatment providers to meet problem gambling treatment needs in the state. Ensure that behavioral health providers as well as primary care providers are trained in screening and service referrals for problem gambling. Streamline access to/affordability of treatment services for individuals with problem gambling.

#### Recommendation

Build and strengthen relationships between problem gambling treatment providers and complementary services. Enhance and provide funding for behavioral health care teams to treat comorbid disorders simultaneously, using a patient- or client-centered approach. Create more opportunities for families to engage in treatment.

## 10

Strengthen Recovery Support Services

#### Recommendation

Provide funding to treatment organizations and other community groups to establish, sustain, and advertise peer support groups and broader recovery support services for people with gambling problems as well as their family members.

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Chapter 1

# Introduction and Methods

# Chapter 1

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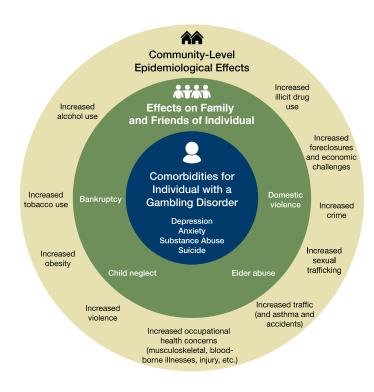
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# Introduction

## Context

There has been significant growth in commercial gambling in the past 40 years, in Illinois and nationally. Most recently, the Illinois Legislature voted to expand gambling in the state, signing a bill in June 2019 that legalized sports betting; authorized up to six new casinos; allowed casino-like gaming at horse racetracks; and expanded video gambling in restaurants, taverns, fraternal organizations, and truck stops. With this expansion, Illinois residents now have many more opportunities to gamble, including ten casinos and over 36,000 video gaming terminals, with more expansion planned. Annual tax revenues to the State totaled over \$1.4 billion in fiscal year (FY) 2019.

Legalized gambling is common across the U.S., with 76.9% of adults reporting that they gambled in the past year at least once [1]. Many adults engage in responsible gambling behaviors, however for some vulnerable individuals, gambling can negatively impact their economic, social, and mental well-being. Recent estimates indicate that the prevalence of problem gambling (PG) in the U.S. ranges from 0.1% to 6.0% [2]. Similar to alcohol, tobacco, or other substance use disorders, the American Medical Association and the American Psychiatric Association classify problem gambling as an addiction. As shown in Figure 1, problem gambling has broad social, economic, and health impacts on individuals, families, and communities [3, 4]. Mental health and substance



#### Figure 1. Application of Problem Gambling to the Socio-Ecological Model, 2021

Source: Current Addiction Reports, "Our Voices Matter: Using Lived Experience to Promote Equity in Problem Gambling Prevention", 2021 use disorders are more common in people with problem gambling, with 96% of persons with problem gambling also meeting criteria for another mental illness [5–12]. The National Council on Problem Gambling estimates that \$7 billion are spent annually in the U.S. related to the social costs of problem gambling, including job loss, criminal justice involvement, and healthcare expenditures [13]. There is concern that this increased opportunity to gamble might increase the number of Illinois residents who develop a gambling problem, with the consequent cascading effects of these social costs for the state.

As with other substance use disorders (SUDs), problem gambling must be considered from a social determinants of health (SDoH) perspective, given that an individual's gambling behaviors are inherently nested in the context of their family, community, culture, and society. The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a SDoH-informed model that highlights societal, community, family, and individual-level factors that combine to shape community and individual risk and protective factors for addiction-related behaviors (Figure 2). In extending this model to problem gambling

and recovery, at the societal level, laws and policies affect access to gambling; economic contexts may influence where gambling opportunities are located and population-level gambling patterns. Community resources, such as employment opportunities and social institutions that affirm residents' identities and promote health may lessen risk for problem gambling. At the family level, factors such as housing stability and the support of family may foster engagement in health-promoting activities and lessen risk for problem gambling. At the individual level, factors such as mental health, stressful life conditions, and how individuals respond to stress may also influence risk for problem gambling. The Substance Abuse and Mental Health Services Administration's (SAMHSA) holistic and SDoH-informed model is used to examine multiple levels of influence on individual and community risk for problem gambling and recovery (Figure 2). This includes consideration of biological and psychological aspects of risk for problem gambling; the morality and stigma around gambling in some cultural contexts; and the effects of problem gambling on families, employment, and criminal justice involvement.



Figure 2. The Multiple Contexts of Addiction-Related Risk and Protective Factors

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Prevention Training and Technical Assistance.

Problem gambling disproportionately harms vulnerable communities. This inequitable distribution of problem gambling means that communities at the highest risk of developing problem gambling mirror inequities in health, social position, and resources. The overall prevalence of problem gambling is higher among Indigenous, Black/African American, Hispanic/Latinx, and Asian communities, which mirrors broader racial/ ethnic inequities [1, 7, 14]. Following similar patterns of racial/ethnic inequities, there are also stark differences in gambling behaviors by socioeconomic status (SES), compounding risk among vulnerable groups. At the community level, the broader impact of neighborhood disadvantage on problem gambling has also been well documented [8]. In a national U.S. survey, 10% of the most disadvantaged neighborhoods had 12 times the rates of PG than those in the top 10% of most privileged neighborhoods [15]. Problem gambling is

more common among individuals with lower income, education level, and school GPA [1, 16, 17]. Youth and young adults are another potentially vulnerable population, given the rising use of devices and new gaming and social media apps. Combined with the legalization of online betting in Illinois, there is concern about potential increases in mobile device gambling. The prevalence of this behavior — and even the specific social gaming sites being used — is currently not known in Illinois.

While some individuals may be at higher risk of developing a gambling problem, problem gambling nonetheless affects individuals, families, and communities across age, race/ethnicity, income, place, and other social factors. Given the recent expansion in availability of gambling options in Illinois, it is important to understand the current prevalence of gambling and problem gambling in different groups across the state, in order to address current and emerging concerns through prevention and treatment. Collecting this data will also enable tracking any changes over time, relative to the increased availability of gambling.

To address the issue of problem gambling in Illinois, it is critical to understand the scope of the problem; which populations are most affected or at risk of developing gambling disorders; and what structures, policies, and practices are currently in place to prevent problem gambling, treat gambling disorders, and support those in recovery. The State of Illinois therefore commissioned this baseline assessment to inform future strategic initiatives to prevent and address problem gambling in the state.

## **Defining Gambling**

We define gambling as using or betting money or material goods on an event with an uncertain outcome in the hopes of winning additional money or material goods. This includes (but is not limited to) activities such as lottery tickets, bingo, casino games, betting against a friend on a game of skill or chance, betting on horse racing or sports, investing in high-risk stocks, video gaming, and other activities. Please see **Appendix A** for a glossary of all gambling terms.

In this report, we use the term *problem gambling* (PG) or *individual with a gambling problem* to indicate people whose gambling has caused them serious impairment, but whose diagnosis by a clinical professional is not known. We use the term *individual with gambling disorder* (GD) only when a clinical DSM-5 diagnosis has been made, or when referring to the disorder more generally. GD is defined in the DSM-5 (Section 312.31) as:

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

- Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
- Is restless or irritable when attempting to cut down or stop gambling.
- Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
- Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping, or planning the next venture, thinking of ways to get money with which to gamble).
- Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
- After losing money gambling, often returns another day to get even ("chasing" one's losses).
- Lies to conceal the extent of involvement with gambling.
- Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
- Relies on others to provide money to relieve desperate financial situations caused by gambling.
- **B.** The gambling behavior is not better explained by a manic episode. Specify if:
  - **Episodic:** Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months.
  - **Persistent:** Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.

#### Specify if:

- In early remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.
- In sustained remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

Specify current severity:

- Mild: 4–5 criteria met.
- Moderate: 6-7 criteria met.
- Severe: 8–9 criteria met.

## Purpose and Goals of the Illinois Gambling Assessment

The Division of Substance Use Prevention and Recovery (SUPR) at the Illinois Department of Human Services (IDHS) aims to address the needs in the state and provide services for problem gambling, including **prevention** of problem gambling, intervention for those at risk, **treatment** for those with an addiction, and support for those in **recovery**. However, data about the impact of at-risk and problem gambling in Illinois have been very limited, thereby impeding the ability of IDHS to make data-driven and evidence-based decisions about how to direct resources. IDHS has therefore commissioned this statewide gambling assessment study with the following goals:

- Determine the prevalence of gambling-related behaviors and problem gambling in Illinois, including for vulnerable populations or those marginalized due to race/ethnicity, culture, or socioeconomic disparities.
- Assess the availability and capacity of treatment services, and barriers to accessing care.
- Identify evidence-based strategies for serving at-risk populations.
- Inform a strategic initiative for preventing and addressing problem gambling in the state.

The assessment was launched in July 2020 and led by Health Resources in Action (HRiA), a non-profit public health consulting organization. The study utilized multiple methods, including telephone and webbased surveys of Illinois residents overall and those with gambling problems specifically, focus groups with a range of population groups, interviews with key leaders and providers in health and social services and the gambling industry, analysis of state and industry gambling data, and review of relevant science and policy about best practices for addressing risk of problem gambling and recovery. The team also worked with the Problem Gambling Sub-Committee of the Substance Use Advisory Council to guide the study's approach. Please see **Appendix B** for a complete list of stakeholders and contributors.

# Methods

The following section describes the frameworks used to guide the assessment process, as well as how data for the assessment were collected.

## Overview: Mixed Methods

This assessment utilized a mixed methods approach, synthesizing data already collected via regular surveillance systems (secondary data) with new data collected for this study (primary data) via surveys, focus groups, and interviews. By complementing statistics with lived experience, this approach allowed for a more comprehensive picture and understanding of gambling across Illinois. Each of the primary and secondary data collection methods is detailed in the sections that follow.

## Health Equity Framework

All stages of this assessment were conducted to consider health and racial/ethnic equity, as they relate to issues around gambling and problem gambling in Illinois. Specifically, HRiA's Health Equity Framework was used throughout the process to:

- Challenge assumptions and narratives about what promotes and hinders health: We aimed not only to document inequities in problem gambling and access to services, but also to consider how social, economic, and environmental determinants of health may shape the conditions in which people live, and the historical and contemporary injustices and systemic oppression that create and perpetuate these conditions.
- 2. Create and sustain authentic and diverse stakeholder engagement: To advance health equity and ensure solutions are appropriate and collectively owned, we consider ways to create and sustain authentic engagement of diverse stakeholders, including communities, sectors, leaders, and other individuals; also, we continuously consider which voices are not included at the table, and modify approaches wherever possible.
- 3. Strengthen capacity to correct power imbalances and address inequities: Our data collection strategies seek to give voice to those who do not traditionally have influence or control over statewide decision-making. We engage in research not to "harvest" data from vulnerable communities, but as a way to build collaborations and lift up the voices of under-represented groups.

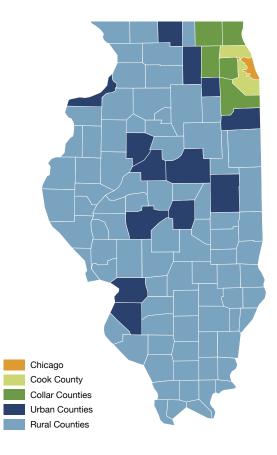
## Human Subjects Approval

Human Subjects Research approval was received for this study from WIRB-Copernicus Group (WCG) IRB on February 12, 2021 (Study #1300693). IRB approval covered interviews and focus groups with nonprofessional participants, secondary data analysis, and collection of all survey data. Interview and focus group participants gave verbal consent for their participation. Survey respondents gave consent either online or verbally by phone. All data collected are confidential and secured.

## Geographic Scope

This assessment was limited to current residents of Illinois. Geographic regions of the state were categorized into five Illinois Behavioral Risk Factor Surveillance System (BRFSS)-defined regions (Figure 3). Throughout the report, we define regions as Chicago, Cook County (excluding Chicago), Collar Counties (DuPage, Kane, Lake, McHenry, and Will), other Urban Counties, and Rural Counties. Please see **Appendix C** for a full list of counties included in the other Urban and Rural categories.

> Figure 3. Illinois Behavioral Risk Factor Surveillance System Geographic Regions



Source: Illinois Behavioral Risk Factor Surveillance System. http://www.idph.state.il.us/brfss/stratamap.asp

## Illinois Gambling Surveys

### **Survey Design**

Two surveys were created for this study, one targeting the general adult population of Illinois and the other targeting frequent gamblers and those who previously had a problem gambling. The Illinois Gambling Surveys were developed following a review of the academic literature about gambling and problem gambling, and utilizing published surveys used in other U.S. states for similar statewide assessments. For the purpose of comparability across states, survey questions were replicated and sometimes adapted from other state reports, including Iowa, Minnesota, and others [18, 19].

The Illinois Gambling Prevalence Survey included sections assessing:

- · Participation in types of gambling activities
- · Experience with problem gambling (self or others)
- Knowledge, attitudes, and behaviors around gambling
- Sociodemographics

To capture gambling behaviors, we created an exhaustive list of all types of gambling in which Illinois residents may participate, even if individuals may not label a particular activity as "gambling." In addition to standard casino games, lottery games, horse betting, and video gaming terminals, we also probed on casual betting with friends; illegal or underground betting; games such as bingo, Lotería, and mahjong; online social games with virtual currency; and high-risk trading of stocks or virtual currencies. Given the recent rise in online gambling and sports betting, we searched for recent articles and reports on the topic and received feedback from those who work with people with gambling problems to ensure that the list of types of gambling was accurate and current. Additional questions were added to the surveys to address the COVID-19 pandemic, which had been going on for one year at the time of data collection. Respondents were asked if and how the pandemic affected their gambling behavior, and if and how their financial situation had changed since the pandemic.

A targeted survey for frequent gamblers was available as an addition to the prevalence survey questionnaire. Eligibility for the Frequent Gambler Survey required participants to (1) report having gambled in the past month, (2) report gambling monthly or more for any type of gambling, or (3) endorse current or past gambling problems. For brevity, throughout the report, we refer to these respondents as people who "gamble frequently." The Frequent Gambler Survey included an assessment of gambling disorder for use in non-clinical settings, as well as questions about specific gambling behaviors, mental health, and substance use. Because of the sensitive nature of some questions, survey respondents were given contact information for mental health, suicide, substance use, and problem gambling helplines at multiple points throughout the survey.

The Frequent Gambler Survey contained additional sections with questions assessing:

- Symptoms of DSM-5 gambling disorder
- · Gambling behaviors
- · Mental health and substance use
- · Treatment seeking

See **Appendix D** for the Illinois Gambling Prevalence Survey and Frequent Gambler Survey instruments.

Drafts of the survey were reviewed, pilot tested, and approved in collaboration with local problem gambling treatment providers and experts, scientific experts, and volunteers with no specific knowledge of gambling. Surveys were professionally translated into Spanish (Illinois Gambling Prevalence Survey and Frequent Gambler Survey) and simplified Chinese (Frequent Gambler Survey).

## Definition of Problem Gambling (PPGM)

Gambling Disorder is defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) as "persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress" [20]. Gambling Disorder is an addictive disorder, similar to substance use disorders. Previously, the DSM-IV had classified Gambling Disorder as an impulse control disorder, with clinical levels of Problem Gambling and Pathological Gambling. In this report, we use the term problem gambling or individual with gambling problems to indicate people whose gambling has caused them serious impairment. but whose diagnosis by a clinical professional is not known. We use the term individual with gambling disorder only when a clinical DSM-5 diagnosis has been made.

The academic literature and other state reports were also used to select a validated scale to assess problem gambling. Following the literature review, consultation with scientific experts, and approval by both SUPR and local Illinois gambling treatment providers, the Problem and Pathological Gambling Measure (PPGM) [21] was selected to assess problem gambling in this study. The PPGM has been shown to have superior psychometric properties compared to other self-administered measures of problem gambling. It also better reflects the current DSM-5 definition of gambling disorder and has a simplicity of structure appropriate to a populationbased sample.

Frequent Gamblers were defined as people who reported gambling monthly or more often on any one of the specific types of gambling assessed (e.g., betting on the lottery, gambling at casinos, etc.), and people who reported currently or previously having a gambling problem, in order to include individuals in recovery from a gambling problem in this assessment. After consultation with the creator of the PPGM, eligibility for assessment by the PPGM was limited to frequent gamblers (Dr. Rachel Volberg, personal communication). The PPGM assesses past-year prevalence of problem gambling. Respondents were instructed to answer about issues that they had experienced in the past 12 months (e.g., financial concerns) regardless of when the problem gambling may have occurred, in order to be inclusive of people in recovery who currently abstain from any forms of gambling. See **Appendix D** for the PPGM questions as part of the targeted Frequent Gambler Survey.

Respondents to both the Illinois Gambling Prevalence Survey and the Frequent Gambler Survey were categorized according to their frequency of gambling and their responses to the PPGM. The PPGM includes scoring criteria for recreational gamblers, persons at risk for problem gambling, people with a gambling problem, and people with a pathological gambling problem. Due to sample size limitations and to avoid the stigma associated with being labeled a "pathological gambler," we combined respondents who scored as having a gambling problem or pathological gambling problem into a single category of "persons with a gambling problem."

For the Gambling Prevalence Survey, the following categorizations were used:

- Never gamblers
- · Non-frequent gamblers
- · Frequent recreational gamblers
- · Persons at risk for a gambling problem
- Persons with a gambling problem

A group of 86 respondents to the Illinois Gambling Prevalence Survey were eligible frequent gamblers but did not complete the PPGM. Their data are excluded from any results that are presented stratified by PPGM score. A total of 118 Frequent Gambler Survey respondents (including the 86 from the Illinois Gambling Prevalence Survey) opted not to complete the PPGM. Their data are also excluded from any results that are presented stratified by PPGM score.

### **Definition of Race / Ethnicity**

An extensive list of races and ethnicities was provided to survey respondents, with the instruction to select all that apply. Unfortunately, low sample sizes prevent us from presenting data for these individual groups. For the purposes of stratified analyses, we created the following race/ethnicity groups:

- Any respondent reporting Hispanic/Latinx identity, no matter what other racial/ethnic identity may have been selected [Hispanic/Latinx]
- Respondents reporting South Asian and/or East Asian identity only [Asian]
- Respondents reporting Black/African American identity only [Black/African American]
- Respondents reporting White and/or Middle Eastern/North African identity only [White]
- Respondents reporting any other racial/ethnic category (including Native American, Pacific Islander, and those self-identifying as multi-racial or other) [Other race/ethnicity]

Unless otherwise specified, in the report, we refer to these identities as Hispanic/Latinx, Asian, Black/ African American, White and Other race/ethnicity. We acknowledge the limitations of categorizing people according to these heterogeneous racial/ethnic categories, as well as of using racial identity as a proxy for experiences of racism and discrimination. However, we believe it is vitally important to measure health and economic inequities by race and ethnicity, in order to address injustice and systemic racism.

### **Other Variables**

For geographic analyses, survey respondents were divided into five Illinois regions, as defined by BRFSS (http://www.idph.state.il.us/brfss/stratamap.asp). Age categories were created using the year of birth provided by respondents. Categorization and coding of other variables are described in the Detailed Survey Methodology in **Appendix E**.

### **Data Analysis**

Frequencies were calculated for each survey question. Not all respondents answered every question; therefore, denominators in analyses reflect the number of total responses for each question and vary by question. Additionally, denominators excluded respondents who selected "prefer not to answer/don't know." For questions that allowed for multiple responses (i.e., questions that asked respondents to check all that apply), the denominator was out of the total number of respondents who selected at least one response option for the question. Stratified analyses were conducted for select questions by specific sub-groups that had large enough sample sizes (at least 10 respondents).

Data analysis was conducted with SAS version 9.4. Analyses of the prevalence survey included a weighting variable in the standard *proc freq* procedure, as *proc survey* procedures were not required due to the lack of design variables to account for clustering [22].

Analyses for this study are presented for three different samples:

- 1. Representative sample of Illinois adults (n=2,029)
- 2. Representative sub-sample of Illinois frequent gamblers (n=655)
- Representative sample of Illinois frequent gamblers (n=655) plus a convenience sample of frequent gamblers (n=1,848), for a total Frequent Gambler Survey sample of (n=2,503)

Note that frequent gamblers from the representative sample are included in both analytic samples.

## Illinois Gambling Prevalence Survey

### **Sampling and Data Collection**

A statewide prevalence survey was conducted with a random sample of households across Illinois, between February 25, 2021, and April 28, 2021. The primary goal of the prevalence survey was to determine the prevalence of gambling, at-risk gambling, and problem gambling among adult residents of Illinois. Secondary goals were to determine prevalence of problem gambling among sociodemographic sub-groups and to assess knowledge, attitudes, and behaviors around gambling among adult residents of Illinois. Randomly selected residents were eligible to complete the survey if they were 18 years or older, a current resident of Illinois with a telephone, and spoke English or Spanish. In order to ensure sufficient representation by populations who are typically harder to reach in statewide surveys, Black/African American residents, Hispanic/Latinx residents, and those between the ages of 18-25 years old were oversampled (Appendix E).

Because of the sensitive nature of some questions, survey interviewers received additional training to ask these questions and provide resources to participants, if necessary. Survey respondents were given contact information for mental health, suicide, substance use, and problem gambling helplines at multiple points throughout the survey.

Participants were offered a \$10 *Tangocard* gift card to compensate them for their time completing the Illinois Gambling Survey. There were 49,428 households contacted to complete the survey. A total of 2,105 prevalence surveys were completed, with 76 surveys identified as invalid, for a final sample of 2,029 Illinois residents — a response rate of 4.1% (2,029 respondents out of 49,428 households contacted). Of these, 1,738 surveys were completed online, and 295 surveys were completed by phone interview.

See **Appendix F** for the invitation postcard for the online survey. Data from the prevalence survey were statistically weighted to better represent the Illinois adult population on key sociodemographic characteristics (gender, age, race/ethnicity). Please see **Appendix E** for information about how the survey data were weighted for data analysis to account for discrepancies with the statewide population.

Sociodemographic characteristics of respondents to the representative statewide Illinois Gambling Prevalence Survey are presented in Figure 4, both unweighted and weighted to correspond to Illinois census demographics. Women made up 56.0% of survey respondents, with 43.4% men, and 0.5% another gender category; after weighting, women represent 51.6% of the sample and men 48.4%. The majority of survey respondents were White (55.4%), followed by Hispanic/Latinx (20.6%), Black/African American (16.6%), Other race/ethnicity (5.0%), and Asian (2.5%). Prior to weighting, survey respondents were well spread across age groups, with the largest proportions among 55–64-year-olds (21.5%) and 45–54-year-olds (19.2%); the distribution was similar after weighting.

The largest proportion of survey respondents had a college degree or higher (49.9%) followed by those who attended some college or trade school or obtained a 2-year degree (31.2%). Half of respondents were employed full-time (50.8%). Household income was relatively evenly distributed across income categories. Most survey respondents lived with or had a significant other or partner, including those who reported being married (47.5%), cohabitating (7.8%), or partnered (6.3%). Over 92% of respondents identified as straight/ heterosexual, 3.8% as bisexual, 2.7% as gay/lesbian, and 1.4% preferred to self-describe. Please note that marital status and sexual orientation questions were only asked of a subset of survey respondents, in order to reduce burden given the length of the surveys. Most respondents resided in Collar Counties (26.4%),

followed by Cook County (excluding Chicago) (22.3%), and Chicago (19.9%). Overall, most sociodemographic groups were well represented among survey respondents, and sample weighting generally did little to change the relative proportions.

## Figure 4. Representative Population Sample Demographic Characteristics, Unweighted (n=2,029) and Weighted, 2021

Gender	n	Unweighted %	Weighted %
Men	878	43.4%	48.4%
Women	1,132	56.0%	51.6%
Additional Gender Category	11	0.5%	-
Race/Ethnicity	n	Unweighted %	Weighted %
Asian	51	2.5%	2.3%
Black/African American	334	16.6%	11.9%
Hispanic/Latinx	414	20.6%	17.4%
White	1,116	55.4%	64.2%
Other Race/Ethnicity	100	5.0%	4.3%
Age in Years	n	Unweighted %	Weighted %
18 to 24	201	9.9%	11.8%
25 to 34	288	14.2%	16.5%
35 to 44	319	15.7%	18.3%
45 to 54	389	19.2%	16.9%
55 to 64	436	21.5%	19.6%
65 to 74	293	14.4%	12.4%
75+	103	5.1%	4.4%
Educational Attainment	n	Unweighted %	Weighted %
Less than high school completion or GED	64	3.2%	2.9%
High school or secondary school graduate or GED	317	15.7%	15.3%
Some college, 2-year degree, certification program, or trade school	630	31.2%	30.8%
College graduate or higher	1,008	49.9%	51.1%
Employment Status	n	Unweighted %	Weighted %
Employed (full-time)	1,024	50.8%	52.2%
Employed (part-time)	196	9.7%	10.2%
Out of work for 1 year or more, and looking for work	84	4.2%	4.0%
Out of work for less than 1 year, and looking for work	72	3.6%	3.8%
Not employed outside the home (homemaker)	85	4.2%	4.1%

Figure 4. Representative Population Sample Demographic Characteristics, Unweighted (n=2,029) and Weighted, 2021

Employment Status	n	Unweighted %	Weighted %
Student	104	5.2%	6.0%
Retired	364	18.1%	15.8%
Unable to work	88	4.4%	4.0%
Annual Household Income	n	Unweighted %	Weighted %
Less than \$25,000	365	18.6%	18.0%
\$25,000 to \$49,999	396	20.2%	18.7%
\$50.000 to \$74.999	358	18.3%	18.6%
\$75,000 to \$99,999	260	13.3%	13.6%
\$100,000 to \$199,999	445	22.7%	23.8%
\$200,000 or more	136	6.9%	7.4%
Marital Status	n	Unweighted %	Weighted %
Cohabitation (living together)	43	7.8%	8.3%
Married	263	47.5%	46.6%
Partnered (not living together or married)	35	6.3%	6.3%
Separated/divorced	42	7.6%	6.7%
Single (living in a household without a partner)	146	26.4%	28.3%
Widowed	25	4.5%	3.8%
Sexual Orientation	n	Unweighted %	Weighted %
Bisexual	21	3.8%	3.7%
Gay or lesbian	15	2.7%	3.0%
Prefer to self-describe	8	1.4%	0.8%
Straight/heterosexual	513	92.1%	92.5%
Geography			
	n	Unweighted %	Weighted %
Chicago	n 402	Unweighted % 19.9%	Weighted % 17.8%
Chicago Cook County (excl. Chicago)			
C C	402	19.9%	17.8%
Cook County (excl. Chicago)	402 450	19.9% 22.3%	17.8% 21.2%

*Data Source:* IL Problem Gambling Assessment, Representative Population Sample, 2021 *Note:* Marital status and sexual orientation were only asked of a subset of survey respondents.

## Frequent Gambler Survey

### **Sampling and Data Collection**

The Frequent Gambler Survey for frequent gamblers was sampled in two ways. First, respondents to the Illinois Gambling Prevalence Survey were given the option to answer additional questions if they met eligibility criteria: reporting gambling in the last month, and/or at least once a month, and/or reporting that they currently or formerly had a gambling problem. Eligible respondents who consented to taking the additional Frequent Gambler Survey were offered an additional \$20 on the e-gift card they received following survey completion. A total of 1,374 Illinois residents completed the Illinois Gambling Prevalence Survey alone, while 655 completed both the Gambling Prevalence and the Frequent Gambler Surveys.

Second, an online-only version of the Frequent Gambler Survey was available to any eligible adult Illinois resident who spoke English, Spanish, or Chinese; and had the ability to access the survey online. The survey link was shared with treatment providers and other key stakeholders around the state, with special attention to recruiting diverse participants, especially Spanish- and Chinese-speakers. The survey was also unexpectedly publicized in a March 10, 2021 article in the Chicago Sun Times about the assessment [23]. Respondents received a \$30 e-gift card upon completion of the online survey. Data were collected between March 9, 2021, and April 29, 2021. A number of illegitimate, ineligible, or insufficient responses were received. After cleaning the data, a total of 1,848 respondents were included in the analysis from this sample. The combined analytic sample for the Frequent Gambler Survey was n=2,503 (invited Illinois Gambling Prevalence Survey respondents and respondents to the onlineonly survey). The median time spent completing the Frequent Gambler Survey was 18.9 minutes.

Sociodemographic characteristics of respondents to the convenience sample of frequent gamblers in Illinois are presented in Figure 5. Men made up 65.9% of respondents, women 33.5% and another gender category 0.6%. Respondents were fairly representative of the Illinois population by race/ethnicity, with 57.5% White, 15.8% Black/African American, 15.8% Hispanic/ Latinx, 6.4% Other race/ethnicity, and 4.5% Asian. By age, the largest proportions of respondents to the Frequent Gambler Survey were 25–34 years old followed by 35–44 years old.

The largest proportions of Frequent Gambler Survey respondents had a college education or higher (38.7%), followed by those who attended some college or trade school or obtained a 2-year degree (37.1%). Over 65% of respondents were employed full-time. The largest proportion of respondents had an annual household income of \$50-75,000 (32.3%). The majority of survey respondents were currently married (59.4%), with 13.1% single and 10.4% separated or divorced. Over 93% of respondents identified as straight/heterosexual, 3.9% as bisexual, 2.5% as gay or lesbian, and 0.4% preferred to self-describe. The largest group of survey respondents were Chicago residents (27.4%), followed by Collar Counties (around Cook County; 23.8%), Cook County (excluding Chicago; 20.2%), urban counties (17.3%), and rural counties (11.4%).

#### Figure 5. Frequent Gamblers Survey Sample Demographic Characteristics, 2021 (n=2,503)

Gender	n	%
Men	1,593	65.9%
Women	810	33.5%
Additional Gender Category	15	0.6%
Race/Ethnicity	n	%
Asian	109	4.5%
Black/African American	382	15.8%
Hispanic/Latinx	381	15.8%
White	1,390	57.5%
Other Race/Ethnicity	155	6.4%
Age in Years	n	%
18 to 24	102	4.1%
25 to 34	893	35.7%
35 to 44	862	34.4%
45 to 54	301	12.0%
55 to 64	194	7.8%
65 to 74	121	4.8%
75+	30	1.2%
Educational Attainment	n	%
Less than high school completion or GED	85	3.5%
High school or secondary school graduate or GED	496	20.6%
Some college, 2-year degree, certification program, or trade school	892	37.1%
College graduate or higher	930	38.7%
Employment Status	n	%
Employed (full-time)	1,589	65.8%
Employed (part-time)	589	24.4%
Out of work for 1 year or more, and looking for work	37	1.5%
Out of work for less than 1 year, and looking for work	37	1.5%
Not employed outside the home (homemaker)	16	0.7%
Student	18	0.8%
Retired	105	4.4%
Unable to work	25	1.0%
Annual Household Income	n	%
Less than \$25,000	150	6.3%
\$25,000 to \$49,999	516	21.7%
\$50,000 to \$74,999	768	32.3%
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#### Figure 5. Frequent Gamblers Survey Sample Demographic Characteristics, 2021 (n=2,503)

Annual Household Income	n	%
\$75,000 to \$99,999	434	18.2%
\$100,000 to \$199,999	439	18.5%
\$200,000 or more	73	3.1%
Marital Status	n	%
Cohabitation (living together)	196	8.5%
Married	1,363	59.4%
Partnered (not living together or married)	161	7.0%
Separated/divorced	239	10.4%
Single (living in a household without a partner)	300	13.1%
Widowed	36	1.6%
Sexual Orientation	n	%
Bisexual	90	3.9%
Gay or lesbian	57	2.5%
Prefer to self-describe	10	0.4%
Straight/heterosexual	2,142	93.2%
Geography	n	%
Chicago	678	27.4%
Cook County (excl. Chicago)	500	20.2%
Collar Counties (around Cook)	589	23.8%
Urban Counties	428	17.3%

*Data Source:* IL Problem Gambling Assessment, Frequent Gamblers Sample, 2021 *Note:* Marital status and sexual orientation were only asked of a subset of survey respondents.

As it was a convenience sample, the respondents of the Frequent Gambler Survey were made up of a large proportion of respondents who were classified as people with problem gambling according to the Problem and Pathological Gambling Measure (PPGM). People with problem gambling made up 60.1% of the sample, people at risk for problem gambling comprised 16.5%, and frequent recreational gamblers represented 23.4% of the sample (Figure 6). Because of this uneven distribution of categories of gamblers, all results for the Frequent Gambler Survey are presented stratified by PPGM score.

#### Figure 6. Prevalence of Problem Gambling, Among Frequent Gamblers, by PPGM, 2021 (n=2,309)

	%
Recreational Gambler (n=541)	23.4%
At-Risk Gambler (n=381)	16.5%
Problem Gambler (n=1,387)	60.1%

Data Source: IL Problem Gambling Assessment, Frequent Gambler Sample, 2021

## Secondary Data/Maps

Secondary data (previously collected data not collected as primary data for this report) for this assessment were from a variety of sources, including the Illinois Gaming Board (IGB), Illinois Youth Survey (IYS), U.S. Census American Community Survey (ACS), Camelot Illinois, and a number of other agencies. Please see **Appendix E** for more technical notes about the datasets most frequently cited in this report.

Notably, the Illinois Youth Survey (IYS) collected data about gambling behaviors for the first time in 2020. Unfortunately, data collection was halted prior to completion because of the COVID-19 pandemic. Therefore, 2020 IYS data are not available for the city of Chicago and are not reported statewide. Samples were available for regions defined as Suburban Chicago, Other Urban/Suburban, and Rural.

To understand gaming habits among Illinois lottery players and in efforts to support responsible gambling, Camelot Illinois conducted a survey of a representative sample of 1,000 IL adult residents who played the lottery in the previous year. The sample included 50.1% females and 49.9% males, with 90.1% of players being between 25 to 71 years old. The sample was primarily White (76.8%), with 9.6% of GamRes PPS survey respondents identifying as Black/African American and 5.4% as Hispanic/Latinx. The full report can be found here [24].

## Stakeholder Interviews

From September 2020 through April 2021, HRiA conducted 33 interviews with 47 key stakeholders to gauge their perceptions of gambling and problem gambling in the state; problem gambling prevention and treatment services; and what policies, systems, and programs are most needed to strengthen the problem gambling prevention and treatment systems across Illinois. Interviews were conducted via phone or video conference with individuals representing a range of sectors related to gambling including state public health and human service agencies, licensing boards and regulatory agencies, gaming industry representatives, problem gambling service providers and clinicians, and agencies focused on specific populations, such as youth, seniors, Hispanic/Latinx communities, and Asian immigrant communities. A semi-structured interview guide was used across all discussions to ensure consistency in the topics covered. Please see **Appendix G** for the stakeholder interview guide. Each interview was facilitated by a trained interviewer and detailed notes were taken during conversations. On average, interviews lasted approximately 45 minutes each.

## Community Discussions

From February to April 2021, HRiA with its partner, the Public Health Institute of Metropolitan Chicago (PHIMC) conducted 17 community discussions with 35 individuals to explore their perceptions of gambling in Illinois, to understand their knowledge of existing resources related to problem gambling, and to identify gaps and opportunities for additional problem gambling services. Community discussions were conducted via video conference (Zoom) with representatives of priority populations, including youth (26% of participants), Black/African American, Indigenous, or other racially/ ethnically marginalized residents (54%), and residents living in Central and Southern Illinois (57%). A semistructured facilitator's guide was used across all community discussions to ensure consistency in topics covered. Please see Appendix H for the community discussion guide. Each discussion was facilitated by a trained moderator, and detailed notes were taken during each discussion. On average, each discussion lasted 60 minutes.

## Qualitative Analysis

The qualitative data from interviews and community discussions were coded and then analyzed thematically for main categories and sub-themes using NVivo, Version 12. Data analysts identified key themes that emerged across all discussions as well as the unique issues that were noted for specific populations. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. While demographic differences are noted where appropriate, analyses emphasized findings common across the state. Selected paraphrased quotes—without personal identifying information are presented in the narrative of this report to further illustrate points within topic areas.

## **Environmental Scan**

An environmental scan was conducted to identify the current and historical landscape of gambling in Illinois in terms of the policy, program, and service environments, including which areas and populations are being served by current programs and services, and where there are gaps. The scan also included review of programs, policies and best practices from national organizations and other states through other state assessments, strategic plans, and national advocacy organization reports. Information for the environmental scan was gathered through a review of documents provided by SUPR, websites, published reports, and the qualitative data collection conducted with stakeholders and community members. This scan was conducted using internet searches of the following topics: gambling, problem gambling, gambling needs assessment, behavioral health, mental health, substance use, social services, and human services within Illinois. An initial scan was conducted in Fall 2020 and was updated in Spring 2021 to reflect information gathered from qualitative data and to observe any changes in the gambling landscape.

# Development of Recommendations

Primary data from the surveys, interviews, and community discussions as well as secondary data from the U.S. Census, IYS, IGB and other sources were analyzed and synthesized to create an initial list of recommendations. These recommendations were then examined in the context of the literature about problem gambling, best practices from the field, as well as the context of Illinois. Recommendations were developed for a range of stakeholders across Illinois - government agencies, healthcare and behavioral health institutions, regulatory entities, the gambling industry, educators, policymakers, and others who influence or are affected by problem gambling. These recommendations were organized by the components of the addiction continuum - prevention, treatment, recovery - as well as several overarching recommendations.

## Data Limitations

As with all data collection efforts, there are limitations that should be acknowledged. Most notably, primary data collection for this assessment occurred entirely during the COVID-19 pandemic in the United States. Research methodology needed to be adapted for travel and gathering restrictions in several ways:

- In-person interviews and community discussions were not possible, and instead had to be conducted by Zoom or by phone.
- In-person recruitment for and administration of the Frequent Gambler Survey were not possible (e.g., asking people to take the survey on a tablet outside of gambling establishments), so other methods had to be utilized. Our sample of Illinois residents who gamble frequently was therefore limited to people with access to the internet and familiarity with how to take an online survey.

 Visits to gambling establishments, treatment clinics, and other potential venues were not possible, so no observational data are included in this assessment.

The pandemic also affected the results presented in this assessment. The current study was intended to be a "baseline" assessment of the prevalence of gambling, problem gambling, and co-occurring mental health and substance use disorders in Illinois, attitudes and behaviors related to gambling, and utilization of treatment services. Collecting data from Illinois residents during the pandemic will affect the "baseline" comparability of results in several ways, including:

- The ability to gamble in-person at casinos, racetracks, video gaming establishments, etc. was severely restricted in 2020 and 2021. The reported frequencies of these behaviors therefore do not represent a "baseline" for tracking future changes in these activities.
- Job loss and the economic downturn resulting from pandemic lockdowns may have affected how Illinois residents spent money on gambling.
- Higher rates of anxiety, depression, and other mental health issues related to the pandemic may have increased the prevalence of symptoms and disorders reported in this assessment.
- Higher rates of substance use related to the pandemic may have increased the prevalence of symptoms and disorders reported in this assessment.
- Past-year treatment seeking may have been affected by either reluctance to visit an in-person treatment provider or conversely, by increased availability of telehealth services that emerged during the pandemic.
- The stress and lifestyle changes associated with the pandemic may have affected participation in surveys, interviews, and community discussions in ways that cannot be determined at this stage.

Any future assessments of gambling and problem gambling in Illinois should account for the incredible uniqueness of this moment in time when making comparisons to the "baseline" data reported here. Similarly, comparisons to prevalence estimates from other states or national studies should be made with caution.

Other limitations that apply to any study of gambling or problem gambling may include:

- The seasonality of data collection. Survey respondents were asked about their gambling activities in the past month. Data were collected between February and April 2021, within one month of the Superbowl and the NCAA basketball tournament (with teams from Illinois advancing). The prevalence of past-month gambling may therefore be inflated in our results.
- Problem gambling is a sensitive, stigmatized, and under-acknowledged issue. This may have affected our ability to recruit people for interviews, community discussions, or surveys. We made efforts to connect with local organizations and build partnerships with those working closely in communities. However, community engagement was limited due to the pandemic.
- It is possible that the respondents to the prevalence survey were not fully representative of the state's population. For example, people who gamble, people with gambling problems, and people with strong feelings about gambling may have been more likely to respond to the survey, given the topic [25]. However, the recent expansion of gambling in Illinois makes the topic of interest to the general public, especially when given a monetary incentive to participate. Furthermore, study results do not indicate a particular skew in survey respondents.
- As for any survey, and especially anonymous online surveys, we must trust that respondents answered questions honestly and accurately. Data cleaning was conducted to identify possible unreliable data, however total certainty in survey responses is never

possible. However, most findings were consistent with expectations and population patterns, adding confidence that survey responses were largely legitimate and accurate.

Related to qualitative data collection, while interviews and community discussions for this assessment provide valuable insights, results are not statistically representative of the larger population due to nonrandom recruiting techniques and small sample size. Recruitment of community discussion participants was done through existing relationships with state and local community organizations and participants were those individuals who were able to connect to these organizations. Because of this, it is possible that the community discussions provide one perspective of the issues discussed.

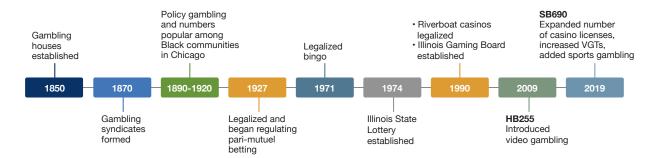
This report should be considered a snapshot of an unprecedented time, and the findings in this report can be built upon through future data collection efforts.

## Background: Gambling in Illinois

# History of Gambling in Illinois

Gambling as we think of it today — lotteries and casinos organized and regulated by government agencies — is a system that has developed over the last century in Illinois. While gambling existed prior to

the 1920s in Illinois, it was not until 1927 that gambling was legalized in any form in the state (Figure 7). States turned to legalizing gambling as a way of regulating gambling to produce revenue streams and police the activities associated with gambling such as organized crime and sex work. This section below provides a brief description of the emergence of various forms of gambling in Illinois.



### Figure 7. History of Gambling Legalization in Illinois

### Horseracing

Horseracing was the first type of gambling that was legalized in Illinois, through legislation in 1927 that established pari-mutuel gambling, a wagering system popular in horseracing that divides the funds from all betters among those in the designated winners' pool. While horseracing was the first foray into legalized gambling for many states and municipalities, it established the precedent that the legalization and regulation of gambling was positive for both revenue generation through taxes and boosting tourism with horseracing marketed as a destination event.

#### Bingo

Illinois legalized bingo in 1971 for charitable organizations. The regulation and management of bingo, including the licensing of charitable organizations to conduct games of bingo, was given to the Illinois Department of Revenue and they maintain those functions today.

### Illinois State Lottery

The next statewide legislative change to gambling came in 1974 with the establishment of the Illinois State Lottery. The lottery was originally part of the Illinois Department of Revenue and then in 1986, the Department of Lottery was created. Similar to lotteries developed throughout history, and in other states, the Illinois State Lottery provided an additional revenue stream for the state. The funds were originally directed generally to the State, without any designation, and then in 1985, funds from lottery sales shifted to the common school fund for K-12 education. Since 1985, the Illinois State Lottery has contributed more than \$21 billion in revenue to the state. Over the years, additional games were added to the Illinois State Lottery, and the state introduced cross-state lottery games as well.

### **Riverboat Casinos**

In 1990, the state legislature passed the "Riverboat Gambling Act" that allowed for riverboat casinos, with the first riverboat casino opening in 1991. The Act authorized ten casino licenses with each licensed casino allowed to have 1,200 gambling positions. The law originally mandated that riverboat casinos must be moving when gambling occurred, but in 1999 the governor signed a new law that allowed for riverboat casinos to be docked. Figure 8 shows the locations of the 10 permitted casinos in Illinois, as of June 2021.

#### Figure 8. Casino Locations, Illinois, 2021



### The Expansion of Gambling and Casinos

In 2009, another significant legislative change to gambling in Illinois came with the *"Video Gaming Act."* (HB255). This bill legalized video gaming terminals (VGTs) in licensed establishments, including licensed truck stops, fraternal organizations, and veterans' organizations. This expansion increased the number of gambling positions (defined as a gaming device seat or a space at a table game) in the state to over 40,000. This Act allowed local communities and counties to opt out through a local ordinance. There are currently 113 municipalities that have opted out of the Video Gaming Act or have a local ordinance prohibiting gambling.

Most recently, in 2019 a bill passed (SB690) that expanded the number of casino licenses in the state by six, expanded video gambling to the Chicago airports and horse tracks, added in sports wagering online and in person, created additional VGT spots at licensed establishments, and altered the taxes and licensing costs. This bill significantly increased the number of gambling positions across the state, with the increase in casino licenses and also the increased positions allowed per licensed VGT establishment. This comes a decade after the VGA quadrupled the number of gambling positions in the state with the 2019 bill putting the number of potential gambling positions in the state at 80,000.

Figure 9 shows the change in revenue from the four major types of legal gambling in Illinois. The total state gambling revenue has increased almost 12-fold when comparing FY 1975 (\$118 million) to 2019 (\$1.4 billion). For much of its history, these wagering tax dollars came from three primary sources: riverboat casino gambling, the lottery, and horse racing. In 2019, the vast majority of gambling revenue came from the Illinois State Lottery (\$735 million), followed by video gaming (\$395 million), and casinos (\$269 million). Illinois gambling revenues dropped by a historic 13.4% in 2020, due to the effects of the COVID-19 pandemic on the economy and restrictions put in place on indoor gatherings.

#### Figure 9. State Gaming Revenue (\$ in millions), by Source, Illinois, 1975-2020

Fiscal Year	Lottery <sup>1</sup>	Horse Racing <sup>2</sup>	Riverboat Casino <sup>3</sup>	Video Gaming⁴	Total	Prior Year % Change
1975	\$55	\$63	\$0	\$0	\$118	N/A
1980	\$33	\$70	\$0	\$0	\$103	-8.0%
1985	\$503	\$61	\$0	\$0	\$564	31.2%
1990	\$503	\$61	\$0	\$0	\$564	1.7%
1995	\$588	\$45	\$171	\$0	\$804	12.1%
2000	\$515	\$13	\$330	\$0	\$858	4.4%
2005	\$614	\$12	\$699	\$0	\$1,325	6.5%
2010	\$629	\$7	\$383	\$0	\$1,019	-4.5%
2011	\$723	\$7	\$324	\$0	\$1,054	3.4%
2012	\$708	\$8	\$340	\$0	\$1,056	0.2%
2013	\$794	\$7	\$345	\$24	\$1,170	10.8%
2014	\$815	\$7	\$321	\$114	\$1,258	7.5%
2015	\$690	\$7	\$292	\$196	\$1,184	-5.8%
2016	\$680	\$6	\$277	\$252	\$1,215	2.6%

Fiscal Year	Lottery <sup>1</sup>	Horse Racing <sup>2</sup>	Riverboat Casino <sup>3</sup>	Video Gaming⁴	Total	Prior Year % Change
2017	\$738	\$6	\$270	\$296	\$1,310	7.9%
2018	\$732	\$6	\$272	\$347	\$1,356	3.5%
2019	\$735	\$6	\$269	\$395	\$1,404	3.5%
2020	\$638	\$6	\$195	\$376	\$1,215	-13.4%

Data Source: Comptroller's Office, Illinois Department of Revenue,

Illinois Gaming Board, and Illinois Racing Board, Wagering in Illinois Update, 2020 *Note:* 

- Figures represent all Lottery Transfers with the vast majority going into the Common School Fund. Also included are revenues from "special causes" games and revenues transferred into the Capital Projects Fund. The FY 2017 figure includes \$14.7M in revenues collected in FY 2016, but officially receipted in FY 2017.
- 2. Figures equal State revenue generated, not allocated.
- Figures represent appropriations (FY 1992–FY 1995) and transfers (FY 1996–FY 2020) into the Education Assistance Fund and revenues deposited into the Common School Fund. It does not include revenues distributed to local governments or statutory distributions of revenues from the Des Plaines Casino.
- Figures include revenues paid into the Capital Projects Fund. It does not include the portion paid to local governments. This
  figure does not match the Gaming Board's fiscal year totals due to an approximate one-month lag between reported activity
  and receipts.

Figure 10 shows SB690 approved six new licenses and outlined expansion locations. This includes one license each in Chicago, Danville, Rockford, Waukegan, Williamson County (adjacent to Big Muddy River) and South Suburban Cook County in one of the following townships: Bloom, Bremen, Calumet, Rich, Thornton, or Worth.

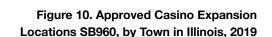




Figure 11 shows gambling establishments in Illinois and surrounding states. Within the 100-mile border of Illinois, there are 35 gambling establishments (excluding those in Illinois).

