

Chapter 7

Recommendations

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Recommendations

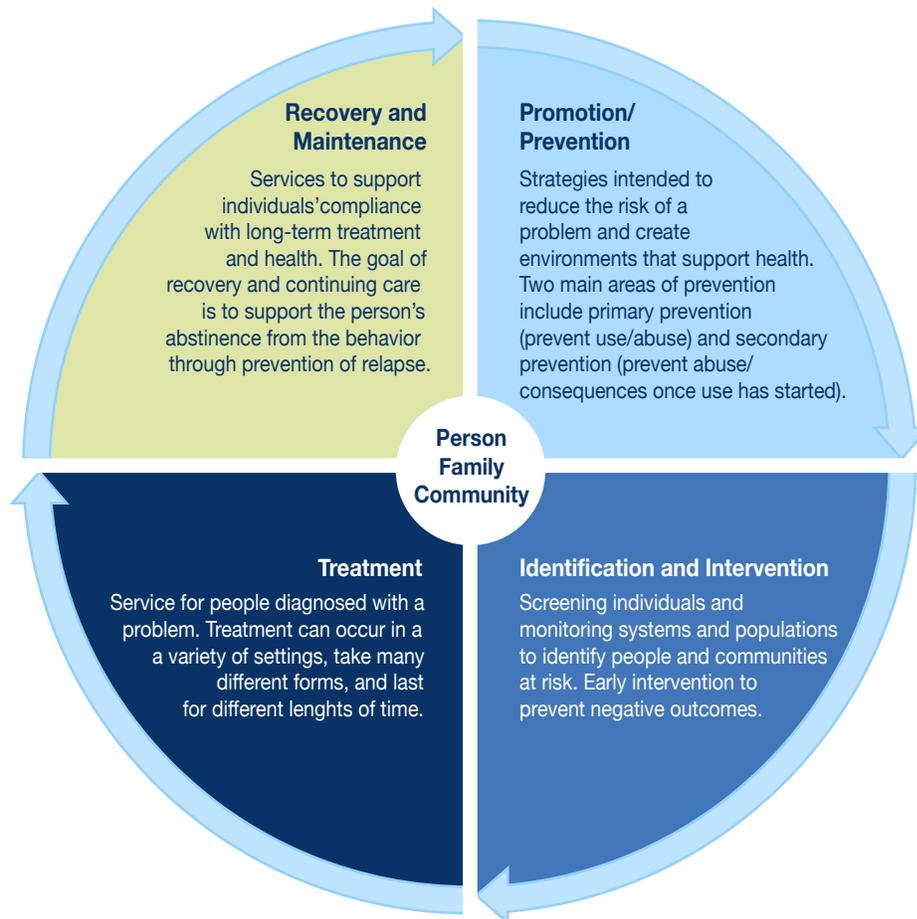
The following section describes recommendations for those involved in the gambling and human services fields across the state. These recommendations are based on the key findings and themes from the 2021 Illinois Gambling Assessment study as well as from best and emerging practices in other states and the research literature. While the Illinois Department of Human Services (IDHS) Division of Substance Use Prevention and Recovery (SUPR) may be responsible for implementation and coordination of some of these efforts, these recommendations are intended for a range of stakeholders across Illinois—government agencies, healthcare and behavioral health institutions and providers, regulatory entities, the gambling industry,

the education sector, policymakers, and others who influence or are affected by problem gambling. Most of these recommendations specifically align with components of the addiction continuum—promotion and prevention, identification and intervention, treatment, and recovery (Figure 1), while some are overarching and can be integrated across the continuum. The following table gives a high-level overview of the recommendations, focus area, and potential entities that could be involved in implementing each recommendation.

