

Chapter 1

# Introduction and Methods

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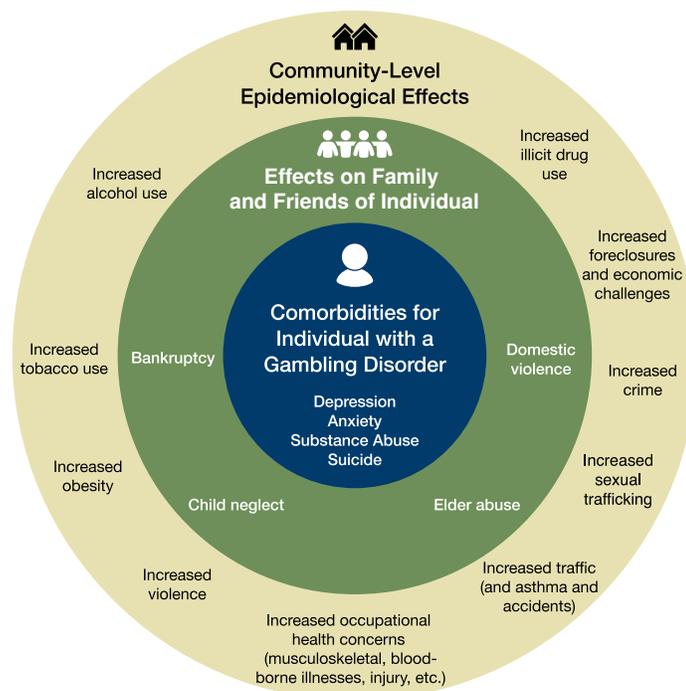
# Introduction

## 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**



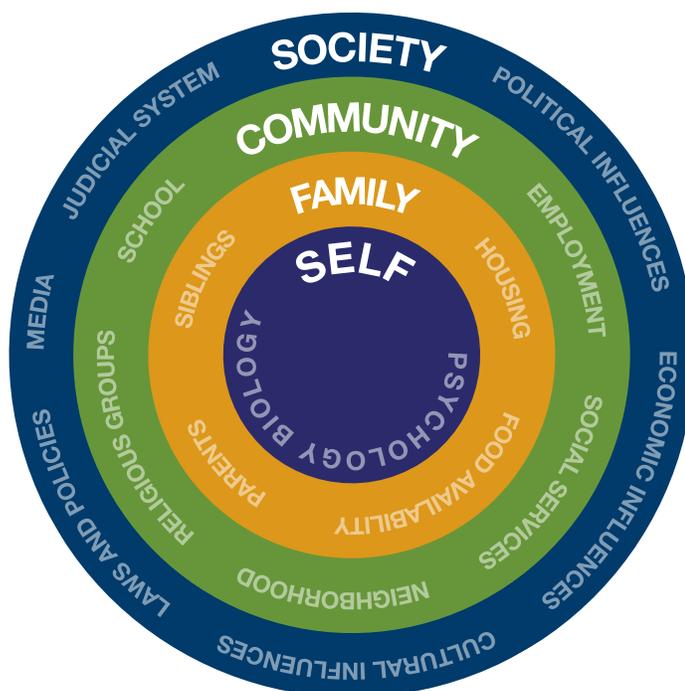
**Source:** *Current Addiction Reports*, “Our Voices Matter: Using Lived Experience to Promote Equity in Problem Gambling Prevention”, 2021

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 web-based 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:

**1. 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.

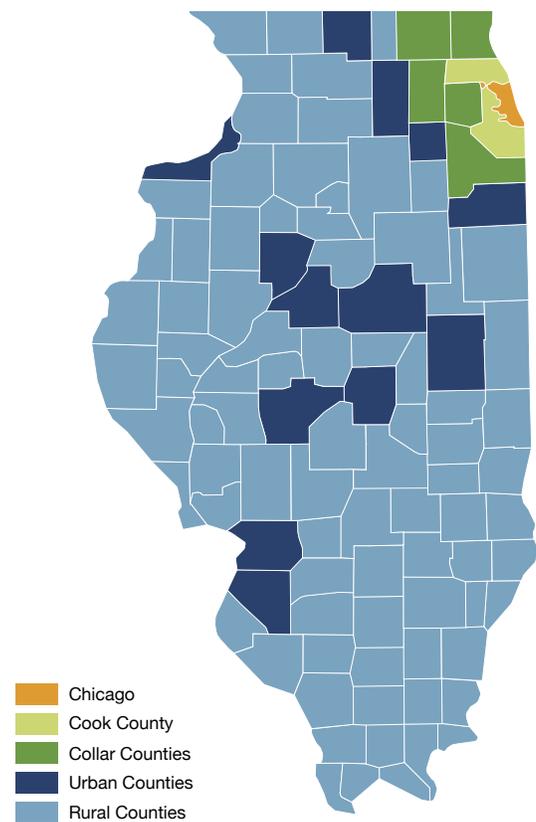
## Human Subjects Approval

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 non-professional 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 population-based 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 BRFS ( <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)
3. 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**

| <b>Gender</b>   | <b>n</b> | <b>Unweighted %</b> | <b>Weighted %</b> |
|---|----------|---------------------|-------------------|
| Men   | 878      | 43.4%               | 48.4%             |
| Women   | 1,132    | 56.0%               | 51.6%             |
| Additional Gender Category  | 11       | 0.5%                | -                 |
| <b>Race/Ethnicity</b>   | <b>n</b> | <b>Unweighted %</b> | <b>Weighted %</b> |
| 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%              |
| <b>Age in Years</b>   | <b>n</b> | <b>Unweighted %</b> | <b>Weighted %</b> |
| 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%              |
| <b>Educational Attainment</b>                                       | <b>n</b> | <b>Unweighted %</b> | <b>Weighted %</b> |
| 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%             |
| <b>Employment Status</b>  | <b>n</b> | <b>Unweighted %</b> | <b>Weighted %</b> |
| 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**

| <b>Employment Status</b>                         | <b>n</b> | <b>Unweighted %</b> | <b>Weighted %</b> |
|--|----------|---------------------|-------------------|
| Student  | 104      | 5.2%                | 6.0%              |
| Retired  | 364      | 18.1%               | 15.8%             |
| Unable to work                                   | 88       | 4.4%                | 4.0%              |
| <b>Annual Household Income</b>                   | <b>n</b> | <b>Unweighted %</b> | <b>Weighted %</b> |
| 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%              |
| <b>Marital Status</b>                            | <b>n</b> | <b>Unweighted %</b> | <b>Weighted %</b> |
| 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%              |
| <b>Sexual Orientation</b>                        | <b>n</b> | <b>Unweighted %</b> | <b>Weighted %</b> |
| 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%             |
| <b>Geography</b>                                 | <b>n</b> | <b>Unweighted %</b> | <b>Weighted %</b> |
| Chicago  | 402      | 19.9%               | 17.8%             |
| Cook County (excl. Chicago)                      | 450      | 22.3%               | 21.2%             |
| Collar Counties (around Cook)                    | 533      | 26.4%               | 27.4%             |
| Urban Counties                                   | 364      | 18.0%               | 18.9%             |
| Rural Counties                                   | 273      | 13.5%               | 14.8%             |

**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 online-only 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)**

| <b>Gender</b>   | <b>n</b> | <b>%</b> |
|---|----------|----------|
| Men   | 1,593    | 65.9%    |
| Women   | 810      | 33.5%    |
| Additional Gender Category  | 15       | 0.6%     |
| <b>Race/Ethnicity</b>   | <b>n</b> | <b>%</b> |
| 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%     |
| <b>Age in Years</b>   | <b>n</b> | <b>%</b> |
| 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%     |
| <b>Educational Attainment</b>                                       | <b>n</b> | <b>%</b> |
| 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%    |
| <b>Employment Status</b>  | <b>n</b> | <b>%</b> |
| 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%     |
| <b>Annual Household Income</b>                                      | <b>n</b> | <b>%</b> |
| Less than \$25,000  | 150      | 6.3%     |
| \$25,000 to \$49,999  | 516      | 21.7%    |
| \$50,000 to \$74,999  | 768      | 32.3%    |