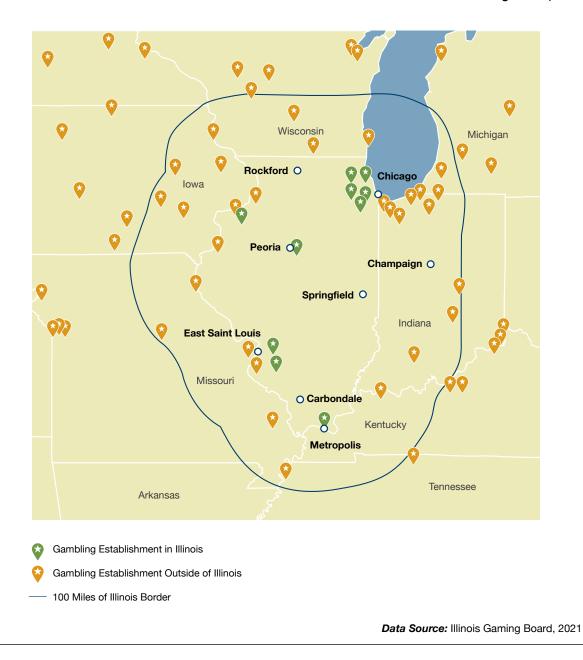
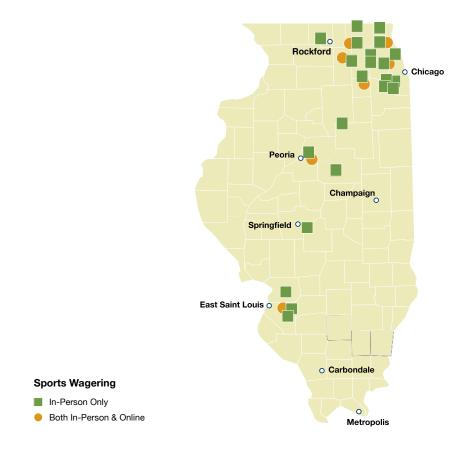


Figure 11. Gambling Establishments in and within 100 Miles of Illinois Border, Illinois and Surrounding States, 2021 As of 2020, there were a total of 30 sports wagering locations; 8 of these locations, all of which are casinos, are approved for both in-person and online wagering (Figure 12).



### Figure 12. In-Person and Online Sports Betting Locations, Illinois, 2020

Data Source: Illinois Gaming Board, 2021

### Gambling Organizational Landscape in Illinois

The following section describes entities established to oversee or monitor gambling or to address problem gambling and support recovery in Illinois.

### Commission on Government Forecasting and Accountability

Established in 1972, the Commission on Government Forecasting and Accountability is responsible for informing the General Assembly on economic trends and fiscal policies that impact Illinois economic sustainability. Since 2000, the Commission has reported on the economic state of casino gambling, video gambling, lottery, horse racing, and sports wagering in Illinois. As of 2020, there are 30 in-person only sports wagering locations and 8 locations that permit in-person and online wagering. Most sports wagering establishments are concentrated in the Greater-Chicago area.

### The Illinois Gaming Board

With the passage of the "Riverboat Gambling Act" in 1990, the state also established the Illinois Gaming Board to provide regulatory oversight and licensing of casinos and administer a regulatory tax collection system for gambling. When gambling was expanded in 2009 to include Video Gaming Terminals (VGTs) and in 2019 with additional casino licenses, VGT gambling spots and the addition of sports wagering — the licensing, regulation, and oversight was added to the responsibilities of the Illinois Gaming Board.

In addition to their regulatory oversight and licensing responsibilities, the Illinois Gaming Board implemented a voluntary self-exclusionary program in 2002 that they continue to oversee and manage today. The program allows individuals to self-identify and enroll on an exclusionary list that requires them to donate proceeds from gambling.

## Division of Substance Use Prevention and Recovery (SUPR)

The mission of the Division of Substance Use Prevention and Recovery is to provide a recoveryoriented system of care along the continuum of prevention, intervention, treatment and recovery support where individuals with substance use disorders, those in recovery and those at risk are valued and treated with dignity and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated. The Substance Use Disorder Act tasked IDHS/SUPR to: "establish a program for public education, research, and training regarding gambling disorders and the treatment and prevention of gambling disorders." Gambling services include provider training, technical assistance, community education campaigns, 24/7 helpline, research, as well as funding for community based clinical services.

## Illinois Advisory Council on Substance Use Disorder

The mission of the Illinois Advisory Council on Substance Use Disorder (SUD Advisory Council) is to assist and advise the Illinois Department of Human Services - Division of Substance Use Prevention and Recovery (IDHS/SUPR) in attaining the best possible comprehensive system of substance use prevention, intervention, treatment, and recovery support services for the people of the state of Illinois. The SUD Advisory Council also fully supports the mission of IDHS/SUPR, which recognizes substance use disorders as a public health issue and that individuals in need of services should receive high quality services from licensed organizations and practitioners with specific expertise in treating SUD.

### **Gambling Disorders Committee**

The Gambling Disorders Committee is a subcommittee of the SUD Advisory Council, comprised of those providers and other stakeholders who work on problem gambling prevention, treatment, and recovery programs, services, and policies.

### Illinois Alliance on Problem Gambling (IAPG)

The IAPG is comprised of representatives of the gaming industry, service providers, gambling regulators, and other stakeholders who share a common interest to educate the public on the potential dangers of problem gambling, to prevent underage play, and to coordinate resources and information to assist problem gamblers, their families, and the public. The mission of IAPG is "to assure wide-scale public awareness of problem gambling. This will be accomplished through education, increased accessibility, and full coordination of the resources and information available to assist problem gamblers, those who are at-risk, and those who are affected by it."

### Illinois Council on Problem Gambling (ICPG)

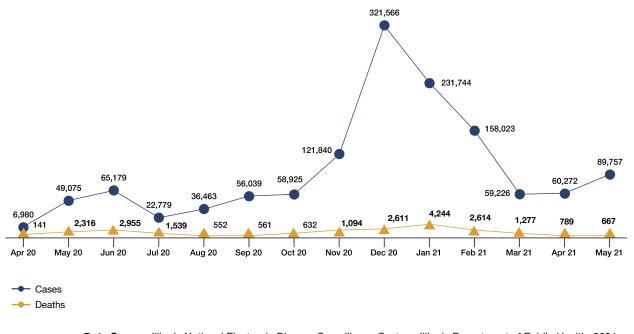
The mission of ICPG is "to increase public awareness about gambling disorder, provide information and resources related to treatment for those with a gambling disorder and their families, promote research, and develop and implement gambling disorder education and prevention programs in the State of Illinois."

## Context of COVID-19

Illinois' first case of COVID-19 was reported on January 24, 2020, which was the second known case in the United States. Illinois was also the site of the first known human-to-human transmission of COVID-19, which occurred in Chicago. Community transmission was not suspected until early March 2020, and by mid-March Governor Pritzker had issued a disaster proclamation to respond to the emerging COVID-19 crisis. In accordance with this proclamation, the state took measures to stem COVID transmission by closing schools, bars and restaurants, and casinos, among other indoor establishments where large groups of people would gather. Further, a shelter in place order was enacted starting March 21, 2020, and extending until May 29, 2020. Over the next year, cases of and deaths from COVID-19 ebbed and flowed, with varying levels of state-imposed restrictions. Though the pandemic continues to affect the state, as of June 2021, 41.6% of Illinoisans have been fully vaccinated against COVID-19. Figure 13 provides a monthly overview of COVID-19 cases and deaths within Illinois from April 2020 - May 2021.

Given that this assessment was conducted during the COVID-19 pandemic, the context of COVID-19 is woven throughout this report. Where possible, this report aims to include data before and during COVID-19 for comparison, though all primary data were collected during the pandemic. This will be further discussed in the Limitations section below. The pandemic has highlighted many issues of equity with people of color and lower income households being disproportionately impacted by COVID-19. To this end, this assessment report aims to highlight issues of racial/ethnic and health equity throughout.

Figure 13. COVID-19 Cases and Deaths, by Month, Illinois, April 2020–May 2021



### Data Source: Illinois National Electronic Disease Surveillance System, Illinois Department of Public Health, 2021

### Economic Impact of COVID-19 on Gambling

As discussed in the Data Limitations section, the COVID-19 pandemic may have affected the gambling behaviors of Illinois residents in two major ways. First, as noted above, restrictions on gathering indoors were in place during much of 2020 and early 2021. These restrictions had a clear impact on gambling revenues (and indicate a decrease in the money spent gambling in Illinois via state-sanctioned venues).

Second, the unemployment rate in Illinois rose sharply in 2020, due to the pandemic. From 2010 to 2019, the unemployment rate in Illinois steadily declined from 10.5% to 4.0% in 2019. Then in 2020, the rate sharply increased to 9.5%, largely due to restrictions placed on economic activity to mitigate the COVID-19 pandemic (Figure 14). When asked about how the COVID-19 pandemic had affected their gambling behavior, some survey respondents noted that they had lost their job and no longer had extra money with which to gamble.

Between October 2019 and March 2021, the unemployment rate increased steadily in Illinois overall and for every race/ethnicity represented below (Figure 15). In March 2021, unemployment was 10.0% overall; it was the highest among the Black/African American population (15.8%), followed by the Hispanic/Latinx population (12.8%). Prior to the pandemic, Hispanic/ Latinx Illinoisans had an unemployment rate similar to Whites. This changed starkly because of the pandemic, highlighting the disparate and inequitable effects the pandemic had on non-White populations. We will explore the effects of COVID-19 and employment status on gambling behavior later in this report.

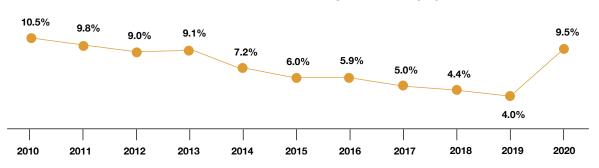


Figure 14. Unemployment Rate, Illinois, 2010–2020

Data Source: Illinois Department of Employment Security, Economic Information and Analysis, 2010–2020

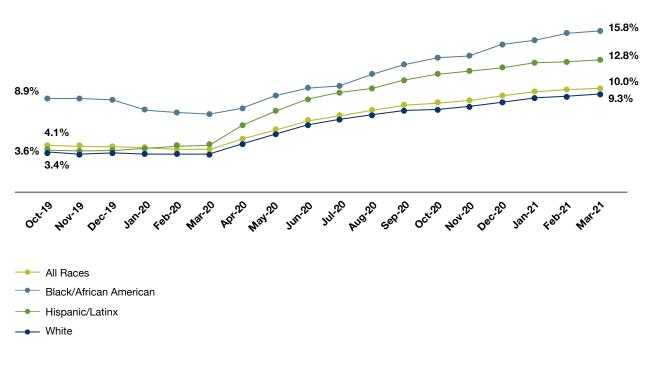


Figure 15. Unemployment Rate, by Race/Ethnicity, Illinois, October 2019–March 2021

Data Source: U.S. Bureau of Labor Statistics, Current Population Survey, as cited by Illinois Department of Employment Security, Economic Information and Analysis, 2019–2021

Following chapters of this report seek to understand the scope of gambling and problem gambling in Illinois; which populations are most affected or at risk of developing gambling disorders; and what structures, policies, and practices are currently in place to prevent problem gambling, treat gambling disorders and support those in recovery.

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**Chapter 2** 

# Prevalence of Gambling in Illinois

## Chapter 2

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# Chapter 2 Highlights

### Prevalence of Gambling in Illinois

**Gambling behaviors**—According to survey responses, 41.9% of adult Illinoisans reported participating in any form of gambling in the past month, 68.4% had gambled in the past year, and 90.3% had gambled ever in their life.

**Gambling activities**—In the past year, the most popular form of gambling that adult Illinoisans participated in was the state lottery (reported by 54.2% of survey respondents), followed by gambling with friends (33.0%), and organized sports and fights betting (15.3%).

**Lottery** sales per capita for adults aged 18 or older, indicating the average amount a person spends on the lottery, was \$275 for FY 2020.Total lottery revenue for FY 2020 was \$2.80 billion. Lottery gambling was more prevalent among middle-aged (45–64), and less educated adults in Illinois.

Admissions and revenue data indicate a prevalent but decreasing trend in **casino and riverboat** gambling in Illinois, with a striking decline in 2020 due to the COVID-19 pandemic. Only 15.1% of Illinoisans reported that they had gambled at a casino or riverboat in the past year. Black/African American (18.1%) and less educated (22.4%), Illinoisans had the highest prevalence of gambling at a casino in the past year, relative to their counterparts. However, Whites (70.7%), and college graduates (70.9%) had the highest prevalence of casino gambling ever in their lives.

**Video gaming** terminals (VGTs) have continued to grow from FY 2013 (7,920) to FY 2020 (36,145) and total tax revenues from terminals similarly increased over 10-fold from FY 2013 (\$36.3 million) to FY 2020 (\$403.5 million). Springfield, Rockford, and Decatur are the municipalities with the highest number of terminals and net terminal incomes, while Cook County had the total most VGTs (6,613) and Washington County had the highest number of VGTs per 100,000 population (1,202.16 per 100,000). Approximately 14% of Illinoisans reported that they had gambled at a VGT in the past year. Men, people of other race/ethnicity, less educated, and rural populations had the highest prevalence of video gambling in the past year.

**Online gambling** was reported by 12.6% of Illinoisans over the past year. Illinoisans aged 18–24 were more likely to have gambled online in the past year and in their lives, relative to older adults. Assessment participants perceived that online gambling has significantly increased due to COVID-19.

**Organized sports and fights betting** became legal in March 2020, though activity has been limited due to COVID-19 restrictions. Approximately 15% of Illinoisans reported that they gambled on organized sports and fights in the past year. Past-year prevalence was higher in men (23.6%) than women (7.5%). Younger Illinoisans and college graduates were also more likely to have bet on sports or fights in the past year and ever, compared to their counterparts.

**Gambling with friends** or in the community was the second most common form of gambling in the past year (33.0%). Men, Whites, and college graduates had the highest prevalence of gambling with friends ever in their lives, relative to their counterparts.

Illinoisans indicated that **COVID-19** affected their gambling behaviors in a number of ways, though nearly two-thirds reported that they gambled the same amount of time as they did before the pandemic. More than one-third of Asian and Black/African American Illinoisans as well as Chicago and Cook County populations said they gamble less than they did before the pandemic.

# Gambling in Illinois

As noted in the Introduction to this report, there has been substantial growth in commercial gambling in Illinois in recent years. The following section describes the current state of gambling participation by Illinois residents. This includes descriptions of gambling in the state from residents, secondary data from gambling industry reports about revenues and participation over time, and findings from the statewide Illinois Gambling Prevalence Survey. First, data about the popularity of various types of gambling are presented and compared. Following sections provide additional detail on these different types of gambling and the characteristics of Illinoisans who participate in them.

Throughout this section it is noted that prevalence estimates for past-year gambling participation are likely very unique due to restrictions related to the COVID-19 pandemic. Comparisons to estimates from other years or other states should take the COVID-19 pandemic into consideration.

## Perceived Definition and Activities Related to Gambling

When asked to describe what gambling means to them, interview and community discussion participants shared a wide range of definitions and sentiments. Participants generally defined gambling broadly perceiving it to be all *"betting"* or *"literally anything"* in terms of what has the potential to be considered gambling. Some participants in community discussions named specific activities or places such as Las Vegas, casinos, corner stores and bars in the community, state lotteries, playing cards (including poker), mahjong, dice games, sports betting, slot machines, phone/tablet applications, and animal racing (e.g., horses and dogs). While many of these participants named specific places and activities, others described gambling as it relates to the thoughts, emotions, and personal memories it elicits. Several interviewees described gambling as seeking a *"high"* through betting, similar to taking a hit of drugs or alcohol. Additionally, one participant defined gambling as *"false hope,"* another said, *"it makes me cringe – it scares me."* Among organization leaders and service providers, similar definitions of gambling were provided. For example, one organization leader defined gambling as *"lottery tickets, playing cards, and going to the boat,"* while a service provider specifically noted the *"wagering aspect"* of gambling when describing the behavior.

## Prevalence of Gambling in Illinois

Figure 1 shows the sociodemographic characteristics of the representative sample of the adult population of Illinois who participated in the Illinois Gambling Prevalence Survey (n=2,029), compared to the Illinois population overall (including Illinois residents under age 18). Column "N" indicates the actual number of people in the population, "n" indicates the number of people in the survey sample, and sample percentages are weighted to represent the Illinois population (as described in Chapter 1).

In the years 2015–2019 Illinois had 12,770,631 residents, with the vast majority (84.3%), living in urban areas [1]. Illinois residents were relatively evenly distributed through age groups under 65 years old. The majority of residents identified as White (61.2%), followed by Hispanic/Latinx (16.2%), Black/African American (13.6%), Asian (6.0%), then other races/ ethnicities (3.0%), (Figure 1). About one third of residents had a bachelor's degree or higher (34.7%), and a household income of \$100,000 or more (31.8%). For comparison, the sociodemographic characteristics of survey respondents (n=655) who gambled on average monthly or more in the past year ("frequent gamblers") are also shown in Figure 1. These respondents represent the population of frequent gamblers in Illinois. Compared to the full adult population of Illinois, frequent gamblers were more commonly men and had somewhat higher education levels. Otherwise, frequent gamblers were quite representative of the population overall, indicating that frequent gambling is quite evenly spread among varied demographic groups in Illinois.

### Figure 1. Selected Sociodemographic Characteristics, Illinois Population 2019 and Illinois Problem Gambling Assessment (Adults only), 2021

	Illinois P	opulation		esentative n Sample	Representative Sample of Frequent Gamblers in IL		
	n	%	n	%	n	%	
Gender+							
Men	4,796,286	48.6%	878	48.4%	370	62.9%	
Women	5,082,819	51.5%	1,132	51.6%	279	37.1%	
Race/Ethnicity*							
Asian	596,814	6.0%	51	2.3%	-	-	
Black/African American	1,356,415	13.6%	334	11.9%	132	14.5%	
Hispanic/Latinx	1,620,312	16.2%	414	17.8%	129	18.2%	
Other Race/Ethnicity	302,380	3.0%	102	4.3%	38	5.5%	
White	6,123,548	61.2%	1,114	64.2%	345	60.9%	
Age in Years+							
18–24	1,192,806	12.1%	201	11.8%	51	9.7%	
25–44	3,414,821	34.6%	607	34.8%	207	38.0%	
45–64	3,328,944	33.7%	825	36.5%	277	37.5%	
65+	1,942,534	19.7%	396	16.8%	120	14.8%	
Educational Attainment+							
Less than high school diploma	937,042	10.8%	64	2.9%	27	4.0%	
High school graduate	2,254,524	26.0%	317	15.3%	110	16.6%	
Some college/associate's degree	2,484,708	28.6%	630	30.8%	237	35.9%	
College graduate or higher	3,010,025	34.7%	1,008	51.1%	278	43.5%	
Employment Status							
Employed (full-time)	-	-	1,024	52.2%	368	57.8%	
Employed (part-time)	-	-	196	10.2%	58	9.3%	
Out of work for 1 year or more, and looking for work	-	-	84	4.0%	30	6.1%	
Out of work for less than 1 year, and looking for work	-	-	72	3.8%	35	4.8%	
Not employed outside the home (homemaker)	-	-	85	4.1%	14	1.9%	

2021 Statewide Assessment of Gambling and Problem Gambling in Illinois

	IL Population+			oresentative ion Sample	Sample	oresentative of Frequent mblers in IL
	n	%	n	%	n	%
Employment Status						
Student	-	-	104	6.0%	18	3.3%
Retired	-	-	364	15.8%	104	13.5%
Unable to work	-	-	88	4.0%	25	3.4%
Household Income+						
Less than \$25,000	905,144	18.7%	365	18.0%	101	15.8%
\$25,000 to \$49,999	969,261	20.0%	396	18.7%	138	20.3%
\$50,000 to \$74,999	809,343	16.7%	358	18.6%	126	19.5%
\$75,000 to \$99,999	622,330	12.8%	260	13.6%	75	11.9%
\$100,000 or more	1,540,056	31.8%	581	31.2%	196	32.5%
Marital Status+	n	%	n	%	n	%
Cohabitation (living together)	-	-	43	8.3%	40	7.8%
Married	4,871,241	47.6%	263	46.6%	261	47.3%
Partnered (not living together or married)	-	-	35	6.3%	34	6.2%
Separated/divorced	1,188,026	11.3%	42	6.7%	41	6.7%
Single (living in a household without a partner)	-	-	146	28.3%	143	28.3%
Widowed	593,844	5.8%	25	3.8%	24	3.7%
Sexual Orientation	n	%	n	%	n	%
Bisexual	-	-	21	3.7%	20	3.7%
Gay or lesbian	-	-	15	3.0%	14	2.6%
Prefer to self-describe	-	-	-	-	-	-
Straight/heterosexual	-	-	513	92.5%	504	92.3%
Geography	n	%	n	%	n	%
Chicago	2,143,207	21.7%	402	17.8%	136	20.9%
Cook County (excl. Chicago)	1,909,961	19.3%	450	21.2%	154	23.6%
Collar Counties (around Cook)	2,389,522	24.2%	533	27.4%	159	24.4%
Urban Counties	1,775,629	18.0%	364	18.9%	125	19.2%
Rural Counties	1,660,786	16.8%	273	14.8%	78	12.0%

*Data Sources:* For IL Population: +U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015–2019; \*U.S. Census Bureau, Decennial Census, 2020; IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021; IL Problem Gambling Assessment, Frequent Gamble, 2021

*Note:* Values where n<10 are not presented. Marital status and sexual orientation were asked of a subset of survey respondents. Census categories for employment not presented due to categorical differences.

Illinois population data for gender, race/ethnicity and geography represents only those aged 18 years and over; educational attainment represents only those 25 years and over; marital status represents only those aged 15 years and over.

Illinois residents who participated in the statewide survey were asked when the last time was that they participated in various forms of gambling (never, within the past 30 days, within the past 12 months, or more than 12 months ago). Notably, surveys were completed in Spring 2021, so past-month or past-year activities would have been severely restricted by the COVID-19 pandemic. Please see the survey instrument in **Appendix D** for how different types of gambling were categorized. Over 40% of adult Illinoisans reported participating in any form of gambling in the past month, 68.4% had gambled in the past year, and 90.3% had gambled ever in their life (Figure 2).

Figure 2 presents these data by type of gambling. The categories in this table are cumulative. In other words, those who reported past month gambling are also included in past year gambling alongside those reporting gambling between 30 days and 12 months; both of these groups are included in lifetime gambling in addition to those reporting gambling more than 12 months ago.

The most common form of gambling in which adult Illinoisans reported participating in over their lives was the state lottery (81.4%), followed by gambling with friends or in the community (67.7%), and gambling 41.9% of adult Illinoisans reported participating in any form of gambling in the past month, 68.4% had gambled in the past year, and 90.3% had gambled ever in their life.

at casinos or riverboats (66.3%). In the past year, the most popular form of gambling in which adult Illinoisans reported participating was the state lottery (54.2%), followed by gambling with friends (33.0%), and organized sports and fights betting (15.3%). In the past month (which was Spring 2021 when respondents completed the survey), the most popular forms of gambling were the state lottery (25.4%), gambling with friends (14.2%), and organized sports and fights betting (8.7%). Again, these prevalence data are likely highly influenced by restrictions related to the COVID-19 pandemic and may not be the same in either previous or future years.

	Past Month Gambling		Past Yea	r Gambling	Lifetime Gambling		
	n	%	n	%	n	%	
State lottery	524	25.4%	1,100	54.2%	1,645	81.4%	
Racetracks	40	2.2%	90	4.8%	668	34.4%	
Video gaming machines	137	7.1%	265	13.8%	646	33.2%	
Casinos and riverboats	129	6.6%	297	15.1%	1,339	66.3%	
Organized sports and fights betting	154	8.7%	270	15.3%	440	24.1%	
Gambling with your friends or in the community	274	14.2%	636	33.0%	1,331	67.7%	

Figure 2. Gambling Prevalence in the Past Month, Past Year, and Lifetime Among Illinois Residents, by Type, 2021 (n=2,029)

	Past Mont	Past Month Gambling		r Gambling	Lifetime Gambling		
	n	%	n	%	n	%	
Online gambling	131	6.6%	240	12.6%	468	24.1%	
Other	151	8.3%	268	14.5%	423	22.7%	
Any type of gambling	832	41.9%	1,368	68.4%	1,819	90.3%	

Data Sources: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

Illinois residents were also asked about more specific types of gambling within these broader categories and Figure 3 presents these more granular prevalence data. This table also presents more detailed frequency data than above, showing those who never gambled and reports gambling in the past month, past 30 days to 12 months, and more than 12 months ago.

Responses indicating gambling within the past month and the past 30 days to 12 months were merged to gain insight into gambling trends over the past year. The most common forms of gambling in which Illinois residents had reported participating during the past year (and coinciding with the COVID-19 pandemic) were Powerball, Mega Millions, and daily numbers (40.8%); instant win or scratch lottery tickets (45.0%); and betting on office or friend pools (27.7%). No other forms of gambling reached over 10% in the past year.

In the survey, respondents were asked about gambling participation within the past 30 days. By far the most common reported forms of gambling in the past month were instant wins or scratch lottery tickets (20.4%), and Powerball, Mega Millions, and daily numbers (16.4%). Other types of more common gambling in the past

month included activities requiring little to no in-person interaction, such as high-risk trading of stocks, commodities, futures, or virtual currencies (8.2%); video gaming machines outside of casinos (7.1%); office or friend pools (7.1%); sports betting online (7.0%); and video lottery terminals (6.5%).

In contrast, when asked about gambling activities prior to the past year (and coinciding with prior to the COVID-19 pandemic), the most common forms of gambling in which Illinois residents reported participating were visiting casinos or other gambling venues outside of Illinois (48.4%); electronic gambling machines at Illinois casinos (32.8%); instant win or scratch lottery tickets (31.1%); playing table games at Illinois casinos (29.5%); betting on horse or dog races at the track (28.9%); playing bingo, Lotería, or other games with friends (28.2%); Powerball, Mega Millions, and daily numbers (28.0%); betting on office or friend pools (27.7%); and betting on games with friends or family (27.1%). Less than 20% of Illinois respondents reported engaging in other forms of gambling (Figure 3).

### Figure 3. Gambling Prevalence, among Illinois Residents, by Type, 2021

		Never		Ever	EverWithin PastBetween 30More That30 DaysDays and 12MonthsMonthsMonths		Days and 12			
	n	%	n	%	n	%	n	%	n	%
State Lottery	384	18.6%	1,645	81.4%	524	25.4%	576	28.8%	545	27.2%
Instant win or scratch lottery tickets	486	23.9%	1,543	76.1%	424	20.4%	491	24.6%	628	31.1%
Powerball, Mega Millions, and daily numbers	627	31.2%	1,401	68.8%	344	16.4%	502	24.4%	555	28.0%
Video lottery terminals	1,439	70.1%	589	29.9%	129	6.5%	141	7.1%	319	16.4%
Racetracks	1,361	65.6%	668	34.4%	40	2.2%	50	2.6%	578	29.6%
Horse or dog races at the track	1,389	67.2%	638	32.8%	33	1.8%	40	2.1%	565	28.9%
Horse or dog races off track betting (OTB)	1,657	80.7%	372	19.3%	30	1.7%	43	2.2%	299	15.4%
Video Gaming Machines	1,383	66.8%	646	33.2%	137	7.1%	128	6.6%	381	19.5%
Video gaming machines not at a casino	1,383	66.8%	646	33.2%	137	7.1%	128	6.6%	381	19.5%
Casinos and Riverboats	689	33.7%	1,339	66.3%	129	6.6%	168	8.6%	1,042	51.1%
Table games at Illinois casinos or riverboats	1,299	62.6%	729	37.4%	50	2.7%	99	5.2%	580	29.5%
Electronic gambling machines at Illinois casinos or riverboats	1,153	56.9%	875	43.1%	88	4.5%	116	5.9%	671	32.8%
Casino or other gambling venue outside of Illinois	863	42.1%	1,161	57.9%	66	3.3%	121	6.2%	974	48.4%
Organized Sports and Fights Betting	1,589	75.9%	440	24.1%	154	8.7%	116	6.6%	170	8.9%
Sports betting with a bookie	1,814	88.2%	214	11.8%	40	2.1%	53	3.2%	121	6.5%
Sports betting online	1,748	84.5%	278	15.5%	124	7.0%	80	4.5%	74	4.0%
Fantasy sports leagues or games	1,722	82.6%	306	17.4%	99	5.7%	100	5.9%	107	5.8%
Dog fights, cock fights, or street fights	1,974	97.0%	53	3.0%	11	0.6%	15	1.0%	27	1.4%

		Never		Ever		nin Past 30 days	Days	veen 30 and 12 Months		Than 12 ths Ago
	n	%	n	%	n	%	n	%	n	%
Gambling with Your Friends or in The Community	698	32.3%	1,331	67.7%	274	14.2%	362	18.7%	695	34.8%
Bingo, Lotería, raffles	1,251	61.6%	778	38.4%	64	3.1%	144	7.2%	570	28.2%
Office/friend pools such as college basketball tournaments or "delivery dates" for babies	1,086	51.2%	942	48.8%	131	7.1%	265	14.0%	546	27.7%
Other sports betting with friends	1,403	66.9%	624	33.1%	99	5.5%	159	8.6%	366	19.1%
Card games, dice games, board games, video games, or other types of games with friends, family, or others	1,216	57.7%	812	42.3%	100	5.4%	185	9.8%	527	27.1%
Numbers game or daily numbers	1,841	91.1%	184	8.9%	26	1.2%	44	2.2%	114	5.5%
Online Gambling	1,559	76.0%	468	24.1%	131	6.6%	109	6.0%	228	11.5%
Online gambling using the Internet	1,785	87.5%	242	12.6%	57	2.9%	46	2.5%	139	7.2%
Online social games with purchase of virtual currency	1,669	81.8%	354	18.2%	96	4.8%	94	5.2%	164	8.2%
Other Types of Gambling	1,606	77.3%	423	22.7%	151	8.3%	117	6.2%	155	8.2%
High-risk trading of stocks, commodities, futures, or virtual currencies	1,643	79.3%	383	20.7%	149	8.2%	111	6.0%	123	6.6%
Other	1,853	95.8%	75	4.2%	10	0.6%	13	0.7%	52	2.9%

Data Sources: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

Illinoisans who reported participating in a type of gambling within the past 12 months were then asked how frequently they bet or made wagers in the past 12 months (Figure 4). In 2020–2021, the most common types of gambling in which respondents reported participating weekly or more often were organized sports and fights betting (26.4%), video gaming machines (23.5%), and online gambling (21.0%). Video gaming machines (36.6%), racetracks (28.4%), and organized sports and fights betting (22.0%), were the most common types of gambling done 1–3 times per month. Among Illinoisans who reported gambling in the past year at a frequency of less than once per month, the most common types of gambling were gambling with friends or in the community (76.6%), casinos and riverboats (67.7%), state lottery (64.6%), online gambling (57.2%), and racetracks (52.9%). Video gaming machines (39.9%) was a less common form of gambling reported among respondents who frequently gambled, but reported gambling less than once per month in the past year. These findings are likely strongly influenced by COVID-19 pandemic restrictions and are expected to be different in different years.

### Figure 4. Frequency of Gambling in the Past 12 Months, Among Illinois Residents Reporting Gambling in the Past 12 Months, by Type, 2021

	Wee	Weekly or More		er Month	Less Than Once Per Month		
	n	%	n	%	n	%	
State lottery	171	14.6%	230	20.8%	698	64.6%	
Racetracks	15	18.7%	25	28.4%	49	52.9%	
Video gaming machines	62	23.5%	97	36.6%	105	39.9%	
Casinos and riverboats	31	11.6%	64	20.7%	200	67.7%	
Organized sports and fights betting	67	26.4%	60	22.0%	141	51.6%	
Gambling with friends or in your community	45	7.6%	94	15.8%	483	76.6%	
Online gambling	51	21.0%	50	21.9%	136	57.2%	
Other types of gambling	34	15.5%	22	10.8%	177	73.6%	

Data Sources: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

Adult Illinois residents were asked about the time spent gambling when participating in three types of gambling: video gaming machines, casinos and riverboats, and online gambling (Figure 5). Of respondents who reported use of video gaming machines in the past 12 months, almost half indicated it was for less than an hour (48.9%). For Illinoisans who visited casinos or riverboats in the past 12 months, most reported spending 1–2 hours (38.5%) or 3–5 hours (28.3%) at these venues. For those reporting online gambling in the last 12 months, the majority reported spending no more than 2 hours gambling in one sitting (80.1%).

	Video Gaming Machines (n=265)	Casinos and Riverboats (n=295)	Online Gambling (n=237)
Less than 1 hour	48.9%	20.9%	56.0%
1–2 hours	33.9%	38.5%	24.1%
3–5 hours	9.0%	28.3%	13.0%
6+ hours	8.2%	12.4%	7.0%

Figure 5. Time Spent Gambling, Among Illinois Residents Reporting Gambling via Video Gaming Machines, Casinos and Riverboats, or Online Gambling in the Past 12 Months, by Type, 2021

Data Sources: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

To add further context to these prevalence data, qualitative data regarding the prevalence of gambling were also collected. When thinking about how common gambling is in their community, all community discussion participants agreed that gambling is *"very common"* in their community, and it has become a problem that *"keeps growing."* Numerous comments were made in community discussions that slot machines now were in restaurants, corner stores, laundromats — everyday establishments that previously had no betting on the premises. One community discussion participant described gambling in their community as *"fairly common especially [because] you see a lot of these little slot cafes opening up locally."*  Similarly, another participant referred to gambling in their community as "ubiquitous." Both community residents and service providers attributed the perceived increase in gambling directly to the passage of legislation that vastly expanded gambling across the state. For example, one community member perceived gambling to be "more common than it used to be since Illinois opened it up legislatively." An organization leader commented that "for a long time [gambling] was illegal, so people didn't do it." This person continued by explaining that more individuals are gambling since the change to legislation implied that "because it is legal, it is okay" in regard to risk.

### Types and Frequency of Gambling in Illinois by Sociodemographic Characteristics

To gain a deeper understanding of gambling among adult residents of Illinois, it is important to examine gambling behavior by different sociodemographic factors, including by gender, race/ethnicity, age, and educational attainment. As it is clear that gambling behavior can vary across the different types of gambling, this section presents frequency data, stratified by demographics, for each type of gambling.

### State Lottery

In Fiscal Year (FY) 2019, Illinois had the 11th largest lottery in the U.S., based on total traditional lottery sales [2]. As of May 2021, approximately 7,150 retail locations offered lottery products in Illinois, down from about 7,400 at the end of FY 2019 [3]. This is equivalent to each lottery retailer serving 1,782 Illinois residents, which ranks Illinois 40th out of 45 U.S. lotteries assessed using FY 2018 data [3].

In FY 2020, instant games made up about 65% of the total lottery revenue (\$1,848 million) and draw games made up the remaining revenue (\$957 million) (Figure 6) [4]. Of the draw games, the Pick 3 and Pick 4 games were the largest contributors to sales of draw games. Mega Millions and Powerball games are multistate games that offer jackpots starting at \$20 million, and made up around 8% of the revenue in FY 2020.

### Figure 6. Lottery Revenue (\$ in millions) by Game, Illinois, FY 2020

Game	Revenue	% of Lottery Revenue
Instant Games	\$1,848.40	65.9%
Pick 3	\$278.00	9.9%
Pick 4	\$261.60	9.3%
Lucky Day Lotto	\$120.20	4.3%
Mega Millions	\$110.40	3.9%
Powerball	\$94.60	3.4%
Lotto	\$91.70	3.3%
Total	\$2,804.90	-

Data Source: Wagering in Illinois, Illinois Gaming Board, Illinois Lottery, 2020

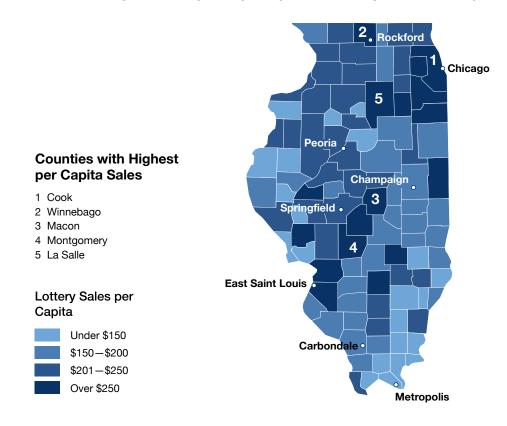
Figure 7 depicts how \$3.01 billion was distributed out for operating expenses and fund transfers for the Illinois Lottery in FY 2019. The fund transfers are the net proceeds or profits of the lottery after operating expenses are paid. More than 60% of the distributions went towards winner prizes. Almost a quarter of distributions went to the Common School Fund which provides funding for elementary and secondary education including payment for General State Aid, contributions to Teacher's Retirement Systems, and salaries of regional superintendents and assistants. The remaining lottery fund transfers can be found in Figure 7.

### Figure 7. Lottery Distributions (\$ in millions), Illinois, FY 2019

Distributions	Amount	% of Distributions
Prizes Awarded to Winners	\$1,908.10	63%
Transfers to Common School Fund	\$731.10	24%
General and Administrative Expenses	\$182.40	6%
Commissions and Bonuses	\$165.30	5%
Employee Service Payments	\$18.60	1%
Transfers to Special Funds	\$3.40	0%
Transfers to Capital Projects Fund	\$0.00	0%
Total	\$3,008.80	

Data Source: Wagering in Illinois, Illinois Gaming Board, Illinois Lottery, 2020

In Illinois, lottery sales per capita for adults aged 18 or older (indicating the average amount a person spends on the lottery) was \$275 for FY 2020. There is regional variation in lottery spending, with the highest per capita sales for adults aged 18 or older in the following counties: Cook (\$340), Winnebago (\$325), Macon (\$302), Montgomery (\$301), and La Salle (\$293) (Figure 8).



### Figure 8. Lottery Sales per Capita for Adults Aged 18 or Older, by County, FY 2020

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015–2019; Illinois Lottery, Camelot, FY 2020

*Note:* Per capita rates were calculated by aggregating Camelot sales per zip code into counties and using 2019 American Community Survey county population estimates for population over 18 years of age.

With this broad range and availability of options under the lottery umbrella and the amount of funds going into and coming out of lottery gambling, the Illinois Gambling Prevalence Survey sought to understand more about how adult Illinois residents report their participation in lottery gambling. As noted earlier in this section, 54.2% of survey respondents reported that they have gambled via the lottery in the past year.

Figure 9 presents the participation of adult Illinois residents in the lottery by different sociodemographic factors. Among adult Illinoisans, men had a higher prevalence of lottery gambling than women for all time frames. White adult Illinoisans had the highest prevalence of ever lottery gambling (86.6%) and past year lottery gambling (55.7%). The proportion of Black/ African American adult Illinoisans reporting lottery gambling (32.0%) in the past month was greater than any other race/ethnicity group. Asian adult Illinoisans had the lowest prevalence of ever lottery gambling and past year lottery gambling.

Middle-aged adults, 45 to 64 year olds, were the age group most commonly reporting ever lottery gambling (87.3%), past year lottery gambling (61.8%), and past month lottery gambling (30.2%). The youngest age group, 18 to 24 years, made up one of the smallest proportions of those reporting lottery gambling across time points.

Adult Illinoisans with some college, 2-year degree, certification program, or trade school had the highest prevalence of ever lottery gambling (83.2%). In the past month and past year, adult Illinoisans with less than a high school completion or GED most commonly reported lottery gambling (38.1% and 62.9% respectively).

Gender	Past Month	Past Year	Ever
Women (n=1,132)	22.4%	52.1%	81.1%
Men (n=878)	28.6%	56.4%	84.4%
Race/Ethnicity	Past Month	Past Year	Ever
Asian (n=51)	-	32.9%	68.2%
Black/African American (n=334)	32.0%	52.8%	78.6%
Hispanic/Latinx (n=414)	26.6%	53.8%	77.2%
White (n=1,116)	24.1%	55.7%	86.6%
Other Race/Ethnicity (n=100)	26.6%	48.9%	76.3%
Age in Years	Past Month	Past Year	Ever
18 to 24 (n=201)	14.9%	39.9%	60.8%
25 to 44 (n=607)	24.7%	53.9%	80.9%
45 to 64 (n=825)	30.2%	61.8%	87.3%
65+ (n=396)	23.8%	48.7%	84.3%
Educational Attainment	Past Month	Past Year	Ever
Less than high school completion or GED (n=64)	38.1%	62.9%	71.7%
High school or secondary school graduate or GED (n=317)	33.8%	57.5%	76.1%

#### Figure 9. Lottery Gambling Among Illinois Residents, by Past Month, Past Year, and Ever, 2021

Educational Attainment	Past Month	Past Year	Ever
Some college, 2-year degree, certification program, or trade school (n=630)	31.0%	61.1%	83.2%
College graduate or higher (n=1,008)	18.8%	48.7%	82.6%
Geography	Past Month	Past Year	Ever
Chicago (n=402)	22.4%	50.2%	78.3%
Cook County (excl. Chicago) (n=450)	25.4%	51.9%	79.8%
Collar Counties (around Cook) (n=533)	23.8%	53.6%	84.3%
Urban Counties (n=364)	30.4%	57.5%	81.1%
Rural Counties (n=273)	25.6%	59.3%	83.0%

Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

The prevalence of lottery gambling was also reflected in interviews and community discussions. In conversations with community members and service providers, participants named the lottery as one of the most common forms of gambling and/or one of the first activities that comes to mind when asked about gambling. While the lottery was seen as a common type of gambling, community residents typically perceived casinos and video gambling to be the most pervasive and dangerous forms of gambling. As one resident said, *"Lottery seems [to be] most prevalent but [the] most problematic is probably sports betting or online [gambling]."* Casino and video gambling are discussed in the next sections.

### **Casinos and Riverboats**

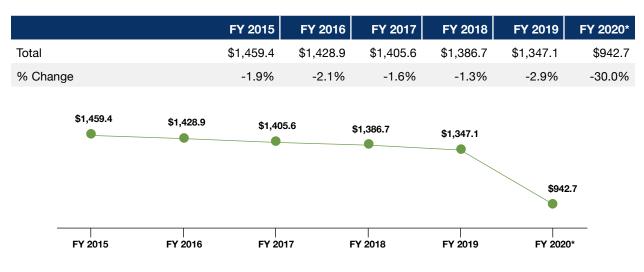
As shown earlier in this report, as of 2021, there are currently 10 permitted casinos in Illinois (Figure 10).

As mandated by the Riverboat Gambling Act (Public Act 86-1029), the state of Illinois receives revenue from licensed riverboat gambling through a variety of sources including: license fees, wagering taxes, and admissions taxes. Wagering tax is based on the adjusted gross receipts (AGR) of a casino, while the admission tax is based on the number of patrons visiting the facility. In FY 2015, AGR from casinos totaled to \$1,459 million; this number decreased slowly through FY 2019 to \$1,347 million (Figure 11). From FY 2019 to FY 2020, AGR decreased by 30.0% (to \$943 million), in large part due to the impact of the COVID-19 pandemic.





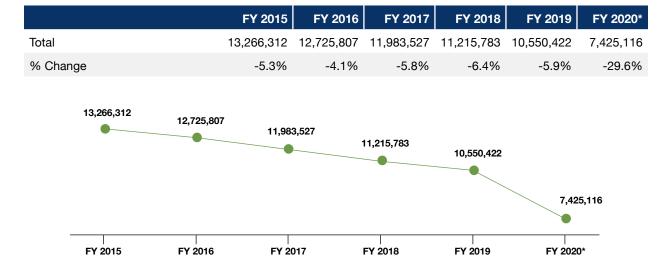
Data Source: Illinois Gaming Board (IGB), 2021



### Figure 11. Casino Adjusted Gross Receipts (AGR) (\$ in millions), Illinois, FY 2015 - FY 2020

*Data Sources:* Wagering in Illinois, Illinois Gaming Board, Monthly Riverboat Casino Report, 2020 *Note:* Asterisk indicates (\*) due to the COVID-19 pandemic, gaming operations were suspended from March 16, 2020, through June 30, 2020.

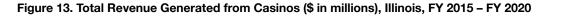
Similar to casino AGRs, the number of visits to casinos has decreased slowly from FY 2015 (~13 million) to FY 2019 (~10.5 million), with a sharp COVID-19-related decline in FY 2020 (~7.4 million) (Figure 12).

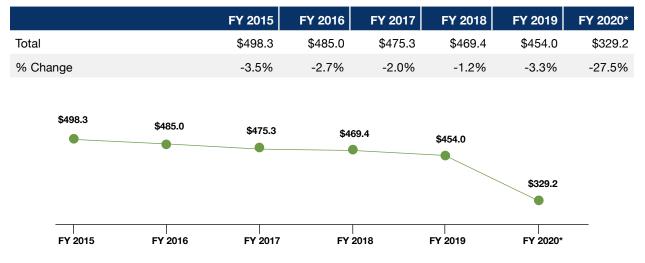


### Figure 12. Number of Visits to Casinos, Illinois, FY 2015 - FY 2020

*Data Sources:* Wagering in Illinois, Illinois Gaming Board, Monthly Riverboat Casino Report, 2020 *Note:* Asterisk indicates (\*) due to the COVID-19 pandemic, gaming operations were suspended from March 16, 2020, through June 30, 2020.

Total revenue generated from casinos follows a similar pattern to AGRs and number of people who go to casinos; revenue decreased from \$498 million in FY 2015 to \$329 million in FY 2020 (Figure 13). In FY 2020, of the total revenue generated, state revenue totaled to \$215 million (with \$59 million distributed by Des Plains to Chicago State University, School Infrastructure Fund, and Cook County Criminal Justice System) and local revenue totaled \$54.6 million (data not shown).





*Data Sources:* Wagering in Illinois, Illinois Gaming Board, Monthly Riverboat Casino Report, 2020 *Note:* Asterisk indicates (\*) due to the COVID-19 pandemic, gaming operations were suspended from March 16, 2020, through June 30, 2020.

Among states bordering Illinois, Indiana casinos consistently had the highest AGRs (\$1,603 million in FY 2020), followed by Missouri (\$1,352 in FY 2020) (Figure 14). Illinois and Iowa had similar AGRs between FY 2010–FY 2011, and since then, AGRs between the two states have slightly fluctuated, with Iowa having a higher AGR in FY 2020 (\$1,163 million), compared to \$943 million in Illinois. The impact of COVID-19 was notable among all states' data, however, Illinois' decline of 30% was more severe than Indiana (-24.3%), Iowa (-20.2%), and Missouri (-22.1%).

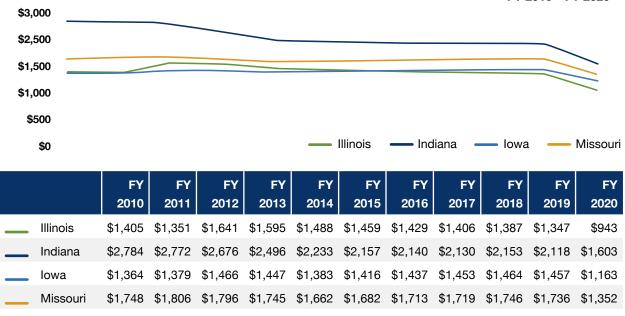


Figure 14. Adjusted Gross Receipts (AGR) of Casinos, Illinois and Bordering States (\$ in millions), FY 2010 – FY 2020

Data Source: Wagering in Illinois, Illinois Gaming Board, 2020

These admissions and revenue data indicate a prevalent but decreasing trend in casino and riverboat gambling. As noted earlier in this section, 15.1% of Illinoisans reported that they have gambled at a casino or riverboat in the past year; 9.5% reported gambling at a casino outside of Illinois in the past year. Given the in-person nature of this type of gambling, it is important to consider how the COVID-19 pandemic could have impacted behaviors. More than half of adult Illinois residents (53.6%) reported ever gambling at a casino or other gambling venue outside Illinois.

Figure 15 shows casino gambling among adult Illinoisans in the past month, past year, and ever by demographic factors. Among adult Illinoisans, men had a higher prevalence of ever gambling at a casino (69.3%) than women (63.4%). Past year prevalence of casino gambling was similar among women (15.0%) and men (15.2%). In contrast, a greater proportion of adult women Illinoisans reported casino gambling in the past month (7.5%) compared to men (5.5%). By race/ ethnicity, White Illinoisans had the highest prevalence of ever gambling at a casino (70.7%), while Black/African American Illinoisans had the highest prevalence of casino gambling in the past year (18.1%) and the past month (10.0%) (Figure 15). Adult Illinoisans aged 45 to 64 years old (75.0%) and 65+ years of age (74.2%) had the highest prevalence of ever gambling at a casino. Younger age groups, 25 to 44 year-olds (17.0%) and 18 to 24 year-olds (16.4%) had the greatest proportion of adult Illinoisans reporting gambling at a casino in the past year and about 7% of adults younger than 65 years of age reported gambling in the past month, compared to only 3.3% of respondents 65+ years of age, which could reflect differences in COVID-19 risk perceptions among different age groups.

Adult Illinoisans with a college degree or higher had the greatest proportion who reported ever casino gambling (70.9%), while those with less than a high school completion or GED had the greatest proportion who reported casino gambling in the past year (22.4%), and those with a high school degree or GED had the greatest reported proportion of casino gambling in the past month (8.5%) (Figure 15). By region, adult Illinoisans in the Collar Counties had the highest prevalence of ever casino gambling (68.2%), though the prevalence ranged from a low of 63.5% to a high of 68.2% across geographies. Adults in urban counties had the highest past year (17.3%), and past month (7.5%) prevalence of casino gambling.