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

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

Figure 1. Continuum of Addiction



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

Overarching Recommendations

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

1. Expand and Consistently Fund Statewide Problem Gambling Services

Recommendation:

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

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

Current Status and Rationale

IDHS/SUPR is the state authority on gambling services. As such, they are charged with providing services for prevention, intervention, treatment, and recovery. SUPR's SFY 2020 budget for problem gambling services was \$6.8 million, up from \$4.9 million in SFY 2019 and \$1.03 million in SFY 2018. Currently, the budget is set annually through the IL Budget Process by the Governor, Office of Management and Budget, State Agencies, and the General Assembly [\[3\]](#). State gaming revenues have increased almost 12-fold when

comparing FY 1975 (\$1.2 million) to 2019 (\$1.4 billion). While revenues decreased by 13.4% from 2019 to 2020 to (\$1.2 billion) due to the impact of COVID-19 and closures, gaming revenues have generally increased ([Chapter 1, State Gaming Revenue](#)). Given all of this, the current SFY 2020 state budget for problem gambling services is 0.57% of the 2020 revenues from gambling. As seen with other issues such as smoking, population level change takes time and requires investment and a comprehensive set of strategies at all levels. To achieve sustainable and equitable reductions in problem gambling in IL, consistent funding support is needed across the continuum from prevention to recovery. The National Council on Problem Gambling (NCPG) recommends that percentage be set at 1% of the annual gambling tax revenue [\[2\]](#). This will allow for consistency of funding and for the growth of services for problem gambling to be pegged to the growth of the industry in the state.

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

Recommendation:

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

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

Current Status and Rationale

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

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

Promotion and Prevention Recommendations

As mentioned throughout this report, many factors influence the likelihood that a person will develop a gambling disorder. Risk factors are characteristics at the biological, psychological, family, community, cultural, or societal level that precede and are associated with a higher likelihood of negative outcomes. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact [7]. Protective factors can be seen as positive countering events. Thus, prevention activities should aim to strengthen protective factors—such as

social connectedness and the accurate perception of harm—and minimize risk factors—such as early age of initiation and stigmatization of problem gambling and treatment-seeking. Based on the Ontario, Canada Prevention of Problem/Pathological Gambling Report, the strongest evidence-based practices for prevention include coordinated educational and policy initiatives [8]. These efforts are strengthened when centered on community mobilization and consistent messaging across programs [8].

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

Recommendation:

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

A targeted impact assessment is a study that can identify how specific expansion strategies would affect the social, economic, and cultural characteristics of a community and its at-risk populations, and where there are opportunities for mitigation strategies from potential harm. An impact study could also inform the creation of zoning restrictions on where gambling can occur, density of gambling positions, and the distances between gambling establishments, for example building new casinos or permitting video gambling terminals.

To ensure any policy decisions are data-informed, require approval of any expansion by a committee including public health experts in problem gambling, local community representatives, representatives of marginalized populations, and those with lived experience with problem gambling.

Current Status and Rationale

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

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

Several states, including Virginia and Rhode Island, are required to conduct an impact study of potential economic, social, and health impacts to inform gambling expansion legislation. Marginalized communities bear the brunt of gambling-related harms and should be engaged during future gambling expansion efforts [9–11]. Risks associated with new

gambling venues disproportionately affect low-income and communities of color. In Illinois specifically, a study has found that video gambling terminals are more prevalent in areas with higher poverty rates and lower income [12]. Location and density of gambling establishments are associated with problem gambling and low socioeconomic status, and this effect is greatest among those that live within 10 miles of an establishment [10, 13, 14]. Thus, it is critical to examine potential zoning restrictions related to gambling establishments as well as continue to permit individual municipalities to prohibit video gambling terminals.

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

Recommendation:

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

This assessment provides a broad understanding of problem gambling in Illinois and includes several sub-populations. There is, however, a need for additional in-depth engagement with sub-populations disproportionately impacted by problem gambling, e.g., Asian immigrant communities, Hispanic/Latinx communities, seniors, youth, and those living close to gambling venues [16–18]. Conducting further outreach

will provide a deeper understanding of the unique experiences and challenges within specific populations. Communications and services can then be tailored in culturally and linguistically appropriate ways.

Informed by the targeted outreach and engagement, campaigns can then be developed aimed at reducing stigma and reframing gambling as a public health issue.

Tailored messaging should promote awareness of how to identify early signs and symptoms of problem gambling, and when/how to intervene. The messaging, tone, and dissemination channels (including digital and social media platforms) of education campaigns should be tailored by age, gender, ethnicity, and culture, while also developing a more universal campaign to comprehensively reach the general public across the state.

