

Chapter 6

# Problem Gambling Prevention, Treatment, and Recovery in Illinois

# Chapter 6

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<b>Chapter Highlights</b>	<b><a href="#">1</a></b>
<b>Prevention Initiatives</b>	<b><a href="#">2</a></b>
Primary Prevention of Problem Gambling	<a href="#">2</a>
Upstream and Global Protective Factors	<a href="#">2</a>
Awareness and Education	<a href="#">3</a>
Regulatory Efforts as Prevention	<a href="#">5</a>
<b>Secondary Prevention of Problem Gambling</b>	<b><a href="#">5</a></b>
Early and Targeted Screening	<a href="#">5</a>
Community Interventions	<a href="#">6</a>
<b>Tertiary Prevention of Problem Gambling</b>	<b><a href="#">10</a></b>
Harm Reduction	<a href="#">10</a>
<b>Treatment and Recovery</b>	<b><a href="#">11</a></b>
Treatment Referrals	<a href="#">11</a>
Treatment and Recovery Resources	<a href="#">16</a>
Treatment-Seeking Behaviors	<a href="#">21</a>
Treatment-Seeking for Conditions Other Than Gambling	<a href="#">21</a>
Treatment-Seeking for Gambling Disorders	<a href="#">24</a>
Barriers to Seeking Gambling Treatment Services	<a href="#">25</a>
Awareness of Treatment Services	<a href="#">26</a>
Cultural Differences	<a href="#">30</a>
<b>References</b>	<b><a href="#">31</a></b>

# Table of Figures

---

Figure 1	Problem Gambling Public Health Interventions	<a href="#">2</a>
Figure 2	Location of Exposure to Responsible Gambling Messaging from the Illinois Lottery, Illinois, 2017	<a href="#">4</a>
Figure 3	Number of Community Intervention Services for Gambling Services, Illinois, July 2018–December 2020	<a href="#">6</a>
Figure 4	Total Claims for Community Intervention Services for Gambling Services, Illinois, July 2018–December 2020	<a href="#">7</a>
Figure 5	PPGM Responses Among At-Risk and Problem Gamblers, 2021	<a href="#">8</a>
Figure 6	Total Calls, Illinois Helpline, FY 2018 – FY 2020	<a href="#">11</a>
Figure 7	Chat and Text Information, Illinois Helpline, FY 2020	<a href="#">12</a>
Figure 8	Caller Demographics, Illinois Problem Gambling Helpline, FY 2020	<a href="#">13</a>
Figure 9	Caller Referral Source, Illinois Problem Gambling Helpline, FY 2020	<a href="#">14</a>
Figure 10	Primary Gambling Preference Identified by Caller, Illinois Problem Gambling Helpline, FY 2020	<a href="#">15</a>
Figure 11	Sources of Assistance for Helpline by Specific Caller, Illinois Problem Gambling Helpline, FY 2020	<a href="#">15</a>
Figure 12	Total Visits to We Know the Feeling Website, by Month, November 2020–May 2021	<a href="#">16</a>
Figure 13	Casino Locations and Gambling Disorder Provider Locations Contracted with Illinois Department of Human Services (IDHS): Substance Use Prevention & Recovery (SUPR), 2021	<a href="#">16</a>
Figure 14	Services Count, by Facility Location (Region), July 2018–December 2020.	<a href="#">17</a>
Figure 15	Individual Clients Receiving Gambling Services, Illinois, July 2018–December 2020	<a href="#">18</a>
Figure 16	Number of Services Provided, by Type of Service, July 2018–December 2020	<a href="#">18</a>
Figure 17	Total Claims for Services Provided, by Type of Service, July 2018–December 2020	<a href="#">19</a>
Figure 18	Gamblers Anonymous Meeting Locations, Illinois, 2021	<a href="#">20</a>

# Table of Figures

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Figure 19	PPGM Among Illinois Residents, by Region, 2021	<a href="#">21</a>
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	<a href="#">22</a>
Figure 21	History of Residential Treatment for an Alcohol or Drug Problem, Among Frequent Gamblers who Endorsed Ever Having an Alcohol or Drug Problem, by PPGM, 2021	<a href="#">22</a>
Figure 22	Prevalence of Gambling Discussion with a Provider When Seeking Help for Another Mental Health Issue, by PPGM, 2021	<a href="#">23</a>
Figure 23	Prevalence of Treatment Seeking, Among Frequent Gamblers Who Reported Having a Current or Past Gambling Problem, by PPGM, 2021	<a href="#">24</a>
Figure 24	Sources from Which People Sought Help, Among At-Risk and Problem Gamblers, 2021	<a href="#">25</a>
Figure 25	Reasons for Not Getting Help, Among Frequent Gamblers, by PPGM, 2021	<a href="#">26</a>
Figure 26	Where Would You Seek Advice for a Gambling Problem for You or Someone Else, Among Illinois Residents, 2021	<a href="#">27</a>
Figure 27	Where Would You Seek Advice for a Gambling Problem for You or Someone Else, Among Illinois Residents, by Race/Ethnicity, 2021	<a href="#">28</a>
Figure 28	Where Would You Seek Advice for a Gambling Problem for You or Someone Else, Among Illinois Residents, by Age in Years	<a href="#">29</a>

# 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**



*Note:* Adapted from Korn & Shaffer, 1999 [1].

## 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

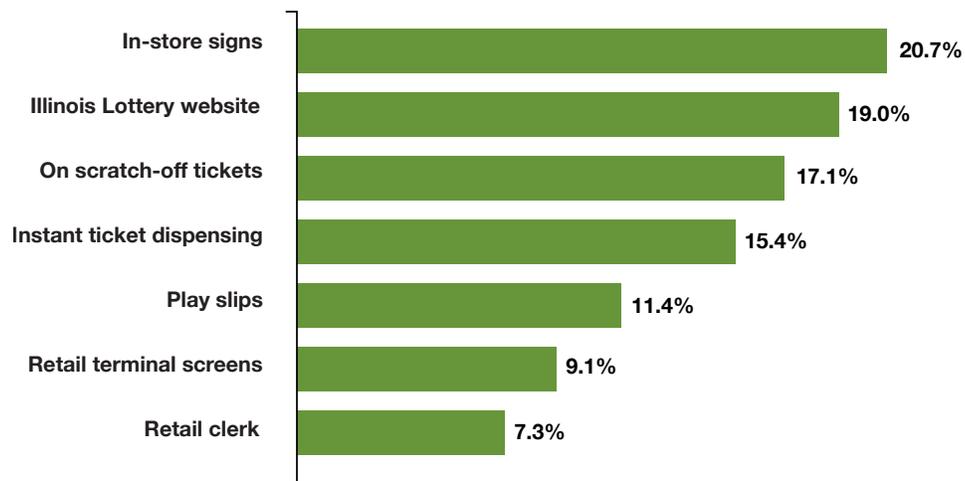
new retailers, but none of the participants could speak to the reach or impact of these efforts.