	Past Month	Past Year	Ever
Gender			
Women (n=1,131)	7.5%	15.0%	63.4%
Men (n=878)	5.5%	15.2%	69.3%
Race/Ethnicity			
Asian (n=51)	-	-	59.4%
Black/African American (n=334)	10.0%	18.1%	63.2%
Hispanic/Latinx (n=413)	5.4%	15.1%	55.1%
White (n=1,116)	6.5%	14.8%	70.7%
Other Race/Ethnicity (n=100)	-	13.8%	56.8%
Age in Years			
18 to 24 (n=201)	7.5%	16.4%	28.9%
25 to 44 (n=607)	7.1%	17.0%	65.9%
45 to 64 (n=825)	7.2%	14.7%	75.0%
65+ (n=395)	3.3%	11.2%	74.2%
Educational Attainment			
Less than high school completion or GED (n=64)	-	22.4%	40.4%
High school or secondary school graduate or GED (n=317)	9.2%	18.8%	55.2%
Some college, 2-year degree, certification program, or trade school (n=629)	8.5%	21.5%	66.7%
College graduate or higher (n=1,008)	4.2%	9.8%	70.9%
Geography			
Chicago (n=402)	6.8%	16.9%	66.9%
Cook County (excl. Chicago) (n=450)	6.2%	14.9%	64.5%
Collar Counties (around Cook) (n=532)	6.2%	12.9%	68.2%
Urban Counties (n=364)	7.5%	17.3%	66.7%
Rural Counties (n=273)	5.6%	13.9%	63.5%

Figure 15. Casino Gambling Among Illinois Residents	s, by Past Month, Past Year, and Ever, 2021
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*Data Source:* IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 *Note:* Values n<10 are not presented.

Qualitative results contributed important context to prevalence data for casino gambling. When discussing casino gambling, interview and community discussion participants expressed a range of sentiments and perceptions. One gaming industry professional perceived video gaming terminals in casinos to be particularly problematic and highlighted the staff training, education, and helpline advertisements provided by casinos to help address the issue. Some community members noted that the pervasive ways in which casinos are marketed make them difficult to exclude from communities. One person perceived that this marketing stems from casinos being tied to job creation, the hospitality industry (e.g., hotels, dining), and family-centered events such as concerts. Several other community members shared similar sentiments specific to community benefits, noting that when casinos are built, developers indicate that a portion of revenue will be contributed to education and schools.

### Older Populations

Older adults are also impacted by problem gambling. While on average, older adults have similar lifetime and current prevalence of problem gambling compared to younger adults, estimates range from 0.2% to 12.9% [5]. Higher rates of problem gambling were also not apparent in the representative sample of adult Illinoisans in the Illinois Gambling Prevalence Survey.

Illinoisans aged 65 or over had a similar prevalence of ever gambling (92.2%) to those under age 65 (89.9%), and a lower prevalence of gambling in the past year or past month (Figure 16). However, recent gambling may have been lower in this older age group due to the COVID-19 pandemic, which disproportionately affected older adults at the time of the survey. Assessing the prevalence of gambling among older Illinoisans post-pandemic will be important to further explore whether this population is more vulnerable to developing a gambling problem.

However, factors such as fixed income, limited social support, and comorbid health problems may increase risk of developing problem gambling among some older adults [5–7]. Community members noted that gambling

may be appealing to fixed income groups due to the perception that it can change their life circumstances.

For some older adults, gambling is one of the few opportunities for excitement, socialization, and escape. Some participants in community discussions noted that older adults appear to prefer casino gambling and that they are often picked up by casino shuttle buses. *"Seniors who lack mobility gladly participate because they view this as an outing, but this convenient arrangement is predatory."* While lifetime casino gambling prevalence among Illinoisans aged 65 and over was similar to younger groups, increased casino visitation may be associated with increased risk of problem gambling [6].

Many older adults also experience loneliness and struggle to find social support. Older adults that use gambling as a way to escape anxiety and depression can contribute to problem gambling [7]. Some of this distress may also emerge due to physical health issues and limited mobility [5, 8]. While some of these factors are unique to the experience as an older adult, data from the National Epidemiologic Survey on Alcohol and Related Conditions on U.S. older adults with lifetime problem gambling underscored that many experienced other mental health issues across their lifetime [9]. Older adults are a heterogenous group and more attention is required to understand the unique factors that make them vulnerable to problem gambling.

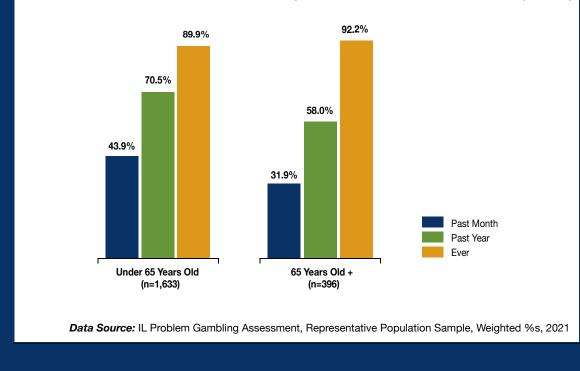


Figure 16. Any Type of Gambling Among Illinois Residents Aged 65+, by Past Month, Past Year, and Ever, 2021 (n=2,029)

### Video Gaming Machines & Online Gambling

There were 61 video gaming terminals in operation in Illinois during its opening month in September 2012 (data not shown). By FY 2020 this number had risen to 36,145 terminals at 7,641 locations (Figure 17). On July 1, 2019, the terminal limit increased from five to six terminals at regular establishments and from five to ten terminals at qualifying truck stops. When the COVID-19 pandemic hit, many locations were transitioning to more terminals; therefore, establishments with more terminals are expected to grow. Though Illinois does not limit the number of establishments that can offer video gaming, some municipalities (including Chicago) may have their own limitations for the number of video gaming terminals. Municipalities may be excluded from video gaming if they use the opt-out provisions listed in the Video Gaming Act or if they have an ordinance that prohibits gambling and does not make an exception for video gaming. A current list of ordinances is available from the Illinois Gaming Board [10]. Overall, the number of terminals has continued to grow from FY 2013 (7,920) to FY 2020 (36,145). Total revenues from terminals has also continued to increase (Figure 17).

## Figure 17. Video Gaming Statistics (\$ in millions), Illinois, FY 2013 - FY 2020

Fiscal Year	Terminals in Operation	Net Terminal Income (NTI) (\$)	NTI per Terminal per Day (\$)	Total Tax Revenue (\$)	State Share (\$)	Local Share (\$)
2013	7,920	121.1	41.9	36.3	30.3	6.1
2014	17,467	485.4	76.1	145.6	121.4	24.3
2015	20,730	804.8	106.4	241.4	201.2	40.2
2016	23,891	1,020.8	117.1	306.2	255.2	51.0
2017	26,873	1,202.0	122.6	360.6	300.5	60.1
2018	29,283	1,406.5	131.6	421.9	351.6	70.3
2019	32,033	1,592.5	136.2	477.8	398.1	79.6
2020*	36,145	1,222.6	130.6	403.5	342.3	61.1

Data Source: Wagering in Illinois, Illinois Gaming Board, 2020

*Note:* Terminals in operation represents number at the end of each FY; the last month of data for FY 2020 was in March due to suspension of video gaming operations caused by COVID-19.

Among Illinois municipalities, Springfield had the highest number of terminals in Illinois in FY 2020 at 701 terminals, as well as the highest amount of net terminal income with \$24.6 million collected. The top 10 municipalities with video gaming in Illinois in FY 2020 are depicted below, ranked according to terminals (Figure 18) and according to net terminal income (Figure 19).

## Figure 18. Top Municipalities with Video Gaming Totals, Ranked by Number of Terminals Illinois, FY 2020

Rank	Municipality*	Terminals
1	Springfield	701
2	Rockford	517
3	Decatur	492
4	Joliet	413
5	Loves Park	324
6	Lake County	317
7	Champaign	303
8	Peoria	292
9	Berwyn	276
10	Waukegan	269

**Data Source:** Wagering in Illinois, Illinois Gaming Board, 2020 **Note:** Asterisk (\*) indicates that when a "county" is listed above, it is referring to the unincorporated totals of that particular county; in FY 2020, the tax rate on video gaming net terminal income increased from 30% to 33%. Due to the COVID-19 pandemic, video gaming operations were suspended from March 16, 2020, through June 30, 2020.

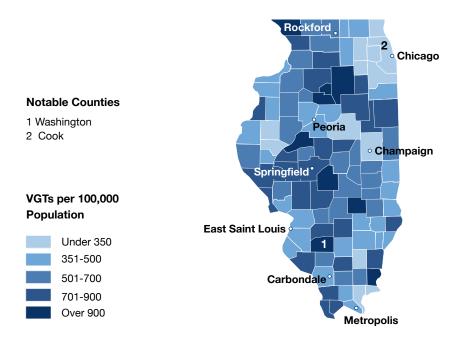
Rank	Municipality*	NTI (Taxable Base)	Tax Revenue	State Tax Share	Local Tax Share
1	Springfield	\$24.6	\$7.4	\$6.2	\$1.2
2	Rockford	\$24.4	\$7.3	\$6.1	\$1.2
3	Decatur	\$23.2	\$7.0	\$5.8	\$1.2
4	Waukegan	\$16.5	\$4.9	\$4.1	\$0.8
5	Loves Park	\$14.1	\$4.2	\$3.5	\$0.7
6	Cicero	\$13.1	\$3.9	\$3.3	\$0.7
7	Champaign	\$12.9	\$3.9	\$3.2	\$0.6
8	Joliet	\$12.8	\$3.8	\$3.2	\$0.6
9	Bloomington	\$12.0	\$3.6	\$3.0	\$0.6
10	Oak Lawn	\$10.8	\$3.2	\$2.7	\$0.5

## Figure 19. Top Municipalities with Video Gaming Totals (\$ in millions), Ranked by Net Terminal Income (NTI), Illinois, FY 2020

## Data Source: Wagering in Illinois, Illinois Gaming Board, 2020

*Note:* Asterisk (\*) indicates that when a "county" is listed above, it is referring to the unincorporated totals of that particular county; in FY 2020, the tax rate on video gaming net terminal income increased from 30% to 33%. Due to the COVID-19 pandemic, video gaming operations were suspended from March 16, 2020, through June 30, 2020.

In Illinois, there were a total of 36,145 video gaming terminals at the end of FY 2020. While Cook County had the most VGTs (6,613), Washington County had the highest number of VGTs per 100,000 population (1,202.16 per 100,000) (Figure 20).



## Figure 20. Video Gaming Terminals (VGT), per 100,000 Population, by County, FY 2020

Data Source: IL Wagering Report, 2020; U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015–2019 Note: Population counts were based on 2015–2019 Census American Community Survey estimates. As noted earlier in this section, 13.8% of Illinoisans reported that they have gambled at video gaming machines in the past year.

Figure 21 shows video gambling among adult Illinoisans in the past month, past year, and ever by demographic factors. Among adult Illinoisans, men had a higher prevalence of reporting video gambling than women for all time frames. White Illinoisans were the racial/ ethnic group who most commonly reported ever video gambling (35.4%), while those who identify as other race/ethnicity had the highest prevalence of video gambling in the past year (16.7%), and Black/African American Illinoisans had the highest prevalence of video gambling in the past month (8.7%). Adult Illinoisans with some college, 2-year degree, certification program, or trade school had the highest prevalence of ever video gambling (42.3%). Illinoisans with less than a high school completion or GED were the education group most commonly reporting video gambling in the past year (25.5%) and past month (18.0%). Adult Illinoisans in rural counties had the highest prevalence of video gambling across all time frames, and adult respondents in urban counties also had a high prevalence of ever video gambling (38.2%).



	Dest Manth	De et Ve en	<b>F</b>
	Past Month	Past Year	Ever
Gender			
Women (n=1,132)	6.5%	11.8%	30.8%
Men (n=878)	7.8%	15.8%	35.8%
Race/Ethnicity			
Asian (n=51)	-	-	-
Black/African American (n=334)	8.7%	12.3%	28.8%
Hispanic/Latinx (n=414)	6.0%	14.3%	29.3%
White (n=1,116)	7.5%	14.0%	35.4%
Other Race/Ethnicity (n=100)	-	16.7%	35.1%
Age in Years			
18 to 24 (n=201)	6.1%	15.9%	24.5%
25 to 44 (n=607)	9.0%	16.2%	37.8%
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Educational Attainment			
Less than high school completion or GED (n=64)	18.0%	25.5%	36.3%
High school or secondary school graduate or GED (n=317)	11.3%	17.8%	34.7%
Some college, 2-year degree, certification program, or trade school (n=630)	9.4%	20.3%	42.3%
College graduate or higher (n=1,008)	3.9%	8.0%	27.2%

Geography			
Chicago (n=402)	5.0%	13.4%	29.9%
Cook County (excl. Chicago) (n=450)	4.9%	9.9%	29.2%
Collar Counties (around Cook) (n=533)	6.5%	10.8%	31.8%
Urban Counties (n=364)	9.4%	17.4%	38.2%
Rural Counties (n=273)	11.3%	19.8%	38.7%

Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

As noted earlier in this section, 12.6% of Illinoisans reported that they have gambled online in the past year. Figure 22 shows online gambling among adult Illinoisans in the past month, past year, and ever by demographic factors. Among adult Illinoisans, men had a higher prevalence of online gambling ever (26.8%) and in the past year (13.7%), while women had a higher prevalence of online gambling in the past month (6.7%). Adult Illinoisans who identify as other race/ ethnicity were the racial/ethnic group most commonly reporting ever online gambling (29.5%) and Black/ African American Illinoisans had the highest prevalence of online gambling in the past year (13.8%) and the past month (7.8%). Illinoisans of other race/ethnicity also reported a high prevalence of online gambling in the past year (13.7%).

Adult Illinoisans 18 to 24 years of age had the highest prevalence of ever online gambling (33.4%) and online gambling in the past year (19.2%), while those aged 25 to 44 years old, had the highest prevalence of online gambling in the past month (8.6%) (Figure 22). Adult Illinoisans with some college, 2-year degree, certification program, or trade school had the highest prevalence of online gambling within each time frame. Additionally, more than one in seven respondents with less than a high school education or GED (16.2%) and those who completed a high school education or GED (15.6%) reported online gambling in the past year. By region, adult Chicago residents had the highest prevalence of ever online gambling (27.7%) and past month online gambling (8.2%). Adult residents in urban counties had the highest prevalence of past year online gambling (15.1%).

## Figure 22. Online Gambling Among Illinois Residents, by Past Month, Past Year, and Ever, 2021

	Past Month	Past Year	Ever
Gender			LVei
Women (n=1,132)	6.7%	11.5%	21.5%
Men (n=876)	6.4%	13.7%	26.8%
Race/Ethnicity			
Asian (n=51)	-	10.8%	22.8%
Black/African American (n=334)	7.8%	13.8%	25.5%
Hispanic/Latinx (n=413)	7.1%	12.8%	24.3%
White (n=1,116)	6.3%	12.3%	23.4%
Other Race/Ethnicity (n=99)	-	13.7%	29.5%
Age in Years			
18 to 24 (n=201)	7.8%	19.2%	33.4%
25 to 44 (n=606)	8.6%	16.0%	28.2%
45 to 64 (n=825)	5.7%	10.5%	22.2%
65+ (n=395)	3.3%	5.4%	13.0%
Educational Attainment			
Less than high school completion or GED (n=63)	-	16.2%	20.0%
High school or secondary school graduate or GED (n=317)	6.4%	15.6%	26.4%
Some college, 2-year degree, certification program, or trade school (n=629)	9.3%	16.4%	29.3%
College graduate or higher (n=1,008)	4.8%	9.2%	20.5%
Geography			
Chicago (n=401)	8.2%	14.6%	27.7%
Cook County (excl. Chicago) (n=450)	6.8%	12.4%	25.8%
Collar Counties (around Cook) (n=532)	6.3%	11.6%	21.9%
Urban Counties (n=364)	5.9%	15.1%	23.8%
Rural Counties (n=273)	5.1%	8.1%	20.7%

*Data Source:* IIL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 *Note:* Values where n<10 are not presented.

For further context, qualitative data were collected related to video and online gambling. When discussing video/electronic gambling, almost all participants (in community discussions and conversations with service providers/organization leaders in Illinois) perceived video and online gambling to be an increasing issue. One community member whose relative experienced problem gambling remarked, "...you can walk in a restaurant and there's gambling machines." Another participant - who was an organization leader said, "It is everywhere. You cannot walk into any store or restaurant [and not see video gambling] - we all know how pervasive it is with our smart phones, computers, iPads. Access has increased, so a lot of people are doing it." Several participants echoed this statement and named video game parlors, gas stations, restaurants, and truck stops as some of the places where video gambling is available. Along those lines, two service provider participants suggested that disorders specific to video gambling tend to co-occur with alcohol use disorder because of the machine placement in bars and restaurants.

Community members also noted that spending a large amount of money is easier to do with video gambling and shared anecdotes of community members spending their entire paycheck in one sitting or gambling with their monthly rent to use video gambling machines. Though video and online gambling experiences are discussed in this report, it is important to note that technological advances have and will continue to advance and present more gambling experiences, including mobile gaming, virtual and augmented reality, and others. Youth assessment participants highlighted these technologies and the fine line between video gaming and gambling. However, quantitative data for such technologies were not explored in this report.

## Organized Sports & Fights Betting

Sports betting in Illinois became legal in March 2020, but operations were quickly suspended due to the COVID-19 pandemic; online wagering resumed on June 18, 2020, and in-person wagering resumed on July 1, 2020.

The total handle from sports wagering after it became legalized through July 2021 amounted to \$5.5 billion; the majority of the handle was through online wagering (\$5.3 billion). Figure 23 indicates wagering increasing steadily beginning in June 2020, peaking in January and March 2021 for online and in March 2021 for in-person sports wagering.

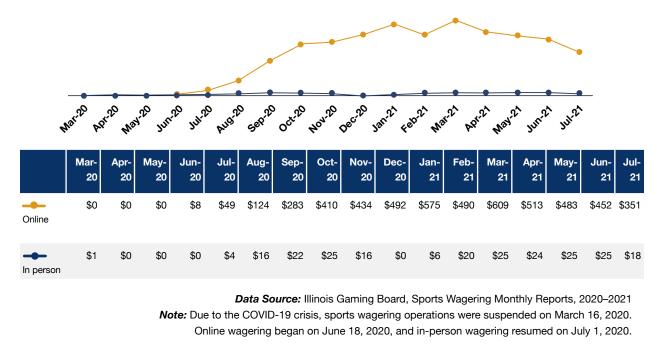


Figure 23. Sports Wagering Total Handle by Method (\$ in millions), Illinois, March 2020 - July 2021

Figure 24 indicates that basketball, parlay (for any sport), football, and baseball have contributed the most to the total sports wagering handle.

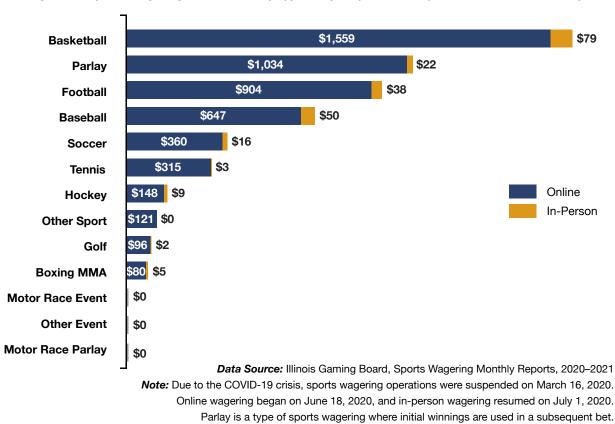


Figure 24. Sports Wagering Total Handle by Type of Sport (\$ in millions), Illinois, March 2020 – July 2021

As noted earlier in this section, 15.3% of Illinoisans reported that they have gambled on organized sports and fights in the past year. Figure 25 shows sports and fights betting among adult Illinoisans in the past month, past year, and ever by demographic factors. Within each time frame, men had a higher prevalence of sports and fights betting than women. Asian adult Illinoisans had the highest prevalence of ever betting on sports and fights (30.3%), though the number of survey respondents who were Asian was low, so this finding should be interpreted with caution. Illinoisans who identify as other race/ethnicity had the highest prevalence in the past year (16.9%) and White Illinoisans had the highest prevalence in the past month (9.3%). Adult Illinoisans aged 25 to 44 years old had the highest prevalence of ever betting on sports and fights (33.1%). Adults 18 to 24 years old had the highest proportion of sports betting in the past month (13.2%) and past year (23.9%). Adult Illinoisans with a college degree or more had the highest prevalence of betting on sports and fights within each time frame. By region, Chicago, Cook County, and Collar Counties had a higher prevalence of sports and fight betting in all time periods, compared to other parts of the state.

	Past Month	Past Year	Ever
Gender			
Women (n=1,132)	3.4%	7.5%	13.3%
Men (n=878)	14.4%	23.6%	35.7%
Race/Ethnicity			
Asian (n=51)	-	-	30.3%
Black/African American (n=334)	6.9%	10.5%	19.7%
Hispanic/Latinx (n=414)	7.2%	15.5%	25.4%
White (n=1,116)	9.3%	16.0%	24.4%
Other Race/Ethnicity (n=100)	-	16.9%	24.0%
Age in Years	Past Month	Past Year	Ever
18 to 24 (n=201)	13.2%	23.9%	29.4%
25 to 44 (n=607)	12.7%	22.6%	33.1%
45 to 64 (n=825)	7.2%	11.1%	21.0%
65+ (n=396)	-	3.0%	8.8%
Educational Attainment	Past Month	Past Year	Ever
Less than high school completion or GED (n=64)	-	11.7%	20.4%
High school or secondary school graduate or GED (n=317)	5.2%	10.6%	18.4%
Some college, 2-year degree, certification program, or trade school (n=630)	8.5%	15.6%	23.4%
College graduate or higher (n=1,008)	9.9%	16.7%	26.6%

#### Figure 25. Sports and Fights Betting Among Illinois Residents, by Past Month, Past Year, and Ever, 2021

	Past Month	Past Year	Ever
Geography			
Chicago (n=402)	11.1%	17.5%	30.1%
Cook County (excl. Chicago) (n=450)	10.0%	17.7%	27.3%
Collar Counties (around Cook) (n=533)	9.3%	17.0%	24.6%
Urban Counties (n=364)	6.0%	13.0%	20.7%
Rural Counties (n=273)	5.7%	8.6%	15.5%

*Data Source:* IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 *Note:* Values where n<10 are not presented.

Qualitative data collected added helpful context to these prevalence data. When discussing sports-related gambling, e-sports was consistently mentioned. Participants perceived an increase in e-sports betting due to increased exposure to advertisements and mobile access. One community member compared current visibility to visibility in the past saying, "ten years ago, you never saw anything. [Now], almost every other commercial is sports betting." Another community member described Illinois as being "inundated" with television and radio advertisements. When speculating who is participating in sports betting, community members typically agreed that younger populations (high school and college aged youth) are the target demographic. In one interview, a youth participant echoed this sentiment saying, "a lot of people my age

are betting on fantasy drafts." Across discussions, youth indicated that online sports betting was the most prevalent among their friends and peers. This is consistent with the Illinois Gambling Prevalence Survey data, showing the highest prevalence of sports betting among younger age groups.

## Racetracks

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In 2019, Illinois horse racing wagering, the oldest legalized form of gambling in the state, generated \$11.7 million in total revenues, with the State receiving \$7.0 million and local governments receiving \$4.7 million in revenues (Figure 26). There were 232 live race dates in 2019, down from 518 dates in 2013, signaling a decline in the horse racing industry.

Figure 26. Horse Racing	Revenues (\$ in million	5), IIIINOIS, 2009 – 2019

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
State Revenue	\$7.1	\$7.4	\$7.8	\$7.5	\$6.4	\$7.5	\$6.8	\$6.8	\$7.1	\$7.0	\$7.0
Local Revenue	\$9.1	\$7.8	\$7.2	\$6.8	\$6.7	\$6.2	\$5.8	\$5.5	\$5.5	\$5.1	\$4.7
Total Revenues*	\$16.2	\$15.3	\$15.0	\$14.2	\$13.1	\$13.7	\$12.7	\$12.3	\$12.6	\$12.2	\$11.7

*Data Source:* Wagering in Illinois, Illinois Gaming Board, Illinois Racing Board, 2020 *Note:* Asterisk indicates (\*) on January 29, 2014, advance deposit wagering was re-authorized for three years and included an additional .2% surcharge on winning wagers to help fund the Racing Board. The 2019 total handle (amount bet by all gamblers) for racing in Illinois was \$556.6 million, composed of the following proportions of sources of wagering: on track (13.1%), intertrack (8.3%), off-track betting (OTBs) (39.6%) and advanced deposit wagering (ADW) (39.0%) (Figure 27).

	2018 Handle	2019 Handle	% Change
Thoroughbred	\$288.40	\$268.10	-7.1%
Standardbred	\$79.00	\$71.40	-9.7%
Advanced Deposit Wagering (ADW)	\$206.00	\$217.10	5.4%
Total Illinois Handle	\$573.50	\$556.60	-2.9%

Data Source: Wagering in Illinois, Illinois Gaming Board, Illinois Racing Board, 2020

As noted earlier in this section, 4.8% of survey respondents reported that they had gambled at racetracks in the past year. This lower prevalence is consistent with the presented lower revenue data, comparing racetracks to both lottery and casinos.

Figure 29 shows racetrack gambling among adult Illinoisans in the past month, past year, and ever by demographic factors. Among adult Illinoisans, men had a higher prevalence of racetrack gambling within each time frame, compared to women. White Illinoisans had the highest prevalence of ever racetrack gambling (40.8%), while Hispanics/Latinxs (5.7%), and Blacks/ African Americans (5.5%) had a higher prevalence of racetrack gambling in the past year. Illinoisans aged 44 to 64 years had the highest prevalence of ever racetrack gambling (44.0%). A younger age group, 18 to 24 year-olds, had the highest prevalence of racetrack gambling in the past year (6.6%). Adult Illinoisans with a college degree or more had the highest prevalence of ever racetrack gambling (40.9%). For racetrack gambling in the past year and past month, adult Illinoisans with some college, 2-year degree, certification program, or trade school had the highest prevalence (2.9%, and 5.2%, respectively). By region, adult Cook County residents had the highest prevalence of ever (42.2%) and past year (5.8%) racetrack gambling.

	Past Month	Past Year	Ever
Gender			
Women (n=1,132)	1.0%	2.7%	30.3%
Men (n=878)	3.4%	7.1%	38.8%
Race/Ethnicity			
Asian (n=51)	-	-	-
Black/African American (n=334)	-	5.5%	21.8%
Hispanic/Latinx (n=414)	-	5.7%	22.9%
White (n=1,116)	1.6%	4.4%	40.8%
Other Race/Ethnicity (n=100)	-	-	28.7%
Age in Years			
18 to 24 (n=201)	-	6.6%	17.3%
25 to 44 (n=607)	2.8%	5.2%	28.5%

## Figure 28. Racetrack Gambling Among Illinois Residents, Past Month, Past Year, and Ever, 2021

Chapter 2: Prevalence of Gambling in Illinois

	Past Month	Past Year	Ever
Age in Years			
45 to 64 (n=825)	1.7%	5.1%	44.0%
65+ (n=396)	-	-	37.9%
Educational Attainment			
Less than high school completion or GED (n=64)	-	-	22.7%
High school or secondary school graduate or GED (n=317)	-	5.0%	25.7%
Some college, 2-year degree, certification program, or trade school (n=630)	2.9%	5.2%	29.2%
College graduate or higher (n=1,008)	1.2%	4.2%	40.9%
Geography			
Chicago (n=402)	-	5.4%	31.5%
Cook County (excl. Chicago) (n=450)	-	5.8%	42.2%
Collar Counties (around Cook) (n=533)	2.3%	5.7%	40.5%
Urban Counties (n=364)	-	4.7%	31.4%
Rural Counties (n=273)	-	-	19.4%

*Data Source:* IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 *Note:* Values where n<10 are not presented.

Interview and community discussion participants did not discuss dog or horse racing. While qualitative data collection did not generate further context for this type of gambling, the lack of data parallels the prevalence data. As noted earlier in this section, a small proportion of adult Illinois residents have ever gambled on a horse or dog race on the track (28.9%) or through off-track betting (15.4%).

## Gambling with Friends or in the Community

Secondary data about revenues from and participation in gambling with friends/community are limited, as would be expected. However, the Illinois Gaming Commission does receive some tax and license revenues from bingo, charitable games, and pull-tabs and jar games. In total, approximately \$4.1 million in revenue was generated from this miscellaneous gambling in Illinois in FY 2020. This was 9.7% less than the \$4.6 million generated in FY 2019. As noted earlier in this section, 33.0% of Illinoisans reported that they have gambled with their friends or in the community in the past year. Figure 29 shows gambling with friends or in the community among adult Illinoisans in the past month, past year, and ever by demographic factors. Within each time frame, men had a higher prevalence of gambling with friends or in the community than women. White Illinoisans had the highest prevalence of ever gambling with friends or in the community (73.0%), while those who identify as other race/ethnicity most commonly reported gambling with friends or in the community in the past month (18.8%) and past year (35.8%).

Illinoisans aged 45 to 64 years old had the highest prevalence of ever gambling with friends or in the community (74.0%) (Figure 29). A younger age group, 18 to 24 year-olds, had the highest prevalence of gambling with friends or in the community in the past year (36.8%), and the past month (17.7%). Adult Illinoisans with a college degree or more had the highest prevalence of ever gambling with friends or in the community (72.7%). Approximately one in three Illinoisans with a high school degree or equivalent or higher reported gambling with friends or in the community in the past year (32.8%-34.1%), and about one in seven reported this form of gambling in the past month (14.2%-14.8%). Across Illinois, the prevalence of gambling with friends or in the community within the past year (37.3%), and past month (17.9%) was highest among adult Chicago residents. Adult residents of rural counties had the lowest prevalence of ever gambling with friends or in the community (59.9%).



	Past Month	Past Year	Ever
Gender		'	
Women (n=1,132)	10.5%	27.4%	61.2%
Men (n=878)	18.1%	38.9%	74.6%
Race/Ethnicity			
Asian (n=51)	-	22.4%	44.5%
Black/African American (n=334)	14.4%	25.7%	55.0%
Hispanic/Latinx (n=414)	13.3%	33.0%	63.3%
White (n=1,116)	14.4%	34.5%	73.0%
Other Race/Ethnicity (n=100)	18.8%	35.8%	53.7%
Age in Years			
18 to 24 (n=201)	17.7%	36.8%	53.3%
25 to 44 (n=607)	16.2%	35.2%	65.7%
45 to 64 (n=825)	14.7%	35.3%	74.0%
65+ (n=396)	6.6%	20.4%	68.5%
Educational Attainment			
Less than high school completion or GED (n=64)	-	22.8%	42.0%
High school or secondary school graduate or GED (n=317)	14.8%	34.1%	57.7%
Some college, 2-year degree, certification program, or trade school (n=630)	14.6%	33.6%	66.9%
College graduate or higher (n=1,008)	14.2%	32.8%	72.7%
Geography			
Chicago (n=402)	17.9%	37.3%	66.6%
Cook County (excl. Chicago) (n=450)	14.2%	33.2%	68.9%
Collar Counties (around Cook) (n=533)	14.0%	34.8%	71.6%
Urban Counties (n=364)	14.1%	29.4%	68.2%
Rural Counties (n=273)	10.6%	28.8%	59.9%

*Data Source:* IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 *Note:* Values where n<10 are not presented.

## **Other Types of Gambling**

As noted earlier in this section, 14.5% of survey respondents reported that they have participated in other types of gambling in the past year, including high-risk trading of stocks, commodities, futures, or virtual currencies. Figure 30 shows other types of gambling among adult Illinoisans in the past month, past year, and ever by demographic factors. Among adult Illinoisans, men had a higher prevalence of other types of gambling within each time frame, compared to women. Asian Illinoisans have the highest prevalence of adults reporting other types of gambling in the past year (25.8%), and ever (31.4%), however Hispanic/Latinx Illinoisans had the highest prevalence in the past month (9.2%). Illinoisans 18 to 24 years old had the highest prevalence of other types of gambling in the past month (12.1%), and ever (28.1%), followed closely by adults 25–44 years of age (11.9%, and 27.7%, respectively). Respondents 25–44 years of age had the highest proportion of those reporting past year gambling of other types (21.2%). Adult Illinoisans with less than a high school degree had the highest prevalence of other types of gambling in the past month (15.1%), and past year (20.0%), while Illinoisans with a college degree or higher had the highest prevalence of ever participating in other forms of gambling (25.6%). Adult Chicago residents had the highest prevalence of other gambling types within the past month (10.5%) and past year (16.9%), while adults in Cook County (excl. Chicago) had the highest prevalence of ever participating in other gambling types (23.3%).

## Figure 30. Other Gambling Among Illinois Residents, by Past Month, Past Year, and Ever, 2021

	Past Month	Past Year	Ever
Gender			
Women (n=1,132)	4.7%	8.4%	14.0%
Men (n=878)	12.2%	21.0%	31.9%
Race/Ethnicity			
Asian (n=51)	6.3%	25.8%	31.4%
Black/African American (n=334)	8.6%	13.0%	19.6%
Hispanic/Latinx (n=414)	9.2%	15.8%	23.6%
White (n=1,116)	8.3%	14.2%	22.4%
Other Race/Ethnicity (n=100)	3.9%	12.5%	26.5%
Age in Years			
18 to 24 (n=201)	12.1%	19.1%	28.1%
25 to 44 (n=607)	11.9%	21.2%	27.7%
45 to 64 (n=825)	6.0%	10.7%	19.9%
65+ (n=396)	3.1%	5.6%	14.5%
Educational Attainment			
Less than high school completion or GED (n=64)	15.1%	20.0%	21.8%
High school or secondary school graduate or GED (n=317)	4.9%	6.1%	10.4%

	Past Month	Past Year	Ever
Educational Attainment			
Some college, 2-year degree, certification program, or trade school (n=630)	8.6%	15.4%	24.1%
College graduate or higher (n=1,008)	8.7%	16.2%	25.6%
Geography			
Chicago (n=402)	10.5%	16.9%	22.4%
Cook County (excl. Chicago) (n=450)	7.8%	12.9%	23.3%
Collar Counties (around Cook) (n=533)	6.8%	13.7%	22.7%
Urban Counties (n=364)	5.2%	9.3%	17.0%
Rural Counties (n=273)	6.2%	11.7%	15.4%

*Data Source:* IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 *Note:* Values where n<10 are not presented.

Neither survey data nor qualitative data provided much detailed insight about the prevalence of illegal gambling in Illinois. Of the few participants who mentioned illegal gambling, most were in reference to gambling occurring prior to it being legalized. One service provider noted that illegal gambling has continued in the state, with much of this type of gambling occurring through a bookie.

## Effect of COVID-19

The potential impact of the COVID-19 pandemic on behaviors and related survey data has been discussed, but qualitative data were also collected on this topic. When discussing the impacts of the COVID-19 pandemic, most interview and community discussion participants speculated that gambling had increased online due to casinos being closed. For example, one organization leader commented that "since COVID, the shift has been to sports betting and online gambling in general." A youth participant commented that poker is now played primarily online because it has been "more accessible at home" and a service provider commented that gambling decreased in the community because casino shuttle service was temporarily halted due to COVID-19. While many participants perceived a decrease in casino patronage since the start of the pandemic, a small group of participants noted that the

decrease did not necessarily decrease casino gambling due to patrons being allowed to continue registering to participate and gamble through the casinos online. A service provider attributed this to the continued advertisements for casinos: *"Even while the casinos were closed, there was a lot of advertising for how people can still participate."* 

Adult residents of Illinois were asked in the Illinois Gambling Prevalence Survey how the COVID-19 pandemic affected their gambling (Figure 31). The majority reported that their gambling stayed the same as before the pandemic (64.9%). The next largest group reported that they gambled less during the pandemic (29.8%) which provides additional evidence that the prevalence of more frequent gambling in the past year could be underreported due to the effects of COVID-19.

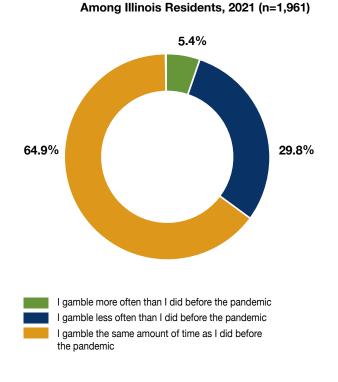


Figure 31. COVID-19 Impact on Gambling Behavior,

Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 When asked about how the COVID-19 pandemic had affected their gambling behavior, many survey respondents noted that they had lost their job and no longer had extra money with which to gamble. One respondent wrote in *"I reduced my investment in this area because the pandemic made my job unstable and my husband lost his job because of this [gambling]. We have to face the pressure of parenting, so I temporarily reduced my gambling behavior."* In contrast, another respondent explained why they were gambling more often during the pandemic: *"Money is tight. Jobs are hard to find. I need money and gambling seems to be an easy way to make more."* 

For all racial/ethnic groups, the majority of Illinoisans reported that they gamble the same as they did before the pandemic (Figure 32). More than one-third of Asian and Black/African American Illinoisans said they gamble less than they did before the pandemic (35.1%, and 35.7%, respectively). Illinoisans identifying as other race/ethnicity had the highest proportions of adults reporting gambling more often than before the pandemic, 7.1%.

Figure 32. COVID-19 Impact on Gambling Behavior, Among Illinois Residents, by Race/Ethnicity, 2021 (n=1,949)

	Asian (n=48)	Black/African American (n=312)	Hispanic/ Latinx (n=390)	White (n=1,102)	Other Race/ Ethnicity (n=97)
l gamble more often than I did before the pandemic	5.8%	6.2%	6.2%	4.9%	7.1%
l gamble less often than I did before the pandemic	35.1%	35.7%	32.8%	28.4%	20.2%
I gamble the same amount as I did before the pandemic	59.2%	58.2%	61.1%	66.7%	72.7%

Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

Greater than half of Illinois residents across the state reported gambling the same amount as they did before the pandemic (Figure 33). Those in Cook County (excluding Chicago) had the highest proportion reporting gambling less than they did before the pandemic (33.6%). In contrast, Chicago adults were the most likely to report that they gambled more often than before the pandemic (8.4%).

	Chicago (n=382)	Cook County (excl. Chicago) (n=433)	Collar Counties (around Cook) (n=522)	Urban Counties (n=358)	Rural Counties (n=260)
I gamble more often than I did before the pandemic	8.4%	4.9%	5.2%	4.0%	4.1%
I gamble less often than I did before the pandemic	33.2%	33.6%	28.3%	28.0%	25.6%
I gamble the same amount as I did before the pandemic	58.4%	61.5%	66.6%	68.0%	70.3%

Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

For most educational attainment groups, the majority of Illinoisans reported that they gamble the same amount as they did before the pandemic (Figure 34). The exception is adult Illinoisans with less than high school completion or GED for which just under half reported the same amount (48.2%) or less often (39.5%) than before the pandemic.

## Figure 34. COVID-19 Impact on Gambling Behavior, Among Illinois Residents, by Educational Attainment, 2021 (n=1,953)

	Less Than High School Completion or GED (n=58)	High School or Secondary School Graduate or GED (n=301)	Some College, 2-Year Degree, Certification Program, or Trade School (n=608)	College Graduate or Beyond (n=986)
I gamble more often than I did before the pandemic	*12.3%	4.3%	4.9%	5.6%
I gamble less often than I did before the pandemic	39.5%	34.9%	30.6%	27.3%
I gamble the same amount as I did before the pandemic	48.2%	60.8%	64.4%	67.2%

*Data Source:* IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 *Note:* \* n<10 interpret with caution.

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**Chapter 3** 

# Problem Gambling in Illinois

## Chapter 3

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# Chapter 3 Highlights

## **Problem Gambling in Illinois**

**Types of gambling behaviors**—Approximately 10% of adult Illinoisans have never gambled, 61.9% gambled infrequently (less than once per month), 16.5% were frequent recreational gamblers not currently at risk for developing a gambling problem, and 7.7% were at risk of developing a gambling problem.

## Demographics of types of gamblers:

- White Illinoisans were more likely to gamble than other races/ethnicities but less likely to have a gambling problem. Hispanic/Latinx Illinoisans were more likely to not gamble at all but, if they did, were more likely to develop a gambling problem.
- Men were more likely than women to be frequent recreational gamblers, at-risk gamblers, and problem gamblers.

The most **common forms of gambling** that people with problem gambling reported engaging in weekly or more were online gambling (72.3%), racetracks (71.4%), and the lottery (69.9%).

**During COVID-19**, over half (53.5%) of people with problem gambling reported that their financial situation had gotten worse because of the pandemic, whereas only 36.5% of at-risk gamblers and 37.6% of frequent recreational gamblers reported a worse financial situation.

Attempts to cut down—In an average year, people with problem gambling estimated that they spent a median of \$16,750 on gambling. Approximately 64% of people with problem gambling reported that they had tried to cut down, control, or stop their gambling in the past year, compared to only 40.6% of at-risk gamblers and 9.1% of frequent recreational gamblers. Among people with problem gambling who tried to cut down their gambling in the past year, almost 65% were not successful.

**Debt from gambling** (including loans, credit cards, and informal borrowing) was greatest among people with problem gambling, with 33.0% indicating they had \$10,000 – \$50,000 of debt and 21.3% indicating they had \$50,000 – \$100,000 of debt.

# Problem Gambling

When interview and community discussion participants described their perceptions and sentiments on gambling, the conversations tended to segue into discussions around problematic gambling or perceptions of gambling disorders. Both community members and service providers/organization leaders acknowledged that gambling for many people begins as a recreational activity and that "a lot of people can do it casually," but the behavior can shift and become a disorder. Many participants perceived a gambling disorder to be as dangerous as a substance use disorder. Notably, many community members conveyed an understanding that a gambling disorder can be as devastating as drugs or alcohol. For example, one community member perceived that a gambling disorder can "turn into something like a drug or a drink." Other community members likened gambling disorders to a "heroin addiction," "an illness," and a disorder that can "completely control your life" and "cause trouble in social relationships." When highlighting the community's perceived dangers around alcohol, cannabis, and tobacco, one organization leader noted that the same awareness of other disorders does not exist for gambling "until you have a family member who totally destroys their finances." Participants also highlighted the co-occurrence of gambling and mental illness or substance use disorder. As one service provider said, "there are some people who are gambling to cope with another stressor or illness that they are not receiving

*help for.*" Additionally, a handful of community members shared personal stories of friends or relatives dying by suicide due to gambling-related issues. Similarly, several service providers specifically highlighted a need for more data around gambling-associated suicide rates.

In terms of when and how the shift from recreational to problematic gambling occurs, community members and service providers agreed that it is a slow progression that starts with people borrowing money to fund their gambling problem and ultimately leaves individuals unable to pay for basic necessities such as rent/mortgage and utilities. These participants (both community members and service providers) also commented on the impact of problem gambling on the friends and family of people with gambling disorders, noting that it is a disorder that can damage families because the "emotional and financial costs are devastating" to everyone involved. Several community members shared stories of their personal relationships with family members being fractured due to gambling disorders. For one community member, the thought of gambling reminded them of traumatic experiences as a relative of someone with a gambling disorder.

The following section describes and discusses problem gambling among adults in Illinois.

## **Overall Prevalence**

As described in the Methods section, the Problem and Pathological Gambling Measure (PPGM) was used to estimate the prevalence of people with problem gambling, people at risk for problem gambling, and people who are frequent recreational gamblers among adult residents of Illinois [1]. Using a representative sample of adult residents of Illinois, the statewide prevalence of problem gambling in 2021 was estimated to be 3.8% (Figure 1). This is equivalent to a current prevalence of 383,000 adult Illinoisans having a gambling problem. An estimated 7.7% of adult Illinoisans were at risk for developing a gambling problem, equivalent to an additional 761,000 residents. About 10% of adult Illinoisans had never gambled, 61.9% gambled infrequently (less than once per month), and 16.5% were frequent recreational gamblers, not currently at notable risk for developing a gambling problem.

The prevalence of problem gambling in Illinois in 2021 was estimated to be 3.8%. An additional 7.7% of Illinoisans are at risk of developing a gambling problem.

This equates to an estimated 383,000 adults in Illinois having a gambling problem, and an additional 761,000 estimated to be at risk for developing a gambling problem.

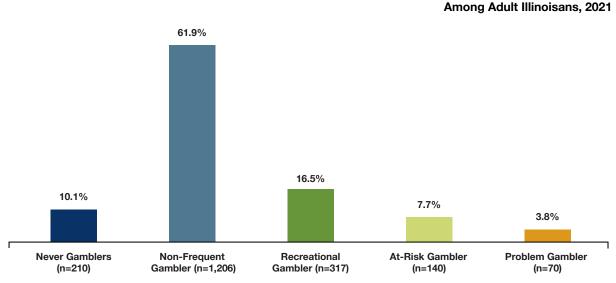


Figure 1. Prevalence of Past-Year Problem Gambling and Other Gambling Types Among Adult Illinoisans, 2021

Data Source: IL Problem Gambling Assessment, Representative Population Sample. Weighted %s, 2021

## Demographics of Individuals with Problem Gambling

Figure 2 shows the racial/ethnic distribution for different classes of gamblers, relative to their distribution in the Illinois population. White residents made up 61.3% of the Illinois population, but only 46.3% of people who have never gambled and only 49.7% of people with problem gambling, implying that White Illinoisans were both more likely to gamble than people of other

races/ethnicities but also less likely to have a problem gambling. In contrast, Hispanic/Latinx residents made up 17.1% of the Illinois population, but were overrepresented among both never gamblers (23.0%) and people with problem gambling (33.7%); implying that Hispanic/Latinx Illinoisans were more likely not to gamble at all, but if they did, they were more likely to develop a gambling problem. Black/African American Illinoisans made up 14.0% of the population and were over-represented among never gamblers (21.1%) (Figure 2).

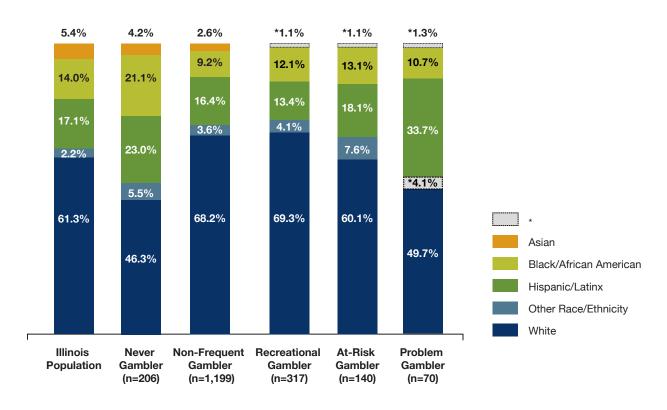
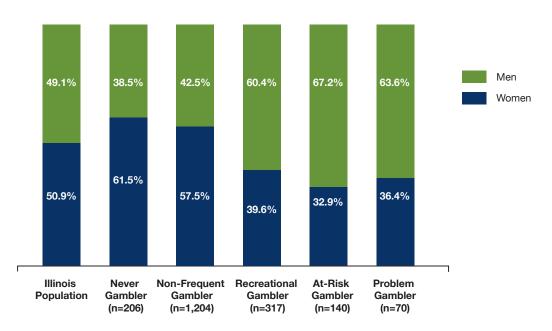


Figure 2. Race/Ethnicity of Illinois Population 2019 and Illinois Residents by PPGM, 2021 (n=1,932)

Data Source: U.S Census Bureau, American Community Survey 5-Year Estimates, 2015–2019: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s 2021 Note: \*n<10 interpret with caution. The general population is divided about evenly between men and women. However, this is not the case for types of gamblers, where women are over-represented among people who have never gambled (61.5%), and people who do not gamble frequently (57.5%) (Figure 3). Men are more likely to be frequent recreational gamblers (60.4%), at-risk gamblers (67.2%), and problem gamblers (63.6%).





Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015–2019, IL Problem Gambling Assessment, Representative Population Sample, Weighted %s 2021 Note: Additional genders not presented due to insufficient sample size

The distribution of age groups by PPGM are presented in Figure 4. Illinoisans between the ages of 25 and 44 were most likely to be never gamblers (34.3%), people at risk for problem gambling (51.7%), and people with problem gambling (43.0%). Illinoisans 45 to 64 years of age made up the largest proportion of non-frequent gamblers (37.8%) and recreational gamblers (46.4%).

Age in Years	Illinois Population (n=8,686,299)	Never Gambler (n=210)	Non- Frequent Gambler (n=1,206)	Recreational Gambler (n=317)	At-Risk Gambler (n=140)	Problem Gambler (n=70)
18 to 24	12.1%	28.2%	10.2%	5.2%	14.2%	23.5%
25 to 44	34.6%	34.3%	33.6%	30.3%	51.7%	43.0%
45 to 64	33.7%	24.0%	37.8%	46.4%	28.3%	27.5%
65+	19.7%	13.5%	18.4%	18.1%	5.8%	-

Figure 4. Age Distribution of Illinois Population 2019 and Illinois Residents, by PPGM, 2021 (n=1,943)

*Data Source:* U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015–2019; IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 *Note:* Values where n<10 are not presented.