Current Status and Rationale

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

culturally appropriate strategies to addressing problem gambling in communities of color [20].

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

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

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

Recommendation:

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

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

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

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

Current Status and Rationale

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

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

Identification and Intervention Recommendations

Research shows that the most effective way to help someone with a gambling problem or who may be at risk for developing a gambling problem is to intervene early before the problem progresses [28]. With this recognition, regular monitoring and data systems on

a population level as well as individual screening in health and social service settings are recommended so that emerging problems can be detected, and early intervention provided to prevent negative outcomes.

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

Recommendation:

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

To track changes in gambling activities, the prevalence of problem gambling, and service utilization, Illinois should work to strengthen the overall surveillance and monitoring systems across the state related to gambling behaviors. Data collection that includes race/ethnicity, income, sexual orientation, and region information is important in identifying possible inequities. Researchers and stakeholders can use the results to understand whether or how the issue of problem gambling has changed over time in the state and to inform decisions on where and how to fund prevention, treatment, and

recovery programs for problem gambling [30, 31]. Further, IDHS/SUPR should explore data-sharing practices and platforms for state agencies to easily report and share gambling-related surveillance data with each other on a continuous basis, and how to house that data in a central location so that it is easily accessible. The State and other stakeholders will need current and consistent data on gambling and problem gambling in order to monitor and evaluate progress and to appropriately allocate funding.

Current Status and Rationale

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

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

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

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

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

Note: Survey instruments and problem gambling scales varied across states.

Other states and countries conduct periodic surveys on gambling behaviors, problem gambling, and their social and economic impacts [32, 33], highlighting research and surveillance as a key way to identify gambling trends and mitigate harm [31, 34–36]. Oregon has

implemented the Problem Gambling Network (PG Net) Data Collection System to track treatment utilization, patient demographics, and effectiveness. The data are also used to inform programming, policy, and ongoing treatment needs [36].

7. Promote Early Screening for Problem Gambling, Especially in High-Risk Populations

Recommendation:

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

To ensure consistent, routine, and accurate identification of problem gambling among individuals seeking help for substance use and mental health disorders, IDHS/SUPR should foster collaboration and develop joint systems between behavioral health providers through SUPR and DMH. This should include gambling screening questions in any behavioral health helplines. Additionally, the State should explore the feasibility of other venues and sectors adopting standardized screening questions for problem gambling. For example, working with hospital associations to develop guidelines for problem gambling screening in primary care for select patients. IDHS/SUPR should also ensure that services and treatment are readily available directly or through a referral when screening occurs.

Current Status and Rationale

Currently, in addition to gambling providers, some mental health and other providers routinely screen for gambling, however this is not consistent across the state. With 7.7% of the adult population of Illinois at risk for developing problem gambling, there is great need for increased early identification. Individuals with problem gambling often seek and receive other mental health and substance use services, so screening for problem gambling may aid in identifying those at risk. Primary care providers and other service providers who may come in contact with individuals with problem gambling should be educated about the prevalence of this disorder and signs of problematic behavior, especially among the high-risk sub-populations identified in this assessment.

Treatment and Recovery Recommendations

Continuing along the addiction continuum, the final set of recommendations pertains to treatment services and supports for people with a gambling problem. Treatment services exist and are growing in Illinois, though statewide availability and awareness of services are limited. In addition to treatment, recovery/maintenance

services are critical to support individuals' adherence to long-term treatment and health. Involving family members in treatment and recovery is associated with better individual outcomes and healthier family dynamics [37].

8. Expand Training of Service Providers and Increase Access to Treatment

Recommendation:

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

Several policy and systems strategies to expand the supply of treatment providers should be considered by IDHS/SUPR and other stakeholders, including: Improving reimbursement mechanisms for treatment of problem gambling to incentivize providers to enter the field; advocating for gambling disorder as a primary diagnosis to be a Medicaid-covered service; and integrating requirements for gambling counselor certification with those for substance abuse and mental health counseling, to ensure graduating clinicians and licensed substance abuse and mental health counselors are equally credentialed to screen and provide treatment for both.