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

| <b>Annual Household Income</b>                   | <b>n</b> | <b>%</b> |
|--|----------|----------|
| \$75,000 to \$99,999                             | 434      | 18.2%    |
| \$100,000 to \$199,999                           | 439      | 18.5%    |
| \$200,000 or more                                | 73       | 3.1%     |
| <b>Marital Status</b>                            | <b>n</b> | <b>%</b> |
| 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%     |
| <b>Sexual Orientation</b>                        | <b>n</b> | <b>%</b> |
| Bisexual   | 90       | 3.9%     |
| Gay or lesbian                                   | 57       | 2.5%     |
| Prefer to self-describe                          | 10       | 0.4%     |
| Straight/heterosexual                            | 2,142    | 93.2%    |
| <b>Geography</b>                                 | <b>n</b> | <b>%</b> |
| Chicago  | 678      | 27.4%    |
| Cook County (excl. Chicago)                      | 500      | 20.2%    |
| Collar Counties (around Cook)                    | 589      | 23.8%    |
| Urban Counties                                   | 428      | 17.3%    |
| Rural Counties                                   | 283      | 11.4%    |

**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)**

|                              | <b>%</b> |
|------------------------------|----------|
| 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 semi-structured 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 non-random 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.

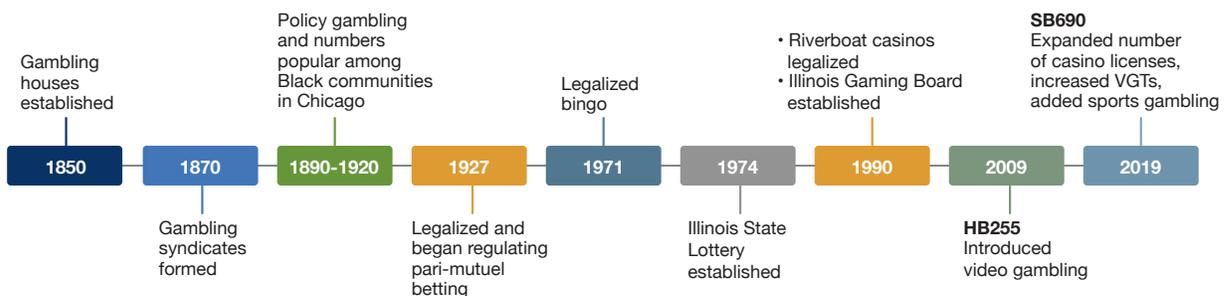
# Background: Gambling in Illinois

## 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



Data Source: Illinois Gaming Board (IGB), 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 Gaming <sup>4</sup> | 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 Gaming <sup>4</sup> | 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:**

1. 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 received in FY 2017.
2. Figures equal State revenue generated, not allocated.
3. 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.
4. 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 10. Approved Casino Expansion Locations SB960, by Town in Illinois, 2019**



**Data Source:** SB690, 101st Illinois General Assembly, 2019

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).

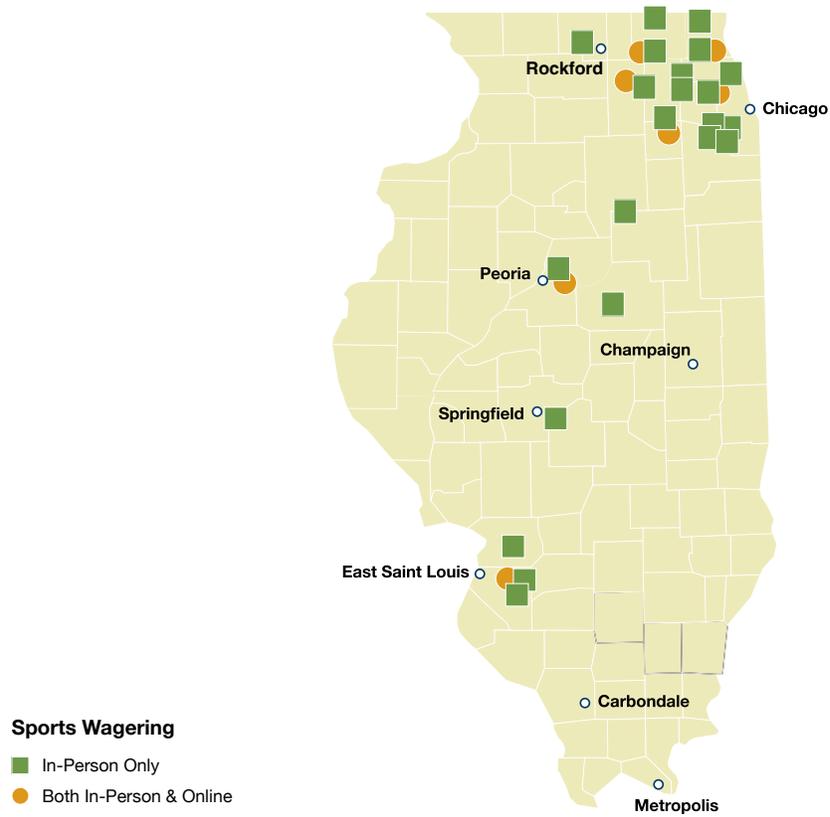
**Figure 11. Gambling Establishments in and within 100 Miles of Illinois Border, Illinois and Surrounding States, 2021**