Figure 5 compares types of gamblers based on educational attainment. Compared to their proportion in the Illinois population (28.6%), Illinoisans with some college, 2-year degree, certification program, or trade school were over-represented among people with problem gambling (44.0%). Those with a high school degree (19.3%) were less likely to have a gambling problem than would be expected based on share of the Illinois population (26.0%). This is also unexpected based on epidemiological research showing that the prevalence of problem gambling tends to be higher among individuals with lower educational attainment [2].

	Illinois Population (n=8,686,299)	Never Gambler (n=203)	Non- Frequent Gambler (n=1,205)	Recreational Gambler (n=317)	At-Risk Gambler (n=140)	Problem Gambler (n=70)
Less than high school completion or GED	10.8%	6.0%	1.9%	-	-	-
High school or secondary school graduate or GED	26.0%	26.3%	12.9%	14.8%	15.0%	19.3%
Some college, 2-year degree, certification program, or trade school	28.6%	32.1%	27.4%	35.1%	40.0%	44.0%

Figure 5. Educational Attainment of Illinois Population 2019 and Illinois Residents, by PPGM, 2021 (n=1,935)
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	Illinois Population (n=8,686,299)	Never Gambler (n=203)	Non- Frequent Gambler (n=1,205)	Recreational Gambler (n=317)	At-Risk Gambler (n=140)	Problem Gambler (n=70)
College graduate or higher	34.7%	35.6%	57.8%	47.9%	40.5%	31.4%

*Data Source:* U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015–2019; IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 *Note:* Values where n<10 are not presented.

In Figure 6, the PPGM categories are examined by employment status, however employment categories available from the U.S. Census do not correspond exactly with the categories used in the Illinois Gambling Prevalence Survey, so comparisons should be interpreted with some caution. Illinoisans who were employed full-time appeared more likely to be frequent recreational gamblers (60.5%) and at risk for problem gambling (58.5%), and less likely to be never gamblers (30.9%) or to have a gambling problem (46.6%). Illinoisans who had been unemployed for less than a year appeared more likely to be at risk for problem gambling (8.7%), and less likely to be non-frequent gamblers (2.2%).

	Illinois Population (n=8,686,299)	Never Gambler (n=202)	Non- Frequent Gambler (n=1,205)	Recreational Gambler (n=316)	At-Risk Gambler (n=140)	Problem Gambler (n=70)
Student	-	11.9%	6.3%	-	-	-
Employed (full-time)	61.7% <sup>†</sup>	30.9%	53.3%	60.5%	58.5%	46.6%
Employed (part-time)	61.7% <sup>†</sup>	16.1%	9.6%	7.0%	8.5%	18.4%
Out of work for 1 year or more, and looking for work	3.1%†	6.3%	3.0%	4.7%	-	-
Out of work for less than 1 year, and looking for work	3.1%†	5.2%	2.2%	4.5%	8.7%	_

## Figure 6. Employment of Illinois Population 2019 and Illinois Residents by PPGM, 2021 (n=1,933)

	Illinois Population (n=8,686,299)	Never Gambler (n=202)	Non- Frequent Gambler (n=1,205)	Recreational Gambler (n=316)	At-Risk Gambler (n=140)	Problem Gambler (n=70)
Not employed outside the home (e.g., homemaker)	34.9%†	8.4%	4.7%	-	-	-
Retired	34.9%†	12.0%	17.5%	15.7%	6.6%	-
Unable to work	34.9%†	9.2%	3.5%	3.1%	-	-

*Data Source:* U.S. Census Bureau, American Community Survey 5-Year Estimates; IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

*Note:* <sup>1</sup>61.7% of Illinoisans 16 years or older were employed (full-time or part-time), 3.1% were unemployed (out of work and looking for work for less or more than 1 year), and 34.9% were not in the labor force (not employed outside the home, retired, or unable to work).

# Populations Vulnerable to Problem Gambling

Problem gambling disproportionately impacts several demographic groups in Illinois. Throughout the interviews and community discussions, participants also named several groups/communities that are disproportionately impacted by gambling disorders. These communities included: youth, immigrants, communities of color, and low- or fixed-income populations.

Other groups named by a handful of participants included manual laborers and women. A few participants viewed women as being of particular importance/risk given their role as caregivers to other relatives and perceived ability to internalize more trauma putting them at higher risk for a gambling disorder. However, the quantitative data from this assessment indicate that women on the whole were at lower risk compared to men.

## Youth

Community discussion and interview participants typically agreed that youths have a high risk for gambling disorders and speculated that a larger number of youth are gambling due to a combination of targeted advertising, increased access through online gambling and gaming apps, and a lack of alternative entertainment options, particularly in the midst of the pandemic.

Regarding advertising and access, when youth participants in community discussions were asked to name what they considered popular modes of gambling in their community, they listed fantasy football sports betting, Bet MGM, card games such as poker and blackjack, Fire Emblem: Heroes, and Egyptian Rats. When discussing electronic games, youth referenced *"overly predatory"* techniques such as micro transactions in free-to-play games where they are encouraged to pay for access to certain levels or characters in games. Some youth participants preferred this method to other forms of gambling because they could "get the adrenaline rush" without spending large amounts of money. One participant did acknowledge that some players can get "sucked in" by spending money to access a specific gaming character. High school youth interviewed were savvy to recognize this is part of the gaming business model to win over and hook young players.

Youth also acknowledged that opportunities to gamble are becoming more common in locations such as local grocery stores and gas stations. Many youths also acknowledged that gambling is most common among their peers through mobile games and e-sports applications, though a small number of participants added that some youth bet on sports games in schools.

## Immigrants and Communities of Color

Immigrants and communities of color were perceived as being targeted by advertisers for gambling and at a higher risk of problem gambling and gambling disorders. For example, participants in one community discussion perceived and observed a higher number of gaming machines in Black/African American communities.

Specific to Hispanic/Latinx communities, interview participants with extensive experience living/working in the communities perceived a lack of awareness about problem gambling as a substantial barrier to reaching the Hispanic/Latinx community. Like many others, one participant noted that many *"see it [gambling] as entertainment"* and a chance to earn money rather than a risk. This interview participant also perceived a large amount of illegal gambling (e.g., betting through a bookie) occurring in their community in addition to playing the lottery. Other participants shared a similar sentiment, noting that casino gambling may not be the primary way for some Hispanic/Latinx residents to gamble, due to documentation status. As one person noted, depending upon the documentation requirements, an undocumented person may not be able to claim any casino winnings. Finally, these participants pointed to shame, stigma, limited English literacy, limited access to technology, and fear of deportation as potential barriers to exploring how gambling impacts Hispanic/Latinx communities.

Specific to the Chinese community, interview participants with extensive experience living/working in the community highlighted the fact that gambling is *"seen as a way to test one's fortune."* In terms of the types of gambling perceived to be the most common, participants consistently named casinos and mahjong as the most prevalent among their peers. With respect to mahjong, several participants (both community residents and service providers) noted that the game has a long history in the community and is commonly played recreationally with money. When discussing casinos, similar to playing mahjong, community members and service providers noted that Chinese

community members perceived frequenting casinos a recreational activity. One participant added that at the casinos "there's a sense of satisfaction" while another said "life is a little fuller" at the casinos because it is viewed as a social event. Service providers also pointed to casino shuttle buses in the community as a source for transportation for many in the community who do not participate in many other entertainment activities: "The shuttles go around 24 hours a day, so people can work late at night and then go to the casino. They come back [home] on the shuttle and go back to work." These service providers also noted that while the casinos target Chinese communities, relatively few prevention and treatment efforts focus on the Chinese community. Finally, these interview participants also added that because gambling via games such as mahjong has a long history in Chinese culture, there is a strong need to address any underlying causes of gambling disorders from a linguistically and culturally appropriate lens.

# Spotlight

#### **Gambling in Chinese Populations**

Problem gambling disproportionately impacts marginalized communities. In the U.S., the overall prevalence of problem gambling is higher among Indigenous, Black/African American, Hispanic/ Latinx, and Asian communities, which mirrors broader racial inequities [2-4]. Previous studies reveal that some factors that may put people of color at higher risk of problem gambling include acculturative stressors, racial discrimination, and gambling as a form of escape [5, 6]. Immigrants of color may also face unique challenges that increase risk factors for problem gambling. One study found that being an immigrant or the child of immigrants was associated with problem gambling, which was only partially accounted for by lower levels of education [6].

Within the Asian immigrant community, acculturative stressors, limited social connection, and cultural norms and perceptions around gambling may contribute to problem gambling rates [5, 7-9]. In a conversation with a service provider familiar with Asian communities in Illinois, the provider perceived gambling to be most problematic among older Chinese Americans and restaurant employees. This person also remarked that problematic gambling is made worse in their community because there are not many recreational activities available to immigrants in the communities. Specific to cultural norms within Asian immigrant communities, multiple conversations with service providers highlighted that mahjong is a commonly played game in the Chinese community. Some participants added that these

games are, at times, played with money/wagers. As one service provider familiar with the Chinese community in Illinois said, *"in general, people accept gambling…people gamble in small groups while playing mahjong."* Another service provider perceived that the shift from recreational mahjong to other types of gambling started roughly 20 years ago after Indiana passed gambling legislation, specifically for riverboat casinos. This person also perceived that within the Chinese community, casino gambling is more prevalent among men, while mahjong is more prevalent among women.

Furthermore, Asian immigrants have been targets of predatory marketing tactics and free transportation offerings to gambling venues in Chinatowns, where poverty is concentrated [10]. The unique experience of navigating an unfamiliar country and racial barriers pose distinct risk factors for problem gambling. Conversations with interview participants familiar with providing services in the Chinese community confirmed that there is a sense of exploitation in Asian communities in Illinois. For example, one interview participant estimated that, on a weekly basis, upwards of 80 casino-sponsored shuttle buses transport Chinatown residents to and from the casinos in the area. This person also added that in Chinatown, "there are lots of billboards" advertising casino gambling in addition to the multitude of concerts advertised which are often "connected to casinos." Another service provider added that sometimes the casinos offer free/ discounted meals to further appeal to residents.

There are additional cultural and historical contexts to consider when understanding gambling and problem gambling within Asian communities. In the U.S., approximately 4.8% of Asian Americans met criteria for problem gambling [2]. Not all Asian ethnic groups have been actively studied in relation to problem gambling, but there is a growing wealth of research exploring Chinese adults' experiences with gambling. Interview participants familiar with the experiences of the Chinese community in Illinois echoed this sentiment and highlighted a need for more data collection to understand risk and protective factors related to gambling for Chinese and other Asian ethnic groups. Literature on Chinese ethnic groups in Western countries has highlighted that these groups experience higher rates of problem gambling [5]. Research exploring this trend suggests that acculturative stress, perceptions of skill or control over gambling outcomes, shame in help-seeking, and socialization may be playing a role [5, 7, 8]. When studying cultural factors and problem gambling, it is essential to recognize the cultural distinction between social gaming and high-stakes gambling. Historically in mainland China, high-stakes gambling was recognized as immoral whereas gaming was seen as a socially acceptable form of entertainment [10]. This understanding of gambling may ultimately contribute to a failure to identify excessive gaming or social wagering as a form of problem gambling. An Australian study reflected this understanding among Chinese respondents, where 17% reported playing the lottery despite identifying as never having gambled [11]. These multifaceted experiences with problem gambling across racial-ethnic groups warrant greater attention.

## Low- or Fixed-Income Communities

Community members and service providers/ organization leaders identified people with low- or fixed-income as a group experiencing significant impacts of gambling in the community. Interview participants perceived that some low- or fixed-income community members gamble to increase the small amount of money they have. Some participants attributed this behavior to gambling being advertised as an opportunity to significantly change one's life circumstances. One community member described the perception as, *"I have \$5, why not bet it? If I win, then we can move out of this neighborhood."* 

Some participants, including a professional counselor, expressed particular concern for seniors/older adults because many use their fixed income to gamble. Qualitatively, interview participants also perceived older adults to prefer casino gambling to other types of gambling and a handful of community members commented that seniors were often picked up by shuttle buses to get to the casinos. One interviewee mentioned that casinos have buses that regularly shuttled retirees from their retirement homes/facilities to casinos. *"Seniors who lack mobility gladly participate because they view this as an outing, but this convenient arrangement is predatory."* 

However, higher rates of gambling among seniors were not apparent in the representative sample of adult Illinoisans who participated in the Illinois Gambling Prevalence Survey.

## Gambling Impact on the Community

Interview and community discussion participants all agreed that while some people can gamble casually and not develop any long-term issues, other people develop gambling habits which can have negative impacts on individuals with gambling disorders and their families. Negative impacts named by participants included challenges paying for medical care, food, and housing, and other necessities. For example, an organizational leader noted that severe gambling disorders lead to people using their entire paychecks to gamble noting that it becomes "challenging for families to pay for medical care, food, and housing." Similarly, a service provider when describing the impacts of gambling on families noted that some people are gambling away money, "instead of putting their gambling money into food or diapers."

## Behaviors of Frequent Gamblers and Symptoms of Problem Gambling

As noted previously, the Frequent Gambler Survey was conducted to learn more about the attitudes and behaviors of frequent gamblers in Illinois. These findings explore differences between frequent recreational gamblers, people at risk for problem gambling, and people classified by the Problem and Pathological Gambling Measure (PPGM) as likely having a current problem gambling.

Respondents to the Frequent Gambler Survey who reported participating in a type of gambling within the past 12 months were asked how frequently they bet or

made wagers on that type of gambling in the past 12 months. Not surprisingly, for every type of gambling, people with problem gambling were most likely to report participating in that type of gambling weekly or more often (Figure 7). The most common forms of gambling that people with problem gambling reported engaging in weekly or more were online gambling (72.3%), racetracks (71.4%), and the lottery (69.9%). For survey respondents at risk of problem gambling, racetracks (63.7%), and online gambling (59.4%) were the most common weekly gambling types. And for frequent recreational gamblers, other gambling (61.6%), racetracks (61.2%), and online gambling (60.6%) were most common. As before, these findings are likely strongly influenced by COVID-19 pandemic restrictions and are expected to be different in subsequent years.

	Recreational Gambler	At-Risk Gambler	Problem Gambler
State Lottery	(n=502)	(n=367)	(n=1,385)
Weekly or more	36.7%	51.2%	69.9%
1–3 times per month	46.2%	30.8%	24.0%
Less than once per month	17.1%	18.0%	6.1%
Racetracks	(n=250)	(n=262)	(n=1,335)
Weekly or more	61.2%	63.7%	71.4%
1–3 times per month	31.2%	27.1%	24.8%
Less than once per month	7.6%	9.2%	3.8%
Video Gaming Machines	(n=297)	(n=305)	(n=1,360)
Weekly or more	50.2%	53.1%	64.9%
1–3 times per month	37.4%	36.1%	28.7%
Less than once per month	12.5%	10.8%	6.4%

## Figure 7. Gambling Frequency, Among Frequent Gamblers, by Type and PPGM, 2021

	Recreational Gambler	At-Risk Gambler	Problem Gambler
Casinos and Riverboats	(n=296)	(n=300)	(n=1,369)
Weekly or more	40.9%	41.3%	56.1%
1–3 times per month	33.8%	35.3%	35.4%
Less than once per month	25.3%	23.3%	8.6%
Organized Sports and Fights Betting	(n=307)	(n=301)	(n=1,348)
Weekly or more	50.8%	51.8%	62.6%
1–3 times per month	29.3%	33.9%	30.0%
Less than once per month	19.9%	14.3%	7.3%
Gambling with your friends or in the community	(n=383)	(n=336)	(n=1,366)
Weekly or more	34.5%	44.1%	61.1%
1–3 times per month	28.7%	30.7%	30.3%
Less than once per month	36.8%	25.3%	8.6%
Online Gambling	(n=279)	(n=283)	(n=1,362)
Weekly or more	60.6%	59.4%	72.3%
1–3 times per month	24.4%	27.9%	24.8%
Less than once per month	15.1%	12.7%	2.9%
Other Gambling	(n=279)	(n=279)	(n=279)
Weekly or more	61.6%	57.2%	66.9%
1–3 times per month	21.4%	26.0%	27.1%
Less than once per month	17.1%	16.8%	5.9%

Data Source: IL Problem Gambling Assessment, Frequent Gambler Sample, 2021

Another aspect of gambling behavior is the number of types of gambling a person does. The sums of the eight categories of gambling listed in the previous table were calculated for each respondent to the Frequent Gamblers Survey, and the prevalence of the number of types of gambling are presented, stratified by gambler type, in Figure 8. Recreational gamblers most commonly participated in one or two types of gambling (49.4%), people at risk for problem gambling tended to participate in three to five types of gambling (50.3%), and people with problem gambling tended to participate in six or more types of gambling (61.7%) (Figure 8).

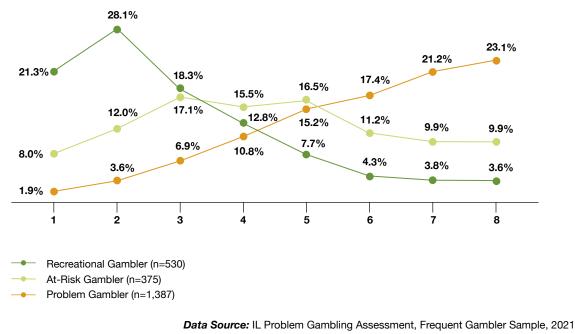


Figure 8. Total Types of Gambling Engaged in, in the Past Year, Among Frequent Gamblers, by PPGM, 2021 (n=2,292)

Gambling Disorder is defined by medical professionals to include symptoms categorized as Problems, Impaired Control, and Other Issues. The PPGM measures symptoms of problem gambling in the past 12 months. Among the representative sample of Illinois adults who gamble frequently, the most common symptoms on the PPGM were having *made attempts to either cut down, control, or stop their gambling* (26.5%); having gone back to try to win back the money they lost (25.7%); and having gambled longer, with more money, or more frequently than they intended to (21.9%) (Figure 9). The most common symptom in the Problems sub-scale was having gambling involvement cause significant mental stress in the form of guilt, anxiety, or depression (11.3%).

		Yes
PPGM Question	n	%
Problems Score		
Has your involvement in gambling caused you either to <b>borrow a significant amount of money or sell some of your possessions</b> in the past 12 months?	36	7.4%
Has your involvement in gambling caused <b>significant financial concerns</b> for you or someone close to you in the past 12 months?	46	8.5%
Has your involvement in gambling caused <b>significant mental stress</b> in the form of <b>guilt,</b> anxiety, or depression for you or someone close to you in the past 12 months?	59	11.3%
Has your involvement in gambling caused serious problems in your relationship with your spouse/partner, or important friends or family in the past 12 months?	31	5.8%

#### Figure 9. PPGM Responses Among a Representative Sample of Frequent Gamblers, 2021 (n=527)

		Yes
PPGM Question	n	%
Problems Score		
Has your involvement in gambling caused you to <b>repeatedly neglect your children or family</b> in the past 12 months?	15	2.8%
Has your involvement in gambling resulted in significant <b>health problems or injury</b> for you or someone close to you in the past 12 months?	11	2.3%
Has your involvement in gambling caused <b>significant work or school problems</b> for you or someone close to you in the past 12 months?	20	3.9%
Has your involvement in gambling caused you to <b>miss a significant amount of time off</b> <b>work or school</b> in the past 12 months?	13	2.8%
Has your involvement in gambling caused you or someone close to you to write bad checks, take money that didn't belong to you or commit other illegal acts to support your gambling in the past 12 months?	19	3.5%
Is there anyone else who would say that <b>your involvement in gambling in the past 12</b> <b>months has caused any significant problems</b> regardless of whether you agree with them or not?	37	7.1%
Impaired Control Score		
In the past 12 months, have you often <b>gambled longer, with more money or more</b> frequently than you intended to?	110	21.9%
In the past 12 months, have you often gone back to try and win back the money you lost?	132	25.7%
In the past 12 months, have you made any <b>attempts to either cut down, control or stop</b> your gambling?	135	26.5%
Were you successful in these attempts?	16	11.5%
In the past 12 months, is there anyone else who would say that you have had a <b>difficulty controlling your gambling</b> , regardless of whether you agreed with them or not?	54	10.5%
Other Issues Score		
In the past 12 months, would you say you have been preoccupied with gambling?	41	8.4%
In the past 12 months, when you were not gambling did you often experience irritability, restlessness or strong cravings for it?	44	8.8%
In the past 12 months, did you find you <b>needed to gamble with larger and larger amounts</b> of money to achieve the same level of excitement?	41	8.9%

*Data Source:* IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 *Note:* Exact number of respondents varied across items.

The most common symptom among Illinoisans who gamble frequently was making attempts to cut back on gambling. This question was investigated further among the respondents to the Frequent Gambler Survey. Less than half (40.6%) of people at risk for problem gambling and less than 10% of frequent recreational gamblers had tried to cut down, control, or stop their gambling in the past year, compared to 63.7% of people with problem gambling (Figure 10). Among these, 100.0% of frequent recreational gamblers, 72.9% of people at risk for a gambling problem, and 35.8% of respondents with problem gambling reported that they were successful in these attempts.

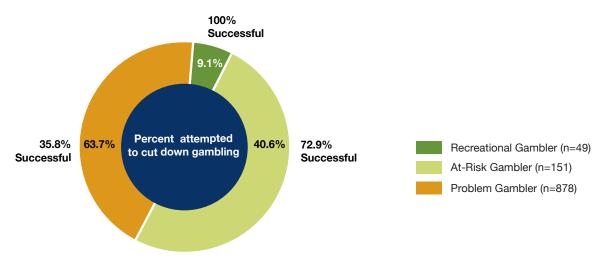


Figure 10. Attempts to Cut Down, Control, or Stop Gambling and Percent Successful in the Past 12 Months, Among Frequent Gamblers, by PPGM, 2021

Data Source: IL Problem Gambling Assessment, Frequent Gambler Sample, 2021

Among people with problem gambling who tried to cut down on their gambling in the past year, almost 65% were NOT successful. Not surprisingly, people with problem gambling were more likely to report more money lost in a single day of gambling than survey respondents who were at risk for problem gambling or recreational gamblers (Figure 11). Over 5% of people with problem gambling reported losing \$10,000 or more in a single day, 32.3% between \$1,000 – \$9,999, and 39.6% between \$100 – \$999. In an average year, people with problem gambling estimated that they spent a median of \$16,750 on gambling, compared to \$3,000 for people at risk for problem gambling, and \$500 for frequent recreational gamblers (data not shown).



**Data Source:** IL Problem Gambling Assessment, Frequent Gambler Sample, 2021 **Note:** \* n< 10 interpret with caution. Responses to "Less than \$1" not shown and incorporated in \* when n<5, except for people at risk for problem gambling (0.0%).

People who gambled frequently were asked to estimate their current debt related to gambling, including loans, credit cards, and informal borrowing. Not surprisingly, frequent recreational gamblers had the highest proportion of no debt (68.8%), while people with problem gambling had the highest proportion with \$10–50,000 in debt (33.0%), and \$50–100,000 in debt (21.3%) (Figure 12).

In an average year, people with problem gambling estimated that they spent a median of \$16,750 on gambling.

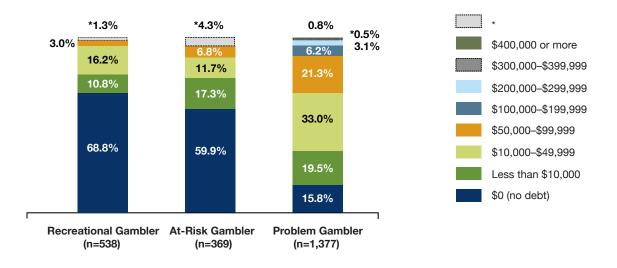
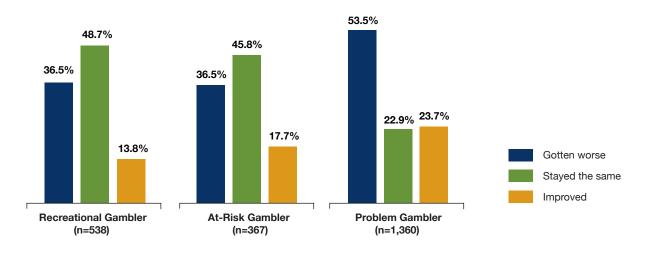


Figure 12. Current Gambling Debt, Among Frequent Gamblers, by PPGM, 2021 (n=2,284)

 Data Source:
 IL Problem Gambling Assessment, Frequent Gambler Sample, 2021

 Note:\*
 Includes all gamblers reporting debt >\$100,000; n<10 within each grouping, interpret with caution. No recreational gamblers reported debt \$300-\$399K and no respondents at risk for problem gambling reported debt \$400K+.</th>

There were interesting variations in how frequent gamblers reported that the COVID-19 pandemic had affected their financial status. Over half (53.5%) of people with problem gambling reported that their financial situation had gotten worse because of the pandemic, relative to only 36.5% of people at risk for problem gambling and 37.6% of frequent recreational gamblers (Figure 13). People with problem gambling were also about evenly split on whether their financial situation had improved (23.7%) or stayed the same (22.9%), compared to recreational gamblers and people at risk for problem gambling, who were more likely to say their financial situation had stayed the same.



### Figure 13. Effect of COVID-19 on Financial Status, Among Frequent Gamblers, by PPGM, 2021 (n=2,265)

Data Source: IL Problem Gambling Assessment, Frequent Gambler Sample, 2021

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Chapter 4

Mental Health, Substance Use, and Other Risk and Protective Factors

# Chapter 4

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# Chapter 4 Highlights

### Mental Health, Substance Use, and Other Risk and Protective Factors

**Problem gambling in racial/ethnic groups** indicates that people of color, specifically Hispanic/Latinx (7.3%), other race/ethnicities (4.1%), and Black/African American (3.6%) Illinoisans had a higher prevalence of problem gambling than White Illinoisans (2.9%). Among frequent gamblers (monthly or more), about one-quarter of Hispanic/Latinx Illinoisans (25.9%) had a gambling problem, whereas about one in ten Black/African American Illinoisans (11.8%) and White Illinoisans (10.4%) did.

Motives for gambling most reported among Illinois adults who have ever gambled were "for entertainment or fun," "for excitement or as a challenge," and "just to win money." Illinoisans with problem gambling reported gambling "to relieve boredom" and "to escape from your problems or distract yourself" more often than other groups.

**Family history** can play a role in the development of problem gambling. People with problem gambling (14.7%) and those at risk for problem gambling (17.1%) appeared more likely to report that someone in their family had ever had a gambling problem compared to frequent recreational gamblers (10.1%).

**Gambling alone** has been found to be a risk factor for gambling-related harm such as addiction. Among frequent gamblers in Illinois, 75.1% of Illinoisans with problem gambling reported gambling alone, compared to 58.0% of Illinoisans at risk for problem gambling, and 45.7% of frequent recreational gamblers.

People who engage in **substance use while gambling** are more likely to have a gambling problem. Among frequent gamblers in Illinois who have problem gambling:

- 80.4% had ever used alcohol while gambling, compared to only 48.1% of frequent recreational gamblers.
- 44.5% had ever used marijuana while gambling, compared to only 10.4% of frequent recreational gamblers.
- Over 30% had ever used illicit drugs or prescription drugs not as prescribed while gambling, compared to less than 3% of frequent recreational gamblers.

**Comorbidities**—There are a number of risk factors and co-occurring conditions that are common among those who have a gambling problem, such as mental illness and substance use disorder. Approximately 69% of people with problem gambling experienced **serious anxiety and/or depression** in the past year, compared to 39.2% of people at risk for problem gambling and 27.9% of frequent recreational gamblers. Similarly, people with problem gambling were more likely to report **alcohol** (28.0% past year; 60.0% lifetime) and **drug** (14.0% past year; 32.3% lifetime) problems compared to their counterparts.

One in ten Illinoisans with problem gambling thought about or attempted **suicide** in the past year; one in three had done so in their lifetime.

**Other addictions** share underlying risk factors with gambling disorder and are prevalent among people with problem gambling. For Illinoisans with problem gambling, the most prevalent addictive behaviors they reported were work (39.6%), food (32.0%), pornography (29.7%), video gaming (26.7%), and exercise (20.7%).

# Sociodemographics of People with Problem Gambling

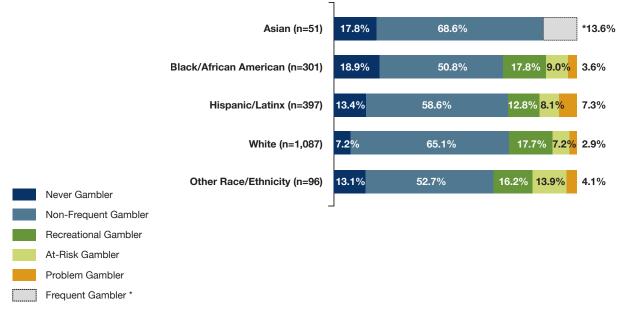
Problem gambling disproportionately impacts marginalized communities. In the U.S., the overall prevalence of problem gambling is higher among Indigenous, Black/African American, Hispanic/Latinx, and Asian communities, which mirrors broader racial inequities [1-3]. Previous studies reveal that some factors that may put people of color at higher risk of problem gambling include acculturative stressors, racial discrimination, and gambling as a form of escape [4, 5]. Immigrants of color may also face unique challenges that increase risk factors for problem gambling. One study found that being an immigrant or the child of immigrants was associated with problem gambling, which was only partially accounted for by lower levels of education [6]. Within the Asian immigrant community, acculturative stressors, limited social connection, and cultural norms and perceptions around gambling may contribute to problem gambling rates [5, 7-9]. Furthermore, Asian immigrants have been targets of predatory marketing tactics and free transportation offerings to gambling venues in Chinatowns, where poverty is concentrated [10]. The unique experience of navigating an unfamiliar country and racial barriers pose distinct risk factors for problem gambling.

There are additional cultural and historical contexts to consider when understanding gambling and problem gambling within Asian communities. In the U.S., approximately 4.8% of Asian Americans met criteria for problem gambling [3]. Not all Asian ethnic groups have been actively studied in relation to problem gambling,

but there is a growing wealth of research exploring Chinese adults' experiences with gambling. Literature on Chinese ethnic groups in Western countries has highlighted that they experience higher rates of problem gambling than the general community [5]. Research exploring this trend suggests that acculturative stress, perceptions of skill or control over gambling outcomes, shame in help-seeking, and socialization may be playing a role [5, 8, 9]. When studying cultural factors and problem gambling, it is essential to recognize the cultural distinction between social gaming and high-stakes gambling. Historically in mainland China, high-stakes gambling was recognized as immoral whereas gaming was seen as a socially acceptable form of entertainment [11]. This understanding of gambling may ultimately contribute to a failure to identify excessive gaming or social wagering as a form of problem gambling. An Australian study reflected this understanding among Chinese respondents, where 17% reported playing the lottery despite identifying as never having gambled [12]. These multifaceted experiences with problem gambling across racial-ethnic groups warrants greater attention.

Figure 1 shows the proportion of gambler types for each racial/ethnic group assessed in this study, in the general population of Illinois adults. The highest proportion of people who had never gambled were among Black/African American Illinoisans (18.9%). The highest proportion of frequent recreational gamblers were also among Black/African Americans (17.8%), and for people at risk of developing a gambling problem, Black/African American residents (9.0%), and people of other races/ethnicities (13.9%). The prevalence of problem gambling was highest among Hispanic/Latinx Illinoisans (7.3%), followed by people of other race/ ethnicity (4.1%), Black/African American Illinoisans (3.6%), and White Illinoisans (2.9%). Comparisons should be interpreted with caution, due to differences in the number of survey respondents in different racial/ ethnic subgroups.





Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 Note: \*Asian frequent gamblers include recreational, at-risk, and problem gamblers.

Figure 2 focuses specifically on the sub-sample of the general population of Illinois adults who gamble frequently (monthly or more in the past year). Again, the highest proportion of Illinoisans with a gambling problem was among Hispanic/Latinx Illinoisans (25.9%), followed by approximately 10% of Black/African American Illinoisans (11.8%), and White Illinoisans (10.4%). The prevalence of at-risk gambling was highest among Illinoisans of other race/ethnicity background (40.6%), and Black/African-Americans (29.7%).

Over a quarter of Hispanic/ Latinx Illinoisans who gamble frequently, have a gambling problem.

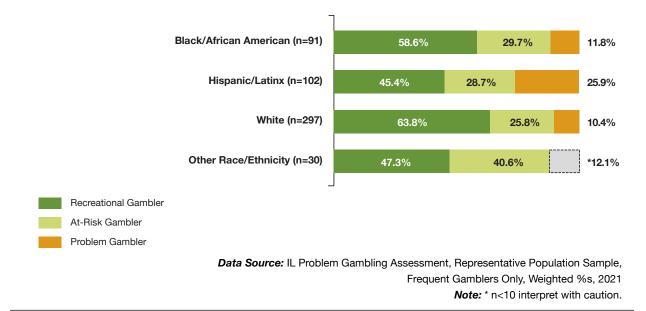


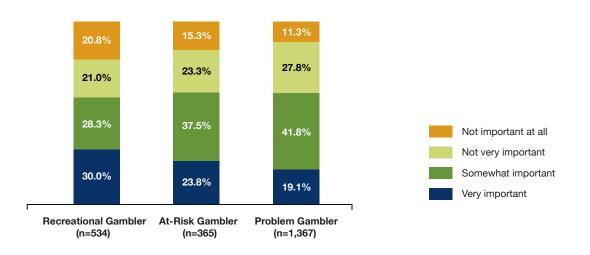
Figure 2. PPGM Among Illinois Residents Who Are Frequent Gamblers, by Race/Ethnicity, 2021 (n=527)

While the Illinois Problem Gambling Assessment identified that Hispanic/Latinx Illinoisans were disproportionately affected by problem gambling, these racial inequities in problem gambling were not identified for Black/African American or Asian respondents. Despite these mixed findings of racial inequities in problem gambling in the Illinois Problem Gambling Assessment, an established literature indicates that problem gambling disproportionately impacts marginalized communities.

The literature suggests that there are, however, some notable protective factors that may mitigate these risks of problem gambling, including strong religious and moral beliefs, among some populations [13]. Previous studies indicate that religion can be a protective factor because of the social support network and moral structures associated with religion [14]. Additionally, studies have identified several factors such as parental supervision and high socioeconomic status as protective factors against problem gambling among youth [15].

Respondents to the Frequent Gambler Survey were asked how important religion was in their life. Patterns varied by PPGM score. For example, a lower proportion of people with problem gambling reported that religion was very important in their lives (19.1%), compared to people at risk for problem gambling (23.8%), and frequent recreational gamblers (30.0%) (Figure 3). However, a higher proportion of people with problem gambling reported that religion was somewhat important in their lives (41.8%), compared to people at risk for problem gambling (37.5%), and frequent recreational gamblers (28.3%). Frequent recreational gamblers were more likely to report that religion was not at all important in their lives (20.8%), compared to people who are at risk for problem gambling (15.3%), and people with problem gambling (11.3%). Statistical testing of comparisons was not conducted, however, so findings should be interpreted with caution, prior to further analysis. However, these patterns do not appear to be clear cut, and other factors are likely at play in the connections between gambling severity and religiosity. It is possible that people with a gambling problem are already involved with Gamblers Anonymous or Alcoholics Anonymous, which are based on the concept of a higher power.

Figure 3. Importance of Religion Among Frequent Gamblers, by PPGM, 2021 (n=2,266)



Data Source: IL Problem Gambling Assessment, Frequent Gamblers Sample, 2021

## **Risk & Protective Factors**

Many factors influence the likelihood that a person will develop a gambling disorder. Risk factors are characteristics at the biological, psychological, family, community, cultural, or societal level that precede and are associated with a higher likelihood of negative outcomes. Protective factors are characteristics

## Motives for Gambling

### The Top 6 Reasons for Gambling Among People with Problem Gambling

- 1. For entertainment or fun
- 2. Just to win money
- 3. For excitement or as a challenge
- 4. To escape from your problems or distract yourself
- 5. To relieve boredom
- 6. To win money for paying bills

associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact [14]. Protective factors can be seen as positive countering events to risk factors. The following section examines several risk and protective factors associated with problem gambling.

To garner a comprehensive portrait of gambling in Illinois and to better address problem gambling, it is important to understand motivations for gambling. In interviews and community discussions, assessment participants named a variety of reasons and motives for gambling, including a desire to alleviate debts, earn additional income, experience the *"adrenaline rush"* of taking a risk and winning, distract themselves, alleviate stress, and socialize with friends/the community. Specific to the desire to earn income, some community members pointed out that when people lose money gambling, they often think they can *"bounce back"* and *"hope that one day they are going to become rich."*  Survey respondents who reported ever gambling were asked their main reasons for gambling. Among Illinois adults, the most common reason for gambling was "for entertainment or fun" among all types of gamblers, followed by "for excitement or as a challenge" and "just to win money" (Figure 4). A high proportion of Illinoisans with problem gambling reported gambling "to escape from your problems or distract yourself" (46.9%) and "to relieve boredom" (44.6%). Other reported reasons for gambling are shown in Figure 4.

Figure 4. Reasons for	Gambling, Among Illinois	s Residents Reporting Ever	Gambling, by PPGM, 2021 (n=1,738)

	Non- Frequent Gambler (n=1,205)	Recreational Gambler (n=317)	At-Risk Gambler (n=140)	Problem Gambler (n=70)
For entertainment or fun	68.5%	79.0%	81.3%	65.2%
To socialize with family or friends	38.6%	34.1%	44.0%	28.5%
Just to win money	34.0%	46.1%	55.0%	52.6%
For excitement or as a challenge	29.3%	44.9%	62.6%	51.8%
To support worthy causes	22.7%	19.6%	17.2%	14.7%
To relieve boredom	13.8%	17.5%	37.8%	44.6%
To win money for paying bills	7.5%	8.3%	15.9%	42.3%
As a hobby	7.5%	16.4%	26.0%	31.4%
To escape from your problems or distract yourself	6.5%	7.1%	18.3%	46.9%
Other	4.9%	-	-	-
Because of peer pressure/to fit in	3.9%	-	-	_
Because it makes you feel good about yourself	2.2%	-	-	18.2%

Reasons for gambling appeared to vary by gender. Again, over 71% of both men and women in Illinois reported gambling for entertainment or fun, however 45.4% of men but only 28.7% of women reported gambling for excitement or as a challenge (Figure 5). Other top reasons for gambling reported by men included: gambling just to win money (44.0%), to socialize with family or friends (39.4%), to relieve boredom (20.7%), to support worthy causes (19.6%), or as a hobby (17.3%). Among women, other reported leading reasons for gambling included: to socialize with family or friends (37.4%), just to win money (35.1%), to support worthy causes (23.6%), and to relieve boredom (16.7%).

## Figure 5. Reasons for Gambling, Among Illinois Residents Reporting Ever Gambling, by Gender, 2021 (n=1,811)

	Women (n=995)	Men (n=816)
For entertainment or fun	71.4%	71.3%
To socialize with family or friends	37.4%	39.4%
Just to win money	35.1%	44.0%
For excitement or as a challenge	28.7%	45.4%
To support worthy causes	23.6%	19.6%
To relieve boredom	16.7%	20.7%
To win money for paying bills	9.6%	10.8%
As a hobby	9.5%	9.8%
To escape from your problems or distract yourself	8.7%	17.3%
Other	4.3%	3.6%
Because of peer pressure/to fit in	2.5%	4.8%
Because it makes you feel good about yourself	2.5%	4.9%

Illinoisans' reasons for gambling appeared to vary somewhat by race/ethnicity. For Illinoisans of all races/ ethnicities included in this assessment, gambling for entertainment or fun was the most common reason for gambling, followed by gambling just to win money, gambling to socialize with family or friends, and gambling for excitement or as a challenge, all following as second or third most common reasons (Figure 6). Asian Illinoisans were the most likely to say they gamble to escape from their problems or distract themselves (31.0%). Black/African American Illinoisans were the most likely to say they gambled to win money for paying bills (50.4%).

### Figure 6. Reasons for Gambling, Among Illinois Residents Reporting Ever Gambling, by Race/Ethnicity, 2021 (n=1,043)

	Asian (n=41)	Black/ African American (n=285)	Hispanic/ Latinx (n=357)	White (n=1,043)	Other Race/ Ethnicity (n=88)
For excitement or as a challenge	58.0%	68.1%	65.8%	74.1%	65.3%
For entertainment or fun	26.6%	34.2%	35.7%	40.4%	33.4%
To relieve boredom	37.4%	38.6%	31.5%	38.0%	37.9%
To win money for paying bills	47.5%	50.4%	39.3%	36.9%	48.9%
Just to win money	-	16.4%	18.3%	23.7%	19.3%
To escape from your problems or distract yourself	31.0%	24.6%	21.2%	16.8%	16.6%
To socialize with family or friends	-	15.5%	14.2%	12.0%	-
To support worthy causes	-	11.1%	11.7%	9.0%	-
Because of peer pressure/to fit in	-	19.5%	14.8%	7.2%	15.8%
Because it makes you feel good about yourself	-	4.3%	5.5%	3.5%	-
As a hobby	-	6.0%	3.4%	3.1%	-
Other	-	-	5.4%	2.8%	-

Divided by age, results were similar, with gambling for entertainment or fun being the most common reason for gambling among all age groups, followed by gambling for excitement or as a challenge, gambling just to win money, and gambling to socialize with family or friends, all following as second or third most common reasons (Figure 7). Younger age groups more commonly said they gambled to relieve boredom and to win money for paying bills.

Figure 7. Reasons for Gambling, Among Illinois Reside	ents Reporting Ever Gambling, by Age, 2021 (n=1,824)
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	18 to 24 (n=155)	25 to 44 (n=543)	45 to 64 (n=764)	65+ (n=362)
For entertainment or fun	57.9%	72.9%	74.8%	68.5%
To socialize with family or friends	36.1%	39.9%	37.1%	39.3%
For excitement or as a challenge	39.1%	44.6%	34.5%	25.7%
Just to win money	49.3%	45.6%	34.1%	33.2%
To support worthy causes	14.3%	18.1%	24.6%	26.6%
To relieve boredom	21.4%	25.1%	14.3%	13.6%
As a hobby	17.2%	16.1%	10.3%	9.8%
To escape from your problems or distract yourself	11.2%	10.5%	9.5%	7.7%
To win money for paying bills	15.9%	13.8%	7.4%	5.8%
Other	-	4.9%	3.7%	0.7%
Because of peer pressure/to fit in	5.4%	4.7%	2.5%	3.2%
Because it makes you feel good about yourself	8.5%	4.9%	2.0%	2.0%

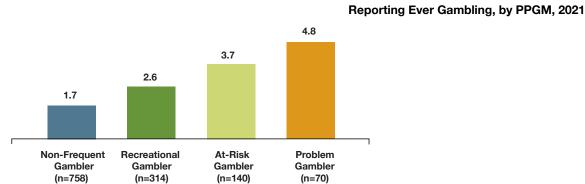
There was also some variation in reasons for gambling by region. Illinois residents of rural counties had the lowest prevalence reporting gambling for excitement or as a challenge (32.5%), and gambling to socialize with family or friends (26.5%), (Figure 8). Residents of rural counties (11.9%), Chicago (11.5%), and Cook County (11.2%), appeared to more commonly report gambling to escape problems or distract themselves, compared to those from Collar counties (7.9%), or other urban counties (7.3%).

## Figure 8. Reasons for Gambling, Among Illinois Residents Reporting Ever Gambling, by Region, 2021 (n=1,818)

	Chicago (n=352)	Cook County (excl. Chicago) (n=402)	Collar Counties (around Cook) (n=489)	Urban Counties (n=334)	Rural Counties (n=241)
For entertainment or fun	65.5%	73.7%	72.0%	72.9%	71.7%
To socialize with family or friends	42.2%	42.5%	39.9%	36.3%	26.5%
Just to win money	44.4%	38.7%	36.9%	40.2%	37.9%
For excitement or as a challenge	41.8%	38.1%	35.6%	36.9%	32.5%
To support worthy causes	19.7%	20.6%	20.7%	23.3%	24.8%
To relieve boredom	20.7%	17.0%	15.8%	21.2%	20.4%
To win money for paying bills	14.5%	9.9%	7.9%	10.1%	9.8%
As a hobby	13.6%	14.3%	10.8%	16.1%	9.8%
To escape from your problems or distract yourself	11.5%	11.2%	7.9%	7.3%	11.9%
Other	5.6%	2.3%	3.9%	4.2%	-
Because it makes you feel good about yourself	3.9%	3.6%	3.3%	3.9%	3.8%
Because of peer pressure/to fit in	5.1%	3.9%	2.6%	3.7%	-

# Number of Types of Gambling

Based on reported gambling for each type, a sum of the number of types of gambling engaged in in the past year were calculated for each respondent. Among the representative sample, on average, nonfrequent gamblers engaged in 1.7 types, of gambling, recreational gamblers 2.6 types, at-risk 3.7 types, and gamblers with problem gambling 4.8 types (Figure 9). This may indicate a broader desire to gamble generally for those at risk for or with current problem gambling, rather than a desire to engage in a specific type of gambling. Treatment providers and professionals screening for problem gambling should consider number of types of gambling engaged in as a possible target for intervention or harm reduction.



### Figure 9. Mean Number of Types of Gambling Engaged in, in the Past Year, Among Illinois Residents

Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

## Age of Initiation

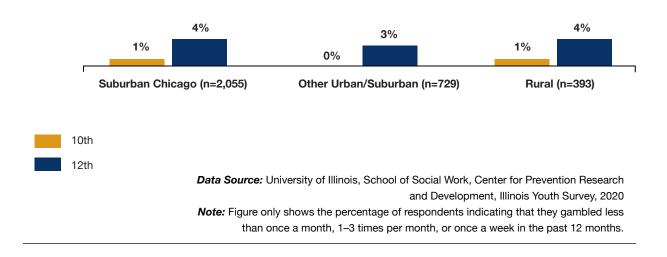
Knowledge of the age of onset for gambling is important for creating prevention and intervention strategies. According to research, the age of onset for gambling typically ranges from the mid-20's to late 30's [16]. Gambling that begins in adolescence is associated with a higher likelihood of problem gambling later in life [17]. Qualitatively, most community members did not describe in depth their age of initiation into gambling, although many described that the progression from recreational gambler to a person with a gambling problem is a slow progression often starting in the teenage years. Specific to young people, one community member said, "For young people, gambling starts off as just entertainment but then they get hooked with one win." Respondents to the Frequent Gambler Survey were also asked when they first participated in any type of gambling activity. The average age of

first gambling was very similar for frequent recreational gamblers (23.0 years old), people at risk of problem gambling (22.5 years old), and people with problem gambling (23.2 years old) (data not shown).

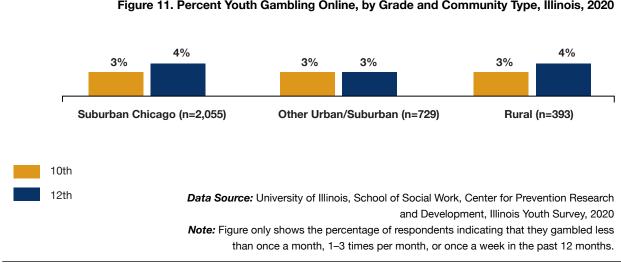
### **Illinois Youth Survey Data**

According to the Illinois Youth Survey, in 2020 the vast majority of high school students in Illinois reported that they do not gamble. The prevalence of gambling among 10th graders across all regions of Illinois was low, with <1% of youth reporting gambling in 2020. Among 12th graders, these proportions were slightly higher, with 4% of 12th graders in suburban Chicago area, 3% in other urban/suburban areas, and 4% in rural areas reporting gambling in the past year. Figure 10 visually presents these percentages. As noted in the Methods section, students from Chicago were not included in the 2020 survey because of the COVID-19 pandemic.

### Figure 10. Percent of Youth Gambling at a Machine in a Bar, Restaurant, Gas Station, or Gambling Establishment, by Grade and Community Type, Illinois, 2020



Among youth respondents who reported gambling in the past 12 months, around 3% of 10th graders in each geographic category of Illinois report online gambling; a similar proportion of 12th graders reported online gambling (3-4%) (Figure 11).



### Figure 11. Percent Youth Gambling Online, by Grade and Community Type, Illinois, 2020

# Spotlight

### Youth

Youth are another demographic group vulnerable to developing problem gambling. It is estimated that 2.1% to 2.6% of North American youth have a gambling problem [18, 19]. However, not all youth are equally vulnerable to developing problem gambling. At the individual level, some characteristics such as being male, impulsivity, sensation-seeking, and exposure to gambling via peers or family are associated with problem gambling [20, 21]. These characteristics may also shift over time, for example, sensationseeking is not stable over time and is subject to sociocultural influences [22]. Additionally, emerging research beyond the gender binary also indicates that transgender and gender diverse youth experience problem gambling at higher rates than their ciscender counterparts [23]. Many youth that struggle with problem gambling also experience other mental health issues such as depression, anxiety, and substance misuse [24]. In particular, youth with poor coping strategies may use gambling as a way to escape from their problems [25]. Some youth in community discussions also noted that they could "get the adrenaline rush" from electronic games with micro transactions.