In addition to policy and systems approaches to increase the number of gambling treatment providers in Illinois, building capacity among primary care and behavioral health providers is integral. This can be supported through developing an online learning management system that allows providers to complete self-paced courses and webinars that contribute towards continuing education credits; and increasing the number of providers who can treat specific populations (e.g., different languages, differently abled individuals). Language capacity is also important and was highlighted by providers and community discussion participants. To that end, it is important to ensure there are Spanish- and Chinese-speaking certified gambling counselors in communities with the highest proportion of Hispanic/Latinx and Asian populations.

Provider training should also be culturally relevant and address power imbalances for people of different cultures.

Current Status and Rationale

The prevalence survey demonstrated that there are over one million Illinoisans at risk of or having an existing gambling problem, though few seek or receive problem gambling services. Still, there are currently only 103 substance use disorder provider locations in the state that provide gambling disorder services. Despite gambling being a form of addiction, gambling treatment services are not covered by Medicaid. Several organizations and agencies (LifeWorks, ICPG, SUPR) provide and promote problem gambling training to existing behavioral health providers who wish to be trained.

A novel approach to addiction in Iowa has focused on working with medical schools and other health

professional programs to ensure graduates have the knowledge and tools to screen and refer at-risk patients. Massachusetts is exploring expanding access to problem gambling treatment via smartphone apps and online support communities [33]. Similar approaches have also posed promising directions for simultaneously addressing problem gambling among youth [38]. Improving education for providers across settings can ensure problem gambling is identified and treated, especially for people who would otherwise not seek treatment [39]. The New York Council on Problem Gambling is a model for online training for problem gambling, including credentialing. Trainings hosted by the New York Council on Problem Gambling have included topics on social-cultural considerations, clinical strategies, and comorbid diagnoses [40]. Trainings should include culturally competent approaches for working with diverse populations, and recruit providers who can offer multilingual and culturally-affirming services.

9. Develop and Promote a Holistic and Integrated Treatment and Recovery Model for Problem Gambling in the State

Recommendation:

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

Because problem gambling affects and is affected by many components of a gambler's life as well as their family and friends, treatment providers—in collaboration with state agencies—should work to increase opportunities for holistic treatment and recovery. Because people with a gambling problem commonly

also deal with mental health and substance use issues, providers and state agencies should enhance and promote integrated services to treat these comorbid disorders simultaneously.

Current Status and Rationale

There is great variation across the state in gambling treatment services. It is unclear how many and to what extent providers partner with complementary services to address the multitude of needs of a person's life and health. A holistic and integrated treatment and recovery model does not appear to be the prominent model in the state. Some substance use treatment providers are also certified to provide treatment for problem gambling, but integrated services could be more widespread.

Co-occurring psychiatric, substance use, and gambling disorders have overlapping risk and protective factors,

and may stem from the same underlying cause in individuals. Integrated treatment approaches help to meet the patient "where they are." Maryland's Behavioral Health Administration has implemented community-based programs that support problem gamblers and provide broader services. Their Wellness Recovery Centers provide support to those that may be apprehensive about clinic-based treatment. Some of the services that the centers provide include supporting self-advocacy, housing, vocational training, and food access [41]. Previous research indicates that creating more opportunities for family to engage in treatment is associated with better outcomes and healthier family dynamics [37].

10. Strengthen and Expand Recovery Support Services to Reach Diverse Populations in the State

Recommendation:

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

Given the lack of availability and awareness of peer support groups and broader recovery support services around the state, especially outside the Chicago area, increasing the funding and availability of these resources and supporting the expansion of service frequency and hours would help reach many more people in need.