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™ 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 to 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].

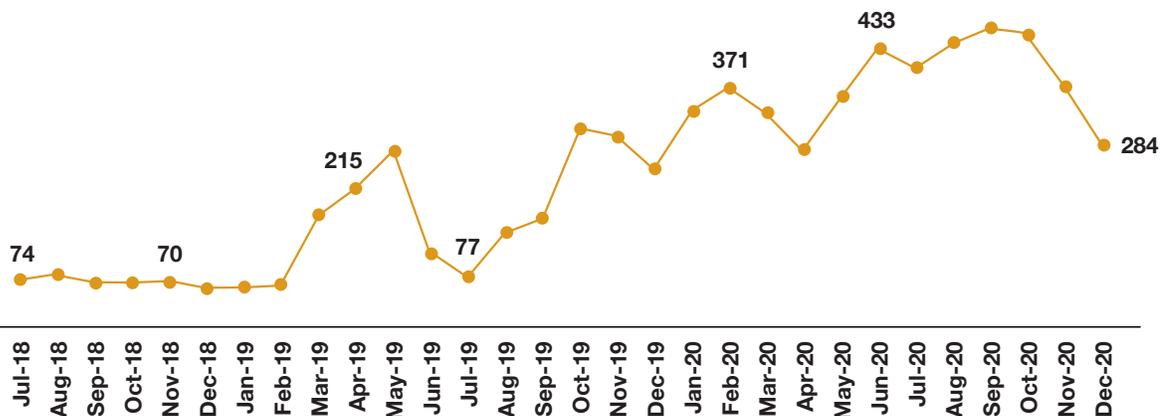
## Community Interventions

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.

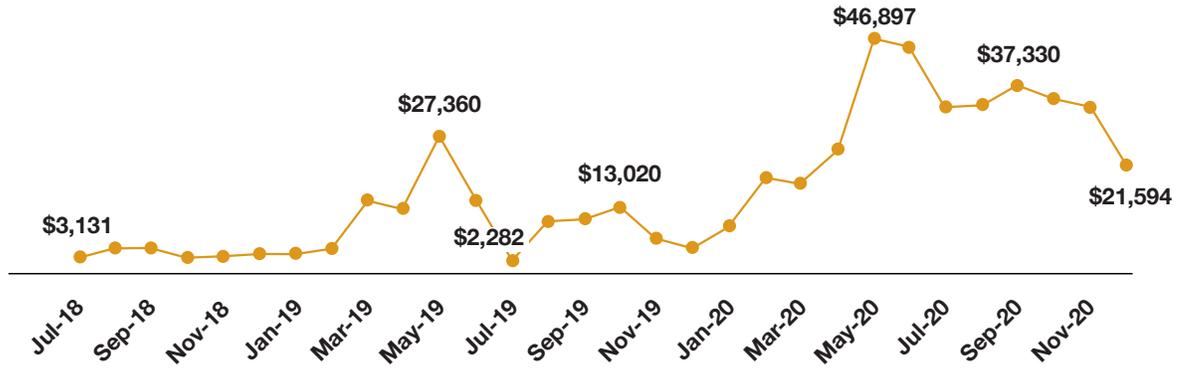
**Figure 3. Number of Community Intervention Services for Gambling Services, Illinois, July 2018–December 2020**



**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.

**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**

PPGM Question	Yes Responses	
	At-Risk Gamblers (n=381)	Problem Gamblers (n=1,387)
<b>Problems Score</b>		
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?	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 relationship with your spouse/partner, or important friends or family</b> in the past 12 months?	10.3%	53.0%
Has your involvement in gambling caused you to <b>repeatedly neglect your children or family</b> in the past 12 months?	12.2%	53.4%
Has your involvement in gambling <b>resulted in significant health problems 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 the past 12 months has caused any significant</b> problems regardless of whether you agree with them or not?	13.8%	55.2%
<b>Impaired Control Score</b>		
In the past 12 months, have you often <b>gambled longer, with more money, or more frequently</b> than you intended to?	27.1%	64.7%
In the past 12 months, have you often <b>gone back to try and win back the money you lost?</b>	38.4%	70.8%
In the past 12 months, have you made any <b>attempts to either cut down, control or stop your gambling?</b>	40.6%	63.7%
<b>Were you successful in these attempts?</b>	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%
<b>Other Issues Score</b>		
In the past 12 months, would you say you have been <b>preoccupied with gambling?</b>	25.8%	57.2%
In the past 12 months, when you were not gambling did you <b>often experience irritability, restlessness, or strong cravings for it?</b>	24.7%	64.3%
In the past 12 months, did you find you <b>needed to gamble with larger and larger amounts of money to achieve the same level of excitement?</b>	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 disproportionately 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, self-exclusion, 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.

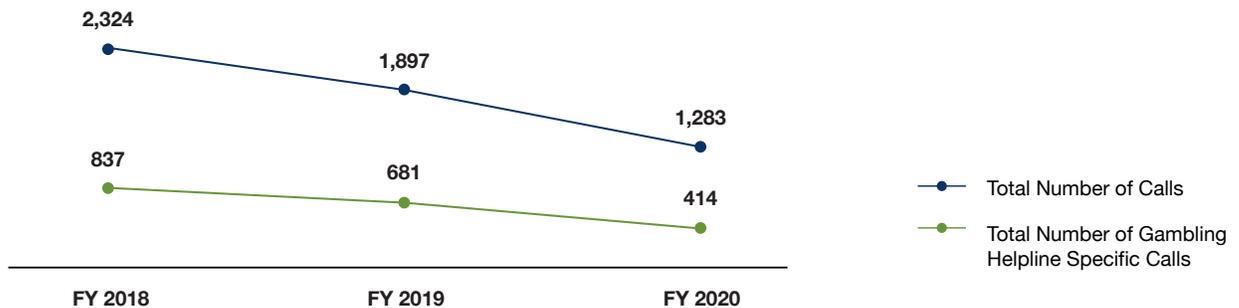
# Treatment and Recovery

## Treatment Referrals

The State of Illinois oversees the Illinois Gambling Problem Helpline (1-800-GAMBLER), a telephone and web resource with specialists trained in evidence-based 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.

**Figure 7. Chat and Text Information, Illinois Helpline, FY 2020**

	n	%
<b>Total Chat Conversations</b>	104	—
Gambler	33	31.7%
Non-Gambler	9	8.7%
Not Specified	62	59.6%
<b>Total Text Conversations</b>	81	—
<b>Total Text Subscriptions</b>	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%).