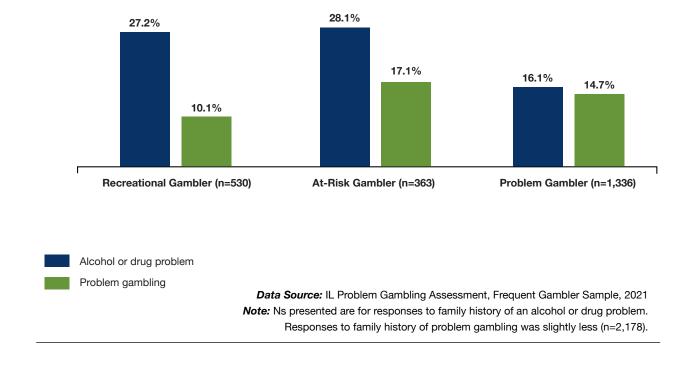
More broadly, socio-environmental risk such as neighborhood disadvantage, poor family cohesion, gambling availability, and exposure to gambling marketing may heighten youth vulnerability to problem gambling [21, 26, 27]. Community discussion and interview participants also echoed that targeted advertising, and the availability of online gambling and gaming applications may contribute to increases in youth gambling.

With the increasing popularity and convenience of online gambling, there are additional concerns that the accessibility and affordability of online gambling may make youth more susceptible to problem gambling [25]. Youth from community discussions highlighted micro transactions in readily accessible free-to-play games as "overly predatory". Youth in these discussions also reported that gambling was becoming more accessible in local stores, however sports betting and online gambling were reported as the most common forms of gambling. Specifically, youth indicated gambling was common among peers via mobile games and e-sports applications. Given the documented risk associated with gambling availability and socializing among peers that gamble, more attention towards the evolving nature of youth problem gambling is necessary [21, 28, 29].

## Family History / Generational Addiction

Family history can play a role in the development of a gambling disorder [30]. Research has found that parental gambling history is a risk factor in subsequent problem gambling. In Illinois, people who gamble frequently were asked survey questions about their family history of problem gambling (Figure 12). Illinoisans at risk for problem gambling (17.1%), and those with a gambling problem (14.7%), had the highest prevalence of a reported family history of problem gambling, while 10.1% of frequent recreational gamblers reported a family history of problem gambling. Qualitatively, several community discussion participants described having grown up in an extended family of whom many are gamblers. As one person noted, *"Family members together would place bets informally on anything with odds,"* for example the birth date or sex of an unborn child.

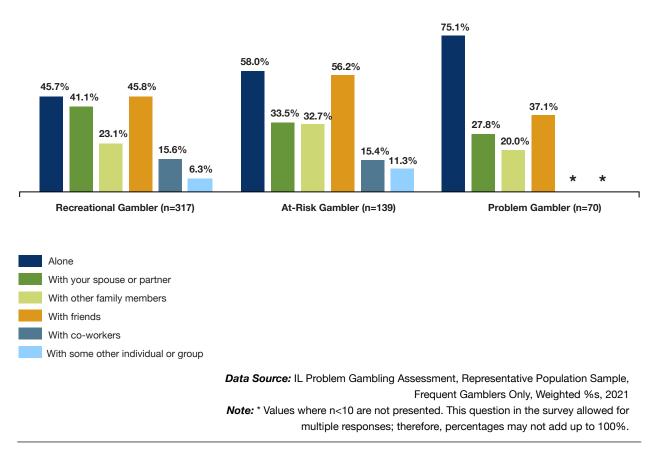
Survey respondents who were frequent gamblers were also asked about their family history of substance use disorders (SUD), including both alcohol and drug problems (Figure 12). Reporting a family history of SUD was more common among people at risk for a gambling problem (28.1%), and frequent recreational gamblers (27.2%), whereas 16.1% of people with problem gambling reported a family history of substance use disorders. Given the high rates of co-occurrence of gambling disorders and SUDs, in addition to the role of family history in creating risk for addictive behaviors [<u>31</u>], this is a surprising finding.



### Figure 12. Family History of Alcohol or Drug Problem and Problem Gambling, Among Frequent Gamblers, by PPGM, 2021 (n=2,178)

## Behaviors While Gambling

Gambling alone is thought to be a risk factor for gambling-related harm such as addiction [32]. Survey respondents were asked who they gambled with when participating in their favorite form of gambling (Figure 13). Among a representative sample of frequent gamblers in Illinois, 75.1% of Illinoisans with problem gambling reported gambling alone, compared to 58.0% of people at risk for problem gambling and 45.7% of frequent recreational gamblers (Figure 13). Gambling with friends was most commonly reported among at-risk (56.2%) and frequent recreational gamblers (45.8%), compared to just over one-third (37.1%) of people with problem gambling.



### Figure 13. Companionship While Gambling, Among Frequent Gamblers, by PPGM, 2021 (n=526)

### **Concurrent Substance Use**

Respondents to the survey of frequent gamblers were asked about their substance use while gambling. Understanding simultaneous substance use is important, since evidence suggests that those who drink while gambling are more likely to have a gambling problem compared to those who drink, but not while gambling [33]. While less is known about the risk associated with other concurrent substance use and problem gambling, there is a higher prevalence of substance use disorders among people with problem gambling [34]. Among people with problem gambling, 55.0% reported using alcohol while gambling in the past 12 months and 29.9% more than 12 months ago (Figure 14). A total of 80.4% of people with problem gambling reported ever using alcohol while gambling. Respondents at risk of problem gambling appeared to use alcohol while gambling more in the past year

(38.3%) compared to in previous years (19.3%). This pattern could reflect the effect of the COVID-19 pandemic on drinking behavior and should be monitored in future assessments.

Drug use while gambling in the past year and/or prior years was more prevalent among people with problem gambling, followed by people at risk for problem gambling and frequent recreational gamblers (Figure 14). For example, 44.5% of people with problem gambling reported ever using marijuana while gambling, while only 10.4% of frequent recreational gamblers reported marijuana use while gambling. About one-third of people with problem gambling reported ever using illicit drugs or prescription drugs not as prescribed while gambling, compared to many fewer at-risk and frequent recreational gamblers. These patterns suggest a graded relationship between alcohol and drug use and PPGM status.

	Recreational Gambler	At-Risk Gambler	Problem Gambler
Alcohol (n=2,270)			
Yes, in the past 12 months	23.0%	38.3%	55.0%
Yes, more than 12 months ago	26.1%	19.3%	29.9%
Ever	48.1%	55.4%	80.4%
Marijuana (n=2,261)			
Yes, in the past 12 months	5.8%	13.3%	21.2%
Yes, more than 12 months ago	4.8%	12.0%	27.6%
Ever	10.4%	23.9%	44.5%
Illicit Street Drugs (n=2,288)			
Yes, in the past 12 months	-	4.3%	13.3%
Yes, more than 12 months ago	2.0%	9.5%	21.6%
Ever	2.8%	14.6%	33.8%

Figure 14. Concurrent Substance Use While Gambling, Among Frequent Gamblers, by Substance, 2021

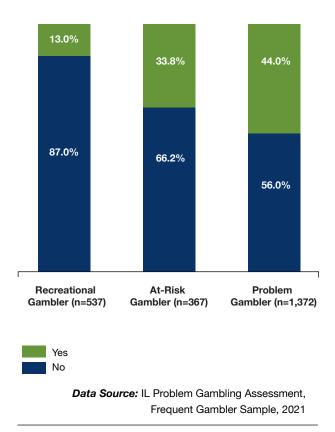
	Recreational Gambler	At-Risk Gambler	Problem Gambler
Prescription Drugs Not as Prescribed (n=2,251)			
Yes, in the past 12 months	-	-	13.7%
Yes, more than 12 months ago	-	4.9%	18.6%
Ever	2.2%	7.4%	30.3%

Data Source: IL Problem Gambling Assessment, Frequent Gambler Sample, 2021

*Note:* This question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%. Values where n<10 are not presented.

Frequent gamblers were asked if they had gambled while drunk or high in the past 12 months. Forty-four percent of people with problem gambling reported that they gambled while they were drunk or high in the past year, followed by 33.8% of people at risk for problem gambling, and 13.0% of frequent recreational gamblers (Figure 15).

### Figure 15. Gambling While Drunk or High Among Frequent Gamblers, Past Year, by PPGM, 2021 (n=2,276)



# Comorbidities

As with most conditions, problem gambling is typically not a condition that happens in isolation. There are a number of risk factors and co-occurring conditions that are common among those with problem gambling. The following section discusses some of those risk factors and co-occurring conditions, known clinically as comorbidities.

## Psychiatric Symptoms/ Disorders

The literature indicates that mental health issues are over-represented in people with problem gambling, with 96% of people with problem gambling also meeting criteria for another mental illness [34, 35]. In previous studies, mood disorders were also associated with additional risk of problem gambling. For example, the risk of problem gambling was shown to be 1.7 times higher among those with a mood or anxiety disorder compared to adults with no mood or anxiety disorders [36]. Among people with problem gambling, major depressive disorder was the second most common comorbid condition and another community sample found that the prevalence of major depressive disorder among Canadians with a gambling problem was 32.4% [37, 38]. Other mental health factors such as history of severe childhood maltreatment, high stress, and impulsivity are all associated with increased risk of problem gambling [39-42]. Therefore, problem gambling and mental health should be considered in tandem.

In this Illinois assessment study, interview and community discussion participants recognized the link between and co-occurrence of gambling and mental health. As one participant said, *"there are some people*  who are gambling to cope with another stressor or illness that they are not receiving help for." A handful of participants discussed gambling-associated suicide and shared personal stories of friends or relatives dying by suicide due to gambling-related issues, such as extreme financial loss.

Illinois survey findings presented suggest a strong connection between gambling and mental health. Many of the findings presented in this section suggest a graded relationship between PPGM (Problem and Pathological Gambling Measure) status and the prevalence of mental health or substance use issues. That is, the prevalence of reported mental health issues is highest among people at risk for problem gambling and people with a gambling problem. Sometimes known as a dose-response relationship, these patterns that show gradation by severity of symptoms are an indication of the validity and robustness of these associations. Though statistical testing was not conducted to confirm these relationships, apparent graded relationships are noted below when they stand out in the findings. They appear in graphs as a stepwise increase or decrease in prevalence, across gambler types.

Among frequent gamblers, self-reported overall mental health varied by problem gambling status. Excellent self-reported mental health was most prevalent among recreational gamblers (18.4%), followed by 15.6% of people at risk for problem gambling, whereas only 7.9% of people with problem gambling reported excellent mental health (Figure 16). Conversely, poor mental health was endorsed by 2.7% of people at risk for problem gambling and 7.2% of people with problem gambling.

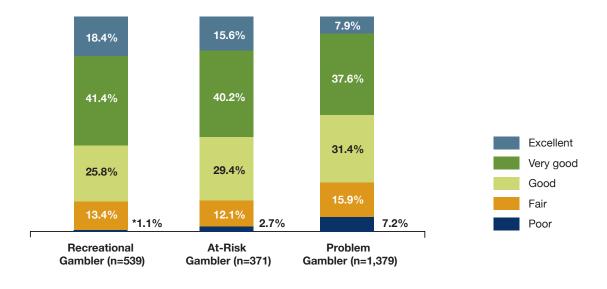


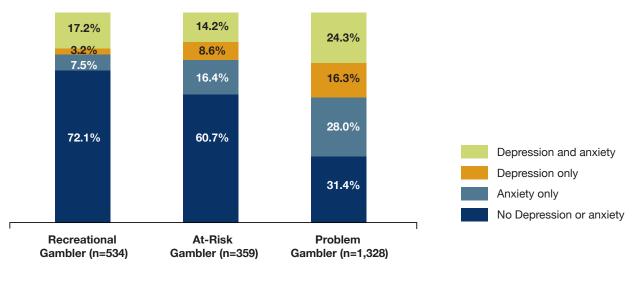
Figure 16. Self-Reported Overall Mental Health, Among Frequent Gamblers, by PPGM, 2021 (n=2,289)

Data Source: IL Problem Gambling Assessment, Frequent Gambler Sample, 2021 Note: \*n<10 interpret with caution.

Similarly, past-year depression and anxiety were more common among people with a gambling problem. Among people with problem gambling, 28.0% reported experiencing anxiety in the past year, 16.3% reported depression, and an additional 24.3% reported experiencing both depression and anxiety (Figure 17). In total, 68.6% of people with problem gambling reported experiencing anxiety and/or depression in the past year, compared to 39.2% of people at risk for problem gambling and 27.9% of frequent recreational gamblers. Notably, the prevalence of depression and anxiety is high for all categories of frequent gamblers, though these rates may be inflated due to the COVID-19 pandemic. For comparison, in a 2019 U.S. adult population sample, on average 10.8% of respondents reported symptoms of anxiety and/or depressive disorder in the past year [43].

68.6% of people with problem gambling experienced serious anxiety and/or depression in the past year, compared to 39.2% of people at risk for problem gambling and 27.9% of frequent recreational gamblers

### Figure 17. Self-Reported Serious Depression and/or Serious Problem with Anxiety, Stress, or Panic in the Last 12 Months, Among Frequent Gamblers, by PPGM, 2021 (n=2,221)



Data Source: IL Problem Gambling Assessment, Frequent Gambler Sample, 2021

Respondents to the Frequent Gambler Survey were also asked about their lifetime history of mental and substance use disorders. Among people with problem gambling, 54.0% reported that they had ever been told they had an anxiety or depressive disorder by a doctor, compared to 25.4% of people at risk for problem gambling, and 14.8% of frequent recreational gamblers (Figure 18). Similar patterns by PPGM status were apparent for reports of a drug problem or an alcohol problem at some point in respondents' lives.

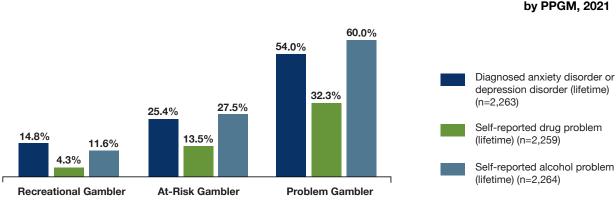
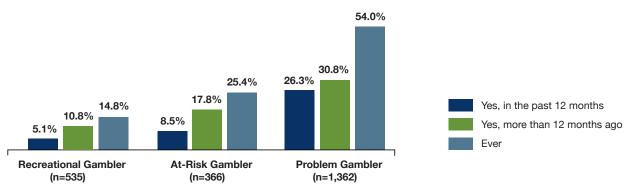


Figure 18. Lifetime Prevalence of Mental and Substance Use Disorders Among Frequent Gamblers, by PPGM, 2021

Data Source: IL Problem Gambling Assessment, Frequent Gambler Sample, 2021

Even though mental health concerns were quite prevalent among all categories of frequent gamblers, receiving a diagnosis of depression or anxiety from a health professional was much less common, highlighting a gap in treatment of mental health issues. Among frequent recreational gamblers, only 5.1% had received a diagnosis in the past year and 14.8% reported receiving a diagnosis in their whole lives (Figure 19). People at risk for problem gambling fell in the middle, while between 26-54% of people with problem gambling had been diagnosed with depression or anxiety in the past year and/or their whole lives.

Figure 19. Diagnosis of Anxiety or Depression by a Health Professional, Among Frequent Gamblers, by PPGM, 2021 (n=2,263)

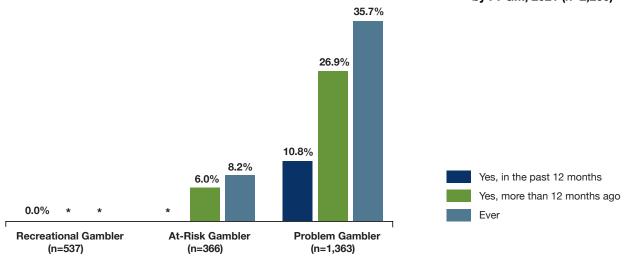


*Data Source:* IL Problem Gambling Assessment, Frequent Gambler Sample, 2021 *Note:* This question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.

Problem gambling is a known risk factor for suicidal ideation, attempts, and dying by suicide [44, 45]. Unfortunately, this is also represented among Illinoisans. When asked about whether they had seriously thought about or attempted suicide specifically as a result of their gambling, one in every 10 frequent gambling survey respondents with problem gambling reported thinking about suicide or attempting suicide in the past year, and one in three reported thinking about suicide or attempting suicide ever in their lives. More than one-third of people with a gambling problem (35.7%), reported ever experiencing suicidality, and 8.2% of people at risk for problem gambling reported thinking about or attempting suicide (Figure 20).

These dramatically high prevalence estimates point to the urgent need for mental health care for people with gambling problems highlighting the potential importance of early intervention and mental health screening among frequent gamblers who do not currently meet criteria for having a gambling problem.

 in 10 Illinoisans with problem gambling thought about or attempted suicide in the past year;
 in 3 had done so in their lifetime.



### Figure 20. Self-Reported Suicidality as a Result of Gambling, Among Frequent Gamblers, by PPGM, 2021 (n=2,266)

 Data Source:
 IL Problem Gambling Assessment, Frequent Gambler Sample, 2021

 Note:
 Respondents were asked if they have ever seriously thought about or attempted suicide. This question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.

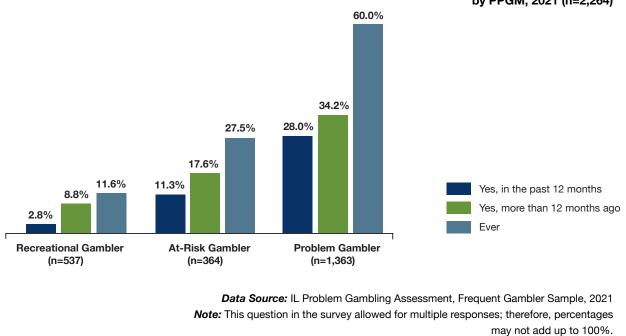
\*Values where n<10 are not presented.

# Substance Use and Disorders

Similar to psychiatric disorders, there is a strong connection between substance use disorders and problem gambling. Previous studies have identified that the prevalence of substance use disorders is greater among people with a gambling problem compared to the general population, with alcohol misuse being particularly problematic among people with a gambling problem [31, 46, 47]. The current literature shows that the risk of having problem gambling is 2.9 times higher among people with a history of substance use disorder, compared to those without [36]. Illinois assessment participants also acknowledged the co-occurrence of problem gambling and substance use disorder. For example, several participants suggested that problem gambling specific to video gambling tended to cooccur with alcohol use disorder because of the video gambling terminal placement in bars and restaurants.

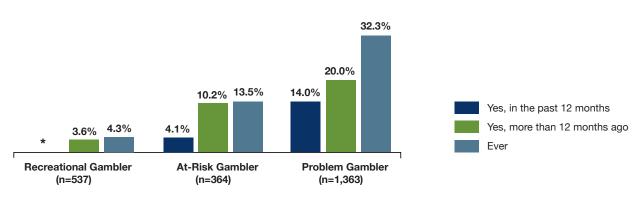
Unfortunately, there is no consistent practice of administering a screening for problem gambling among people seeking treatment for SUDs, so statistics from this population are not available, aside from the selfreporting by Illinois Gambling Survey respondents.

Among Illinoisans who are frequent gamblers, alcohol problems were most frequently reported by people with problem gambling followed by people at risk for problem gambling. For example, alcohol problems in the past year were reported by 2.8% of recreational gamblers, 11.3% of people at risk for problem gambling, and 27.9% of people with problem gambling (Figure 21). Patterns were similar, with a higher prevalence reported for alcohol problems more than a year ago and ever. Again, it is possible that these estimates of alcohol use in the past year are higher than would be expected due to the COVID-19 pandemic, as increases in alcohol consumption during the pandemic have been documented in the general public [48, 49].



### Figure 21. Self-Reported Alcohol Problem in Lifetime, Among Frequent Gamblers, by PPGM, 2021 (n=2,264)

Similar patterns were apparent for a history of drug problems, with 4.1% of people at risk for problem gambling, and 14.0% of people with problem gambling reporting having drug problems in the past year, with similar trends for drug problems prior to the past year and ever (Figure 22).



### Figure 22. Self-Reported Drug Problem in Lifetime, Among Frequent Gamblers, by PPGM, 2021 (n=2,259)

Frequent gamblers were also asked if they had ever used any substances to a degree that made them feel out of control or that created problems with work, family, or other responsibilities. Across types of substances, the prevalence of substance use was highest among people with a gambling problem, followed by people at risk for problem gambling (Figure 23). For example, 72.7% of people with problem gambling reported ever feeling out of control from alcohol, compared to 43.4% of people at risk for problem gambling, and 28.7% of frequent recreational gamblers. Similarly, 11.2% of people with problem gambling reported ever feeling out of control from illicit drugs, compared to 9.7% of people at risk for problem gambling, and 3.3% of frequent recreational gamblers.

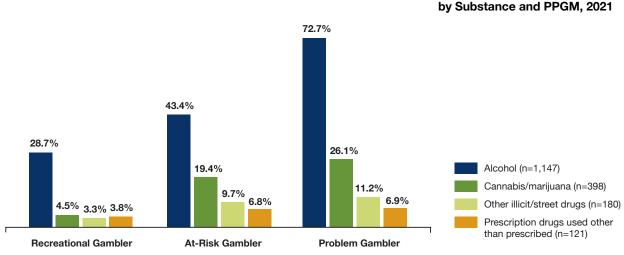
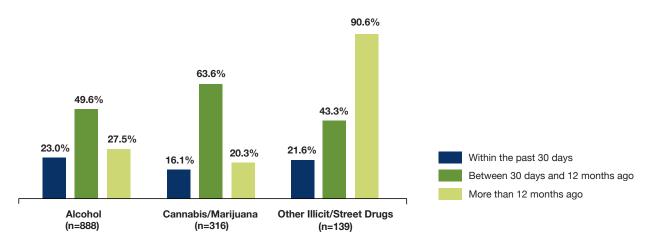


Figure 23. Gamblers who Reported Ever Using Substances to a Degree that Made them Feel Out of Control or Created Problems Related to Work, Family, or Other Responsibilities,

*Data Source:* IL Problem Gambling Assessment, Frequent Gambler Sample, 2021 *Note:* This question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.

Survey respondents who reported substance use to the extent that they ever felt out of control or that it created problems were asked about the last time when this happened. Among respondents with problem gambling, 23.0% reported feeling out of control from alcohol in the past 30 days, 16.1% from cannabis, and 21.6% from illicit drugs (Figure 24). Prevalence estimates for people at risk for problem gambling and frequent recreational gamblers, and for prescription drugs used other than as prescribed are not shown due to small sample sizes.





Data Source: IL Problem Gambling Assessment, Frequent Gambler Sample, Problem Gamblers Only, 2021 Note: This question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%. Data for Recreational and At-Risk Gamblers not shown due to small sample size.

## Other Addictions

Non-substance use related addictions have become a rising concern in modern society. Outside of problem gambling, addictions such as food addiction, internet addiction, and mobile phone addiction have become problems that are receiving more attention. For example, it is estimated that about 6% of the world has an internet addiction which is troubling because only about 39% of the world has internet access [50]. Moreover, these other forms of addiction share similar comorbidities and consequences. Common to each of these forms of addiction are the interrelated factors of depression, anxiety, and other social and psychological trauma [51]. In Illinois, Frequent Gambler Survey respondents were asked if they had ever participated in other behaviors "to a degree that made you feel out of control or that it created problems related to excessive work, family, or other responsibilities?" For people with

problem gambling, the most prevalent behaviors were work (39.6%), food (32.0%), pornography (29.7%), and video gaming (26.7%), highlighting the common co-occurrence of different types of addictive behaviors (Figure 25).

Other addictive behaviors were most prevalent for people with problem gambling, followed by people at risk for problem gambling, and frequent recreational gamblers (Figure 25). Among frequent recreational gamblers, work addiction was the most prevalent addictive behavior. Other addictive behaviors that were commonly cited across PPGM groups include food addiction, pornography, video gaming addiction, and shopping. Figure 25. Percent Survey Respondents Indicating Ever Engaging in Addictive Behaviors That Resulted in a Lack of Control or Created Problems, Among Frequent Gamblers, by PPGM, 2021

	Recreational Gambler (n=442)	At-Risk Gambler (n=307)	Problem Gambler (n=1,302)
1	Work (18.1%)	Work (28.3%)	Work (39.6%)
2	Food (10.2%)	Pornography (19.2%)	Food (32.0%)
3	Internet Use (10.2%)	Food (18.9%)	Pornography (29.7%)
4	Shopping (7.5%)	Sex (16.6%)	Video Gaming (26.7%)
5	Video Gaming (6.1%)	Shopping (15.6%)	Exercise (20.7%)

Data Source: IL Problem Gambling Assessment, Frequent Gambler Sample, 2021

# **Chapter 4: References**

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### **Chapter 5**

Attitudes and Perceptions of Gambling and Problem Gambling in Illinois

# Chapter 5

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# Chapter 5 Highlights

#### Attitudes and Perceptions of Gambling and Problem Gambling in Illinois

Approximately 61% of Illinoisans believed the current **availability of gambling opportunities** is OK, while 22.8% believed it is too widely available, 8.3% believed gambling should not be legal in Illinois, and 7.4% believed gambling is not available enough. People with problem gambling (29.2%) were the group most likely to believe gambling was too widely available in the state.

Attitudes about **gambling legality** also varied, with two-thirds of Illinoisans believing that some types of gambling should be legal and some illegal, such as those that harm people or animals.

Of those who initially reported no gambling in the past year, 45.0% of them later reported gambling in the past year when presented with specific types of gambling.

Only half (49.7%) of people who scored as having problem gambling on the PPGM said they **thought they had a gambling problem** only in the past 12 months, 24.5% said they only did more than 12 months ago, and 7.0% said both.

**Perception of harm** is a risk factor for problem gambling and can influence how problem gambling is addressed. Among Illinoisans, 36.6% indicated that the harms associated with gambling outweigh the benefits, 16.8% indicated the benefits outweigh the harms, and 46.5% said they were about equal. While general attitudes toward gambling varied among Illinoisans, 96.4% agreed with the statement that **gambling can become an addiction**, 62.3% agreed with the statement that gambling was dangerous for family life, 21.8% agreed with the statement that gambling is morally wrong, and 18.9% agreed with the statement that they would be embarrassed if a family member needed help with a gambling problem.

Of Illinoisans with problem gambling, nearly half agreed with the statement that gambling is a harmful form of entertainment and over 60% agreed with the statement that gambling is dangerous for family life, both higher percentages than people without problem gambling.

When looking at attitudes toward gambling among racial/ethnic groups, more Asian and Hispanic/Latinx Illinoisans agreed with statements that gambling is a harmful form of entertainment, dangerous for family life, morally wrong, and that people who gamble too much cannot be trusted.

According to assessment participants, problem gambling is not well understood and is **stigmatized**, leading to denial of the issue and lack of treatment.

# Attitudes and Perceptions of Gambling

As noted previously, gambling disorder is recognized by medical professionals as a type of addiction, similar to substance use disorders. Gambling disorder is a chronic condition, treatable by professionals and other supports for affected individuals. The prevalence of problem gambling in a population is a public health issue. However, gambling is not always recognized this way by the general public nor does the public appear to understand that gambling disorder is treatable. As with other substance use disorders, problem gambling may be seen as a sign of moral weakness, as an act of criminality, or as an individual choice. These attitudes and knowledge about gambling contribute to players' gambling and help-seeking behaviors and have implications for guiding initiatives to address at-risk and problem gambling.

Knowledge about services for treating gambling disorder are another important factor in addressing problem gambling as a public health issue. In the literature, lack of knowledge of treatment options is often cited as a barrier to treatment for a gambling disorder [1]. Feelings of shame, embarrassment, lack of acknowledgment of a problem associated with gambling, and fear of stigma also act as potential barriers to treatment [1]. Assessing the knowledge, attitudes, perceptions, and behaviors of individuals in relation to gambling is an integral part of addressing problem gambling. The following section details assessment participants' and survey respondents' perceptions and attitudes about gambling, its availability, its benefits and harms, as well as knowledge and behaviors related to seeking help for problem gambling.

### Perception of Gambling

To understand Illinoisans' perception of what is included under the term gambling, residents were initially asked a general question about their participation in gambling prior to being asked about specific types of gambling. The only guidance given at the beginning of the survey was, "By gambling we mean when you bet money or something else of value so that you can win or gain money or something else of value." They were then asked the general guestion, "When was the last time, if at all, you bet or gambled for money or something else of value?" The next series of questions then asked about specific types of gambling, such as instant win or scratch lottery tickets (Appendix E). The data were then analyzed to compare their response to the initial general question of the last time they gambled to their responses to the last time they did any of the specific types of gambling listed. Of residents who initially reported never gambling or gambling more than a year ago, 45.0% later reported gambling of some type in the past year. This was highest among Hispanic/Latinx Illinoisans (47.3%) and White Illinoisans (46.3%) and under 40.0% for each of the other groups. Among this group, the most commonly reported types of gambling were instant win or scratch lottery tickets (52.4%), Powerball, Mega Millions, and daily numbers (49.9%), office/friend pool (19.9%), and high-risk trading of stocks, commodities, futures, or virtual currencies (18.1%). It is possible that they did not perceive these activities as gambling, or that these activities did not immediately come to mind when thinking about the last time they gambled. This perception of what is or is not considered "gambling" could be important to address in problem gambling awareness campaigns relative to risks and harms of various activities.

### Availability/Legality

Wide availability or access to gambling opportunities, as well as exposure to popular culture and advertising that support or encourage gambling, may contribute to increased risk of problem gambling [2]. The availability and legality of gambling venues (whether in-person or online) would presumably increase the prevalence of people gambling in a given region and may thereby increase the prevalence of problem aambling in the population. However, evidence from the research literature is mixed about the effect that gambling expansion has on the prevalence of problem gambling [3-6]. Some studies have shown an initial increase in gambling and problem gambling following the opening of a new casino, but an eventual leveling off, as local residents adapt to the novelty [7]. The impact of gambling expansion varies by context and the population. Access to gambling opportunities are therefore explored, but must be monitored over time with future assessments, in order to examine them as a potential risk factor for problem gambling.

As previously mentioned, community members and service providers/organization leaders in Illinois recognized that gambling opportunities had existed in their community for many years prior to the passage of gambling expansion legislation. For example, one community discussion participant indicated that they were "raised around it [gambling]," while another described gambling as "occurring rampantly already." While several community discussion participants acknowledged the ubiquitous nature of gambling, many also commented that the expansion of gambling "changed the culture of the community" in terms of how community members view gambling. Specifically, these community discussion participants noted, gambling is more visible, both in terms of advertisements and gambling opportunities (e.g., slot machines and video gaming) in public spaces. In contrast, some participants did acknowledge benefits to expansion. Several of these individuals perceived the recent gambling

expansion legislation as positive because legalization could allow for better monitoring of gambling. Further, some community members commented on the commitments to contribute a portion of gambling revenue to education and perceived the expansion to be an opportunity to continue this effort and bring revenue into the state.

Assessment participants varied in how they viewed the level of gambling opportunities in the state. Interview and community discussion participants generally reported that the availability of gambling opportunities was excessive in the state. However, the majority of survey respondents did not perceive gambling opportunities to be problematic. Among a representative sample of the adult population of Illinois, 61.5% of survey respondents cited the current availability of gambling in the state as OK, 7.4% reported that gambling was not available enough, 22.8% indicated it was too widely available, and 8.3% said gambling should not be legal in Illinois (Figure 1).

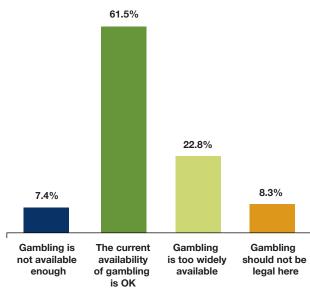
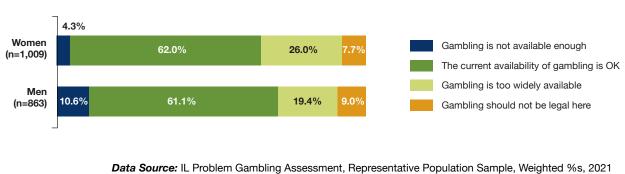


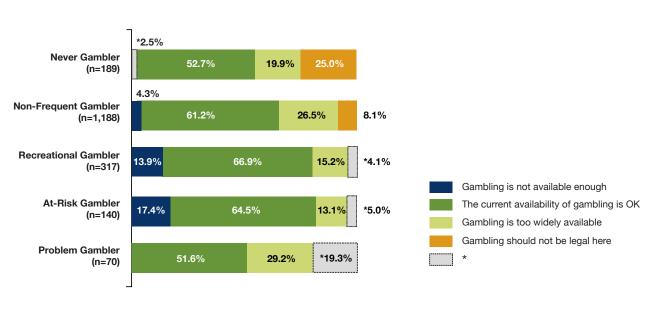
Figure 1. Attitudes Towards Gambling Availability, Among Illinois Residents, 2021 (n=1,989)

Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 When looking at attitudes towards gambling availability by gender, women and men held similar beliefs, with wider gaps between the beliefs that gambling is not available enough (Figure 2).



#### Figure 2. Attitudes Towards Gambling Availability, Among Illinois Residents, by Gender, 2021 (n=1,972)

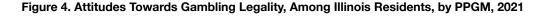
Attitudes toward gambling availability in Illinois varied when responses were analyzed by gambling participation. Illinoisans who had never gambled tended to report that gambling should not be legal in Illinois (25.0%), compared to 4.1% of Illinoisans who gamble recreationally (Figure 3). However, Illinoisans with a gambling problem were the group most likely to think that gambling was too widely available in the state (29.2%). Frequent recreational gamblers were the most likely to indicate that the current availability of gambling is OK (66.9%), while Illinoisans at-risk of developing a gambling problem were most likely to say that gambling is not available enough in the state (17.4%).

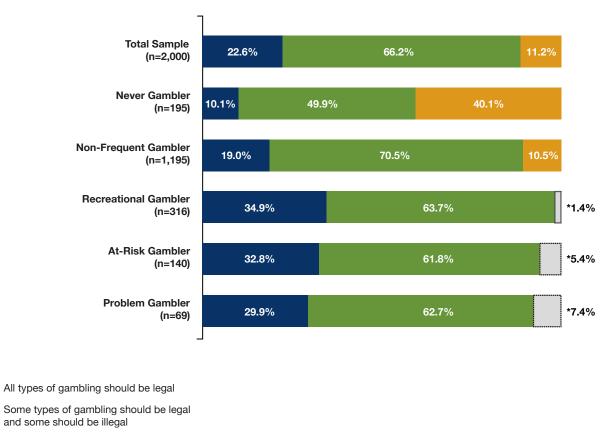


#### Figure 3. Attitudes Towards Gambling Availability, Among Illinois Residents, by PPGM, 2021 (n=1,904)

Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 Note: \* n<10 interpret with caution. Illinois residents were also asked their opinion about gambling legalization in the state. The majority of Illinoisans reported that some forms of gambling should be legal and some should be illegal (66.2%), while 22.6% indicated that all types of gambling should be legal, and 11.2% cited that all types of gambling should be illegal (Figure 4). Among the 66.2% of Illinois adults who noted that some types of gambling should be illegal, the most commonly reported types of gambling they suggested should be illegal were those involving animals or harm to people or animals.

Similar to attitudes toward gambling availability, attitudes toward gambling legality varied when Illinoisans were analyzed by gambling participation. Illinoisans who had never gambled were the most likely to think that all forms of gambling should be illegal (40.1%), compared to just 10.5% of people who gamble infrequently (Figure 4). Roughly one in three Illinoisans who gamble frequently (recreational, people at risk for problem gambling, and people with a gambling problem) indicated that all types of gambling should be legal, compared to only 10.1% of Illinoisans who had never gambled.





All types of gambling should be illegal

\*

Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 Note: \* n<10 interpret with caution.

### Perceptions of Harms/Benefits

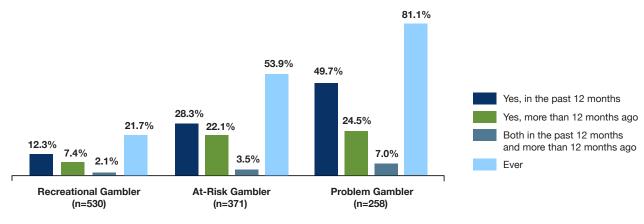
Perception of harm is a risk factor for problem gambling as it is for other addictive behaviors. Participants in community discussions differed in their perceptions of gambling as a behavior that has the potential to be harmful. Participants with personal experience dealing with a gambling disorder (either individually or within their families) perceived gambling to be a harmful behavior while participants without personal experience varied more in their perceptions. In general, conversations with youth revealed that younger populations were more likely to view gambling as potentially harmful. Interestingly, one youth noted that while gambling is viewed as a choice in their community, in online gaming forums, an increasing number of users are viewing certain tactics, such as micro-incentives that raise the stakes, employed by gaming companies to be manipulative: "it's becoming more viewed as this person is being manipulated by this game to want to [gamble]."

Additionally, both community members and service providers/organization leaders in Illinois perceived differences in how problem gambling is approached relative to other disorders. One service provider pointed out differences in how gambling disorders manifest, leading to differences in how treatment is sought. This person noted that unlike substance use disorder, gambling disorders have *"more ups and downs"* in terms of a person's perception of harm and *"people are able to wait a much longer time before they access any help."* A community resident echoed this sentiment and pointed out that because people can *"move things around financially,"* it takes time for people to *"hit rock bottom"* and seek help. Interview participants with experience in treatment and service provision also noted that a key difference with other disorders is the prompt to seek treatment. When discussing challenges to initiate treatment, one participant highlighted that gambling is particularly difficult to treat because it can be a *"hidden disease"* and people with gambling disorders often do not have legal prompts to seek treatment: *"Gamblers do not get DWIs to get them started in treatment."* Additionally, it can be difficult for people in treatment/ recovery to hold themselves accountable because *"there is not a blood test or breathalyzer"* in the same way there is for alcohol or other drugs.

### "

Gamblers do not get DWIs to get them started in treatment.

The challenge of recognizing problem gambling as a serious problem was reflected in the survey data as well. Respondents to the Frequent Gambler Survey were asked whether they thought they had ever had a gambling problem. Only half (49.7%) of people who scored as having problem gambling on the PPGM said they thought they had a gambling problem only in the past 12 months, 24.5% said they only did more than 12 months ago, and 7.0% said both (Figure 5). In total, 81.1% of problem gamblers said they had ever had a gambling problem, compared to 53.9% of at-risk gamblers, and 21.7% of frequent recreational gamblers. This may indicate the need for more public education about the signs and symptoms of problem gambling.

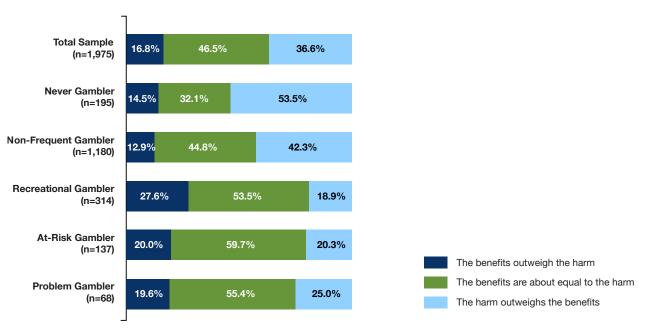




Data Source: IL Problem Gambling Assessment, Frequent Gamblers Sample, Frequent Gamblers Only, 2021

Among Illinoisans overall, 36.6% indicated that the harms associated with gambling outweigh the benefits, 16.8% thought the benefits outweigh the harms, and 46.5% thought that the benefits and harms of gambling were about equal (Figure 6). Illinoisans who infrequently gamble were least likely to believe that the benefits of gambling outweigh the harms (12.9%), compared to 27.6% of frequent recreational gamblers. By gambler

type, the order of Illinois residents who thought that the harms of gambling outweigh the benefits were those who had never gambled (53.5%), non-frequent gamblers (42.3%), people with problem gambling (25.0%), people at risk for problem gambling (20.3%), and frequent recreational gamblers (18.9%).



#### Figure 6. Gambling Benefits and Harms, Among Illinois Residents, by PPGM, 2021

Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

#### **Families and Affected Others**

While problem gambling is often considered as an individual issue, it has wide-ranging impacts on close relationships with spouses/partners, children, and other family members. On average, problem gambling affects 6 social ties and 1 to 3 social ties among low to moderate-risk gamblers [8]. Based on problem gambling estimates from the Illinois Problem Gambling Prevalence Survey, an estimated 2 million Illinoisans are affected by those with problem gambling. An additional 1 to 2 million Illinoisans are impacted by those at low to moderate risk of problem gambling.

Interview and community discussion participants primarily noted the financial challenges associated with problem gambling on families, with an organizational leader noting that it is "challenging for families to pay for medical care, food, and housing". Another service provider also noted that some people are gambling away money, "instead of putting their gambling money into food or diapers". More broadly, people with problem gambling also rated the following social harms as the most severe: ending relationships, failure to uphold occupational responsibilities, failure to supervise children, and escapism [9]. Additionally, in another study among treatment seeking families, over half of affected others endorsed a loss of trust, anger, depression/ anxiety, and communication breakdown [10]. Similarly, in the Illinois Problem Gambling Assessment 10.3% of people at risk for problem gambling and 53.0% of people with a gambling problem reported that their gambling has caused serious problems in their relationships with a spouse/partner or important friends/family in the past year. 62.3% of Illinoisans also agreed with the statement that gambling is dangerous for family life.

Further, children of people with a gambling problem also face unique challenges because of parental problem gambling. In another qualitative study with children of people with a gambling problem, respondents highlighted the effect of emotional neglect and loss, including the physical loss of a parent due to the lack of supervision; the loss of the integrity of the parent-child relationship; and tangible losses of money, time in school, and hunger [11]. In extreme cases, pathological gambling was also associated with the perpetration of severe child abuse, independent of socioeconomic status and comorbid diagnoses [12]. More than half of Illinoisans with a gambling problem noted that their gambling has caused them to repeatedly neglect their children or family in the past year. Problem gambling can also have generational impacts. In the Illinois Problem Gambling Assessment, people with problem gambling (14.7%) and those at risk for problem gambling (17.1%) appeared more likely to report that someone in their family had ever had a gambling problem compared to frequent recreational gamblers (10.1%).

Families also play an important role in treatment and recovery support. Among people at risk for problem gambling and people with a gambling problem who sought help in Illinois, 50.0% sought support from family members and more than a one-third sought help from a spouse/ partner. Among Illinois residents, more than one third of respondents reported they would seek advice for themselves or someone else from a family member, spouse/partner. This indicates there is a greater need of support for family members of people with a gambling problem and education and empowerment of family members is potentially a great resource to help people with problem gambling get the treatment they need. In FY 2020, 15.1% of calls to the Illinois Problem Gambling Helpline (1-800-GAMBLER) were family members or friends. Given the wide-ranging impact of gambling on families, it is crucial that public health efforts also address the unique needs of families and affected others in tandem with the family member with problem gambling.

Illinoisans expressed differences in attitudes toward gambling (Figure 7). For questions on how much they agreed with the statements that gambling is good for the economy, gambling is a harmful form of entertainment, casinos are a good place to socialize, people who gamble too much cannot be trusted, and people who gamble too much lack willpower, roughly half of Illinoisans agreed with those statements while roughly half disagreed. In contrast, 96.4% agreed with the statement that gambling can become an addiction, 62.3% agreed with the statement that gambling is dangerous for family life, 21.8% agreed

with the statement that gambling is morally wrong, and 18.9% agreed with the statement that they would be embarrassed if a family member needed help with a gambling problem (Figure 7).

96.4% of Illinoisans agree that gambling can become an addiction

-		
Gambling is good for the economy (n=1,999)	55.3%	44.7%
Gambling is a harmful form of entertainment (n=2,010)	49.4%	50.6%
Gambling is dangerous for family life (n=2,009)	62.3%	37.7%
Gambling is morally wrong (n=2,006)	21.8%	78.2%
Gambling can become an addiction (n=2,023)	96.4%	3.6 <mark>%</mark>
Casinos are a good place to socialize (n=2,009)	52.0%	48.0%
People who gamble too much cannot be trusted (n=2,004)	51.5%	48.5%
People who gamble too much lack willpower (n=2,002)	50.8%	49.2%
I would be embarrassed if a family member needed help with a gambling problem (n=2,017)	18.9%	81.1%

#### Figure 7. Attitudes Towards Gambling, Among Illinois Residents, 2021

Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

Variations in attitudes about gambling were apparent when responses were examined by gambling participation. Illinoisans who had never gambled stood out as the most distinct group, with 68.8% agreeing with the statement that people who gamble too much cannot be trusted, 68.6% agreeing with the statement that gambling is a harmful form of entertainment, 65.2% agreeing with the statement that people who gamble too much lack willpower, and 54.7% agreeing with the statement that gambling is morally wrong (Figure 8). Illinoisans who had never gambled were also most likely to agree with the statement that they would be embarrassed if a family member needed help with a gambling problem (29.2%), relative to 26.1% of people with problem gambling, 19.3% of non-frequent gamblers, 13.4% of frequent recreational gamblers, and 10.3% of Illinoisans at risk of problem gambling. Interestingly, Illinoisans with problem gambling also showed some distinct differences in

attitudes from other frequent gamblers. Nearly half (47.4%) of Illinoisans with problem gambling agreed with the statement that gambling is a harmful form of entertainment, compared to only 29.9% of people at risk for problem gambling, and 30.7% of frequent recreational gamblers (Figure 8). Over 60% of people with problem gambling agreed with the statement that gambling is dangerous for family life, compared to 46.6% of people at risk for problem gambling and 44.5% of frequent recreational gamblers. One possibility why Illinoisans with problem gambling may endorse gambling harms more than other gamblers, is that they may have more direct experience with those harms [9]. Problem gambling can have far-reaching impacts on relationships, specifically it is estimated that one person with problem gambling affects six others [8]. Additionally, relationship issues with family, friends, and close others often precedes treatment-seeking among people with problem gambling issues [13].

igure 8. Attitudes Towards Gambling, Percentage Who Agree or Strongly Agree Among Illinois Resid	ents,
y PPGM, 2021	

	Never Gambler	Non-Frequent Gambler	Recreational Gambler	At-Risk Gambler	Problem Gambler
Gambling is good for the economy (n=1,914)	36.7%	48.6%	73.9%	80.1%	65.7%
Gambling is a harmful form of entertainment (n=1,925)	68.6%	54.9%	30.7%	29.9%	47.4%
Gambling is dangerous for family life (n=1,924)	78.5%	67.3%	44.5%	46.6%	61.6%
Gambling is morally wrong (n=1,922)	54.7%	22.9%	6.7%	6.2%	18.8%
Gambling can become an addiction (n=1,937)	95.3%	97.0%	96.0%	96.5%	91.4%
Casinos are a good place to socialize (n=1,923)	39.9%	47.2%	65.5%	68.1%	61.4%
People who gamble too much cannot be trusted (n=1,918)	68.8%	56.8%	39.2%	30.3%	33.7%

	Never Gambler	Non-Frequent Gambler	Recreational Gambler	At-Risk Gambler	Problem Gambler
People who gamble too much lack willpower (n=1,918)	65.2%	54.2%	39.6%	40.3%	39.3%
I would be embarrassed if a family member needed help with a gambling problem (n=1,931)	29.2%	19.3%	13.4%	10.3%	26.1%

Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

Attitudes about gambling were also examined by race/ethnicity. Black/African American Illinoisans appeared the most likely to agree with the statement that gambling is good for the economy (62.6%) and Asian Illinoisans were the least (37.5%) likely to agree with this statement (Figure 9). Conversely, over 70% of Asian Illinoisans agreed with the statements that gambling is a harmful form of entertainment and

dangerous for family life, compared to only about 50% of Black/African American Illinoisans. Asian Illinoisans were again most likely to agree with the statement that people who gamble too much cannot be trusted (72.0%), while Hispanic/Latinx Illinoisans were somewhat more likely than other groups to agree with the statement that people who gamble too much lack willpower (60.2%).

### Figure 9. Attitudes Towards Gambling Percentage Who Agree or Strongly Agree Among Illinois Residents, by Race/Ethnicity, 2021

	Asian (n=50)	Black/ African American (n=333)	Hispanic/ Latinx (n=413)	White (n=1,116)	Other Race/ Ethnicity (n=100)
Gambling is good for the economy (n=1,989)	37.5%	62.6%	51.0%	55.9%	52.4%
Gambling is a harmful form of entertainment (n=1,999)	73.1%	46.3%	52.0%	48.6%	47.0%
Gambling is dangerous for family life (n=2,000)	73.8%	52.5%	69.9%	61.8%	60.7%
Gambling is morally wrong (n=1,996)	51.2%	27.3%	27.6%	18.2%	21.8%
Gambling can become an addiction (n=2,012)	94.8%	93.8%	94.8%	97.4%	96.1%
Casinos are a good place to socialize (n=1,999)	39.9%	63.3%	54.8%	49.2%	57.2%
People who gamble too much cannot be trusted (n=1,994)	72.0%	46.6%	60.1%	48.8%	59.0%

	Asian (n=50)	Black/ African American (n=333)	Hispanic/ Latinx (n=413)	White (n=1,116)	Other Race/ Ethnicity (n=100)
People who gamble too much lack willpower (n=1,993)	46.5%	53.0%	60.2%	47.7%	56.2%
I would be embarrassed if a family member needed help with a gambling problem (n=2,007)	26.0%	19.9%	24.4%	16.5%	24.9%

*Data Source:* IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 *Note:* Exact number of respondents by race/ethnicity varied across items.