Current Status and Rationale

Peer recovery support services are critical to finding and maintaining recovery [42]. Peer recovery coaches are one model of peer support service. A peer

recovery coach brings the lived experience of recovery, combined with training and supervision, to assist others in initiating and maintaining recovery, helping to enhance the quality of personal and family life in long-term recovery. Peer recovery support services can support or be an alternative to clinical treatment for problem gambling. Another form of recovery support services is Self-Management and Recovery Training (SMART), which involves individual work and group meetings. However, there are few problem gambling peer recovery support services in Illinois. The ones that are available, such as Gamblers Anonymous and

SMART, are concentrated around Chicago. Additionally, as noted by providers, awareness is low about the groups and services that do exist. As an example, to expand peer recovery options, Massachusetts has considered Rational Recovery (a religion-neutral

alternative to traditional 12-step programs), a Buddhist Recovery Network, and non-abstinence focused recovery groups [33]. Additionally, the Massachusetts MassMen initiative encourages emotional, physical, and spiritual wellness among working-age men [34, 43].

Chapter 7: References

1. New Hampshire Department of Health and Human Services (DHHS). (n.d.). Continuum of Care (CoC).
2. Rollins, B. (2020, January 29). BettingUSA.com Dedicates 1% for Responsible Gambling. *National Council on Problem Gambling*.
3. Commission on Government Forecasting & Accountability. (2021). *State of Illinois Budget Summary: Fiscal Year 2021*.
4. Collective Impact Forum. (n.d.). What is Collective Impact?
5. Turner, S., Merchant, K., Kania, J., & Martin, E. (2012). Understanding the Value of Backbone Organizations in Collective Impact: Part 2. *Stanford Social Innovation Review*.
6. National Council on Problem Gambling. (2019). *Safer Sports Betting Initiative*.
7. Williams, B. M., Browne, M., Rockloff, M., Stuart, G., & Smith, B. P. (2021). Protective action and risky beliefs: The relationship between religion and gambling fallacies. *Journal of Gambling Studies*.
8. Williams, R. J., West, B. L., & Simpson, R. I. (2012). *Prevention of Problem Gambling: A Comprehensive Review of the Evidence and Identified Best Practices*.
9. Barnes, G. M., Welte, J. W., & Tidwell, M. C. O. (2017). Gambling involvement among Native Americans, Blacks, and Whites in the United States. *American Journal on Addictions*, 26(7), 713–721.
10. Welte, J. W., Wieczorek, W. F., Barnes, G. M., Tidwell, M. C. O., & Hoffman, J. H. (2004). The relationship of ecological and geographic factors to gambling behavior and pathology. *Journal of Gambling Studies*, 20(4), 405–423.
11. Okuda, M., Liu, W., Cisewski, J. A., Segura, L., Storr, C. L., & Martins, S. S. (2016). Gambling disorder and minority populations: Prevalence and risk factors. *Current Addiction Reports*, 3(3), 280–292.
12. Grumstrup, E., & Nichols, M. W. (2021). Is video gambling terminal placement and spending in Illinois correlated with neighborhood characteristics? *Annals of Regional Science*, 1–26.
13. Tong, H. H. Y., & Chim, D. (2013). The relationship between casino proximity and problem gambling. *Asian Journal of Gambling Issues and Public Health*, 3(1).
14. Welte, J. W., Barnes, G. M., Tidwell, M. C. O., Hoffman, J. H., & Wieczorek, W. F. (2016). The relationship between distance from gambling venues and gambling participation and problem gambling among U.S. adults. *Journal of Gambling Studies*, 32(4), 1055–1063.
15. Rosa González. (2020). *The Spectrum of Community Engagement to Ownership*.
16. Welte, J. W., Barnes, G. M., Tidwell, M. C. O., Hoffman, J. H., & Wieczorek, W. F. (2015). Gambling and problem gambling in the United States: Changes between 1999 and 2013. *Journal of Gambling Studies*, 31(3), 695–715.
17. Mazar, A., Williams, R. J., Stanek, E. J., Zorn, M., & Volberg, R. A. (2018). The importance of friends and family to recreational gambling, at-risk gambling, and problem gambling. *BMC Public Health*, 18(1), 1080.
18. Welte, J. W., Barnes, G. M., Wieczorek, W. F., Tidwell, M.-C. O., & Parker, J. C. (2004). Risk factors for pathological gambling. *Addictive Behaviors*, 29(2), 323–335.
19. Fogarty, M., Taylor, M., & Gray, M. (2018). *Trajectories of Social and Economic Outcomes and Problem Gambling Risk in Australia*.
20. Ortiz, V., Cain, R., Formica, S. W., Bishop, R., Hernández, H., & Lama, L. (2021). Our voices matter: Using lived experience to promote equity in problem gambling prevention. *Current Addiction Reports*, 8(2), 255–262.
21. Beckett, M., Keen, B., Angus, D. J., Pickering, D., & Blaszczyński, A. (2020). Responsible gambling staff training in land-based venues: a systematic review. *International Gambling Studies*, 20(2), 331–367.
22. Oehler, S., Banzer, R., Gruenerbl, A., Malischinig, D., Griffiths, M. D., & Haring, C. (2017). Principles for developing benchmark criteria for staff training in responsible gambling. *Journal of Gambling Studies*, 33(1), 167–186.
23. Farnhan, A. (2013). Casinos' data could ID, help problem gamblers. *ABC News*.
24. Ginley, M. K., Whelan, J. P., Pfund, R. A., Peter, S. C., & Meyers, A. W. (2017). Warning messages for electronic gambling machines: evidence for regulatory policies. *Addiction Research and Theory*, 25(6), 495–504.
25. McGivern, P., Hussain, Z., Lipka, S., & Stuppel, E. (2019). The impact of pop-up warning messages of losses on expenditure in a simulated game of online roulette: A pilot study. *BMC Public Health*, 19(1), 1–8.
26. National Council for Problem Gambling. (n.d.). *Internet Compliance Assessment Program*.
27. National Council on Problem Gambling. (2019). *Internet Responsible Gambling Standards*.
28. *National Gambling Impact Study Commission Final Report*. (1999).
29. Elton-Marshall, T., Wijesingha, R., Veselka, L., Carton, M., Pradeep, B., Hudson, R., Turner, N. E. (2017). *A public health approach to gambling: A report prepared for Gambling Research Exchange Ontario (GREO)*. London, Ontario: Centre for Addiction and Mental Health.