**Figure 8. Caller Demographics, Illinois Problem Gambling Helpline, FY 2020**

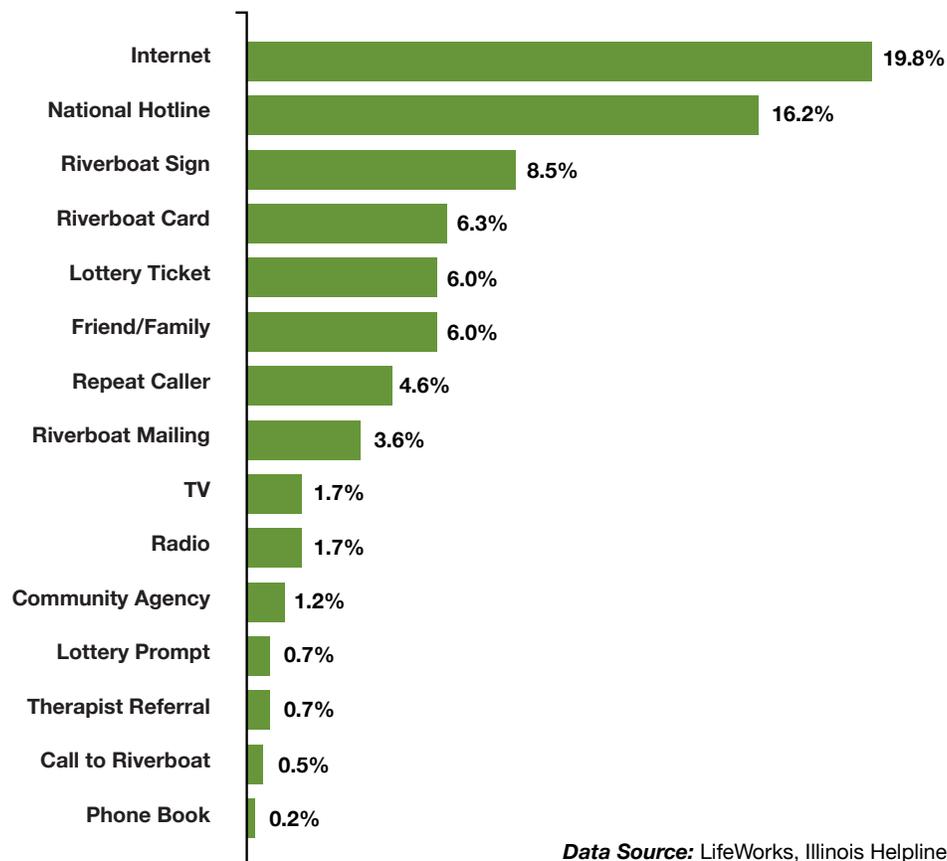
	n	%
<b>Profile</b>		
Gambler	341	82.4%
Spouse	19	4.6%
Parent	14	3.4%
Child	11	2.7%
Friend	9	2.2%
Sibling	9	2.2%
Other	6	1.4%
Therapist	3	0.7%
Unknown	2	0.5%
<b>Gender</b>		
Women	185	44.7%
Men	229	55.3%
<b>Age in Years</b>		
Under 21	5	1.2%
21–25	20	4.8%
26–35	49	11.8%
36–45	49	11.8%
46–55	43	10.4%
56–65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

	n	%
<b>Marital Status</b>		
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).

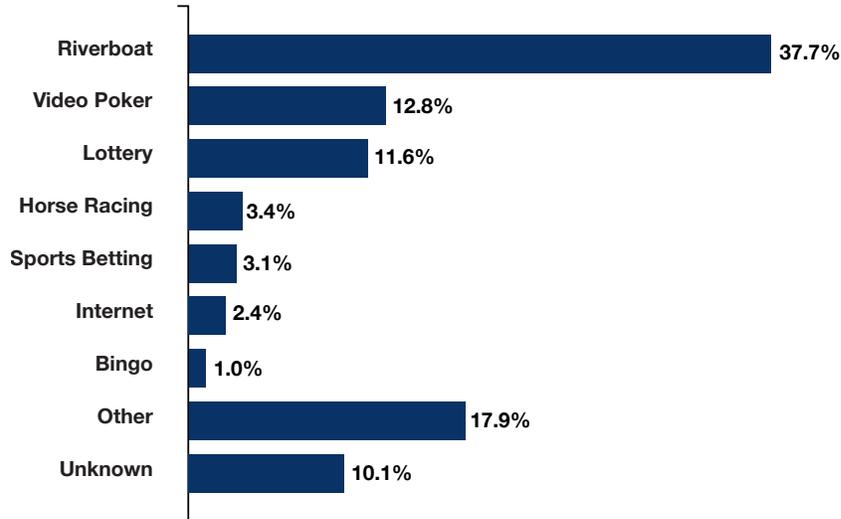
**Figure 9. Caller Referral Source, Illinois Problem Gambling Helpline, FY 2020 (n=414)**



**Data Source:** LifeWorks, Illinois Helpline Statistics, FY 2020

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.

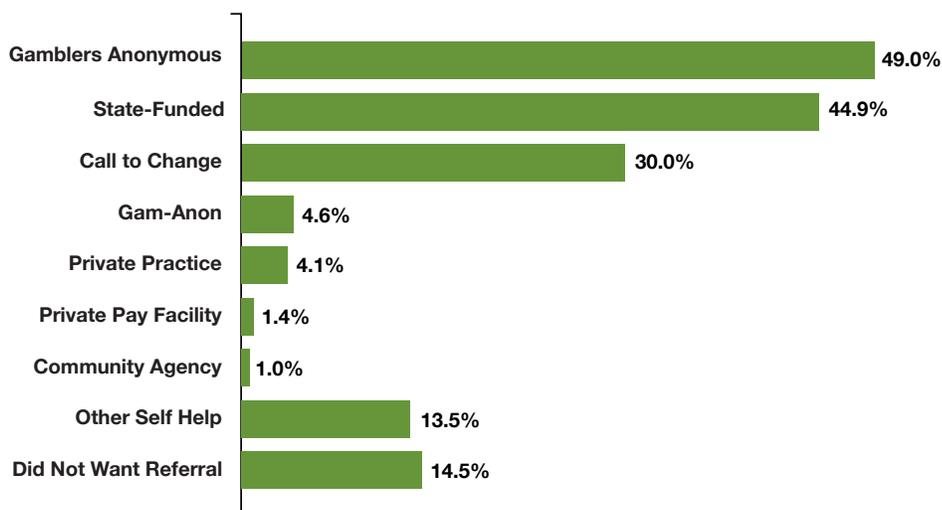
**Figure 10. Primary Gambling Preference Identified by Caller, Illinois Problem Gambling Helpline, FY 2020 (n=414)**



*Data Source:* LifeWorks, Illinois Helpline Statistics, 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.