Attitudes by gender among Illinoisans were similar across most items. Some notable differences emerged among attitudes that gambling is harmful (Figure 10). Women were more likely to agree or strongly agree with the statements that gambling is dangerous for family life (64.8% vs. 59.6%) and that gambling is a harmful form of entertainment (55.9% vs. 42.5%). In contrast, men were more likely to agree or strongly agree with the statement that gambling is good for the economy (58.5% vs. 52.3%).

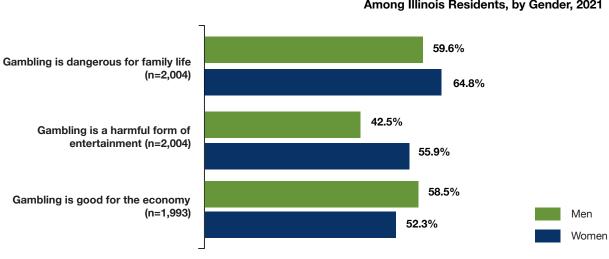


Figure 10. Attitudes Towards Gambling Percentage Who Agree or Strongly Agree, Among Illinois Residents, by Gender, 2021

Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

### Stigma and Understanding of Addiction

Many interview and community discussion participants reported that problem gambling is stigmatized in Illinois in the sense that people who do have a gambling disorder feel shame in their behaviors, particularly when they have lost a substantial amount of money. Participants described how this shame leads to people denying or lying about the existence of a gambling disorder and/or declining treatment. According to participants, this stigma is a burden for those with problem gambling and their loved ones, and it creates a barrier to addressing problem gambling. In almost every conversation with community members and service providers/organization leaders, participants named stigma and shame as the primary reasons why many people with a gambling disorder do not seek treatment or acknowledge their gambling disorder at all. Often, these participants mentioned, society views problem gambling as a choice or a "lifestyle" rather than a legitimate disorder requiring treatment. One community member noted that sometimes when gambling is recognized, "it's viewed as an annoyance [among other people] rather than a problem." Many also attributed stigma surrounding problem gambling to lack of understanding that gambling can be a disorder. This sentiment was reflected in many interviews, particularly among service providers, who agreed that there tends to be a fundamental lack of knowledge around gambling disorders. For example, one provider said, "the issue of gambling is that people don't understand what gambling is" while another stated, "in general people don't know that gambling disorders exist people don't know and don't talk about it."

According to community members and service providers/organization leaders, this lack of understanding of gambling as an addictive disorder is another factor that fuels feelings of shame and prevents people from seeking help. Several service providers/ organization leaders also perceived the combination of stigma and a general lack of understanding frequently leads to denial, and can result in communities not taking gambling disorders seriously. One treatment provider noted that "we are 50 years behind [other behavioral health issues] in terms of the level of stigma in the community." Additionally, two treatment providers perceived the sense of shame and stigma associated with gambling to be stronger than the shame and stigma associated with substance use disorder. One of these gambling treatment providers elaborated by stating that stigma is so strong, people who want to place their name on the self-exclusion list, avoid it because they worry their name will be released to the public. Additionally, when seeking treatment, some patients will avoid allowing a treatment provider to bill their insurance because "they're terrified their employer will find out."

### "

"We are 50 years behind [other behavioral health issues] in terms of the level of stigma [about problem gambling] in the community."

Illinois gambling treatment provider

Among youth, there seemed to be a shared sentiment that younger generations are more receptive to the idea of gambling becoming a harmful disorder while older generations view it as a personal choice. It should be noted, however, that some youth participants acknowledged that many of their peers view problem gambling as a personal choice. For example, one youth participant noted that while their friends do not regularly discuss problem gambling as a disorder, *"they would probably think it was choice if they did."* 

All of this stigma and fear around help-seeking, participants pointed out, indicates a strong need for the public to normalize treatment for gambling disorders more *"like we've done with other behavioral health disorders."* Another service provider noted the importance of shifting the narrative from one of *"personal failure"* to *"social responsibility."* 

One service provider noted the importance of shifting the narrative from one of "personal failure" to "social responsibility." These qualitative perceptions contrast with the 96.4% of survey respondents who agree with the statement that gambling can become an addiction (Figure 7). This may indicate that people know gambling can become an addiction but do not know what that looks like in themselves or others. Recognizing gambling as an addiction is an important step in addressing the problem, however recognizing specific signs of addiction, understanding the role of personal choice, and seeking advice are additional steps that may need to be addressed in education and awareness campaigns.

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**Chapter 6** 

# Problem Gambling Prevention, Treatment, and Recovery in Illinois

# Chapter 6

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# Chapter 6 Highlights

#### Problem Gambling Prevention, Treatment, and Recovery in Illinois

**Prevention** has not been a major focus of current gambling initiatives in Illinois. There have been several education and awareness campaigns focusing on problem gambling, particularly during Problem Gambling Awareness Month in March. However, the reach and impact of these campaigns has not been measured.

The state has the **Illinois Problem Gambling Helpline**, a telephone and web resource with specialists trained in evidence-based approaches that help connect callers and website users with treatment and recovery support services. Total calls to the Helpline have decreased from 837 in FY 2018 to 681 in FY 2019 to 414 in FY 2020, with gamblers themselves representing more than 80.0% of callers. Riverboat casinos were the top gambling preference among callers (37.7%).

**Treatment and recovery resources** are numerous, though not spread evenly throughout the state. There are 45 gambling disorder provider locations across the state, 7 of which are out-reach only providers. In SFY 2018, 7,000 gambling treatment-related services were provided by SUPR-funded treatment providers. This number more than doubled to over 16,450 services in SFY 2020.

SUPR-contracted problem gambling providers offer assessment services, which have increased over the past two years, and community intervention services, which increased until September 2020 and have since fallen. These services include recovery support services, in-reach, out-reach, case finding, crisis intervention, trainings for organizations attending SUPR-sponsored training, client/patient transportation, and language interpreter services.

**Gamblers Anonymous** (GA) is a well-known resource in the field that provides a way for those in treatment

and recovery to share their experiences with others and receive peer support. The majority of GA locations are in the Chicago metropolitan area, with few locations in other parts of the state.

Most people with problem gambling also have another **co-occurring behavioral health** issue. Approximately 30–40% of people with problem gambling in Illinois have received mental health or substance use services in the past year. This has implications for treatment approaches to problem gambling.

Help-seeking attitudes varied somewhat by race/ ethnicity and age. Older adults over age 65 and Black/African American Illinoisans were more likely to seek advice from GA (62.1% vs. 56.1%, respectively), while younger Illinoisans were more likely to report that they would not seek advice from anyone.

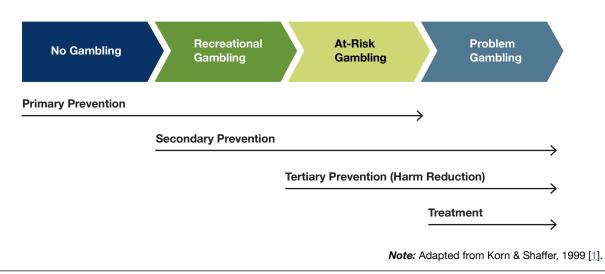
**Treatment-seeking** for gambling disorders was more common among people with problem gambling (76.0% have ever sought treatment), though they were most likely to seek help from friends or family rather than medical professionals. Only 21.1% of treatment-seeking problem gamblers sought help from a mental health professional, and only 14.4% from a doctor or general practitioner.

Assessment participants cited several **barriers to treatment**. Among people with problem gambling, the most common reason was that they thought they could fix the problem on their own (45.7%), Further, 44.6% reported that they were too embarrassed or worried to ask for help. Other reasons for not seeking help included cost, awareness, availability, cultural differences, and pandemic limitations. Awareness of treatment services is also a barrier to care. *"There's a lot of messaging on where to go to gamble, but nothing on where to get treated,"* explained one participant.

# **Prevention Initiatives**

The following section describes the current status, perceptions, and best practices of gambling-related prevention. Prevention-related strategies traditionally fall under three categories: primary, secondary, and tertiary prevention (Figure 1). Each of these approaches can address several areas: mitigating the risk factors (or bolstering the protective factors) around problem gambling, increasing awareness that at-risk and problem gambling are public health issues, improving screening practices for problem gambling, and minimizing the harms associated with an active gambling problem. As described in previous sections, there are a number of risk factors related to gambling such as age of initiation, family history, lack of parental support, access to gambling opportunities, and co-occurring conditions such as substance use or mental health issues, each of which fall under a different level of problem gambling prevention.

#### Figure 1. Problem Gambling Public Health Interventions



### Primary Prevention of Problem Gambling

Primary prevention efforts seek to address the risk factors associated with problem gambling before the onset of a gambling problem. While problem gambling is infrequently considered a public health issue, work in other states and countries has highlighted the importance of addressing broader risk factors. To date, primary prevention in Illinois has not been a major focus of current gambling initiatives, however community members involved in various discussions were in favor of expanding and improving upon existing efforts.

### Upstream and Global Protective Factors

As reviewed in previous chapters and in a comprehensive guide on evidence-based prevention for problem gambling, there are several indirect environmental factors that are cross-cutting across many related physical and mental health issues [2]. There is also growing literature highlighting the associations between problem gambling and housing, poverty, education, racial discrimination, and other social determinants [3, 4]. For example, early exposure to adverse childhood events (ACEs) are risk factors for

problem gambling as well as related conditions, like substance use disorders [2, 5]. The Bendigo Loddon Primary Care Partnership in Victoria, Australia has implemented an integrated health promotion project, Make a Mark, that addresses some of these social determinants by using the arts to promote financial literacy, social connectedness, and community engagement [6]. Prevention efforts that address these issues would not only minimize the likelihood of developing a gambling problem, but also improve overall community health [7, 8].

### Awareness and Education

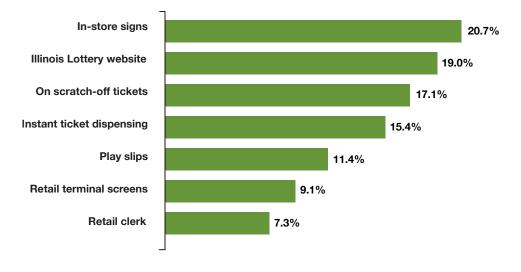
Current awareness initiatives in Illinois have included public service announcements, a photovoice project, and ad campaigns for 1-800-GAMBLER. Concentrated efforts involving multiple state partners have also occurred during Problem Gambling Awareness Month in March, which appear to result in increased calls and visits to the Helpline. Despite these existing efforts, assessment participants-both community members and providers as well-could not name many prevention-focused initiatives in the state. Participants could not name any school-based or many media awareness campaigns around problem gambling in the state. Participants also noted that messaging for specific audiences needed to be tailored to that population. For example, one participant with experience working with the Chinese community noted that Chinese residents prefer to use online resources provided through Canadian treatment centers that discuss the signs of problem gambling because the resources are available in their preferred language and are more trusted from Canada than what they have seen in the United States. One gambling industry professional familiar with the educational efforts by casinos noted that casino staff place educational posters in the building and provide educational pamphlets to staff and patrons upon request. Another participant familiar with retailer education explained that their organization provides training and education for

new retailers, but none of the participants could speak to the reach or impact of these efforts.

Among participants who expressed some awareness of the various services and programs available to help prevent gambling disorders, participants named the following initiatives as providing information on prevention, stigma reduction, or identifying the signs of problem gambling:

- · Kenneth Young Center's Generation Rx Program
- 12-step programs (e.g., Gamblers Anonymous, Alcoholics Anonymous, and Narcotics Anonymous)
- Illinois Council on Problem Gambling
- Way Back Inn
- Substance Use Prevention and Recovery Division
   of IDHS
- Treatment Alternatives for Safe Communities (TASC)
- West Side Community Task Force
- Proctor Hospital
- Gateway
- 1-800-GAMBLER Helpline
- We Know the Feeling Website

Given the popularity of the lottery in particular among Illinoisans, with 54.2% of Illinois adults reporting playing the state lottery in the past year and 81.4% in their lifetime, it may be especially important to engage gamblers through on-site messaging. In a survey of lottery players, GamRes PPS survey respondents reported being exposed to responsible gambling messages mostly through in-store signs (20.7%) and the Illinois Lottery website (19.0%). Data from this survey was then used to inform messages about responsible play as part of the Be Smart, Play Smart<sup>™</sup> campaign in 2019 by the Illinois Lottery and included information about how the games work, myths about playing the lottery, and tips for how to be a smarter player.



#### Figure 2. Location of Exposure to Responsible Gambling Messaging from the Illinois Lottery, Illinois, 2017

Data Source: Camelot Illinois (LLC), GamRes Limited Measuring Responsible Play: Positive Play Scale (PPS) Survey, 2017

Assessment participants commented that increased education and awareness about problem gambling is key to prevention and that more was needed in the state. A community discussion participant noted that education in the community is the only way to make it clear that gambling can become problematic: "without education, people will think no one objects [to gambling] and that they are not doing anything wrong." A community discussion participant also echoed this sentiment and commented that in order for others in the community to overcome challenges associated with gambling disorders, "the whole community needs to see it as an addiction." These comments are interesting when compared to the Illinois Gambling Prevalence Survey where 96.4% of survey respondents agreed with the statement that gambling can become an addiction. This highlights the public's understanding of gambling as a potentially harmful behavior, as well as a need for education for the public regarding how to recognize the signs and symptoms of problem gambling.

For example, one organization leader suggested developing tailored awareness campaigns that frame

gambling as a "social risk" and a public health issue to various audiences. This person added that when the gambling industry advertises their gambling opportunities, they should frame ads from an educational lens and inform the public that gambling is "purely entertainment" rather than an opportunity to earn money. Further, participants remarked that more awareness-building is needed on the ramifications of gambling, beyond the potential to become addicted. For example, one participant noted that residents should know that when they lose money, it cannot be written off on taxes.

### "

The whole community needs to see it as an addiction.

However, this participant observed that when residents win money, they are required to pay taxes on their earnings because these earnings are considered income by the federal government.

### **Regulatory Efforts as Prevention**

Regulations can also serve as another level in the primary prevention of problem gambling. Regulatory efforts can range from restrictions on the availability of gambling, on who is permitted to gamble, on gambling operations, to those on behaviors associated with problem gambling [2]. Both community members and service providers/organization leaders highlighted the importance of state involvement in addressing problem gambling in Illinois.

### "

[We as a state] need to look at the health and social effects of gambling rather than just the revenue.

Regulations related to where gaming establishments are able to open and in what setting can affect residents' access to and opportunities for gambling—a risk factor for engaging in problem gambling behaviors. The literature also supports that restrictions on reducing the supply of gambling and ensuring venues are not concentrated in vulnerable communities are some of the strategies with the most empirical support [9]. Some assessment participants questioned the benefits and harms of the increased access that residents have now too many types of gambling, including at more casinos and online. However, participants did mention regulations around age requirements for casinos and the software used to enforce online gambling activities. For example, one participant noted that current regulations stipulate that online gambling in Illinois can only occur if a person is physically located in Illinois and can provide proof of Illinois residency. This individual added that patrons are tracked using geographic filtering and age/resident validation is captured through Know Your Customer software.

Community members specifically expressed a need for the state to commit more money not only to fund treatment, but also to gain a deeper understanding of gambling in the community as a whole. For example, one community member said, *"the state needs to look at the health and social effects of gambling rather than just the revenue. Throwing a few million dollars at the problem is not the answer."* Additional education and regulatory suggestions are summarized in the recommendations section.

# Secondary Prevention of Problem Gambling

At the secondary prevention level, strategies aim to identify and support people at risk for a gambling problem prior to the escalation of a serious problem.

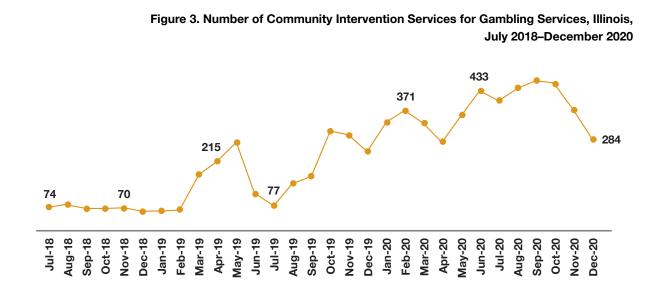
### Early and Targeted Screening

Existing screening practices in the state are inconsistent, with only some mental health and other providers screening for problem gambling. By creating a system that consistently, routinely, and accurately identifies problem gambling among Illinoisans, the state would have a better understanding of the needs among individuals and families impacted by problem gambling. Results from the Frequent Gambler Survey in Illinois also highlighted that Illinoisans with problem gambling were more likely to seek behavioral health services in the past year for stress or depression (36.8%), alcohol misuse (38.0%), or drug misuse (36.3%). Problem gambling screening should be integrated in other routine mental health screenings due to the overrepresentation of mental health issues among people with a gambling problem [10–12].

### **Community Interventions**

Community intervention services include recovery support services, in-reach (pertaining to the education of institutions, agencies, and other social services staff about screening and referral into treatment for at-risk individuals), out-reach (focused on encouragement and engagement of individuals at-risk through community institutions such as schools and medical facilities), case finding, crisis intervention, training for organizations attending SUPR-sponsored training, client/patient transportation, and language interpreter services.

These services have been increasingly in demand by Illinoisans. In July 2019, there were 77 services with total claims of \$2,282 (Figure 3 and Figure 4). Claims for community intervention services continued rising until May 2020 when claims totaled \$27,360, then claims dropped in July 2019 and then later peaked in May 2020 at \$46,897 when 357 services were provided. In December of 2020, there were 284 services provided with \$21,594 in claims.



Data Source: Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR), Department's Automated Reporting and Tracking System (DARTS), 2019–2020

Note: Gambling services were tracked using an L tag in DARTS' Dedicated Funding Category field.

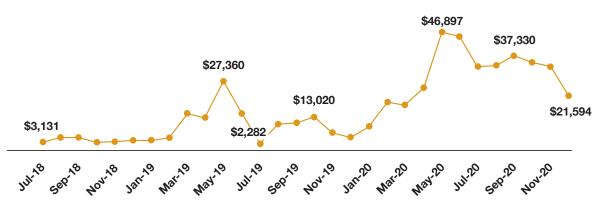


Figure 4. Total Claims for Community Intervention Services for Gambling Services, Illinois, July 2018–December 2020

Data Source: Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR), Department's Automated Reporting and Tracking System (DARTS), 2019–2020 Note: Gambling services were tracked using an L tag in DARTS' Dedicated Funding Category field.

Future community interventions should be informed by the most persistent problems reported by people at risk for problem gambling and those with a gambling problem. The following table shows the individual PPGM questions among people at risk for problem gambling and among gamblers with problem gambling. The commonly reported problems may be key areas for intervention. By definition, the gamblers with problem gambling have a higher frequency than those at risk for problem gambling for each individual question, so a comparison of these groups is not meaningful and they are addressed separately.

Among people at risk for problem gambling, respondents most frequently reported within the Problems subscale that their involvement in gambling has caused them to miss a significant amount of time off work or school in the past 12 months (14.8%), their involvement in gambling caused them either to borrow a significant amount of money or sell some of their possessions in the past 12 months (14.4%), and their involvement caused significant mental stress in the form of guilt, anxiety, or depression for themselves or someone close to them in the past 12 months (14.2%). Within the Impaired Control subscale, Illinoisans at

risk for problem gambling most frequently reported that in the past 12 months they had made attempts to either cut down, control, or stop their gambling (40.6%) and had often gone back to try and win back the money they lost (38.4%). Within the Other Issues subscale, they most frequently reported that they found that they needed to gamble with larger and larger amounts of money to achieve the same level of excitement (29.9%) (Figure 5). These most closely align with the DSM-5 diagnostic criteria of, "Has jeopardized or lost a significant relationship, job or education or career opportunity because of gambling," "After losing money gambling, often returns another day to get even ("chasing" one's losses)," and "Needs to gamble with increasing amounts of money in order to achieve the desired excitement" [13].

Each symptom of problem gambling asked about in the PPGM had between 40–70% affirmative responses, indicating how common these problems are in this group. Among gamblers with problem gambling, respondents most frequently reported within the Problems subscale that their involvement caused significant mental stress in the form of guilt, anxiety, or depression for themselves or someone close to them in the past 12 months (56.1%), that there is someone else who would say that their involvement in gambling in the past 12 months has caused significant problems regardless of whether they agree with them or not (55.2%), and their involvement in gambling has caused them to miss a significant amount of time off work or school in the past 12 months (55.1%). Within the Impaired Control subscale, gamblers with problem gambling most frequently reported that in the past 12 months that they had often gone back to try and win back the money they lost (70.8%), have often gambled longer, with more money or more frequently than they intended to (64.7%), and had someone who would say that they have had a difficulty controlling their gambling, regardless of whether they agreed with them or not (64.2%). Within the Other Issues subscale, they most frequently reported that when they were not gambling they often experienced irritability, restlessness or strong cravings for it (64.3%) (Figure 5). These most closely align with the DSM-5 diagnostic criteria of, *"Has jeopardized or lost a significant relationship, job or education or career opportunity because of gambling," "Is restless or irritable when attempting to cut down or stop gambling," "After losing money gambling, often returns another day to get even ("chasing" one's losses)," and "Is often preoccupied with gambling"* [13].

#### Figure 5. PPGM Responses Among At-Risk and Problem Gamblers, 2021

	Yes Res	ponses
PPGM Question	At-Risk Gamblers (n=381)	Problem Gamblers (n=1,387)
Problems Score		
Has your involvement in gambling caused you either to <b>borrow a significant</b> amount of money or sell some of your possessions in the past 12 months?	14.4%	53.0%
Has your involvement in gambling caused <b>significant financial concerns</b> for you or someone close to you in the past 12 months?	11.6%	48.8%
Has your involvement in gambling caused <b>significant mental stress</b> in the form of <b>guilt, anxiety, or depression</b> for you or someone close to you in the past 12 months?	14.2%	56.1%
Has your involvement in gambling caused <b>serious problems in your</b> relationship with your spouse/partner, or important friends or family in the past 12 months?	10.3%	53.0%
Has your involvement in gambling caused you to <b>repeatedly neglect your</b> children or family in the past 12 months?	12.2%	53.4%
Has your involvement in gambling <b>resulted in significant health problems</b> <b>or injury</b> for you or someone close to you in the past 12 months?	9.7%	44.7%
Has your involvement in gambling caused <b>significant work or school problems</b> for you or someone close to you in the past 12 months?	12.3%	52.8%

PPGM Question	Yes Responses	
	At-Risk Gamblers (n=381)	Problem Gamblers (n=1,387)
Has your involvement in gambling caused you to <b>miss a significant amount of time off work or school</b> in the past 12 months?	14.8%	55.1%
Has your involvement in gambling caused you or someone close to you to <b>write bad checks, take money that didn't belong to you, or commit other illegal acts</b> to support your gambling in the past 12 months?	10.7%	42.8%
Is there anyone else who would say that <b>your involvement in gambling in</b> <b>the past 12 months has caused any significant</b> problems regardless of whether you agree with them or not?	13.8%	55.2%
Impaired Control Score		
In the past 12 months, have you often <b>gambled longer, with more money,</b> or more frequently than you intended to?	27.1%	64.7%
In the past 12 months, have you often gone back to try and win back the money you lost?	38.4%	70.8%
In the past 12 months, have you made any attempts to either cut down, control or stop your gambling?	40.6%	63.7%
Were you successful in these attempts?	72.9%	35.8%
In the past 12 months, is there anyone else who would say that you have had a <b>difficulty controlling your gambling</b> , regardless of whether you agreed with them or not?	13.7%	64.2%
Other Issues Score		
In the past 12 months, would you say you have been <b>preoccupied</b> with gambling?	25.8%	57.2%
In the past 12 months, when you were not gambling did you often experience irritability, restlessness, or strong cravings for it?	24.7%	64.3%
In the past 12 months, did you find you <b>needed to gamble with larger and</b> larger amounts of money to achieve the same level of excitement?	29.9%	59.0%

*Data Source:* IL Problem Gambling Assessment, Frequent Gambler Sample, 2021 *Note:* Exact number of respondents by PPGM varied across items.

To best serve communities disproportionally impacted by problem gambling, implementing tailored interventions centered on community and peer support may be especially impactful. One example of a program that embodies this is the Massachusetts Ambassador Project for men of color who have a history of substance misuse [14]. Ambassadors, men of color with a history of substance misuse who are now in recovery, lead conversations about problem gambling prevention in their community following intensive training. The program fostered connections, awareness, empowerment, and support between men of color at risk for problem gambling through individual, group and community-level engagement, while simultaneously promoting systems-level change. Community discussions among Illinoisans also echoed the need for more interventions tailored to specific communities, such as Chinese immigrants, older adults, and youth.

In addition to having strong problem gambling screening practices, interviewees also discussed the need for additional awareness-building and affirming care practices that promote anti-bias and anti-stigma around problem gambling to providers themselves, regardless of specialty. For example, these participants urged education and training for primary care providers, gambling treatment providers, providers who specialize in fields other than gambling, and front desk staff at the medical facilities. One treatment provider, when emphasizing the importance of having all staff in a medical facility trained, recalled instances where patients declined care due to a lack of compassionate care in the facility. This person suggested that by educating providers, the community will be able to come together-across sectors-to address problem gambling. Currently, this interviewee added, many providers are "anti-industry" in reference to gambling. This leads to *"industry folks,"* or professionals in the gambling industry, being apprehensive about working with providers. A treatment provider explained that to bridge this gap, "we need to change the mindset of providers." Another provider echoed this sentiment by highlighting the fact that parts of the gambling industry

"are trying to do good" and generally are "not trying to take advantage of people with problems." Additional screening and community intervention suggestions are summarized in the recommendations section.

### Tertiary Prevention of Problem Gambling

Tertiary prevention of problem gambling aims to minimize the harms associated with an active gambling problem. In practice this may look like ensuring those with an active gambling problem have access to treatment and other services that prevent relapse.

### Harm Reduction

Currently, the most common forms of harm reduction for problem gambling include limit-setting, selfexclusion, machine feedback, and restricting access to large bills or cash. Based on a review of prevention and harm reduction initiatives, the most effective form of harm reduction is the restriction of alcohol and tobacco use while gambling [9].

Self-exclusion lists are another form of gambling prevention—or helping those with a gambling problem from relapsing while in recovery. In 2002, the Illinois Gaming Board launched the voluntary program which allows people to self-exclude themselves from all Illinois casinos. In 2019, the self-exclusion program was expanded to include sports wagering participants. For online video gaming, the Illinois Gaming Board established a voluntary Problem Gambling Registry for Video Gaming in 2018 that allows enrolled people to receive regular emails on problem gambling and includes links to problem gambling prevention and treatment resources available in Illinois.

Several providers and organizational leaders interviewed in this assessment questioned the impact of the self-exclusion programs. One service provider commented that the self-exclusion process *"really needs to evolve"* and perceived that a serious issue

with the self-exclusion list is that it does not restrict gambling in an establishment: "It doesn't exclude people from gambling, just winning." If a person on the self-exclusion list gambled, won, and tried to collect winnings, they would not be allowed to collect the winnings. Another interview participant, when commenting on the intricacies of the self-exclusion list did not perceive the role of gambling establishments to be preventing people from gambling saying, "if you're someone who has alcoholism, we don't check your license when you go into a bar. Are we responsible for keeping people from gambling? I do not know that we are. We don't do that for other issues."

To date, many of the harm reduction strategies for problem gambling focus on the individual. However, we know that families and others also experience harms due to problem gambling. Future harm reduction efforts should take a more holistic approach in ensuring that the full scope of possible gambling harms is addressed.

# Treatment and Recovery

### Treatment Referrals

The State of Illinois oversees the Illinois Gambling Problem Helpline (1-800-GAMBLER), a telephone and web resource with specialists trained in evidencebased approaches that help connect callers and website users with treatment and recovery support services. LifeWorks (formerly Morneau Shepell), a human resource consulting firm, helps run the helpline for the state. While there is interest and participation in the helpline, call numbers have decreased over time

(Figure 6). In FY 2020, LifeWorks answered 1,293 total calls on the Illinois Helpline, with 414 calls from people who gambled and concerned others who were seeking assistance for some type of gambling problem. This reflects a 31.8% decrease for total calls from FY 2019 (1,897) and a 44.4% decrease from FY 2018 (2,324). Regarding Gambling Helpline specific calls, there was a 39.2% decrease from FY 2019 (681) and a 50.5% decrease from FY 2018 (837).

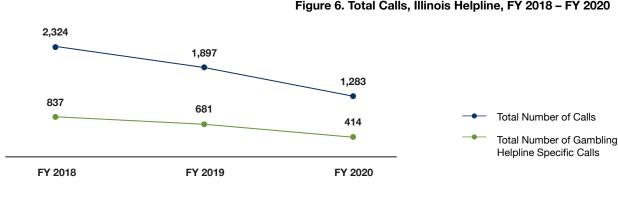


Figure 6. Total Calls, Illinois Helpline, FY 2018 – FY 2020

Data Source: LifeWorks, Illinois Helpline Statistics, FY 2018 - FY 2020

However, the popularity of telephone communication is decreasing in society at large, so these decreases may reflect a shift in help-seeking away from calls and towards chats, texts, and web resources. This potential substitution is not currently measurable though, since chat and text data are only available for FY 2020, with a total of 104 chats, 81 text conversations and 112 text subscriptions (Figure 7). Any changes in the use of help-seeking communication method can be monitored in future assessments.

	n	%
Total Chat Conversations	104	
Gambler	33	31.7%
Non-Gambler	9	8.7%
Not Specified	62	59.6%
Total Text Conversations	81	_
Total Text Subscriptions	112	-
Gambler	93	83.0%
Non-Gambler	3	2.7%
Not Specified	16	14.3%

Data Source: LifeWorks, Illinois Helpline Statistics, FY 2019 - FY 2020

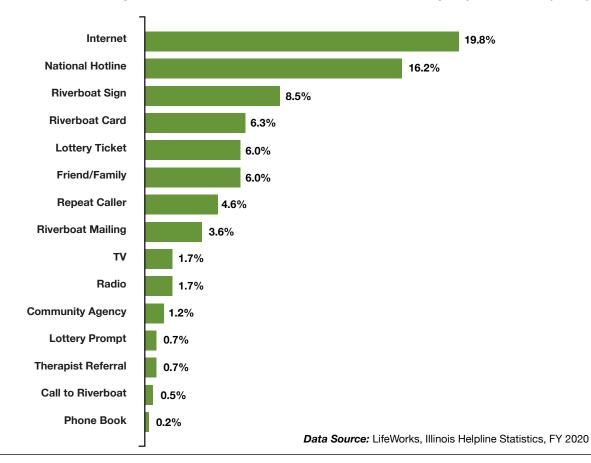
The profile and selected demographics of callers on the Illinois Gambling Helpline in FY 2020 are depicted in Figure 8. Most callers were the person who gambled (82.4%), followed by spouses (4.6%) and parents (3.4%) of people who gambled. More than half of callers were male (55.3%), and many of the callers were between the ages of 26 and 65 (47.3%). Note that age was also not known for a large percentage of callers (40.1%). Additionally, although about a fourth of callers' marital status are unknown, most others identified as either single (41.8%) or married (25.6%).

	n	%
Profile		
Gambler	341	82.4%
Spouse	19	4.6%
Parent	14	3.4%
Child	11	2.7%
Friend	9	2.2%
Sibling	9	2.2%
Other	6	1.4%
Therapist	3	0.7%
Unknown	2	0.5%
Gender		
Women	185	44.7%
Men	229	55.3%
Age in Years		
Under 21	5	1.2%
21–25	20	4.8%
26–35	49	11.8%
36–45	49	11.8%
46–55	43	10.4%
56–65	55	13.3%
66–75	22	5.3%
76–85	5	1.2%
86–95	0	0.0%
Unknown	166	40.1%

	n	%
Marital Status		
Single	173	41.8%
Married	106	25.6%
Separated	4	1.0%
Divorced	21	5.1%
Widowed	6	1.4%
Unknown	104	25.1%

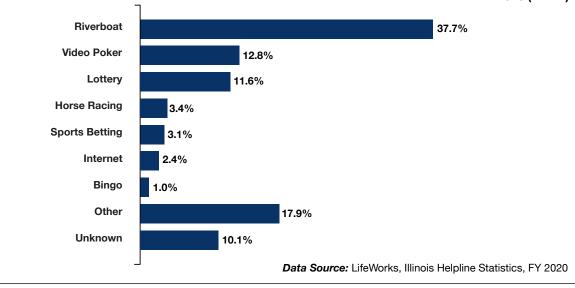
Data Source: LifeWorks, Illinois Helpline Statistics, FY 2020

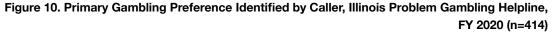
In FY 2020, leading referral sources for callers of the Illinois Problem Gambling Helpline were the internet (19.8%), National Hotline (16.2%), and riverboat signs (8.5%). These leading referrals sources were also similar to FY 2018–2019, with slight fluctuations in the percentage of referrals coming from riverboat signs (11.2% in FY 2018, 7.6% in FY 2019) (Figure 9).





In FY 2020, riverboats were the top gambling preference among those that called the Illinois Problem Gambling Helpline for FY 2020 (37.7%), similar to FY 2018 (42.5%) and FY 2019 (44.6%) (Figure 10). After riverboats, video poker (12.8%), and lottery (11.6%) were the top gambling preferences among callers in FY 2020.





In FY 2020, leading sources of assistance referred to callers were Gamblers Anonymous (49.0%), state-funded sources (44.9%), and Call to Change, a case management and relapse prevention support program providing phone counseling (30.0%) (Figure 11). Note that 14.5% of callers were not seeking any referrals to sources of assistance.

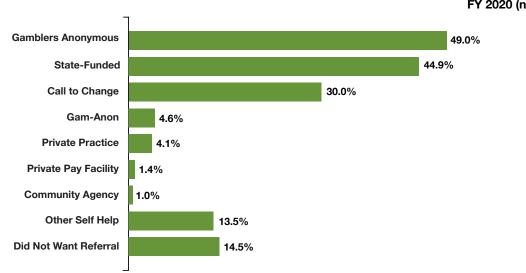


Figure 11. Sources of Assistance for Helpline by Specific Caller, Illinois Problem Gambling Helpline, FY 2020 (n=414)

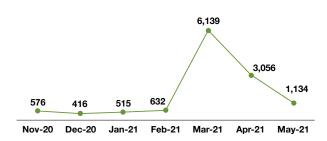
Data Source: LifeWorks, Illinois Helpline Statistics, FY 2020

*Note:* Gamblers Anonymous (GA), is a 12-step recovery program for people struggling with a gambling addiction; Gam-Anon is its counterpart for spouses, family, and close friends of compulsive gamblers. The We Know the Feeling website provides resources including information about gambling disorders, stories of how gambling has affected individuals, resources to find help, and more. There were over 400 visits to We Know the Feeling website per month from November 2020–May 2021, peaking at 6,139 visits in March of 2021. This coincides with Problem Gambling Awareness Month.

## Treatment and Recovery Resources

Figure 13 depicts substance use disorder treatment providers who also have services for gambling use disorder, overlayed on a map of casino locations in and bordering Illinois. In total, there are 45 gambling disorder provider locations contracted with SUPR, 38 of which provide outreach and treatment services and 7 of which are outreach only providers. The Chicago and East Saint Louis areas are the most concentrated with both casinos and provider locations. There is a notable lack of providers in the northwest region of Illinois, near many lowa casinos. There are currently 1,020 SUD provider locations in the state who do not have gambling services, but would be eligible to provide gambling screening and referral services.

Figure 12. Total Visits to We Know the Feeling Website, by Month, November 2020–May 2021

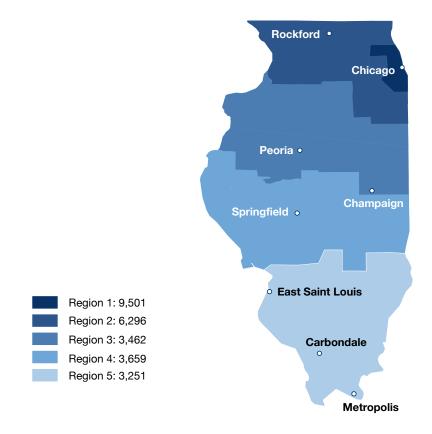


Data Source: Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR), 2020–2021

Figure 13. Casino Locations and Gambling Disorder Provider Locations Contracted with Illinois Department of Human Services (IDHS): Substance Use Prevention & Recovery (SUPR), 2021



Data Source: Illinois Gaming Board (IGB), 2020; Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR), 2020–2021 In the state, there are a number of treatment and recovery resources; however, they are not necessarily located throughout the entire state (Figure 13 and Figure 14). Individuals who seek treatment typically need to do so at treatment centers that also provide substance use treatment. Many treatment providers receive funding through the state. The state, via SUPR, funded more than \$1.3 million of gambling treatment services between July 2018 and December 2020. In FY 2018, 7,000 gambling treatment-related services were provided by SUPR-funded treatment providers. This number more than doubled to over 16,450 services in FY 2020. When examining the number of services provided at each facility location by region, DHS Region 1 (Cook County) had the highest number of service counts (9,501) (36.3% of total services), followed by DHS Region 2 (the other counties outside of Cook in the northern part of the state), which included a total of 6,296 services (Figure 14).



#### Figure 14. Services Count, by Facility Location (Region), July 2018–December 2020

Data Source: Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR), Department's Automated Reporting and Tracking System (DARTS), 2019–2020

In July of 2018, 231 individual clients were reported to have received a gambling assessment, typically a 15-minute evaluation used to screen for gambling use disorder, and 156 clients received non-assessment gambling services; in total, 369 clients received either one or both services. The number of clients receiving assessment services peaked in January 2020, at 1,104 and the number of clients receiving non-assessment services peaked in March 2020 at 171 services (Figure 15). Individual clients receiving either type of service peaked in March 2020, at 1,145, the time point at which the COVID-19 pandemic began to worsen in the U.S.

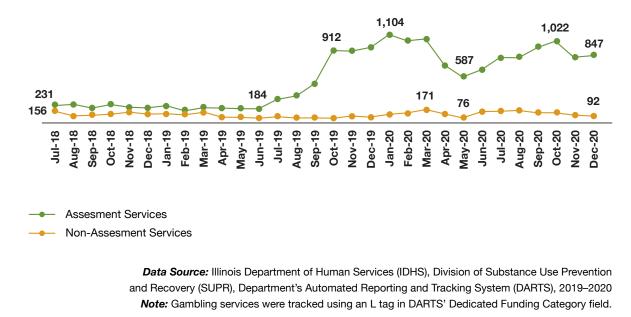


Figure 15. Individual Clients Receiving Gambling Services, Illinois, July 2018–December 2020

Similarly, there has been an increase in total claims for community intervention services from 2018 to 2020. Presented in Figure 16 is the number of services for gambling provided, by type of service and state fiscal year. Across all three state fiscal years, the highest number of services were assessment-related, ranging from a low of 2,463 in state FY 2019 to a high of 9,367 assessment services in state FY 2020. In state FY 2020, community intervention was the second leading service provided (3,348 services), followed by outpatient individual (1,783 services).

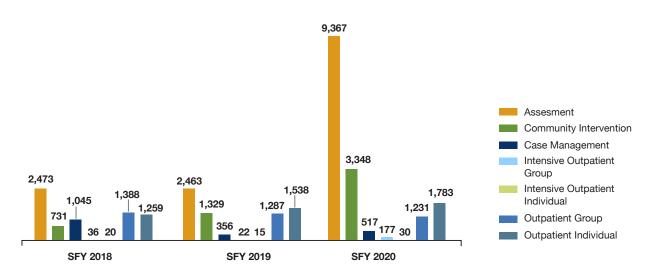


Figure 16. Number of Services Provided, by Type of Service, July 2018–December 2020

Data Source: Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR), Department's Automated Reporting and Tracking System (DARTS), 2019–2020

Across all three state fiscal years, community intervention had the highest total claims, ranging from a low of \$63,000 in state FY 2018 to a high of \$211,000 in state FY 2020 (Figure 17). In state FY 2020, assessment (\$188,000) and outpatient individual services (\$109,000) also had high claims.

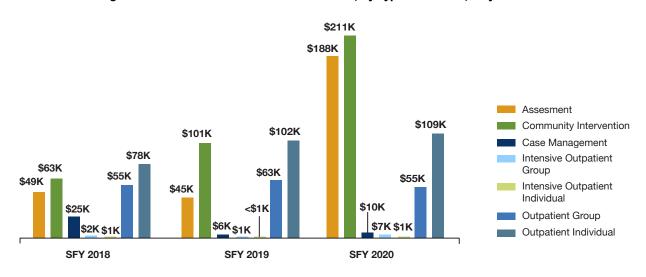


Figure 17. Total Claims for Services Provided, by Type of Service, July 2018-December 2020

*Data Source:* Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR), Department's Automated Reporting and Tracking System (DARTS), 2019–2020

Gamblers Anonymous is a well-known resource in the field that provides a way for those in treatment and recovery to share their experiences with others and receive peer support. Figure 18 shows a map of Gamblers Anonymous meeting locations throughout the state of Illinois. As seen on the map, the majority of locations are in the Chicago metropolitan area, with few locations in other parts of the state. Several assessment participants commented in interviews on the importance of Gamblers Anonymous as a resource. A few providers also noted that Gamblers Anonymous was not as readily available for many residents. These interviewees perceived meetings to be infrequent and in few locations in Illinois, especially outside of Chicago. One organizational leader commented that this lack of presence of Gamblers Anonymous in the community can be problematic for those in treatment and recovery as well as contribute to the stigma surrounding problem gambling.

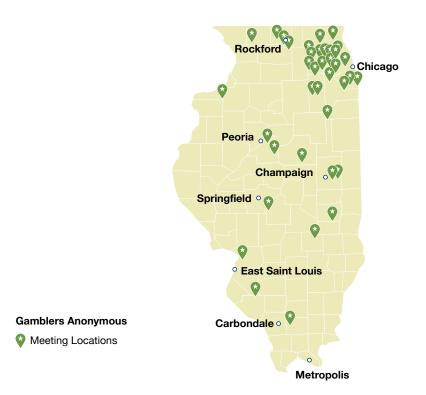


Figure 18. Gamblers Anonymous Meeting Locations, Illinois, 2021

Data Source: International Service Office, Gamblers Anonymous, 2021 Note: Some locations depicted have temporarily closed due to the COVID-19 pandemic; Meetings are categorized as the following: closed where only those with a gambling problem, or those who think they may have a gambling problem, with a desire to stop gambling, are eligible to attend and participate; modified closed which is similar to a closed meeting but the members would vote to include certain groups such as health professionals, guests attending with first time members, and persons with other addictions in need of a meeting; open where spouses, family, and friends of the gambler are welcome to

As noted previously, the Illinois Gambling Prevalence Survey estimated that 3.8% of adult Illinoisans had a gambling problem. By region, residents of Chicago and the rest of Cook County had a higher prevalence of problem gambling than the state average (5.7% and 4.4%, respectively) (Figure 19). The statewide prevalence of people at risk for problem gambling was 7.7%, with apparently higher proportions in Chicago (10.3%), other urban counties (10.1%), and rural counties (8.5%). While the reasons for such potential regional differences are currently unknown, if verified, this could imply a greater need for treatment services for problem gambling in the most affected regions of the state.

attend and observe the meeting.

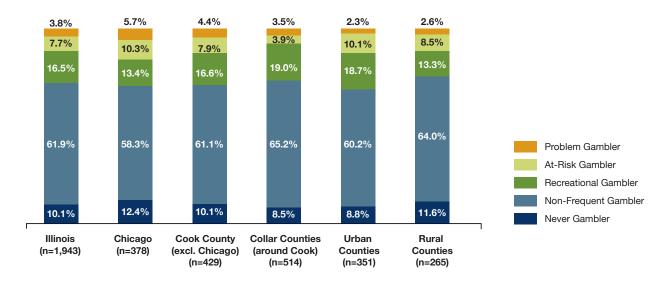


Figure 19. PPGM Among Illinois Residents, by Region, 2021 (n=1,937)

Data Source: IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021

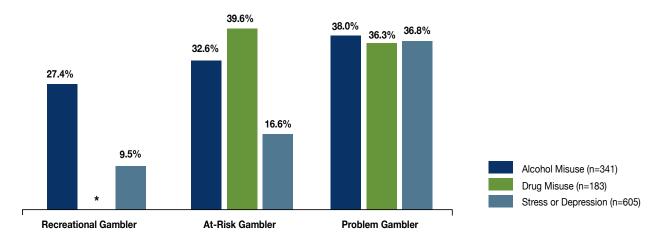
# Treatment-Seeking Behaviors

## Treatment Seeking for Conditions Other Than Gambling

Previous studies have shown that most people with problem gambling have had at least one other mental health condition sometime in their lifetime, underscoring the importance of integrated treatment for comorbidities such as depression among people with problem gambling. Results from the Frequent Gambler Survey in Illinois indicate that 36.8% of people with problem gambling reported receiving mental health services for stress or depression in the past 12 months (Figure 20). This proportion was higher than for persons at risk for problem gambling (16.6%) and frequent recreational gamblers (9.5%). For both frequent recreational gamblers and people at risk for problem gambling, the proportion of people reporting receipt of mental health services for alcohol or drug misuse (among those who had substance use problems) was even higher than those services reported for stress or depression (Figure 20).

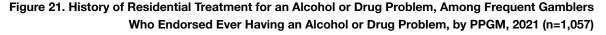
Among people with problem gambling, 38.0% have received services in the past year for alcohol misuse, 36.3% for drug misuse, and 36.8% for stress or depression.

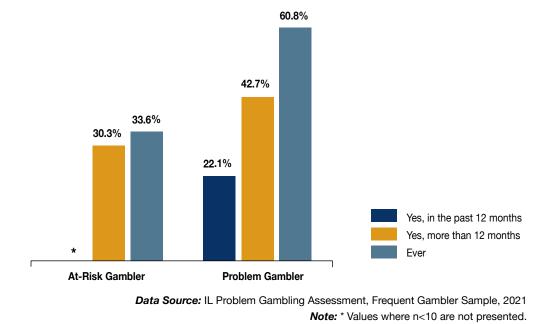
### Figure 20. Receipt of Mental Health Services for Stress or Depression, Alcohol Misuse, and Drug Misuse in the Past 12 Months, Among Frequent Gamblers, by PPGM, 2021



Data Source: IL Problem Gambling Assessment, Frequent Gambler Sample, 2021 Note: \* Values where n<10 are not presented.

Residential treatment is an important form of intensive treatment for problem gambling and cooccurring mental health or substance use disorders. Approximately 60% of people with problem gambling have ever been in residential treatment for an alcohol or drug problem, compared to 33.6% of people at risk of problem gambling (Figure 21). Additionally, 30.3% of Illinois residents at risk for problem gambling had been in residential treatment for an alcohol or drug problem prior to 12 months ago, compared to 42.7% of people with problem gambling. Results for frequent recreational gamblers are not shown due to small sample sizes.

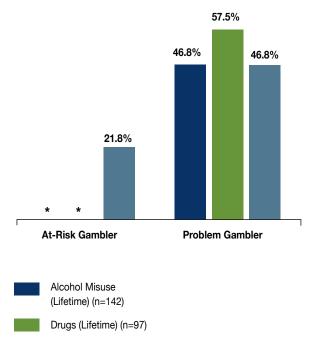




Because of the high prevalence of psychiatric and substance use disorders among people with problem gambling, treatment-seeking behavior is also important because it could serve as a gateway to treatment for problem gambling. Contact with a mental health professional could be an opportunity for people with problem gambling to learn about and acknowledge their addiction, and thereby receive tailored treatment for their multiple service needs. Among respondents to the Frequent Gambler Survey who reported ever having been diagnosed with an anxiety or depressive disorder by a health professional, 48.2% of people with problem gambling said they had spoken to the health professional about their gambling, compared to 22.8% among persons at risk for problem gambling (data not shown).

Respondents who reported receiving services in the past 12 months were then asked if they spoke to that health professional about their gambling (Figure 22). Among those who sought treatment for alcohol problems, 46.8% of people with problem gambling discussed their gambling (Figure 22). Among those who sought treatment for drugs, 57.5% of people with problem gambling discussed their gambling discussed their gambling. For those who sought treatment for stress or depression, 46.8% of people with problem gambling discussed their gambling. For those who sought treatment for stress or depression, 46.8% of people with problem gambling discussed their gambling. For gambling discussed their gambling, compared to 21.8% of people at risk for problem gambling. Results for frequent recreational gamblers are not shown due to small sample sizes.

### Figure 22. Prevalence of Gambling Discussion with a Provider When Seeking Help for Another Mental Health Issue, by PPGM, 2021



Data Source: IL Problem Gambling Assessment,

Frequent Gambler Sample, 2021

**Note:** This question in the survey allowed for multiple responses; therefore,

percentages may not add up to 100%.

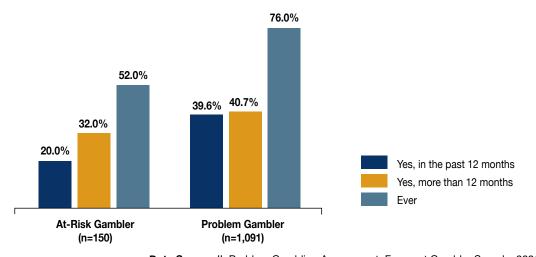
\*Values where n<10 are not presented.