Chapter 7: References

30. UK Gambling Commission. (2019). *National Strategy to Reduce Gambling Harms*.
31. The Maryland Center for Excellence on Problem Gambling. (2020). *Broadening Pathways to Prevention, Treatment, and Recovery*.
32. Biggar, R., Esters, I., Dick, S. J., Chen, J., Burstein, K., Bergeron, M., Zeanah, P. (2017). *The Impact of Gambling in Louisiana (Tech.)*. Lafayette, LA.
33. Massachusetts Technical Assistance Partnership for Prevention (MassTAPP) of Education Development Center, I. (EDC). (2016). *Strategic Plan Services to Mitigate the Harms Associated with Gambling in Massachusetts*.
34. Maryland Center of Excellence on Problem Gambling. (2017). Research.
35. Office of Gaming and Racing. (2006). *Taking Action on Problem Gambling: A Strategy to Combat Problem Gambling in Victoria*.
36. Oregon Health Authority. (n.d.). Problem Gambling Network (PG Net) Data Collection System.
37. St-Pierre, R., & Derevensky, J. L. (2016). Youth gambling behavior: Novel approaches to prevention and intervention. *Current Addiction Reports*, 3(2), 157–165.
38. Christensen, M. H., Patsdaughter, C. A., & Babington, L. M. (2001). Health care providers' experiences with problem gamblers. *Journal of Gambling Studies*, 17(1), 71–79.
39. New York Council on Problem Gambling. (n.d.). Professional Training on Problem Gambling.
40. Maryland Department of Health, B. H. A. (n.d.). Consumer Affairs.
41. Kourgiantakis, T., Saint-Jacques, M. C., & Tremblay, J. (2013). Problem gambling and families: A systematic review. *Journal of Social Work Practice in the Addictions*, 13(4), 353–372.
42. Substance Abuse and Mental Health Services Administration. (2017). Value of Peers Infographics: Peer Recovery.
43. Riverside Trauma Center. (n.d.). Massmen: Life Tools for Men.