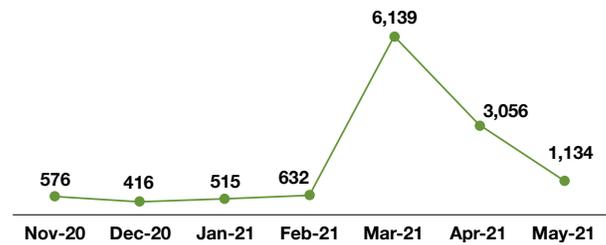
The We Know the Feeling website provides resources including information about gambling disorders, stories of how gambling has affected individuals, resources to find help, and more. There were over 400 visits to We Know the Feeling website per month from November 2020–May 2021, peaking at 6,139 visits 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, overlaid 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

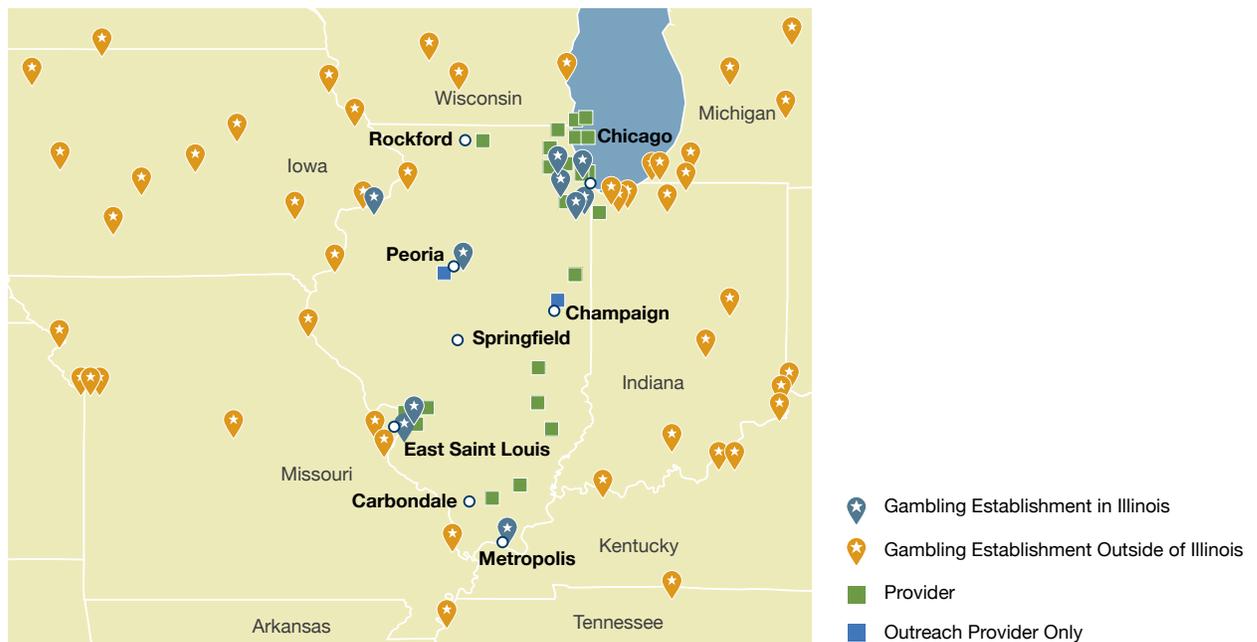
concentrated with both casinos and provider locations. There is a notable lack of providers in the northwest region of Illinois, near many Iowa casinos. There are currently 1,020 SUD provider locations in the state who do not have gambling services, but would be eligible to provide gambling screening 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**