Stress or Depression (Past 12 months) (n=231)

2021 Statewide Assessment of Gambling and Problem Gambling in Illinois

## Treatment-Seeking for Gambling Disorders

In the survey, people who gambled frequently and thought they might have or have had a gambling problem were asked whether they had ever gotten help for the problem. Over three-quarters of people with problem gambling reported ever seeking treatment, compared to over half of people at risk for problem gambling (Figure 23). Nearly 40% of people with problem gambling reported seeking help in the past year and before the past year. Relative to treatmentseeking in the past year (20.0%), help-seeking prior to the past 12 months was higher among people at risk for problem gambling (32.0%).



### Figure 23. Prevalence of Treatment Seeking, Among Frequent Gamblers Who Reported Having a Current or Past Gambling Problem, by PPGM, 2021 (n=1,257)

*Data Source:* IL Problem Gambling Assessment, Frequent Gambler Sample, 2021 *Note:* This question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.Values where n<10 are not presented.

Only 21.1% of treatment-seeking people with problem gambling sought help from a mental health professional, and only 14.4% from a doctor or general practitioner.

Among Frequent Gambler Survey respondents who had ever sought help for their gambling problems, the most common source of help was a friend or family member (at-risk: 50.0%; people with problem gambling: 50.9%), followed by spouse/partner (at-risk: 38.5%; people with problem gambling: 33.3%), and Employee Assistance Program (at-risk: 26.9%; people with problem gambling: 25.7%) (Figure 24). Only 21.1% of treatment-seeking Illinoisans with problem gambling sought help from a mental health professional, and only 14.4% from a doctor or general practitioner. Seeking help from mental health professionals and doctors was similarly low for those at risk of developing problem gambling (21.8% and 15.4%, respectively). Among those with problem gambling, the helpline was the most used source after friends and family. One-quarter of those who used the helpline reported that it was very helpful (25.2%) and another 53.9% reported that it was somewhat helpful.

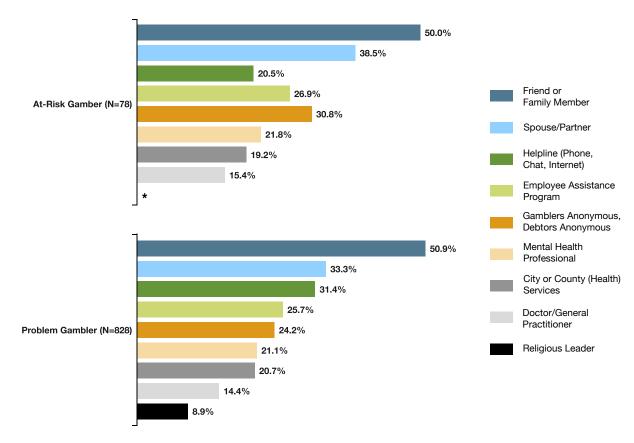


Figure 24. Sources from Which People Sought Help, Among At-Risk and Problem Gamblers, 2021 (n=908)

*Data Source:* IL Problem Gambling Assessment, Frequent Gambler Sample, 2021 *Note:* This question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%. \*Values where n<10 are not presented.

## Barriers to Seeking Gambling Treatment Services

People who gambled frequently and thought they might have or have had a gambling problem who did not seek help for their problem were asked why not. Among people with problem gambling, the most common reason for not seeking help was that they thought they could fix the problem on their own (45.7%) (Figure 25). Similarly, 44.6% reported that they were too embarrassed or worried to ask for help—a theme repeated in the qualitative discussions, as one expert in the field noted, *"even if people have insurance that will cover services, clients don't want providers to bill*  them because they are terrified their employer will find out." Additionally, more than one-quarter of those with problem gambling did not seek treatment because they did not think counseling would help them. Perceiving gambling to be a problem that can be fixed without treatment and feeling too embarrassed or worried reflect some of the reasons listed by a service provider who noted that unlike substance use disorder, "people are able to wait a much longer time before they access any help" for problem gambling. As quoted in Chapter 5, a community resident noted that people can "move things around financially," or as the survey suggests, people attempt to fix the problem on their own. Other reasons for not seeking help as cited by respondents include cost, availability, and pandemic limitations (Figure 25).

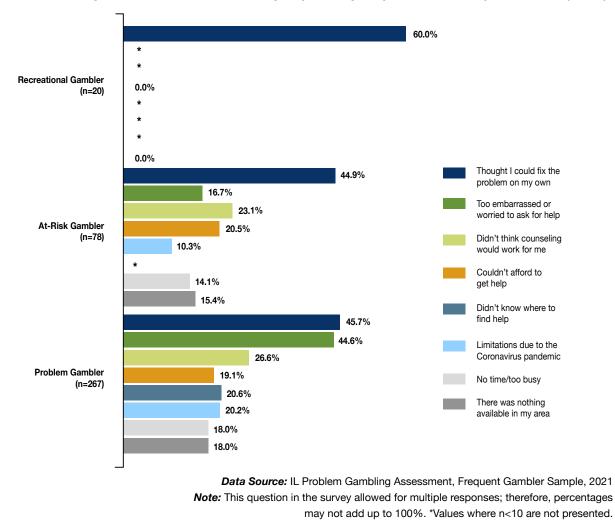


Figure 25. Reasons for Not Getting Help, Among Frequent Gamblers, by PPGM, 2021 (n=365)

Interview participants, particularly providers themselves and experts in the field, discussed a number of other barriers to seeking treatment among those dealing with problem gambling. Issues related to lack of awareness, stigma, and relative perceptions of harm were underlying many of these themes. Some of the major barriers to treatment cited by interviewees in the assessment included the following: awareness of treatment services, cultural differences, and difficulty identifying problem gambling as an addiction.

### **Awareness of Treatment Services**

Interviewees noted that a significant barrier to treatment is lack of awareness. This was particularly true among

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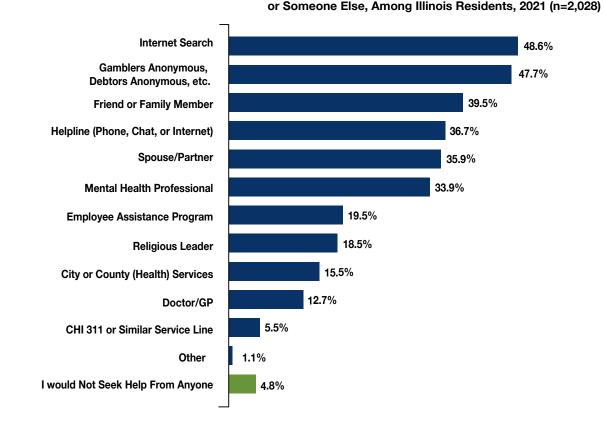
There's a lot of messaging on where to go to gamble but nothing on where to get treated.

the community residents interviewed as part of the assessment. Of those who were familiar with treatment services, the services named were related to behavioral health in general. Notably, even some treatment

providers who were interviewed perceived limited treatment and recovery services across the state. When reflecting on the types of treatment available, one participant perceived a lack of treatment options specifically for people with a video gambling disorder. One participant more familiar with the landscape of treatment in Illinois perceived "only a few" organizations available in the state to provide gambling treatment, indicating a broad misconception of the availability of treatment services. Further, conversations about available services typically morphed into conversations about a perceived lack of treatment services. One participant shared their perspective, "I've never heard of a place to go for gamblers." Another participant contrasted the heightened awareness of where to gamble with the lack of awareness to get gambling treatment saying, "There's a lot of messaging on where to go to gamble but nothing on where to get treated."

This lack of awareness of services was seen as a major challenge to seeking treatment when needed.

This lack of awareness of treatment options available for problem gambling was also reflected in the Illinois Gambling Prevalence Survey. No matter their personal participation in gambling, Illinoisans were asked where they would seek help for a gambling problem for either themselves or someone else. Illinoisans reported that if they needed advice or information about a gambling problem (their own or someone else's), they would most likely seek information from an internet search (48.6%), Gamblers Anonymous (GA) or another peer support group (47.7%), a friend or family member (39.5%), or helpline (36.7%) (Figure 26). Notably, only one-third of Illinoisans said they would seek help from a mental health professional, and only 12.7% would seek help from a general practitioner.



### Figure 26. Where Would You Seek Advice for a Gambling Problem for You

*Data Source:* IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 *Note:* This question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.

Help-seeking attitudes varied somewhat by race/ ethnicity and age. When asked where they would most likely seek advice about a gambling problem, the internet was the most commonly cited source for Asian (56.8%), Hispanic/Latinx (47.5%), White (50.0%), and other race/ethnicity (55.6%). Gamblers Anonymous or another peer support group was the most frequently cited source of potential advice about a gambling problem endorsed by Black/African American Illinoisans (56.1%), followed by a helpline (42.0%), and friend or family member (41.5%) (see Figure 27).

## Figure 27. Where Would You Seek Advice for a Gambling Problem for You or Someone Else, Among Illinois Residents, by Race/Ethnicity, 2021 (n=2,014)

	Asian (n=51)	Black/ African American (n=334)	Hispanic/ Latinx (n=413)	White (n=1,116)	Other Race/ Ethnicity (n=100)
Spouse/Partner	33.8%	32.4%	34.2%	37.0%	36.6%
Friend or Family Member	35.4%	41.5%	36.4%	39.6%	46.1%
Employee Assistance Program	19.9%	23.4%	18.0%	19.1%	20.5%
Helpline	28.4%	42.0%	34.4%	36.7%	37.2%
CHI 311	0.0%	13.0%	6.6%	3.6%	10.0%
Internet Search	56.8%	38.6%	47.5%	50.0%	55.6%
Gamblers Anonymous, Debtors Anonymous, or Other Peer Support Group	24.7%	56.1%	41.8%	48.6%	47.1%
City or County (Health) Services	-	21.4%	14.3%	14.5%	18.5%
Mental Health Professional	31.1%	34.1%	34.5%	33.8%	33.7%
Doctor/General Practitioner	-	15.3%	11.1%	12.5%	13.7%
Religious Leader	_	26.0%	16.8%	17.3%	28.5%
Other	-	6.1%	6.1%	3.7%	_
I Would Not Seek Help From Anyone	33.8%	32.4%	34.2%	37.0%	36.6%

*Data Source:* IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 *Note:* This question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%. Values where n<10 are not presented. Other help sources identified by respondents were all n<10.

Reported advice-seeking patterns for a gambling problem also varied by age (Figure 28). For people over the age of 65, Gamblers Anonymous or another peer support group (62.1%) was the most prevalent resource to which respondents noted they would turn, followed by a mental health professional (41.6%) and helpline (37.4%). Among respondents 44 years of age and younger, the internet and a friend or family member were the most commonly cited sources to which they would turn. For Illinoisans 45-64 years of age, Gamblers Anonymous and other peer support groups (52.5%) was the most cited potential resource, followed by the internet (46.3%).

#### Figure 28. Where Would You Seek Advice for a Gambling Problem for You or Someone Else, Among Illinois Residents, by Age in Years (n=2,028)

	18 to 24 (n=201)	25 to 44 (n=606)	45 to 64 (n=825)	65+ (n=396)
Spouse/Partner	32.3%	44.1%	31.5%	31.1%
Friend or Family Member	54.2%	44.3%	33.4%	32.3%
Employee Assistance Program	8.5%	18.7%	22.9%	21.7%
Helpline	28.3%	35.6%	40.2%	37.4%
CHI 311	4.6%	7.7%	4.3%	4.2%
Internet Search	51.2%	57.4%	46.3%	33.8%
Gamblers Anonymous, Debtors Anonymous, or Other Peer Support Group	29.8%	41.9%	52.5%	62.1%
City or County (Health) Services	8.3%	15.7%	14.5%	22.2%
Mental Health Professional	33.9%	36.6%	27.8%	41.6%
Doctor/General Practitioner	10.0%	13.3%	11.9%	15.2%
Religious Leader	12.7%	15.1%	19.8%	27.1%
I Would Not Seek Help From Anyone	9.0%	5.8%	3 .0%	3.7%

*Data Source:* IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021 *Note:* This question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.

## **Cultural Differences**

Participants familiar with the Chinese, Black/African American, and Hispanic/Latinx communities in Illinois named shame, pride, and denial as significant barriers to help-seeking in the communities they were part of or served. They discussed how there were some cultural differences in whether gambling was perceived as harmful in their community and the stigma associated with having a gambling disorder. Suggestions for how to address this ranged. Some participants suggested that having health insurance cover treatment for gambling disorders will lead to a shift in understanding because it will be "less stigmatized and thought of more as an illness," while others urged the sharing of communityspecific success stories to reduce stigma. For example, when discussing how to address stigma and shame in the Chinese community, one person remarked, "People do have a lot of shame. If there are some success stories of treatment within the Chinese community then that may reduce the shame and stigma for others."

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People have a lot of shame. If there are some success stories of treatment within the Chinese community, then that may reduce the shame and stigma for others.

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Chapter 7

# Recommendations

# Chapter 7

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# Recommendations

The following section describes recommendations for those involved in the gambling and human services fields across the state. These recommendations are based on the key findings and themes from the 2021 Illinois Gambling Assessment study as well as from best and emerging practices in other states and the research literature. While the Illinois Department of Human Services (IDHS) Division of Substance Use Prevention and Recovery (SUPR) may be responsible for implementation and coordination of some of these efforts, these recommendations are intended for a range of stakeholders across Illinois—government agencies, healthcare and behavioral health institutions and providers, regulatory entities, the gambling industry, the education sector, policymakers, and others who influence or are affected by problem gambling. Most of these recommendations specifically align with components of the addiction continuum—promotion and prevention, identification and intervention, treatment, and recovery (Figure 1), while some are overarching and can be integrated across the continuum. The following table gives a high-level overview of the recommendations, focus area, and potential entities that could be involved in implementing each recommendation.

Recommendation	Focus Area	Potential Implementer
1. Funding Expansion and Consistency	Overarching	Legislature, SUPR
2. Statewide Collaborative	Overarching	SUPR, community partners
3. Impact Assessment and Zoning	Promotion and Prevention	Legislature, research institutions
4. Outreach, Engagement, Education, and Awareness	Promotion and Prevention	SUPR, community partners, industry partners
5. Player Protections at Point of Sale and Online	Promotion and Prevention	Legislature, SUPR, industry partners
6. Monitoring and Data Systems	Identification and Intervention	SUPR
7. Early Screening	Identification and Intervention	SUPR, treatment providers, community partners
8. Treatment Access and Provider Training	Identification and Intervention	SUPR, Illinois Department of Human Services Division of Mental Health, Illinois Department of Public Health

Recommendation	Focus Area	Potential Implementer
9. Promotion of Holistic and Integrated Treatment and Recovery Model	Treatment and Recovery	SUPR, treatment providers, community partners
10. Strengthen Recovery Support Services	Treatment and Recovery	SUPR, treatment providers, community partners

#### Figure 1. Continuum of Addiction

## Recovery and Maintenance

Services to support individuals' compliance with long-term treatment and health. The goal of recovery and continuing care is to support the person's abstinence from the behavior through prevention of relapse.

### Promotion/ Prevention

Strategies intended to reduce the risk of a problem and create environments that support health. Two main areas of prevention include primary prevention (prevent use/abuse) and secondary prevention (prevent abuse/ consequences once use has started).

### Person

Family Community

#### Treatment

Service for people diagnosed with a problem. Treatment can occur in a a variety of settings, take many different forms, and last for different lenghts of time.

#### Identification and Intervention

Screening individuals and monitoring systems and populations to identify people and communities at risk. Early intervention to prevent negative outcomes.

\* Adapted from SAMHSA and the New Hampshire Department of Health and Human Services [1].

# Overarching Recommendations

Presented below are several overarching recommendations that provide the foundational funding, structure, and support to develop and implement the later recommendations aligned with the addiction continuum.

# 1. Expand and Consistenly Fund Statewide Problem Gambling Services

#### **Recommendation:**

Designate 1% of annual gambling tax revenue for problem gambling. Best practice is to legislatively establish a percentage of state gambling revenues to be earmarked for problem gambling services.[2].

Due to the scope of individual, familial, and societal problems that stem from problem gambling, additional and consistent funding is needed to address problem gambling across the continuum from prevention to recovery. Increased, reliable funding for problem gambling prevention and treatment is needed to implement many of the following recommendations.

### **Current Status and Rationale**

IDHS/SUPR is the state authority on gambling services. As such, they are charged with providing services for prevention, intervention, treatment, and recovery. SUPR's SFY 2020 budget for problem gambling services was \$6.8 million, up from \$4.9 million in SFY 2019 and \$1.03 million in SFY 2018. Currently, the budget is set annually through the IL Budget Process by the Governor, Office of Management and Budget, State Agencies, and the General Assembly [3]. State gaming revenues have increased almost 12-fold when comparing FY 1975 (\$1.2 million) to 2019 (\$1.4 billion). While revenues decreased by 13.4% from 2019 to 2020 to (\$1.2 billion) due to the impact of COVID-19 and closures, gaming revenues have generally increased (Chapter 1, State Gaming Revenue). Given all of this, the current SFY 2020 state budget for problem gambling services is 0.57% of the 2020 revenues from gambling. As seen with other issues such as smoking, population level change takes time and requires investment and a comprehensive set of strategies at all levels. To achieve sustainable and equitable reductions in problem gambling in IL, consistent funding support is needed across the continuum from prevention to recovery. The National Council on Problem Gambling (NCPG) recommends that percentage be set at 1% of the annual gambling tax revenue [2]. This will allow for consistency of funding and for the growth of services for problem gambling to be pegged to the growth of the industry in the state.

# 2. Support the Development of a Statewide Collaborative to Guide Collective Impact Efforts Around Problem Gambling in Illinois

#### **Recommendation:**

Support the development of a statewide collaborative organization to lead state stakeholders in convening, coordinating, and developing comprehensive programs and policies for those affected by problem gambling, which would include increasing public awareness about problem gambling and advocating for supportive services and treatment.

The collective impact model provides a framework for a statewide collaborative to address problem gambling in Illinois [4]. In the collective impact model, collaborative "backbone" organizations pursue six primary activities to support and facilitate collective impact—guide vision and strategy, support aligned activities, establish shared measurement practices, build public will, advance policy, and mobilize funding [5].

### **Current Status and Rationale**

Multiple entities in Illinois exist that convene a variety of gambling stakeholders, such as the Illinois Council on Problem Gambling, the Illinois Alliance on Problem Gambling, the Gambling Disorders Subcommittee, and Illinois Church Action on Alcohol and Addiction Problems. However, despite the range of groups, none of these function as the main collaborative entity for problem gambling in Illinois, a "backbone" organization that could organize cross-sector partners to advance collective impact and reduce problem

gambling in Illinois. Key stakeholders in this assessment desired a mechanism for consistent and streamlined communication and collaboration between gambling stakeholders across sectors and across the state, for example, to propose new legislation, to communicate about proposed legislation, or communicate about implications of legislation pertaining to gambling. One provider illustrated, "It's been disconcerting to see legislation happen without collaboration of any kind with folks in the field." Specifically, a cross-sector, statewide collaborative organization could help support and advance advocacy and policy efforts in the state that government agencies and some non-profits are not able to legally take on. For example, a statewide collaborative could advocate for a Safer Sports Betting Initiative in Illinois [6], an initiative of NCPG to reduce the risk of problem gambling associated with sports betting, and work with local colleges to develop campus gambling policies.

# Promotion and Prevention Recommendations

As mentioned throughout this report, many factors influence the likelihood that a person will develop a gambling disorder. Risk factors are characteristics at the biological, psychological, family, community, cultural, or societal level that precede and are associated with a higher likelihood of negative outcomes. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact [7]. Protective factors can be seen as positive countering events. Thus, prevention activities should aim to strengthen protective factors—such as social connectedness and the accurate perception of harm—and minimize risk factors—such as early age of initiation and stigmatization of problem gambling and treatment-seeking. Based on the Ontario, Canada Prevention of Problem/Pathological Gambling Report, the strongest evidence-based practices for prevention include coordinated educational and policy initiatives [8]. These efforts are strengthened when centered on community mobilization and consistent messaging across programs [8].

# 3. Mandate Impact Assessments and Zoning Regulations Prior to Any Gambling Expansion in the State

### **Recommendation:**

Require an impact assessment to be completed and reviewed prior to the passage of new gambling legislation. Create zoning restrictions for the location and density of gambling establishments.

A targeted impact assessment is a study that can identify how specific expansion strategies would affect the social, economic, and cultural characteristics of a community and its at-risk populations, and where there are opportunities for mitigation strategies from potential harm. An impact study could also inform the creation of zoning restrictions on where gambling can occur, density of gambling positions, and the distances between gambling establishments, for example building new casinos or permitting video gambling terminals. To ensure any policy decisions are data-informed, require approval of any expansion by a committee including public health experts in problem gambling, local community representatives, representatives of marginalized populations, and those with lived experience with problem gambling.

### **Current Status and Rationale**

Illinois currently limits the number of casino licenses to 16, of which 10 are utilized. Individual cities and

towns can opt out of having video gambling terminals. There is currently no requirement in Illinois to conduct any type of assessment prior to passing or enacting gambling legislation.

Several states, including Virginia and Rhode Island, are required to conduct an impact study of potential economic, social, and health impacts to inform gambling expansion legislation. Marginalized communities bear the brunt of gambling-related harms and should be engaged during future gambling expansion efforts [9–11]. Risks associated with new gambling venues disproportionately affect low-income and communities of color. In Illinois specifically, a study has found that video gambling terminals are more prevalent in areas with higher poverty rates and lower income [12]. Location and density of gambling establishments are associated with problem gambling and low socioeconomic status, and this effect is greatest among those that live within 10 miles of an establishment [10, 13, 14]. Thus, it is critical to examine potential zoning restrictions related to gambling establishments as well as continue to permit individual municipalities to prohibit video gambling terminals.

4. Conduct Outreach and Engagement Activities with Local Communities to Learn More About Their Specific Needs and Assets and to Increase Education and Awareness About Problem Gambling

#### **Recommendation:**

Further engage sub-populations disproportionately impacted by problem gambling to gather additional information about their needs and assets related to problem gambling and use the information to tailor implementation strategies for these populations. Engage these communities in the way they deem most appropriate to foster collaboration and create positive change. To complement tailored engagement, also employ a broad-based, multifaceted education campaign to spread awareness across Illinois about gambling and problem gambling, its risks and harms, and how to prevent and treat problem gambling [15].

This assessment provides a broad understanding of problem gambling in Illinois and includes several sub-populations. There is, however, a need for additional in-depth engagement with sub-populations disproportionately impacted by problem gambling, e.g., Asian immigrant communities, Hispanic/Latinx communities, seniors, youth, and those living close to gambling venues [16–18]. Conducting further outreach will provide a deeper understanding of the unique experiences and challenges within specific populations. Communications and services can then be tailored in culturally and linguistically appropriate ways.

Informed by the targeted outreach and engagement, campaigns can then be developed aimed at reducing stigma and reframing gambling as a public health issue. Tailored messaging should promote awareness of how to identify early signs and symptoms of problem gambling, and when/how to intervene. The messaging, tone, and dissemination channels (including digital and social media platforms) of education campaigns should be tailored by age, gender, ethnicity, and culture, while also developing a more universal campaign to comprehensively reach the general public across the state.

### **Current Status and Rationale**

Numerous community-based organizations and providers in the state work with specific subpopulations around problem gambling, but the reach is not comprehensive of all populations or regions of the state. Expanding outreach and engagement with specific sub-populations disproportionately impacted by problem gambling can help bolster prevention and treatment efforts. Meaningful community engagement improves buy-in and effectiveness of programs [19]. Some state-level engagement examples from other states include Maryland and Massachusetts. Maryland has implemented creative, targeted engagement via documentaries on problem gambling among veterans, people who use substances, and more, while the Massachusetts Ambassador Project is one example of culturally appropriate strategies to addressing problem gambling in communities of color [20].

The Massachusetts Ambassador Project funds four recovery-oriented organizations, each of which supports up to three men of color with a history of substance misuse who are now in recovery (Ambassadors) to lead conversations about problem gambling prevention in their community. Ambassadors receive intensive training and supervision and deliver a comprehensive set of services.

In addition to communications tailored for different demographic groups, a more universal campaign is critical to reach the general public across Illinois. This assessment highlighted a disconnect with people knowing gambling can become an addiction, yet not recognizing the signs and symptoms of gambling disorder, even among problem gamblers. The public should be educated about the potential harms of problem gambling and signs to look out for, coupled with messages destigmatizing the need to seek help for problem gambling. Statewide awareness campaigns about problem gambling should continue, with enhancements incorporated from community feedback, particularly regarding how to decrease shame and stigma associated with problem gambling.

# 5. Expand and Enforce Player Protections at Point of Sale and Online

### **Recommendation:**

Strengthen player protections by increasing training for gambling establishment employees to identify and offer resources for problem gambling. Implement Duty of Care legislation. Strengthen responsible gambling programs online.

To promote player protections during in-person and online gambling, strengthen regulations for the gaming

industry by requiring establishments and online entities to consider the following: funding for training

gambling establishment (casinos, racetracks, bars, and restaurants) employees about signs of problem gambling, possibly via inclusion in the Beverage Alcohol Sellers and Servers Education and Training (BASSET) certification training; enacting "duty of care" legislation, as exists for bars and restaurants serving alcohol to oversee the amount given to patrons; strengthening responsible gambling programs online by requiring enrollment and limit-setting at sign-up and increasing visibility of and access to features during play that could be used to address the main disadvantages of play (excessive time and money spent) [7]; requiring the Illinois Lottery to be accredited through the Internet Compliance Assessment Program; prohibiting online lotto discounts and subscriptions; enhancing enforcement of an effective age verification system for online gambling applications; providing free subscriptions to Gamban (online gambling blocking service); incorporating red flags into online and inperson gambling systems for when an individual is spending too much money or time on gambling; and continuing to prohibit online casino gambling/poker.

### **Current Status and Rationale**

Casinos provide annual training on responsible gaming to casino employees, indicating an existing capacity to educate staff. Alcohol-serving workers and businesses receive alcohol certification training—Beverage Alcohol Sellers and Servers Education and Training (BASSET) Certificate. Adding a required certification training for gambling establishment employees that includes responsible gaming could be merged with these other certification programs that are already in place.

A review of responsible gambling staff training found that training improved confidence in assisting customers [21]. Based on this review, future efforts to train gambling establishment employees should focus on proactive approaches and skill-building in having difficult conversations [21]. Responsible gaming experts also suggest implementing routine benchmarks to ensure that staff illustrate competency in assisting individuals with a possible gambling problem [22]. As an example, Cambridge Health Alliance in Massachusetts has partnered with an online sports betting company to use data analytics to predict which people might run into trouble and to intervene before they develop problems [23]. Data sharing partnerships with the gambling industry may be a possible avenue for early detection of problem gambling. Pop-up warnings on gaming machines can reduce risky gambling and increase the likelihood that a gambler can stop [24]. Emerging evidence also found that more specific messaging that including total start amount and total expended were more effective than generic warning messages [25]. NCPG promotes and provides the Internet Compliance Assessment Program (ICAP), a U.S. accreditation for best practice in player protection in online gambling, which is based on the Internet Responsible Gambling Standards [26, 27].

# Identification and Intervention Recommendations

Research shows that the most effective way to help someone with a gambling problem or who may be at risk for developing a gambling problem is to intervene early before the problem progresses [28]. With this recognition, regular monitoring and data systems on a population level as well as individual screening in health and social service settings are recommended so that emerging problems can be detected, and early intervention provided to prevent negative outcomes.

# Expand Monitoring and Data Systems to Track Population-Level Changes in Gambling, Problem Gambling, and Service Use

### **Recommendation:**

Conduct prevalence surveys at regular intervals (e.g., every three years) to assess trends. Rotate data collection with special populations of interest and communities at risk. Ensure data collected are made available to all stakeholders—regulators, operators, treatment providers, advocates, and researchers—so that work at all levels can be informed by current data. Develop and adapt services to meet the need and appropriately target specific populations [29].

To track changes in gambling activities, the prevalence of problem gambling, and service utilization, Illinois should work to strengthen the overall surveillance and monitoring systems across the state related to gambling behaviors. Data collection that includes race/ethnicity, income, sexual orientation, and region information is important in identifying possible inequities. Researchers and stakeholders can use the results to understand whether or how the issue of problem gambling has changed over time in the state and to inform decisions on where and how to fund prevention, treatment, and recovery programs for problem gambling [30, 31]. Further, IDHS/SUPR should explore data-sharing practices and platforms for state agencies to easily report and share gambling-related surveillance data with each other on a continuous basis, and how to house that data in a central location so that it is easily accessible. The State and other stakeholders will need current and consistent data on gambling and problem gambling in order to monitor and evaluate progress and to appropriately allocate funding.

## **Current Status and Rationale**

This 2021 Illinois Gambling Assessment includes the first survey to assess prevalence of problem gambling statewide in Illinois, and it was conducted during an unprecedented and unusual time of the COVID-19 pandemic. Currently in the state of Illinois, there is no regular monitoring of the prevalence and impact of problem gambling among residents. Based on the Illinois Gambling, the 2021 the current prevalence of problem gambling is 3.8%, (Chapter 3, Figure 1. Prevalence of Past-Year Problem Gambling and Other

Gambling Types Among Adult Illinoisans). Figure 2 shows that the estimated prevalence of problem gambling in Illinois was higher than in all other states compared with, except New Jersey; although comparisons across states should be done with caution given differences in data collection methods and time periods. Continued monitoring is needed to track the effects of prevention and intervention efforts conducted by the state, alongside any continued expansion in gambling availability.

#### Year of Data Prevalence Past-Prevalence Prevalence Problem Year Gambling **At-Risk Gamblers** Collection Gamblers Illinois 2021 68.4% 7.7% 3.8% 2018 lowa ~70.0% 14.0% 0.8% Kansas 2017 48.0% 10.1% 2.7% 2015 69.8% 14.9% 6.3% New Jersey Minnesota 2019 67.0% 3.8% 1.3% Ohio 2012 55.8%-61.6% 4.3%-6.3% 0.2%-0.6%

#### Figure 2. Prevalence of Gambling and Problem Gambling in Select U.S. States

*Data Source:* IL Problem Gambling Assessment, Representative Population Sample, Weighted %s, 2021; Center for Social and Behavioral Research, University of Northern Iowa, Gambling Attitudes and Behaviors: A 2018 Survey of Adult Iowans Toward Prevalence of Gambling; The Kansas Department for Aging and Disability Services, 2017 Kansas Gambling Survey: Results and Analysis; Center for Gambling Studies, The Prevalence of Online and Land-Based Gambling in New Jersey, 2017; Minnesota Department of Human Service, Gambling in Minnesota: A Study of Participation, Attitudes, and the Prevalence of Problem Gambling, 2020; University of Northern Iowa, 2012 Survey of At-Risk and Problem Gambling Prevalence Among Ohioans *Note:* Survey instruments and problem gambling scales varied across states.

Other states and countries conduct periodic surveys on gambling behaviors, problem gambling, and their social and economic impacts [32, 33], highlighting research and surveillance as a key way to identify gambling trends and mitigate harm [31, 34-36]. Oregon has

implemented the Problem Gambling Network (PG Net) Data Collection System to track treatment utilization, patient demographics, and effectiveness. The data are also used to inform programming, policy, and ongoing treatment needs [36].

# 7. Promote Early Screening for Problem Gambling, Especially in High-Risk Populations

#### **Recommendation:**

Adopt a standardized screening for problem gambling that could be implemented in a variety of venues and sectors (e.g., primary care providers, mental health providers, court system, financial institutions). Form collaborations between Illinois State Departments and Divisions to implement screening tools with the populations they serve.

To ensure consistent, routine, and accurate identification of problem gambling among individuals seeking help for substance use and mental health disorders, IDHS/SUPR should foster collaboration and develop joint systems between behavioral health providers through SUPR and DMH. This should include gambling screening questions in any behavioral health helplines. Additionally, the State should explore the feasibility of other venues and sectors adopting standardized screening questions for problem gambling. For example, working with hospital associations to develop guidelines for problem gambling screening in primary care for select patients. IDHS/SUPR should also ensure that services and treatment are readily available directly or through a referral when screening occurs.

### **Current Status and Rationale**

Currently, in addition to gambling providers, some mental health and other providers routinely screen for gambling, however this is not consistent across the state. With 7.7% of the adult population of Illinois at risk for developing problem gambling, there is great need for increased early identification. Individuals with problem gambling often seek and receive other mental health and substance use services, so screening for problem gambling may aid in identifying those at risk. Primary care providers and other service providers who may come in contact with individuals with problem gambling should be educated about the prevalence of this disorder and signs of problematic behavior, especially among the high-risk sub-populations identified in this assessment.

# Treatment and Recovery Recommendations

Continuing along the addiction continuum, the final set of recommendations pertains to treatment services and supports for people with a gambling problem. Treatment services exist and are growing in Illinois, though statewide availability and awareness of services are limited. In addition to treatment, recovery/maintenance services are critical to support individuals' adherence to long-term treatment and health. Involving family members in treatment and recovery is associated with better individual outcomes and healthier family dynamics [<u>37</u>].

# 8. Expand Training of Service Providers and Increase Access to Treatment

### **Recommendation:**

Continue to expand the supply of treatment providers to meet problem gambling treatment needs in the state. Ensure that behavioral health providers as well as primary care providers are trained in screening and service referrals for problem gambling. Streamline access to/affordability of treatment services for individuals with problem gambling.

Several policy and systems strategies to expand the supply of treatment providers should be considered by IDHS/SUPR and other stakeholders, including: Improving reimbursement mechanisms for treatment of problem gambling to incentivize providers to enter the field; advocating for gambling disorder as a primary diagnosis to be a Medicaid-covered service; and integrating requirements for gambling counselor certification with those for substance abuse and mental health counseling, to ensure graduating clinicians and licensed substance abuse and mental health counselors are equally credentialed to screen and provide treatment for both. In addition to policy and systems approaches to increase the number of gambling treatment providers in Illinois, building capacity among primary care and behavioral health providers is integral. This can be supported through developing an online learning management system that allows providers to complete self-paced courses and webinars that contribute towards continuing education credits; and increasing the number of providers who can treat specific populations (e.g., different languages, differently abled individuals). Language capacity is also important and was highlighted by providers and community discussion participants. To that end, it is important to ensure there are Spanish- and Chinese-speaking certified gambling counselors in communities with the highest proportion of Hispanic/Latinx and Asian populations.

Provider training should also be culturally relevant and address power imbalances for people of different cultures.

### **Current Status and Rationale**

The prevalence survey demonstrated that there are over one million Illinoisans at risk of or having an existing gambling problem, though few seek or receive problem gambling services. Still, there are currently only 103 substance use disorder provider locations in the state that provide gambling disorder services. Despite gambling being a form of addiction, gambling treatment services are not covered by Medicaid. Several organizations and agencies (LifeWorks, ICPG, SUPR) provide and promote problem gambling training to existing behavioral health providers who wish to be trained.

A novel approach to addiction in Iowa has focused on working with medical schools and other health

professional programs to ensure graduates have the knowledge and tools to screen and refer at-risk patients. Massachusetts is exploring expanding access to problem gambling treatment via smartphone apps and online support communities [33]. Similar approaches have also posed promising directions for simultaneously addressing problem gambling among youth [38]. Improving education for providers across settings can ensure problem gambling is identified and treated, especially for people who would otherwise not seek treatment [39]. The New York Council on Problem Gambling is a model for online training for problem gambling, including credentialing. Trainings hosted by the New York Council on Problem Gambling have included topics on social-cultural considerations, clinical strategies, and comorbid diagnoses [40]. Trainings should include culturally competent approaches for working with diverse populations, and recruit providers who can offer multilingual and culturally-affirming services.

# 9. Develop and Promote a Holistic and Integrated Treatment and Recovery Model for Problem Gambling in the State

#### **Recommendation:**

Build and strengthen relationships between problem gambling treatment providers and complementary services. Enhance and provide funding for behavioral health care teams to treat comorbid disorders simultaneously, using a patient- or client-centered approach. Create more opportunities for families to engage in treatment.

Because problem gambling affects and is affected by many components of a gambler's life as well as their family and friends, treatment providers—in collaboration with state agencies—should work to increase opportunities for holistic treatment and recovery. Because people with a gambling problem commonly also deal with mental health and substance use issues, providers and state agencies should enhance and promote integrated services to treat these comorbid disorders simultaneously.

### **Current Status and Rationale**

There is great variation across the state in gambling treatment services. It is unclear how many and to what extent providers partner with complementary services to address the multitude of needs of a person's life and health. A holistic and integrated treatment and recovery model does not appear to be the prominent model in the state. Some substance use treatment providers are also certified to provide treatment for problem gambling, but integrated services could be more widespread.

Co-occurring psychiatric, substance use, and gambling disorders have overlapping risk and protective factors,

and may stem from the same underlying cause in individuals. Integrated treatment approaches help to meet the patient "where they are." Maryland's Behavioral Health Administration has implemented community-based programs that support problem gamblers and provide broader services. Their Wellness Recovery Centers provide support to those that may be apprehensive about clinic-based treatment. Some of the services that the centers provide include supporting self-advocacy, housing, vocational training, and food access [41]. Previous research indicates that creating more opportunities for family to engage in treatment is associated with better outcomes and healthier family dynamics [37].

# 10. Strengthen and Expand Recovery Support Services to Reach Diverse Populations in the State

### **Recommendation:**

Provide funding to treatment organizations and other community groups to establish, sustain, and advertise peer support groups and broader recovery support services for people with gambling problems as well as their family members.

Given the lack of availability and awareness of peer support groups and broader recovery support services around the state, especially outside the Chicago area, increasing the funding and availability of these resources and supporting the expansion of service frequency and hours would help reach many more people in need.

### **Current Status and Rationale**

Peer recovery support services are critical to finding and maintaining recovery [42]. Peer recovery coaches are one model of peer support service. A peer recovery coach brings the lived experience of recovery, combined with training and supervision, to assist others in initiating and maintaining recovery, helping to enhance the quality of personal and family life in long-term recovery. Peer recovery support services can support or be an alternative to clinical treatment for problem gambling. Another form of recovery support services is Self-Management and Recovery Training (SMART), which involves individual work and group meetings. However, there are few problem gambling peer recovery support services in Illinois. The ones that are available, such as Gamblers Anonymous and SMART, are concentrated around Chicago. Additionally, as noted by providers, awareness is low about the groups and services that do exist. As an example, to expand peer recovery options, Massachusetts has considered Rational Recovery (a religion-neutral alternative to traditional 12-step programs), a Buddhist Recovery Network, and non-abstinence focused recovery groups [33]. Additionally, the Massachusetts MassMen initiative encourages emotional, physical, and spiritual wellness among working-age men [34, 43].

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Chapter 8



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# Appendices Appendix A: Glossary

Affected Others: Refers to people negatively impacted by another person's problem gambling, this frequently includes close family and friends, but can extend to other relationships.

**At-risk Gamblers:** People who endorsed gambling in the past month and at least 1 or more adverse consequences due to gambling on the Problem and Pathological Gambling Measure (PPGM).

#### **Diagnostic and Statistical Manual of Mental**

**Disorders (DSM):** The standardized manual published by the American Psychiatric Association (APA) in 1952 to classify mental disorders in the United States. The 5th edition of the DSM was published in 2013.

**Electronic Gaming Machine (EGM):** A type of electronic gambling device that is computer-based and has various games with visual and auditory cues. This includes digital slot machines, video poker, and more.

**Focus Group (FG):** Refers to a semi-structured group discussion, which is used to gather information on a topic or insights from specific communities.

**Key Informant Interview (KII):** A form of qualitative research that entails interviews with community members, leaders, professionals that share their insight using a semi-structured guide.

**Gamblers Anonymous (GA):** An international program modeled after Alcoholics Anonymous and the 12-step program. Members support each other in the recovery process from problem gambling.

**Gambling Positions:** Refers to one seat at a slot machine or table game. The total number of gambling positions indicates the maximum number of individuals that can gamble at once.

**Gaming Terminal**: A type of electronic gambling machine, regulated in the state of Illinois by the Illinois Gaming Board. Gaming establishments can have up to 6 terminals provided by a terminal operator.

**Handle:** The total amount of money wagered by bettors over a given period of time.

**Major Depressive Disorder (MDD):** A type of mood disorder characterized by experiences of low mood, persistent sadness, and other physical/behavioral symptoms for at least 2 weeks.

#### National Council on Problem Gambling (NCPG):

A national organization founded in 1972 that advocates for comprehensive policy and programs for those affected by problem gambling.

**Pari-Mutuel Betting:** A form of betting, traditionally associated with horse racing, where all wagers are pooled and the winnings are divided among winners.

**Parlay:** A type of sports wagering where initial winnings are used in a subsequent bet.

**Problem Gambling (PG):** Encompasses problematic gambling behavior that is characterized by a preoccupation with gambling, negative consequences due to gambling behavior, gambling-related disruptions in relationships, and occupational responsibilities. **Problem and/or Pathological Gambling (PPG):** These categories are based on the outcome of the Problem and Pathological Gambling Measure (PPGM). Problem gamblers must have endorsed 2–4 of the symptoms included in the 14-question screening questionnaire. Pathological gamblers include respondents who indicated they experienced 5 or more symptoms.

# **Problem and Pathological Gambling Measure** (**PPGM**): A 14-question gambling screening questionnaire. The measure includes questions on gambling behaviors, gambling impact, and control in the past 12 months. Respondents are categorized into four categories based on their responses: not at risk, at-risk gambler, problem gambler, and pathological gambler.

**Riverboat Casino:** A type of casino that is either on a boat or on a docked barge. These were initially established in the state of Illinois in 1990.

**Socioeconomic Status (SES)**: The economic and sociological measure of a person's social position, which typically includes household income, educational attainment, and occupation.

**Substance Use Disorder (SUD):** Refers to the class of disorders in the DSM-V characterized by recurrent, hazardous substance use, cravings, and/or external consequences due to substance use. This includes Alcohol Use Disorder, Cannabis Use Disorder, among others.

#### Substance Use Prevention & Recovery (SUPR):

The division of the Illinois Department of Human Services responsible for supporting prevention, intervention, treatment and recovery services for SUDs and related disorders.

Video Lottery Terminal (VLT): A type of EGM that typically includes slot machine games or keno. They are also typically operated by the local region's lottery.

**Wager:** An act of betting a sum of money on the outcome of an unpredictable event.

# Appendix B: List of Stakeholders and Contributors

Name	Organization
Allison Precht	Midwest Asian Health Association
Anita Bedell	Illinois Church Action on Alcohol and Addiction Problems
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Name	Organization
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Marco Jacome	Healthcare Alternative Systems
Mary Barber	LifeWorks (formerly Morneau Shepell)
Mattias Stetz	Rush Street Interactive
Norma Seibert	Illinois Joint Committee on Administrative Rules
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Rodney Walker	Treatment Alternatives for Safe Communities
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Sue DeBoer	Illinois Department on Aging
Tammi Barlow	William Hill
Tom Swoik	Illinois Casino Gaming Association

# Appendix C: Other Illinois Urban and Rural Counties from the BRFSS Stratification for Data Analysis

The following categories exclude Cook County and Collar Counties (DuPage, Kane, Lake, McHenry, and Will).

Urban Counties	Champaign, DeKalb, Kankakee, Kendall, McLean, Macon, Madison, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, and Winnebago counties
Rural Counties	Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carrol, Cass, Christian, Clark, Clay, Clinton, Coles, Crawford, Cumberland, DeWitt, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, JoDaviess, Johnson, Knox, LaSalle, Lawrence, Lee, Livingston, Logan, McDonough, Macoupin, Marion, Marshall, Mason, Massac, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Saline, Schuyler, Scott, Shelby, Stark, Stephenson, Union, Vermillion, Wabash, Warren, Washington, Wayne, White, Whiteside, Williamson, and Woodford counties.

# Appendix D: Prevalence and Targeted Survey

Note: Sections outlined in green were only presented to respondents who qualified to participate in the targeted survey.

# A. Eligibility Screening

1. In what year were you born? [if born in 2003, ask if age 18 or over]

[If the resident being called is not over the age of 18, survey administrator will thank them for their time and end call.]

2. Are you an Illinois resident?

[If the resident being called is not and Illinois resident, survey administrator will thank them for their time and end the call]

a. If yes, what is your zip code? \_\_\_\_\_

# **B. Prevalence of Gambling and Other Recreation Activities**

The next questions are about how often people participate in a variety of activities that some people consider gambling. By gambling we mean when you bet money or something else of value so that you can win or gain money or something else of value. Each question should be answered only about yourself. Please include gambling activities that you participated in in-person or online when answering these questions.

In order to get accurate information about the gambling behaviors of adult residents of Illinois, it is important that we ask these questions of everyone regardless of how much, if at all, they participate in these activities. Some people may find these questions to be sensitive or personal. We want to remind you that the information you share will be kept confidential.

Please note there are resources available to support people's well-being. Information about these resources is available and can be provided at the end of the survey as well as anytime during the survey if requested.

#### [Note to survey administrator]

- If participant requests resources during survey, survey administrator will have appropriate phone numbers or websites available to provide as requested
- Read all options listed. Additional options in brackets are noted if these are mentioned by survey respondents, but should not be read aloud
- 3. When was the last time, if at all, you bet or gambled for money or something else of value?
  - Would you say...
  - Within the past 30 days,
  - Between 30 days and 12 months ago,
  - More than 12 months ago, or
  - Never?
  - [Don't know]
  - [Prefer not to answer]
- 4. When was the last time, if at all, you bet or gambled for money or something else of value on [Survey administrator will read each of the following items A–H]?
  - Would you say...
  - Within the past 30 days,
  - Between 30 days and 12 months ago,

More than 12 months ago, or

- Never?
- [Don't know]
- [Prefer not to answer]

[Note to survey administrator]

- Please note in comments section if and how respondent expresses surprise that any of these activities are considered "gambling", for example, buying virtual currency in Candy Crush.
- After each lettered section of Q4, please repeat Q5 and/or Q6 as designated by the skip patterns listed below each section
- A. The next set of questions will ask about the State Lottery
  - a. Instant win or scratch lottery tickets
  - b. Powerball, Mega Millions, and daily numbers
  - c. Video lottery terminals

[**Skip pattern:** if participant endorses 'Within the past 30 days' OR 'Between 30 days and 12 months ago' for any of the items **Q4.A.a-c**, ask **Q5**]

# B. The next set of questions will ask about Racetracks

d. Horse or dog races at the track

e. Horse or dog races off track betting (OTB)

[**Skip pattern:** if participant endorses 'Within the past 30 days' OR 'Between 30 days and 12 months ago' for any of the items **Q4.B.d**-e, ask **Q5**]

## C. The next set of questions will ask about Video Gaming Machines

 f. Video gaming machines not at a casino [such as at a bar or video gaming parlor; including video poker, video keno, video blackjack]

[**Skip pattern:** if participant endorses 'Within the past 30 days' OR 'Between 30 days and 12 months ago' for item **Q4.C.f**, ask **Q5** AND **Q6**]

# D. The next set of questions will ask about Casinos and Riverboats

- g. Table games at Illinois casinos or riverboats such as poker, roulette, craps, live keno, and blackjack
- h. Electronic gambling machines at Illinois casinos or riverboats such as slot machines, video poker, video keno, or video blackjack
- i. Casino or other gambling venue outside of Illinois

[**Skip pattern:** if participant endorses 'Within the past 30 days' OR 'Between 30 days and 12 months ago' for any of the items **Q4.D.g-i**, ask **Q5** AND **Q6**]

### E. The next set of questions will ask about Organized Sports and Fights Betting

- j. Sports betting with a bookie
- k. Sports betting online [including DraftKings, FanDuel]
- I. Fantasy sports leagues or games [including DraftKings, FanDuel]
- m. Dog fights, cock fights, or street fights

[**Skip pattern:** if participant endorses 'Within the past 30 days' OR 'Between 30 days and 12 months ago' for any of the items **Q4.E.j-m**, ask **Q5**]

# F. The next set of questions will ask about Gambling with friends or in your community

- n. Bingo, Lotería, raffles [paddlewheel, tipboards]
- o. Office/friend pools such as college basketball tournaments or "delivery dates" for babies [Oscar winners, World Series, Superbowl, TV show winners]
- p. Other sports betting with friends [on professional, college, and amateur games or events]
- q. Card games, dice games, board games, mancala, mahjong, video games, pool, bowling, darts, basketball, or other types of games with friends, family, or others (not at a casino)
- r. Numbers game or daily numbers (in your neighborhood, unofficial)

[**Skip pattern:** if participant endorses 'Within the past 30 days' OR 'Between 30 days and 12 months ago' for any of the items **Q4.F.n-r**, ask **Q5**]

# G. The next set of questions will ask about Online Gambling

- s. Online gambling using the Internet such as online slots, online blackjack, online poker, etc.
- t. Online social games with purchase of virtual currency (such as Candy Crush, Farmville, Second Life, and other games with loot boxes)

[**Skip pattern:** if participant endorses 'Within the past 30 days' OR 'Between 30 days and 12 months ago' for any of the items **Q4.G.n-r**, ask **Q5** AND **Q6**]

# H. The next set of questions will ask about other types of gambling

- u. High-risk trading of stocks, commodities, futures, or virtual currencies [e.g. Bitcoin]
- v. Betting or gambling using some other game, activity, or event we have not listed [please specify]

[**Skip pattern:** if participant endorses 'Within the past 30 days' OR 'Between 30 days and 12 months ago' for any of the items **Q4.H.u-v,** ask **Q5**]

### [Note to survey administrator]

- Repeat Q5 and Q6 only as specified in skip patterns listed above.
- If not past year gambling is endorsed, skip both Q5 and Q6
- In the past 12 months, how often have you bet or made wagers on [Category A - F]?
  - Daily
  - 2-6 times per week
  - About once per week
  - 2-3 times per month
  - About once per month
  - Less than once per month
  - [Refused]

- When doing this activity, how long do you usually do it for:
  - Less than 1 hour
  - 1–2 hours.
  - 3–5 hours
  - 6–8 hours
  - 9–12 hours
  - More than 12 hours
  - [Refused]
- Have you ever thought you might have a gambling problem? [Both 'yes' responses can be marked together]
  - · Yes, in the past 12 months
  - Yes, more than 12 months ago
  - No
  - Unsure

# Now we will ask you a few questions about the COVID-19/coronavirus pandemic.

- 8. How has the coronavirus pandemic affected your gambling behavior?
  - · I gamble more often than I did before the pandemic
  - I gamble less often than I did before the pandemic
  - I gamble the same amount of time as I did before the pandemic.
- 9. Please explain/describe how, if at all, the coronavirus pandemic has affected your gambling behavior (for example, changing type of gambling, canceling trips to out of state casinos, spending/betting more or less money, etc.):

# C. Attitudes About Gambling

The next set of questions will ask about your opinions about gambling in general. As a reminder, there are no right or wrong answers.