**Data Source:** Illinois Gaming Board, 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 recovery-oriented 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)**

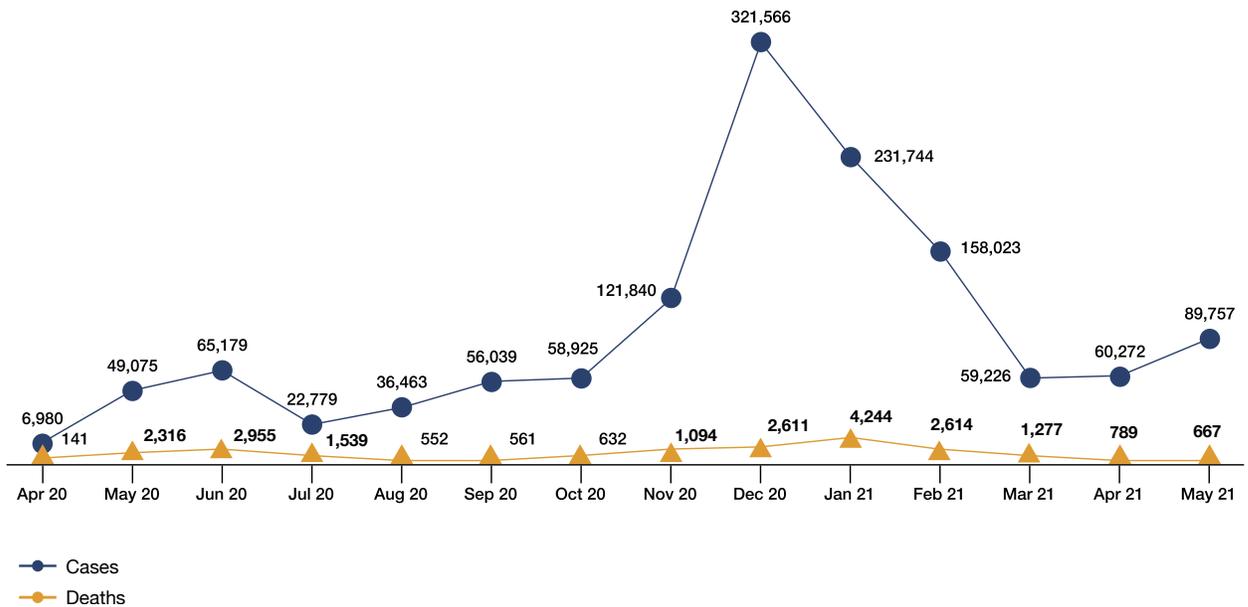
The mission of ICPG is *“to increase public awareness about gambling disorder, provide information and resources related to treatment for those with a gambling disorder and their families, promote research, and develop and implement gambling disorder education and prevention programs in the State of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