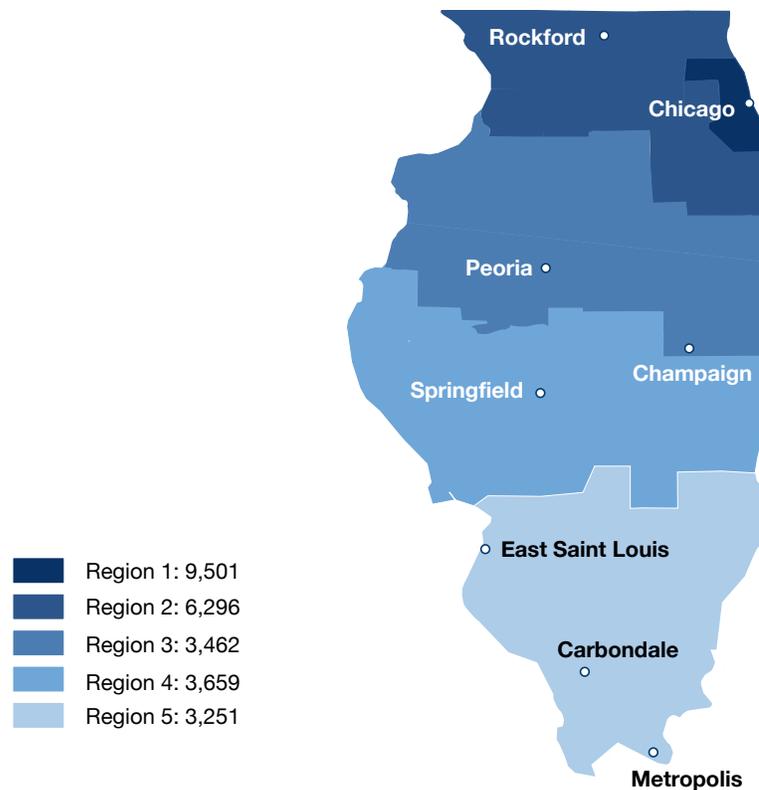


**Data Source:** Illinois Gaming Board (IGB), 2020; Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR), 2020–2021

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**

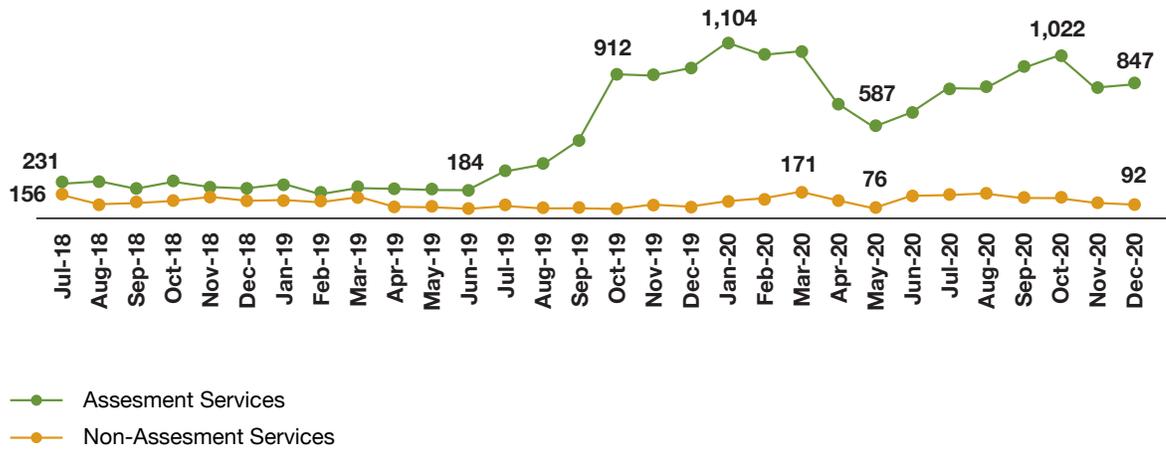


**Data Source:** Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR), Department’s Automated Reporting and Tracking System (DARTS), 2019–2020

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.

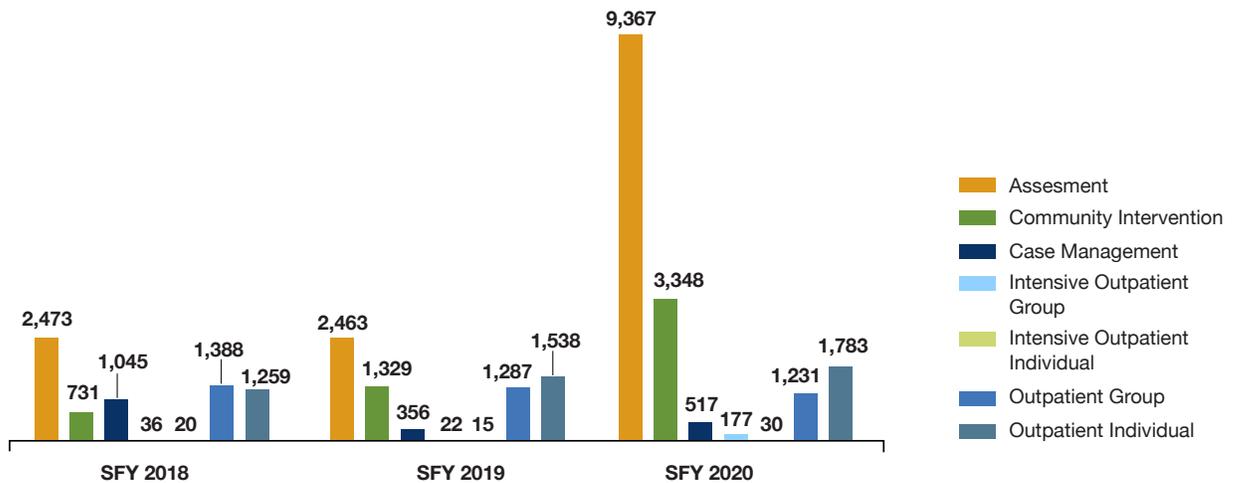
**Figure 15. Individual Clients Receiving Gambling Services, Illinois, July 2018–December 2020**



**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.

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).

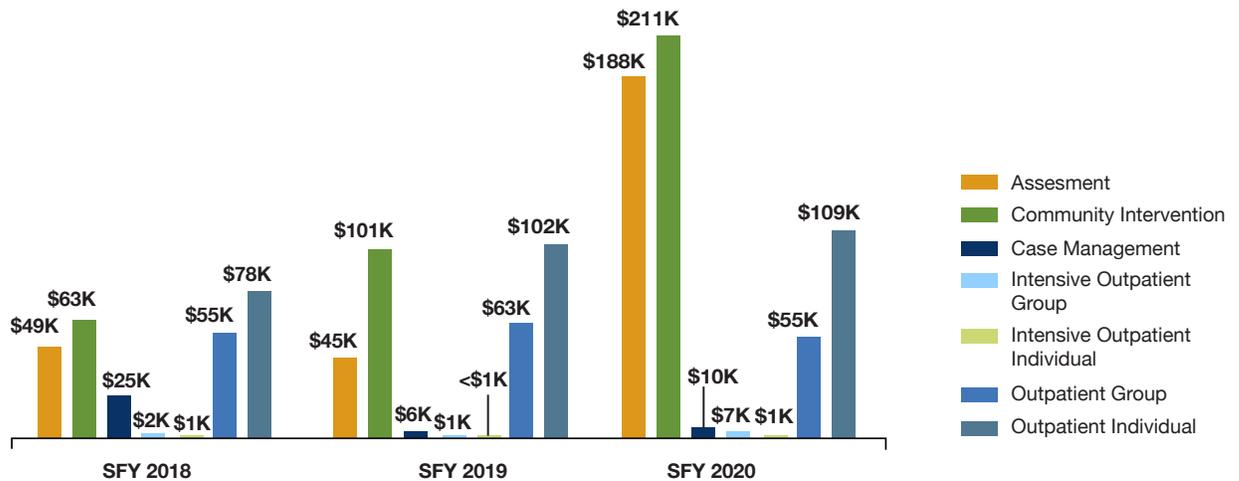
**Figure 16. Number of Services Provided, by Type of Service, July 2018–December 2020**



**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**

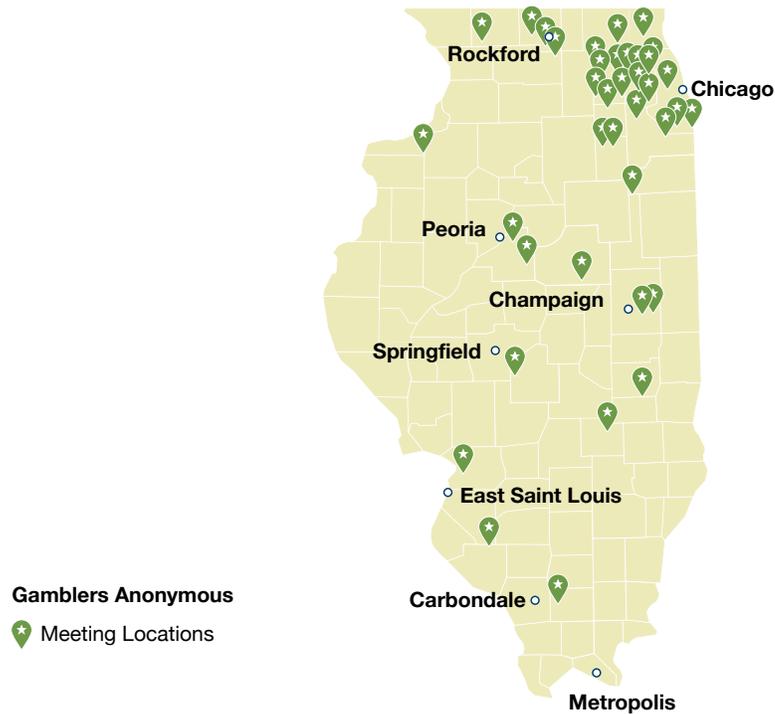


**Data Source:** Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR), Department’s Automated Reporting and Tracking System (DARTS), 2019–2020