- Which of the following best describes your opinion about the availability of gambling opportunities in your community? [Select one]
  - · Gambling should not be legal here
  - Gambling is too widely available
  - · Gambling is not available enough
  - The current availability of gambling is OK
  - [Don't know/Not sure]
- 11. Which of the following best describes your belief about the benefit or harm that gambling has for your community? [Select one]
- The harm outweighs the benefits
- · The benefits are about equal to the harm
- · The benefits outweigh the harm
- [Don't know/Not sure]
- For this question, I will read you a list of statements.
   Please tell me to what extent you agree with each statement on a scale of 1–4, 1 being strongly disagree and 4 being strongly agree.

#### [Survey administrator will code responses as

- 1. Strongly disagree, 2. Disagree, 3. Agree,
- 4. Strongly agree]
  - · Gambling is good for the economy
  - · Gambling is a harmful form of entertainment
  - · Gambling is dangerous for family life
  - · Gambling is morally wrong
  - · Gambling can become an addiction
  - Casinos are a good place to socialize
  - · People who gamble too much cannot be trusted
  - · People who gamble too much lack willpower
  - I would be embarrassed if a family member needed help with a gambling problem

13. What would you say are the main reasons that you

### gamble (or used to gamble)? [Survey administrator

### will code responses as 1. Yes, 2. No]

- For excitement or as a challenge
- For entertainment or fun
- To relieve boredom
- To win money for paying bills
- Just to win money
- To escape from your problems or distract yourself
- · To socialize with family or friends
- To support worthy causes
- · Because of peer pressure/to fit in
- · Because it makes you feel good about yourself
- As a hobby
- Other, please specify: \_
- · I do not gamble
- 14. Which of the following best describes your opinion about legalized gambling? Would you say...?
  - All types of gambling should be legal [Go to Q16]
  - Some types of gambling should be legal and some should be illegal [Go to Q15]
  - All types of gambling should be illegal [Go to Q16]
- 15. Which types of gambling do you believe should be illegal?
- If you needed advice or information about a gambling problem (yours or someone else's), where would you go for information about what to do:

### [Do not read, check all mentioned]

- Spouse/partner
- Friend or family member
- Employee Assistance Program
- · Helpline (phone, chat, or internet)
- CHI 311 or similar service line
- Internet search
- Gamblers Anonymous, Debtors Anonymous, or other peer support group
- City or county (health) services
- Mental health professional (psychologist, counselor, social worker)

- Doctor/GP
- Religious leader (priest, minister, rabbi, imam)
- Other, please specify: \_
- · I would not seek help from anyone

### [Skip pattern:

- If participant endorsed any **past month** gambling (i.e. endorsing 'Within the past 30 days' on any category for Q4), **go to Q17**
- Or if participant endorsed 'About once a month' on Q5 for any category, go to Q17
- Or if a participant endorsed 'Yes, in the past 12 months' and/or 'Yes, more than 12 months ago' on Q7, go to Q17
- If none of the above conditions apply, skip to Q64]

# **D. Problem Gambling Screen**

### [Informed consent for targeted survey]

Based on your previous responses, you are eligible to participate in an extended form of this survey. You will receive an additional \$20 in addition to the base \$10 stipend in the form of an e-gift card (totaling \$30) if you agree to answering some additional questions. This section will take approximately 10-15 minutes. Participation is voluntary. If you do not wish to answer these additional questions and receive the additional stipend, we will continue with the remainder of the general survey and you will still receive the \$10 stipend we discussed at the beginning of the call.

As a reminder your responses will be kept private to the extent allowed by law. Information from this survey will be used for community improvement and may be published; however, your name or any other identifiable information will not be used in any way. Responses will be summarized in a report across all survey participants.

If you accept these terms and wish to answer the extended version of this survey, please say "I consent."

### [Note to survey administrator]

- If the participant agrees, the survey administrator will ask Q17–Q62, and provide compensation information upon completion of entire survey.
- If the participant agrees declines, the survey administrator will skip to Q63 to complete the prevelance survey.

[These questions are only administered to respondents who gamble monthly or more (includes people in recovery and non-problem gamblers)]

We define gambling as betting money or material goods on an event with an uncertain outcome in the hopes of winning additional money or material goods. It includes things such as lottery tickets, scratch tickets, bingo, betting against a friend on a game of skill or chance, betting on horse racing or sports, investing in high-risk stocks, etc. Some people may find these questions to be sensitive or personal. We want to remind you that the information you share will be kept confidential.

For this next set of questions, please answer either **Yes** or **No**. Please Note: these questions ask about **issues** in the past 12 months, regardless of when the gambling may have occurred

- 17. Has your involvement in gambling caused you either to borrow a significant amount of money or sell some of your possessions in the past 12 months? [Note to survey administrator if asked: Significant means something that either you or someone else would say is considerable, important, or major, either because of its frequency or seriousness]
- 18. Has your involvement in gambling caused significant financial concerns for you or someone close to you in the past 12 months?
- 19. Has your involvement in gambling caused significant mental stress in the form of guilt, anxiety, or depression for you or someone close to you in the past 12 months?

- 20. Has your involvement in gambling caused serious problems in your relationship with your spouse/ partner, or important friends or family in the past 12 months? [Note to survey administrator if asked: Family is whomever you define as 'family']
- 21. Has your involvement in gambling caused you to repeatedly neglect your children or family in the past 12 months?
- 22. Has your involvement in gambling resulted in significant health problems or injury for you or someone close to you in the past 12 months?
- 23. Has your involvement in gambling caused significant work or school problems for you or someone close to you in the past 12 months?
- 24. Has your involvement in gambling caused you to miss a significant amount of time off work or school in the past 12 months?
- 25. Has your involvement in gambling caused you or someone close to you to write bad checks, take money that didn't belong to you or commit other illegal acts to support your gambling in the past 12 months?
- 26. Is there anyone else who would say that your involvement in gambling in the past 12 months has caused any significant problems regardless of whether you agree with them or not?
- 27. In the past 12 months, have you often gambled longer, with more money or more frequently than you intended to?
- 28. In the past 12 months, have you often gone back to try and win back the money you lost?
- 29. In the past 12 months, have you made any attempts to either cut down, control or stop your gambling?

### [Skip pattern]:

- If Yes, Go to Q29
- If No, Go to Q30]

29b. Were you successful in these attempts?

- 30. In the past 12 months, is there anyone else who would say that you have had a difficulty controlling your gambling, regardless of whether you agreed with them or not?
- 31. In the past 12 months, would you say you have been preoccupied with gambling?
- 32. In the past 12 months, when you were not gambling did you often experience irritability, restlessness or strong cravings for it?
- 33. In the past 12 months, did you find you needed to gamble with larger and larger amounts of money to achieve the same level of excitement?

There are resources available to support people who are experiencing problems with gambling. Some of these resources are provided at the end of the survey or at any point if you would like to request them.

# E. Gambling Behaviors, Mental Health, and Substance Use

The following questions are about your gambling behaviors. Some people may find these questions to be sensitive or personal. We want to remind you that the information you share will be kept confidential.

- When participating in your favorite type of gambling, do/did you usually do so:
  - Alone
  - · With your spouse or partner
  - · With other family members
  - With friends

- With co-workers
- · With some other individual or group
- [Refused]
- 35. How much money do you spend gambling in an average year?
- 36. For any type of the types of gambling you have tried, what is the largest amount of money you have ever lost in one day gambling or wagering?
  - Less than \$1
  - \$1–\$9
  - •\$10-\$99
  - \$100-\$999
  - •\$1,000-\$9,999
  - \$10,000 or more
  - · [Refused]
- 37. How old were you when you first participated in any type of gambling activity?
- 38. Has anyone in your family ever had a gambling problem?
  - Yes [Go to 38b]
  - No
  - [Don't know]
  - · [Refused]

38b. If so, who? (e.g., parent, sibling, grandparent, etc.)

- 39. Has anyone in your family ever had an alcohol or drug problem?
  - · Yes [Go to 39b]
  - No
  - [Don't know]
  - · [Refused]

39b. If so, who? (e.g., parent, sibling, grandparent, etc.)

The following questions are about your emotional health and your use of alcohol and drugs. Some people may find these questions to be sensitive or personal. We want to remind you that the information you share is anonymous and will be kept confidential.

40. Thinking about your whole life, have you ever used alcohol while gambling [Both yes responses can be marked together]?

- 12 months
- Yes, more than 12 months ago
- ۰No
- [Don't know]
- · [Refused]
- 41. In your whole life, have you ever used marijuana

 $(\mbox{aka}\ \mbox{cannabis})\ \mbox{while}\ \mbox{gambling}\ \mbox{[Both yes}$ 

### responses can be marked together]?

- Yes, in the past 12 months
- Yes, more than 12 months ago
- No
- [Don't know]
- · [Refused]
- 42. In your whole life, have you ever used other illegal street drugs (e.g., cocaine, heroin, fentanyl, crystal methamphetamine, etc.) [Both yes responses can be marked together]?
  - Yes, in the past 12 months
  - Yes, more than 12 months ago
  - No
  - [Don't know]
  - · [Refused]
- 43. In your whole life, have you ever used prescription drugs recreationally (*"not as prescribed by a healthcare provider,"* e.g., Oxycontin, Percocet, Adderall, Ritalin, etc.) while gambling [Both yes responses can be markes together]?
  - Yes, in the past 12 months
  - Yes, more than 12 months ago
  - ۰No

- [Don't know]
- · [Refused]
- 44. Now think about the last 12 months, have you gambled while drunk, or high?
  - Yes
  - ۰No
  - [Don't know]
  - · [Refused]
- 45. In your whole life, have you ever felt you might have an alcohol problem? [Both yes responses can be marked together]?
  - · Yes, in the past 12 months [Go to Q46]
  - Yes, more than 12 months ago [Go to Q46]
  - No [Go to Q48]
  - [Don't know]
  - · [Refused]
- 46. Have you ever gotten professional help for an alcohol problem?
  - Yes [Go to Q47]
  - No [Go to Q48]
  - [Don't know]
  - [Refused]
- 47. Did you speak to this professional about
  - your gambling?
  - Yes
  - No
  - [Don't know]
  - [Refused]
- 48. Have you ever felt you might have a drug problem?

### [Both yes responses can be marked together]

- Yes, in the past 12 months [Go to Q49]
- Yes, more than 12 months ago [Go to Q49]
- No [Go to Q51]
- ・[Don't know]
- · [Refused]

- 49. Have you ever gotten professional help for a drug problem?
  - Yes [Go to Q50]
  - No [Go to Q51]
  - [Don't know]
  - · [Refused]
- 50. Did you speak to this professional about

your gambling?

- Yes
- ۰No
- [Don't know]
- · [Refused]

#### [Skip pattern:

- If respondent endorsed 'Yes' to Q45 and/or 'Yes' to Q48, **Go to Q51**
- If respondent endorsed 'No' to Q45 and 'No' to Q48,
   Go to Q52
- 51. Have you ever been in residential treatment for an alcohol or drug problem? [Both yes responses can be marked together]
  - be marked together]
  - Yes, in the past 12 months
  - Yes, more than 12 months ago
  - ۰No
  - [Don't know]
  - · [Refused]
- 52. Have you **ever** used any substances to a degree that made you feel out of control or that it created problems related to work, family, or other responsibilities? [Note to survey administrator: repeat Q54 for any <Yes> responses to Q52 after each item]
  - Alcohol [If yes, ask Q54]
  - Cannabis/marijuana [If yes, ask Q54]
  - Other illegal/street drugs [If yes, ask Q54]
  - Prescription drugs (Oxycontin, Percocet, Adderall,
  - Ritalin, etc.) used other than as prescribed [If yes, ask Q54]

- 53. Have you ever engaged in any of the following behaviors to a degree that made you feel out of control or that it created problems related to work, family, or other responsibilities? [Note to survey administrator: repeat Q56 for any <Yes> responses to Q54 after each item]
  - Shopping [If yes, repeat Q56]
  - Work [If yes, repeat Q56]
  - Food [If yes, repeat Q56]
  - Sex [If yes, repeat Q56]
  - Pornography [If yes, repeat Q56]
  - Exercise [If yes, repeat Q56]
  - · Video gaming [If yes, repeat Q56]
  - Internet Use [If yes, repeat Q56]
- 54. When was the last time you engaged in [Insert each substance/beahvior from Q52 and Q53 as designated by above skip patterns] in a way that made you feel out of control or created problems? Would you say...
  - · Within the past 30 days,
  - · Between 30 days and 12 months ago,
  - · More than 12 months ago
  - [Don't know]
  - [Refused]

The following questions are about your emotional and mental health. Some people may find these questions to be sensitive or personal. We want to remind you again that the information you share is anonymous and will be kept confidential and there are resources available for help.

- 55. Now thinking about your mental health, which includes stress, depression, anxiety, and problems with emotions, would you say that in general your mental health is...?
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor

[Note to survey administrator: if respondent endorses 'poor' to Q55 or if survey administrator senses distress, please provide the following resources: If you or someone you know is experiencing challenges with mental health, call the National Alliance on Mental Illness hotline 1-800-950-6264, go to nami. org, or if in a crisis, text "Nami" to 741741 for 24/7 confidential, free crisis counseling.]

- 56. Have you felt seriously depressed in the last 12 months?
  - Yes
  - No
  - [Don't know]
  - · [Refused]
- 57. Have you had a serious problem with anxiety, stress, or panic in the last 12 months?
  - Yes
  - No
  - [Don't know]
  - · [Refused]

[Note to survey administrator: if respondent endorses 'Yes' to Q56 and/or Q57 or if survey administrator senses distress, please provide the following resources: If you or someone you know is experiencing challenges with mental health, call the National Alliance on Mental Illness hotline 1-800-950-6264, go to nami.org, or if in a crisis, text "Nami" to 741741 for 24/7 confidential, free crisis counseling.]

- 58. Now thinking about the last 12 months, have you received care from a doctor or mental health professional because of physical or emotional problems brought on by stress or depression?
  - Yes [Go to Q59]
  - No [Go to Q60]
  - [Don't know]
  - · [Refused]

- 59. Did you speak to this doctor about your gambling?
  - Yes
  - No
  - [Don't know]
  - [Refused]
- 60. Now thinking about your whole life, has a doctor, nurse, or other health professional ever told you that you had an anxiety disorder or depressive disorder?
  [Note to survey administrator if asked: depressive disorder includes depression, major depression, dysthymia, or minor depression. Anxiety disorder, panic disorder, agaraphobia, and social anxiety]
  [both yes responses can be marked together]
  - Yes, in the past 12 months [Go to Q61]
  - Yes, more than 12 months ago [Go to Q61]
  - · No [Go to Q62]
  - [Don't know]
  - [Refused]
- 61. Did you speak to this professional about your gambling?
  - Yes
  - No
  - [Don't know]
  - · [Refused]
- 62. Have you **ever** seriously thought about or attempted suicide as a result of your gambling?
  - · Yes, in the past 12 months
  - Yes, more than 12 months ago
  - · No [Go to Q62]
  - [Don't know]
  - [Refused]

[Note to survey administrator: if respondent endorses 'Yes' for Q62 please share following resource:

 The number for the National Suicide Prevention Lifeline is 800-273-8255 and it provides free, confidential support 24/7 for you or others you know that have experienced suicidal crisis or emotional distress.]

# F. Experience with Gambling Disorders

- 63. Have you personally been negatively affected by the gambling behaviors of...? [Select all that apply]
  - Yourself
  - Your spouse or partner
  - · A friend, coworker, or other family member
  - · Someone else you know personally
  - [None of the above]

#### [Skip pattern]:

 If respondent endorses 'Yes, in the past 12 months' and/or 'Yes, more than 12 months ago' on Q7,

### Go to Q64

- If respondent endorses 'No' on Q7, Go to Q68
- 64. Earlier you said you thought you might have had a gambling problem. Did you get help for gambling problems?
  - · Yes, in the past 12 months [Go to Q65]
  - Yes, more than 12 months ago [Go to Q65]
  - No [Go to Q68]

#### 65. Where did you get help from? [Select all

#### that apply]

- Spouse/partner
- · Friend or family member
- Employee Assistance Program
- · Helpline (phone, chat, or internet)
- Gamblers Anonymous, Debtors Anonymous, or other peer support group
- · City or county (health) services
- Mental health professional (psychologist,
- counselor, social worker)
- Doctor/general practitioner
- · Religious leader (priest, minister, rabbi, imam)
- [Other (please specify)]

## [Note to survey administrator for each source endorsed by respondent in Q65, repeat Q66 for each source of help and then skip to Q68]

- 66. If you got help from this source, how helpful was it?
  - Very helpful
  - · Somewhat helpful
  - · Not very helpful
  - · Not at all helpful
- 67. Why didn't you get help? [Select all that apply]
  - · Didn't know where to find help
  - There was nothing available in my area
  - There were no services in my preferred language
  - Too embarrassed or worried to ask for help
  - Thought I could fix the problem on my own
  - · Didn't think counseling would work for me
  - · Couldn't afford to get help
  - No time/too busy
  - · Limitations due to the coronavirus pandemic
  - · [Other reasons, please specify:]

68. To what extent do you agree with the following statements about treatment for gambling.

	Strongly agree	Agree	Disagree	Strongly disagree
There is no convenient place to get treatment for problem gambling in my community	0	0	0	0
The average person can't afford treatment for a gambling problem	0	0	0	0
Treatment for a gambling problem probably doesn't work	0	0	0	0
I would be embarrassed if I needed treatment for a gambling problem	0	0	0	0
Gambling treatment is only for people with serious difficulties	0	0	0	0
I know about gambling treatment options in my community	0	0	0	0

# **G.** Demographics

Lastly, we have some questions about you and your household. We want to be sure that we include all kinds of people and households in this study. This information will be used to ensure that the survey data represent the state of Illinois. Remember, your responses are confidential.

- 69. How would you describe your ethnic/racial/cultural background? (Please select all that apply.)
  - Black/African American
  - American Indian/Native American
  - East Asian (e.g., Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia)
  - South Asian (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal)
  - White/European American

- Hispanic/Latinx
- Middle Eastern/North African
- Native Hawaiian or Other Pacific Islander (e.g., the Philippines, Samoa)
- · [Other (please specify)]

### · [Prefer not to answer]

- 70. What is the highest grade or level of school that you have completed?
  - Less than high school completion or GED
  - · High school or secondary school graduate or GED
  - Some college, 2-year degree, certification program, or trade school
  - College graduate (4 to 5 years college ending in a bachelor's degree)

- · Some graduate school or a graduate degree
- [Prefer not to answer]
- 71. What is your current sex or gender identity?

[Note to survey administrator do not read options, just record responses]

- Male
- Female
- Additional Gender Category (please specify)
- [Prefer not to answer]
- 72. What is the category that best describes current employment status?
  - Employed
  - Out of work for 1 year or more, and looking for work
  - Out of work for less than 1 year, and looking for work
  - Not employed outside the home [e.g., homemaker]
  - Student
  - Retired
  - Unable to work
  - [Prefer not to answer]
- 73. What was your total household income before taxes during the past 12 months?
  - Less than \$25,000
  - \$25,000 to \$49,999
  - \$50,000 to \$74,999
  - \$75,000 to \$99,999
  - \$100,000 to \$199,999
  - \$200,000 or more
  - [Don't know/prefer not to answer]
- 74. How many household members are supported by your total combined household income (including yourself)?

- 75. Has your financial situation gotten worse, improved,
  - or stayed the same since coronavirus/COVID-19?
  - Gotten worse
  - Improved
  - Stayed the same

Note to survey administrators: Q76-79 should only be asked to respondents who consented to the extended survey (answering questions 17-62)]

- 76. What do you estimate your current debt to be related to gambling? Please include loans, credit cards, debt, informal borrowing, etc.
  - \$0 (no debt)
  - Less than \$10,000
  - \$10,000-\$49,999
  - \$50,000-\$99,999
  - \$100,000-\$199,999
  - \$200,000-\$299,999
  - \$300,000-\$399,999
  - \$400,000 or more
- 77. What is your sexual orientation?
  - Straight/heterosexual
  - Gay or lesbian
  - Bisexual
  - [Prefer to self-describe]
- 78. Which of the following best describes your marital status?
  - · Single (living in a household without a partner)
  - · Partnered (not living together or married)
  - · Cohabitation (living together)
  - Married
  - Separated/Divorced
  - Widowed
  - [Prefer not to answer]

- 79. How important is religion in your life? Would you say very important, somewhat important, not very important, or not important at all?
  - Very important
  - Somewhat important
  - Not very important
  - · Not important at all
  - [Don't know]
  - [Refused]

# H. Closing

You have reached the end of the survey. Thank you for your participation!

Thank you on behalf of the Illinois Department of Human Services for the time and effort you've spent answering these questions. If you have any questions about this survey, you may contact Dr. Hannah Carliner at XXX-XXX-XXXX. Thank you again.

Earlier you mentioned you or someone you know might want to get help to reduce or stop gambling. Would you like me to give you the helpline number to talk with someone about cutting back or stopping gambling? If you or someone you know is experiencing problems with gambling, go to <u>weknowthefeeling.org</u>, call 1-800-GAMBLER, text "ILGamb" to 53342, or chat here.

If you or someone you know is experiencing challenges with mental health, call the National Alliance on Mental Illness hotline 1-800-950-6264, go to nami.org, or if in a crisis, text "NAMI" to 741741 for 24/7 confidential, free crisis counseling.

If you or someone you know is thinking about suicide, call the National Suicide Prevention Lifeline 1-800-273-8255 or visit their website to chat with a counselor: <u>https://suicidepreventionlifeline.org/</u>

## [Respondents who consented to the extended survey (Answering questions 17-62) will be asked for their contact information to receive compensation]:

Thank you for taking the time to complete our survey. As a thank you, we would like to send you a \$10 electronic gift card of your choice. The gift card will be delivered via email within the next few weeks. Please write your email address below and indicate the type of gift card you prefer. Your email address will only be used for sending the electronic gift card and will not be connected to your survey data in any way. If you prefer not to or are unable to use an e-card, please call XXX-XXX-XXXX to request to be mailed a hard card.

#### Email:

# Appendix E: Detailed Survey Methodology

# Prevalence Survey Sampling and Data Collection:

Survey sampling and administration were conducted by M. Davis and Company, Inc. After obtaining a random digit dial (RDD) sample of adult residents of Illinois, postcards were sent to all participants for whom physical addresses were available, inviting them to participate in the online survey. See below for an example of the mailing. Participants were also sent text and email messages (when available) inviting them to participate in the online survey. Next, M. Davis and Company interviewers began calling the RDD sample. Text and email reminders were sent throughout the period when the online survey was available.

# **Project Outreach Timeline**

### Table 1. Timeline

Date	Events
2/25/21	Postcard sent to sample 1 – Invitation to online survey
2/25/21-4/28/21	Periodic email and text invitations to online survey sent
3/17/21	Outbound calling of sample begins
4/2/21	Postcard sent to sample 2 – Invitation to online survey
4/28/21	Data collection ended

# Sample

### Table 2. Sample 1

RDD Sample		
RDD Sample	16,000	IL general population (18 and over)
Convenience Phone Oversample	1,200	IL 18–25 year olds survey sent
Convenience Phone Oversample	1,800	IL Black/African Americans
Convenience Phone Oversample	2,100	IL Hispanic/Latinx

#### Table 3. Sample 2

Sample 2		
RDD Sample	18,528	IL general population (18 and over)
Convenience phone oversample – Sar	nple purchase was adjusted based	on completes as of 3/24/21
Convenience Phone Oversample	3,200	IL 18–25 year olds
Convenience Phone Oversample	2,400	IL Black/African Americans

4.200

**Convenience Phone Oversample** 

MDAC purchased Random Digital Dial (RDD) sample and convenience phone oversample to account for groups that traditionally have lower survey response rates from Marketing Systems Group with 80% cell phone, 20% landline.

#### **RDD Landline Sample Frame**

The Marketing Systems Group's (MSG) Genesys Sampling RDD database is updated quarterly. This database is made up of all residential working banks that have at least one assigned telephone number. The methodology factors in the number of landline assignments per bank as the Measure of Size. Banks with a large number of assignments will be sampled at a higher rate than those with a low number of assignments. MSG can set the working bank threshold from 1–15. MSG's assignment based landline frame is the next generation of a list-assisted RDD frame using more complete data sources of landline telephone numbers (published and unpublished) including listings from alternative service providers, such as VoIP and Cable in the construction of the frame. It is a true landline sample frame that covers nearly all landline telephone households.

The RDD sample frame can be best characterized as a single stage epsem sample of all residential telephone numbers (including listed, unlisted and non-published numbers) in the defined sample frame.

From the identified 1,000 series telephone blocks dedicated to landline devices MSG generates a random sample of possible telephone numbers. The sampling interval is calculated by dividing the universe of all possible numbers by the number of records desired, thus specifying the size of the frame subdivisions. At this point, the frame size has been fixed and divided into equal-sized subsets of ten-digit numbers.

IL Hispanic /Latinx

Within each of the subsets one number is selected at random giving all numbers an equal probability of selection. When generating a PPS or modified RDDs sample, the measure of size is based on density of assigned numbers and every record has a known, yet unequal chance of selection.

### **RDD Landline Screening**

MSG offers a Comprehensive Screening Service (CSS), which provides a granular level of screening to determine workability of a phone number. An attended screening process will identify more nonproductive (non-working and business) numbers than an unattended process. On average the kick-out rate is 75% and CSS will identify approx. 75-85% of the non-working numbers.

### **RDD Cell Phone Sample Frame**

Marketing Systems Group provides a comprehensive sampling frame for the selection of cellular RDD samples. For this purpose, MSG isolates all 1000-series telephone blocks (215-653-7xxx) dedicated to cellular devices. From the identified 1,000 series telephone blocks dedicated to cellular devices MSG generates a random sample of possible telephone numbers. The sampling interval is calculated by dividing the universe of all possible numbers by the number of records desired, thus specifying the size of the frame subdivisions. At this point, the frame size has been fixed and divided into equal-sized subsets of ten-digit numbers. Within each of the subsets one number is selected at random giving all numbers an equal probability of selection.

### **RDD Cellular Screening**

Marketing Systems Group has a cellular screening process called Cell-WINS. This non-intrusive, real-time screening process identifies active vs inactive telephone numbers within a cellular RDD sample. Recent advancement include more granular dispositions of previously active coded records. The process includes a "Device Detection" component that identifies cellular numbers associated with non-answerable devices (such as tablets) as well as cellular numbers that for some reason or another have become temporarily disconnected at the time of screening. Cell-WINS will identify roughly 70–85% of the non-productive.

#### Table 4. Survey Completes

#### Thank You Letter and Gift Card

Thank you letters and \$10 (General Prevalence) or \$30 (Extended) incentive e-gift cards were sent to respondents within three days of survey completion via Tangocard.

# **Data Processing Procedures**

On 3/15/21, MDAC Quality Control team identified 51 extended survey completes that all had a very similar email address to send the incentive. These surveys were also all taken in quick succession. Thus, MDAC added to their daily data checking protocols to screen for any unusual activity.

To identify invalid data, they looked at any responses which met the following criteria:

- 1. Survey was completed online
- 2. An e-mail address was provided for a gift card
- 3. The survey duration was 2 minutes or less all one session

Additionally, they searched for any duplicate e-mail addresses, independent of the duration.

### **Completed Surveys**

Although MDAC collected 2105 completed surveys, 72 surveys were identified as invalid and removed from the final dataset. Overall, there were 447 break-offsrespondents who started the survey and answered at least one question but did not complete (online + CATI).

Total Completes	General Prevalence Survey	Extended Survey
2,033	1,484	549
	Online Completes	Phone Interviewer Completes
	1,738	295

### **Phone Interviewer Completes**

In order to obtain the 295 phone completes, MDAC made 88,373 calls to 47,238 records for the IL Gambling Prevalence Survey. The phone dispositions list is below.

Disposition	Count
Answering Machine	30,647
No Answer	20,172
Busy	14,377
Operator Intercept: Tri-Tone and ISDN Codes Received from Provider	9,569
Hang Up	5,638
Soft Refusal	1,430
Indefinite Call-Back	1,170
Telephone Issue (Fast/Disconnect/Fast Busy-System Did Not Auto-Disposition)	1,109
Hard Refusal	664
Default Value	582
Screened Out (Online Survey)	556
Language Barrier - Spanish	492
Arrange Call Back	467
In Do Not Call List	446
Complete	307
Phone Number is for a Business	191
Fax Machine / Computer / Modem	82
Screened Out (Non-Resident)	79
Language Barrier (Non-Spanish)	71
System Error	58
Partial Call-Back (Scheduled)	56
Connection Lost (Call Dropped)	53
No Ring, No Dial Tone, Cancelled: Errors on the Internal Loop	41
Phone Number Not in Service	29

Disposition	Count
Terminate Partial (Indefinite Call-Back)	27
Disconnected by Supervisor	22
Terminate Partial Survey—Soft Refusal / Hang-up	13
Screened Out (Age)	5

# **Statistical Weighting**

Data from the prevalence survey were statistically weighted to better represent the Illinois adult population on key sociodemographic characteristics. Weighting of data aims to account for limitations of survey data collection, where certain subpopulations are over-or under-represented in the survey sample, relative to the general adult population of Illinois. Sociodemographic characteristics for comparison included gender (women/men), age (18–44 years old/45 years and older), race/ethnicity (non-Hispanic White/non-White), and education (less than Bachelor's Degree/Bachelor's Degree or higher). Weighting factors were dichotomized to ensure sufficient sample size to compare across 3-way variable stratifications.

Frequencies were calculated for the full prevalence survey sample and compared with frequencies from the American Community Survey (ACS) 2015–2019 5-Year Estimates from Illinois. Most comparisons of the prevalence survey sample with the ACS revealed differences in sociodemographic sub-groups of <10%. A three-way post stratification weighting variable was created to adjust for gender, age, and race/ethnicity simultaneously. Analysis was not weighted by education because education and age were correlated and age was already included in the weighted analysis. This combination is the most comprehensive post stratification weighting scheme that enables the inclusion of all survey respondents. Weights were computed using SAS v9.4. Comparisons between unweighted and weighted frequencies for the prevalence survey is shown in Chapter 1.

### Prevalence Confidence Interval

The estimate that 3.8% of Illinoisans have problem gambling (weighted percentage) had a 95% confidence interval of 2.8% to 4.7%. Frequent gamblers at risk for problem gambling had an estimate of 7.7% with a 95% confidence interval of 6.4% to 9.0%. Recreational gamblers had an estimate of 16.5% and a 95% confidence interval of 14.8% to 18.3%. Non-frequent gamblers had an estimate of 61.9% with a 95% confidence interval of 59.7% to 64.2%. Illinoisans who have never gambled had an estimate of 10.1% with a 95% confidence interval of 8.7% to 11.4%.

# Variable Coding

**Never Gambling:** Participants were considered to have never gambled in a super category (e.g., the lottery) if they reported did not report gambling in the past 30 days, between 30 days and 12 months ago, or more than 12 months ago for any of the subcategories (e.g., instant win or scratch lottery tickets; Powerball, Mega Millions, and daily numbers; or video lottery terminals). In situations where participants had missing data, missing was considered to be "*never*" if they answered at least one of the subcategories within that super category. They were considered to have never gambled overall if they did not report any type of gambling at any point. In situations where participants had missing data, missing was considered to be "*never*" if they responded to at least one type of gambling. **Ever Gambling:** Participants were considered to have gambled ever in a super category (e.g., the lottery) if they reported gambling in the past 30 days, between 30 days and 12 months ago, or more than 12 months ago for any of the subcategories (e.g., instant win or scratch lottery tickets; Powerball, Mega Millions, and daily numbers; or video lottery terminals). They were considered to have ever gambled overall if they reported any type of gambling at any point.

**Past Year Gambling Definitions:** Participants were considered to have gambled in the past year in a super category (e.g., the lottery) if they reported gambling in the past 30 days or between 30 days and 12 months ago for any of the subcategories (e.g., instant win or scratch lottery tickets; Powerball, Mega Millions, and daily numbers; or video lottery terminals). They were considered to have gambled in the past year overall if they reported any type of gambling in the past year.

Past Month Gambling Definitions: Participants were considered to have gambled in the past month in a super category (e.g., the lottery) if they reported gambling in the past 30 days for any of the subcategories (e.g., instant win or scratch lottery tickets; Powerball, Mega Millions, and daily numbers; or video lottery terminals). They were considered to have gambled in the past month overall if they reported any type of gambling in the past month.

# **Missing Data**

Sample sizes vary throughout the report due to missing data and skip patterns. The n's for each question are noted throughout the report and a note is included if the n's vary within a figure or table. Among the representative sample, demographics range from no missing (age) to 69 missing (income), though the remaining demographic questions range from 7 to 14 missing. Among respondents to the survey targeting frequent gamblers, demographics range from no missing (age) to 169 missing (household size) and the remaining demographic questions range from 22 to 104 missing. In questions that allowed for *"don't know"* or *"prefer not to answer,"* those responses were recoded to missing.

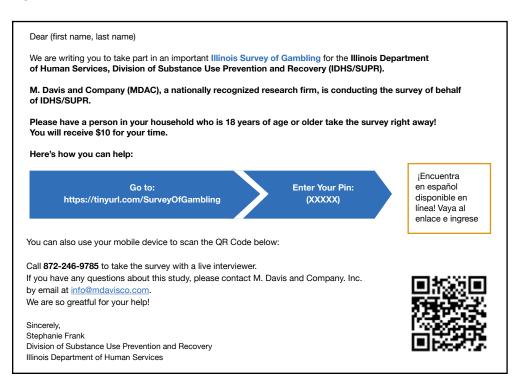
Several variables were created from existing variables in the survey and so special consideration was given to how to factor missing data into those new variables. In the case of the PPGM, if participants gualified to take the PPGM and answered at least one question, missing guestions within the measure were counted as "no." There were 0 to 2 missing responses for each question in the representative sample. The entire frequent gambler sample had a few more missing responses (ranging from 1 to 18) per question. This introduces a slight bias towards lower categorizations but also retains responses that often ended up in the highest category anyway. As noted above, for the "never gambled" variable, missing was considered to be "never" if they responded to at least one type of gambling.

# Appendix F: Invitation Postcard

#### Figure 1. Front of Postcard

Illinois Department of Human Services		
c/o MDAC, Inc.		
1015 Chesnut St., Ste 317 Philadelphia, PA 19107		
	Current Resident Street Address City State Zip	
		I

#### Figure 2. Back of Postcard



# Appendix G: Key Informant Interview Guide

# **Informed Consent Script**

Thank you for taking the time out of your day to meet with me. As I wrote in my invitation, I work for a non-profit public health organization called Health Resources in Action. My organization was hired by the Illinois Department of Human Services Division of Substance Use Prevention and Recovery to assess problem gambling in Illinois. Our study includes surveys, focus groups, and interviews with stakeholders like yourself, as well as analysis of secondary data.

Before we get started, I want to review the informed consent form with you. The interview should last approximately 45 to 60 minutes. I want to remind you that this interview is voluntary and confidential. Your specific responses will not be shared with anyone, so feel free to share your opinion openly and honestly. You may choose not to answer any questions during the interview and we can stop at any time. Your interview answers will be summarized in a report along with all the data from interviews, focus groups, and surveys. I will not identify your name or your organization next to your responses in my notes or in any public results from this study.

- Do you have any questions about the study or the interview?
- Are you okay with me going forward with the interview?

# **Request to Record Interview**

I would also like to record our conversation today so I can check the accuracy of my notes after our conversation. I will be deleting the recording as soon as I write up my notes. Are you okay with me recording our discussion? Note whether respondent has given permission to record the interview.

Let's get started with the interview. [Note: Questions for the interview guide are intended to serve as a <u>guide</u>, not a script]

### Their Agency/Organization (5 minutes)

- Can you tell me a bit about your organization/agency and your role? [Tailor probes depending on organization]
- a. [Probe on Organization: What is your organization's mission/programs/services? What communities do you work in? What other organizations/institutions do you collaborate with? If applicable, who are your clients? How are clients referred to you?]
  - i. What are some of the biggest challenges your organization faces in providing these programs/ services in the community?

# Perceptions of Problem Gambling (25 minutes)

2. Let's talk about gambling issues. What do you think are the most pressing gambling concerns in Illinois? [If needed, probe on specific issues such as access to gaming establishments, access to online gambling, "underground" gambling, online gambling, sports betting, lottery youth gambling, issues related to personal finances and employment, substance use during gambling, co-occurring substance use disorders, co-occurring mental illness, cultural/social norms, stigma, family/friend relationships, etc.]

a. Given the current context of COVID, how have you seen gambling patterns shifting, e.g., changes in lottery betting, sports betting, casino use?

- b. What populations (age, race, gender, income/ education, etc.) do you see as being most affected by these issues?
- c. How have these problem gambling issues affected the community? In what way?
- d. Why do you think you are seeing these issues in your community? [Note: for interviewees who cover the entire state, reframe this as Illinois overall
  - i. How has the recent gambling expansion affected these issues?
- e. From your experience, what are residents' biggest challenges to addressing these problem gambling issues?
  - i. [Probe on range of challenges: e.g., Various barriers to accessing treatment and services, socioeconomic factors, lack of community resources and services available, lack of transportation to services, social/community norms, stigma, lack of recognition of the issue, lack of awareness and screening, insurance issues, etc.]
  - ii. What, if any, new issues do you perceive when a new gaming/gambling establishment opens?
  - iii. What do you think needs to happen to help residents overcome or address these challenges?

# Perceptions of Problem Gambling Services (15 minutes)

 Let's talk about the services that are available to address a few of the issues you mentioned previously.

- a. What services are you aware of in Illinois that currently focus on Prevention of problem gambling [e.g., Education Initiatives, of problem gambling [e.g., Education Initiatives, social norma campaigns, self-exclusion programs, etc.]?
  - i. In your opinion, how available or accessible are these services to the people who need them?
  - ii. What's missing? What services are currently not available that you think should be?
- b. What services are you aware of in Illinois that currently focus on treatment and recovery of problem gambling [or other issue raised above]?
  - i. In your opinion, how available or accessible are these services to the people who need them?
  - ii. How has COVID affected availability of services in Illinois?
  - iii. What can be done to connect more people with services? [Probe on PSE recommendations]
  - iv. What's missing? What services are currently not available that you think should be, e.g. residential services?
- 4. What do you see as future challenges for advancing problem gambling prevention efforts, treatment services and recovery? [If needed, probe on what needs to change, who needs to be engaged, who should be the primary target populations. Probe on the role of the gaming industry itself. Probe on potential policy solutions.
  - a. How do you see COVID changing the future of the gambling field?

# Opportunities and Vision for the Future of the Problem Gambling Prevention and Services (15 minutes)

- 5. What do you see as the greatest opportunities for the future of the problem gambling prevention in Illinois?
  - a. Thinking ahead 5 years from now, what is your vision for what problem gambling prevention efforts look like in Illinois? What would a strong and thriving system look like?
  - b. What do you think needs to happen to achieve this vision? Who should be involved in this effort?
- 6. What do you see as the greatest opportunities for the future of the problem gambling treatment and recovery services in Illinois?
  - a. Thinking ahead 5 years from now, what is your vision for what problem gambling treatment and recovery services look like in Illinois? What would a strong and thriving system look like?
  - b. What do you think needs to happen to achieve this vision? Who should be involved in this effort?

# Closing

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today? Is there anyone you suggest we speak with to get a greater understanding of gambling in Illinois?

Just as a reminder, we will be writing a summary report of the general opinions that have come up across all of the discussions we're having with leaders and residents. In that report, we might provide some general information on what we discussed today, but we will not include any names or identifying information. Your responses will be strictly confidential. In the report, nothing you said here will be connected to your name.

Thank you again.

# Appendix H: Focus Group Guide

# **Small Group Discussion Guide**

Goals of the discussions (30-60 minutes, 3-5 participants):

- To identify perceptions of gambling in Illinois
- To understand existing resources to support
  prevention, treatment and recovery
- To identify gaps and opportunities for additional prevention, treatment and recovery-related services

[Note: The questions in the guide are intended to serve as a guide, but not a script.]

### A. Background (5 minutes)

- Welcome everyone. My name is \_\_\_\_\_ and my colleague \_\_\_\_\_ is also on, and we work for Health Resources in Action, a non-profit public health organization.
- We are having this discussion today because we want to hear your opinions. There are <u>no right or</u> <u>wrong answers</u> to the questions we'll be asking today. We want to know your opinions; everyone might have different opinions and that's OK.
- I'm going to be leading our talk today and \_\_\_\_\_\_ will be taking notes. We're not writing down your names or judging you on anything. We just want to hear what you have to say.
- This discussion will last 30-60 minutes. [Depending on format of discussion] If applicable, please turn on your video, if possible, so that we can all see each other speaking. As a reminder, please keep yourself on Mute until you want to speak.

- This discussion is part of a larger assessment project that is being conducted for the IL Gambling Needs Assessment. The purpose of this project is to learn more about gambling in Illinois, and to understand what services currently exist and what additional resources would be helpful for to address problem gambling. Your feedback today will help the Illinois Department of Human Services Division of Substance Use Prevention and Recovery identify areas for future programs and services. We will be sure to wrap up by **[Insert time]**.
- We are conducting other discussions, surveys and reviewing other data. After all the data are collected, we will be writing a summary report of the general opinions that have come up. In that report, we might provide some general information on what we discussed today and mention that *"some people said this"* or *"other people said that."* We will not include any names or identifying information. Everything you say here is confidential. This conversation is also completely voluntary and you are free to leave at any time if you decide you no longer want to participate. **[If applicable:** Does everyone here agree to participate? When I call your name, please say *"I agree,"* or please let me know if you have any questions.

### B. Introduction and Warm-Up (5 minutes)

Now, first let's spend a little time getting to know one another. When I call your name, please unmute yourself and tell us: 1) Your first name; 2) where you live; and 3) something about yourself – such as what you like to do for fun in your free time **[or other icebreaker question e.g., "What are you doing to stay healthy** *this winter?"*]. **[After all participants introduce themselves, moderator to answer intro questions]** 

# C. Perceptions of Problem Gambling (25 minutes)

- 7. Let's talk about gambling in your community. Thinking about your friends, family and community, how common do you think gambling is?
  - a. When I say we are talking about "gambling," what does that mean to you? What comes to mind when you hear that word?
  - b. What does "problem gambling" mean to you?
  - c. What do you think are the most common types of gambling among your friends, family and community? [If needed, probe on online gambling, sports betting, lottery, horse racing, casino gambling, riverboat gambling]
  - d. Given the current COVID-19 pandemic, how have you seen gambling change, e.g., changes in lottery betting, sports betting, casino use?
- 8. What do you think are the most pressing gambling concerns in Illinois? [If needed, probe on specific issues such as access to gaming establishments, access to online gambling, "underground" gambling, online gambling, sports betting, lottery youth gambling, issues related to personal finances and employment, substance use during gambling, co-occurring substance use disorders, co-occurring mental illness, cultural/social norms, stigma, family/ friend relationships, etc.]
  - a. How have these problem gambling issues affected your community? In what way?
  - b. Why do you think you are seeing these issues in your community?
    - i. Why do you think your friends, family or community gamble?

- ii. For entertainment? To win money? To pay for bills?
- 9. Thinking about your family, friends and community, what are the biggest challenges to addressing these problem gambling issues?
  - a. [Probe on range of challenges: e.g., Various barriers to accessing treatment and services, socioeconomic factors, lack of community resources and services available, lack of transportation to services, social/community norms, stigma, lack of recognition of the issue, lack of awareness and screening, insurance issues, etc.]
  - b. What, if any, new issues do you perceive when a new gaming/gambling establishment opens?
    [Probe on recent gambling expansion—new casino, sports betting, video gambling]
  - c. What do you think needs to happen to help community members overcome or address these challenges?
- 10. In your opinion, how is problem gambling viewed by the larger community—is it viewed more as a disease/addiction or more of an issue of personal choice?
  - a. [Whichever view expressed] Do you think the community views the issue of problem gambling appropriately? Why/why not?

# D. Perceptions of Problem Gambling Services (15 minutes)

Let's talk about the services that are available to address a few of the issues you mentioned previously.

11. What programs, services or policies are you aware of in Illinois that currently focus on prevention of problem gambling [e.g., education initiatives, social norms campaigns, self-exclusion programs, etc.]?

- a. Tell me about these programs, services, and policies. What do you know about them?
   Who uses them?
- b. In your opinion, how available or accessible are these services to the people who need them?
- c. How successful do you think these prevention programs/services/policies have been? Why or why not?
  - i. What should be changed or improved?
- d. What's missing? What programs/services/policies are currently not available that you think should be?
- 12. What programs, services, or policies are you aware of in Illinois that currently focus on treatment and recovery of problem gambling [or other issue raised above]?
  - a. Tell me about these programs, services, and policies. What do you know about them? Who uses them?
  - b. If someone close to you had to get treatment for problem gambling, where would you go first?
    - i. How confident are you that you could find the services that were needed?
  - c. Have you or has someone close to you ever experienced any challenges in trying to get problem gambling treatment or recovery services?
     What specifically? [Probe for barriers: insurance issues, lack of services available, lack of transportation, etc.]
  - d. [Probe if needed] What part of getting treatment was the most challenging? Was it finding a provider? Availability of spots in treatment program? Getting to the treatment facility?

Being at the office/clinic and understanding the doctor? Feeling stigmatized?

- e. In your opinion, how available or accessible are these services to the people who need them?
  - i. How has COVID affected availability of services in Illinois?
  - ii. What do you think can be done to connect more people with services?
- f. What's missing? What treatment and recovery services are currently not available that you think should be, e.g., residential services?

### E. Vision/Priorities for the Future (5 minutes)

- 13. In your opinion, what are the one or two things that should happen in your community (or the state?) that could help with problem gambling?
- 14. What's your vision for how gambling can exist in your community/state in a responsible way?

### F. Closing (2 minutes)

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today?

Just as a reminder, we will be writing a summary report of the general opinions that have come up across all of the discussions and discussions. In that report, we might provide some general information on what we discussed today, but we will not include any names or identifying information. Your responses will be strictly confidential. In the report, nothing you said here will be connected to your name. The report will be completed and made public in Summer 2021.

Thank you again.

# Appendix I: Illinois Designated Gambling Treatment Providers (As of May 2021)

Provider Name	Facility Locations
Associates in Behavioral Healthcare	Roselle, Schaumburg, St Charles, West Dundee
Centerstone of Illinois, Inc	Marion
Central East Alcoholism & Drug Council	Charleston
Chestnut Health Systems, Inc.	Granite City
Ecker Center	Elgin
Egyptian Public & Mental Health Department	Eldorado
Family Guidance Centers, Inc.	Chicago
Gateway Foundation, Inc.	Carbondale, Caseyville, Chicago, Gurnee, Jacksonville, Joilet, Springfield, Swansea
Heritage Behavioral Health Center, Inc.	Clinton, Decatur
Human Resources Development Institute, Inc.	Chicago
Iroquois Mental Health Center	Watseka
Jasper County	Newton, Olney
Kiley, Kerrick L DBA Alpha-Omega Counseling Center	Danville
Leyden Family Service & MHC	Hoffman Estates
The McDermott Center	Chicago
NICASA, NFP	Buffalo Grove, Highland Park, Round Lake, Waukegan
Remedies Renewing Lives	Belvidere, Rockford
TASC, Inc.	Belleville, Chicago, Edwardsville
The South Suburban Council on Alcoholism & Substance Abuse	Hazel Crest
Way Back Inn	Maywood