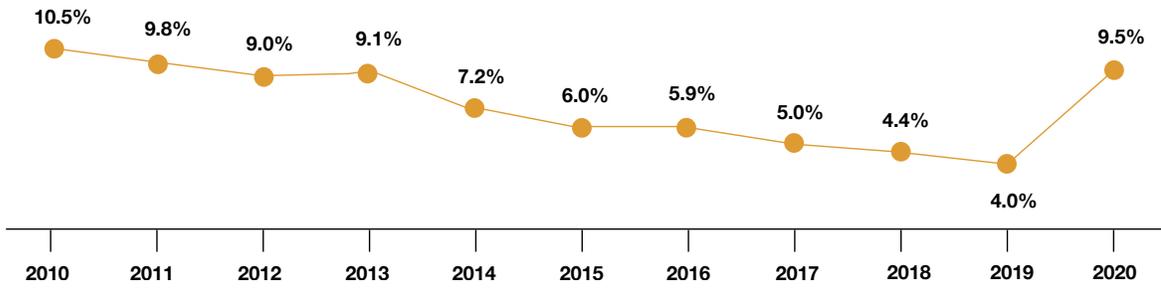
As discussed in the Data Limitations section, the COVID-19 pandemic may have affected the gambling behaviors of Illinois residents in two major ways. First, as noted above, restrictions on gathering indoors were in place during much of 2020 and early 2021. These restrictions had a clear impact on gambling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

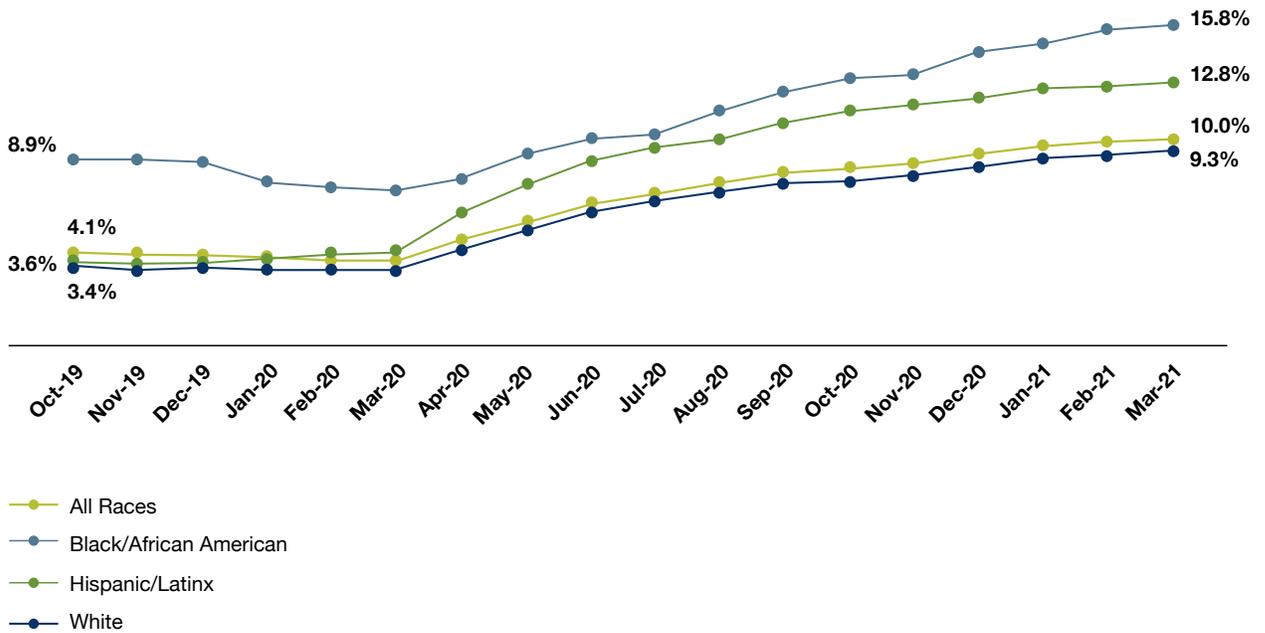
Between October 2019 and March 2021, the unemployment rate increased steadily in Illinois overall and for every race/ethnicity represented below (Figure 15). In March 2021, unemployment was 10.0% overall; it was the highest among the Black/African American population (15.8%), followed by the Hispanic/Latinx 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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