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



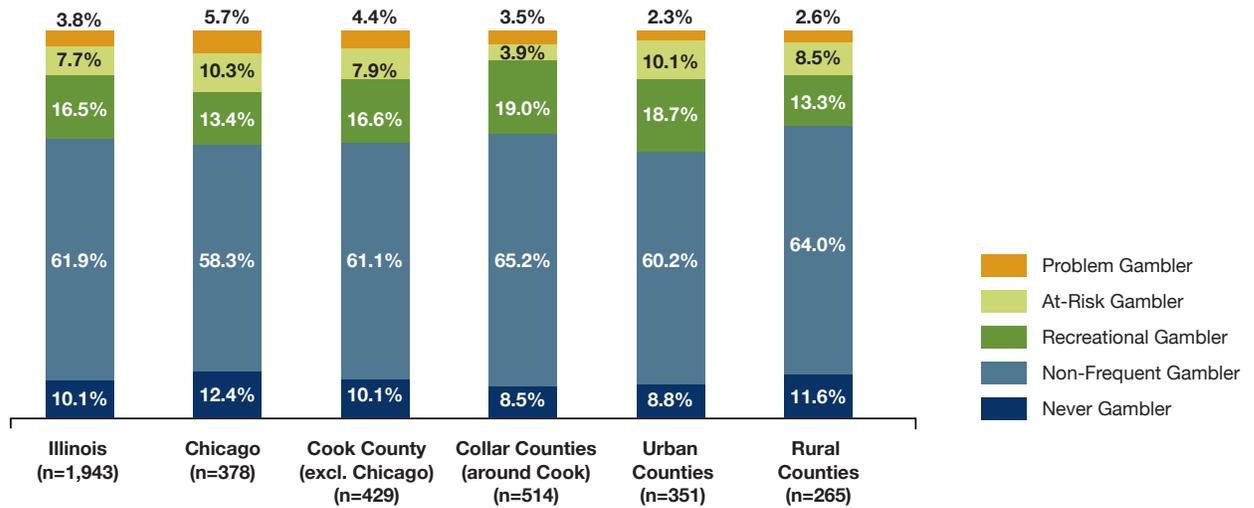
**Data Source:** International Service Office, Gamblers Anonymous, 2021

**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 attend and observe the meeting.

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.

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

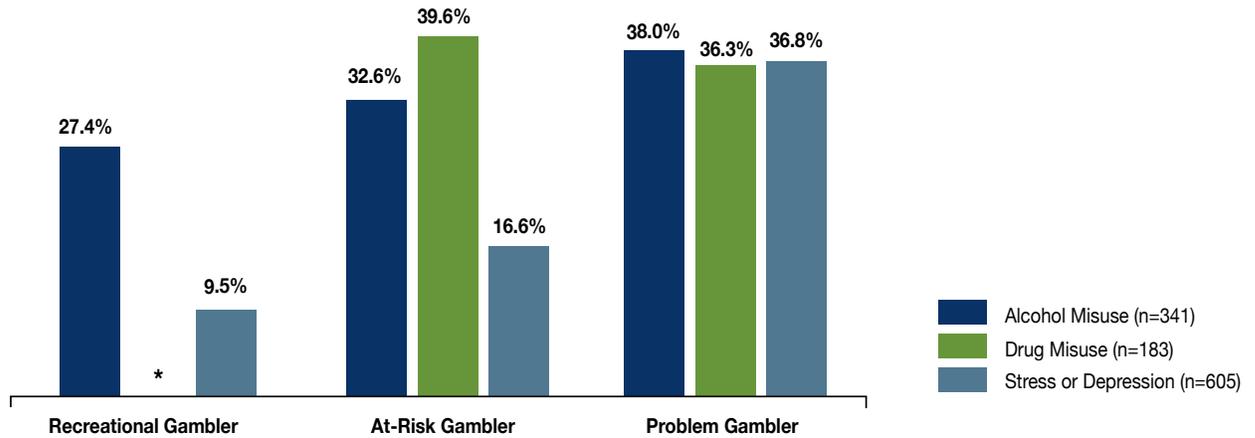
### Treatment Seeking for Conditions Other Than Gambling

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**



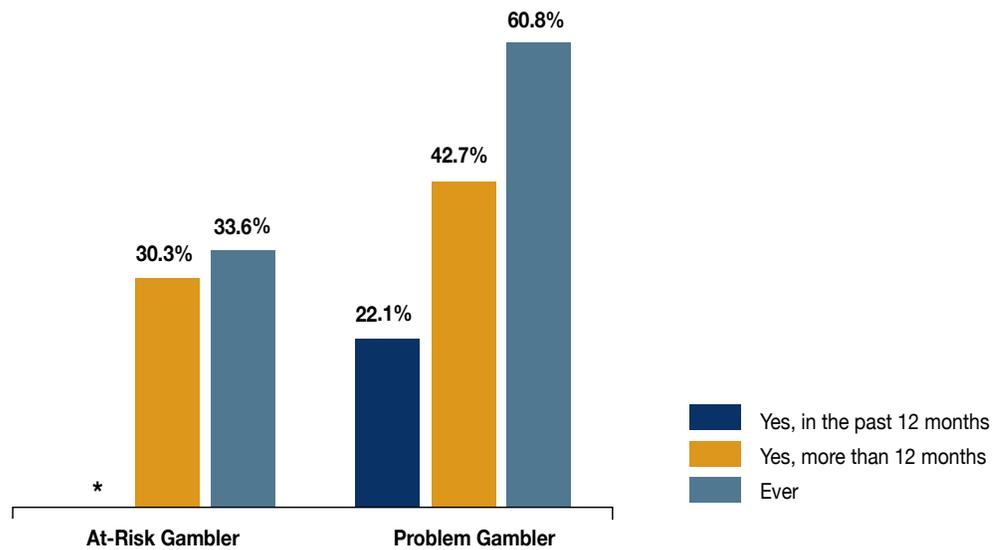
**Data Source:** IL Problem Gambling Assessment, Frequent Gambler Sample, 2021

**Note:** \* Values where n<10 are not presented.

Residential treatment is an important form of intensive treatment for problem gambling and co-occurring 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.

**Figure 21. History of Residential Treatment for an Alcohol or Drug Problem, Among Frequent Gamblers Who Endorsed Ever Having an Alcohol or Drug Problem, by PPGM, 2021 (n=1,057)**



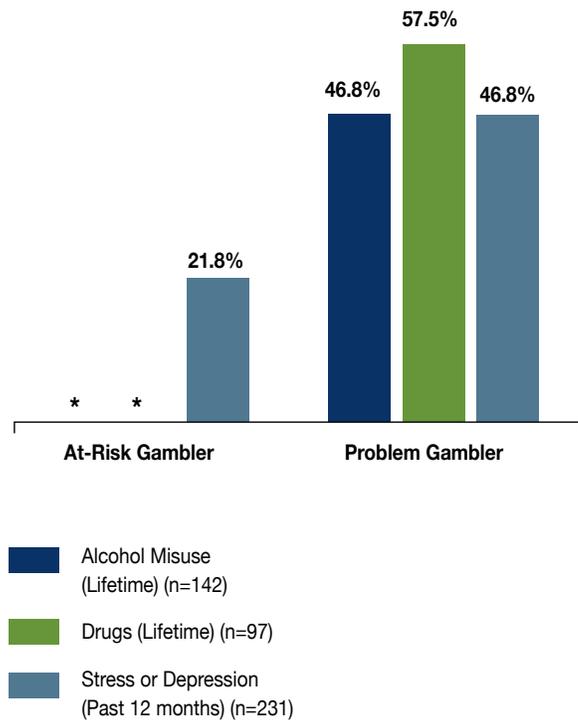
**Data Source:** IL Problem Gambling Assessment, Frequent Gambler Sample, 2021

**Note:** \* Values where n<10 are not presented.

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. For those who sought treatment for stress or depression, 46.8% of people with problem 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

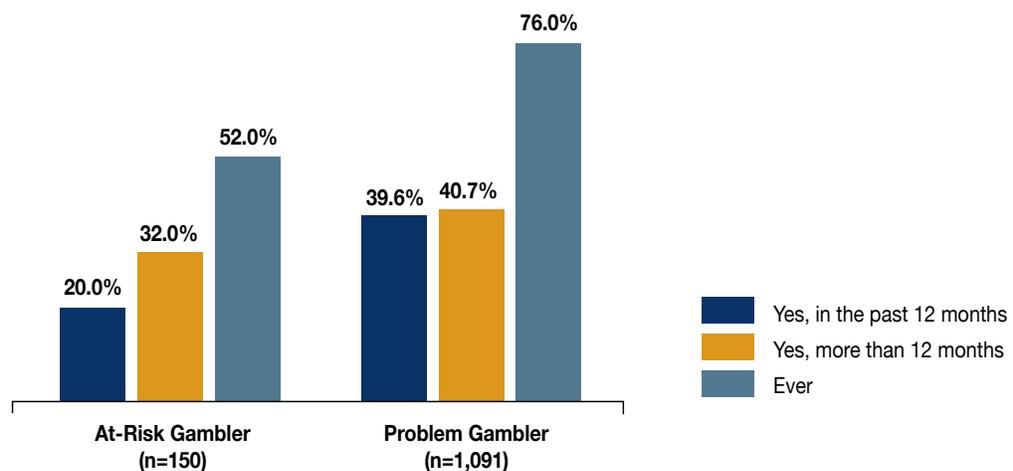
**Note:** This question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.  
\*Values where n<10 are not presented.

## 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 treatment-seeking 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

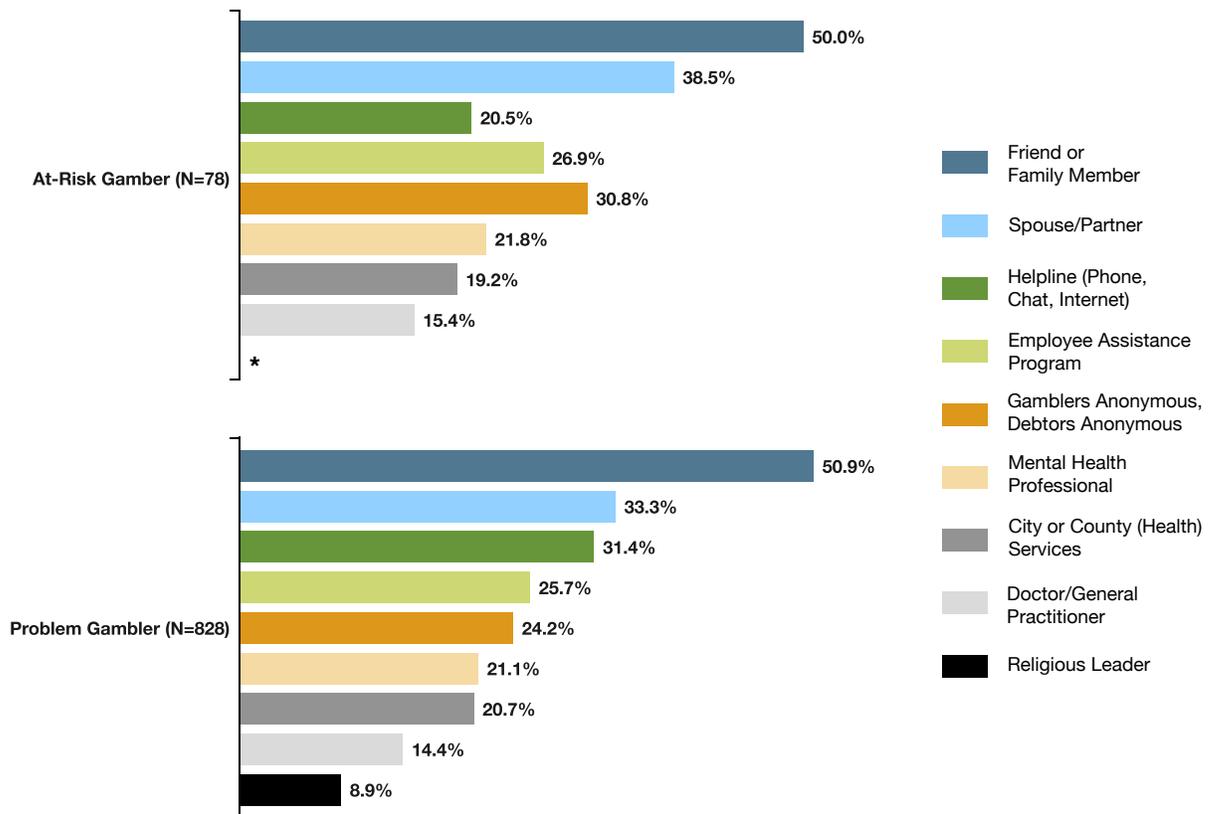
**Note:** This question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%. Values where n<10 are not presented.

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)**



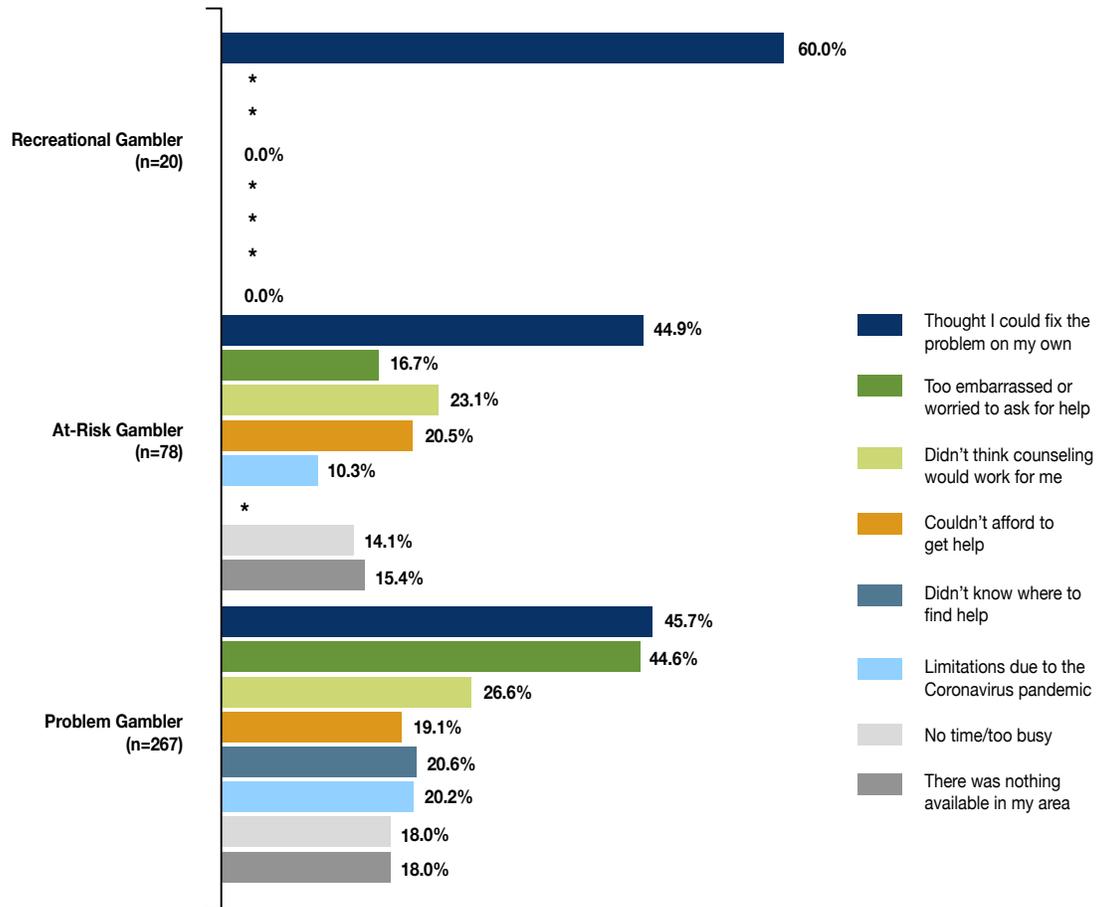
**Data Source:** IL Problem Gambling Assessment, Frequent Gambler Sample, 2021  
**Note:** This question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%. \*Values where n<10 are not presented.

## 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)**



**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.

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.

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

### Awareness of Treatment Services

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

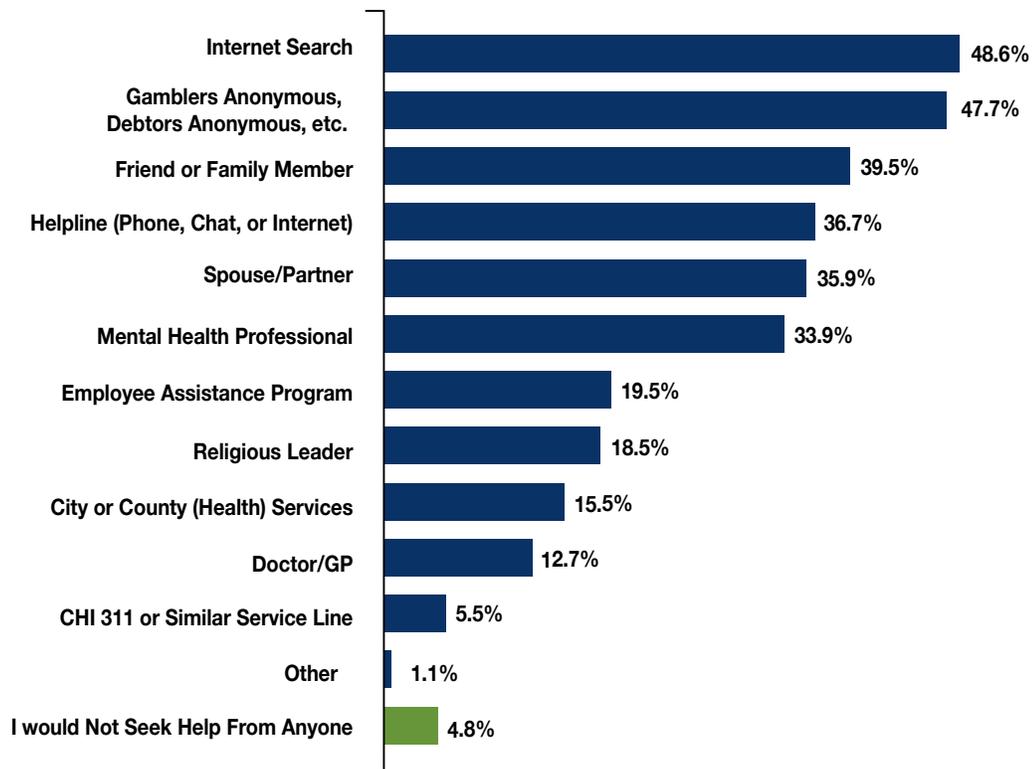
the community residents interviewed as part of the assessment. Of those who were familiar with treatment services, the services named were related to behavioral health in general. Notably, even some treatment

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 or Someone Else, Among Illinois Residents, 2021 (n=2,028)**



**Data Source:** IL Problem Gambling Assessment, Representative Population Sample, Weighted %, 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 %, 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 community-specific 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.”*

“

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.

# Chapter 6: References

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