



SCHOOL OF PUBLIC HEALTH

# PREVENTION INSIGHTS

## Understanding Adult Gambling Behaviors in Indiana

Focus Groups 2023-2024

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## Executive Summary

Gambling was legalized in Indiana in 1989 with the establishment of the State Lottery Commission and the Hoosier Lottery. Since then, various forms of gambling have become popular, including casino gaming, charitable gaming, horse racing, the lottery, and sports betting. This focus group study focused on better understanding attitudes, beliefs, and knowledge related to gambling behaviors. Prevention Insights at the Indiana University School of Public Health-Bloomington conducted this study, which was funded by the Indiana Division of Mental Health and Addiction (DMHA) - Gambler's Assistance Fund.

Specific populations invited to participate included college students, administrators, treatment providers, prevention providers, and people in recovery. A total of 20 individuals participated in the focus groups via Zoom, which were conducted between February and March 2024. About 55% of participants identified as women and 45% identified as men. Most participants (80%) identified as white and non-Hispanic. Age and education level varied among participants.

Our analysis resulted in three overarching themes (across questions) from the participants' perceptions and opinions:

- (1) increasing access and availability of gambling options is a serious concern,
- (2) more primary prevention efforts and awareness of problem gambling is needed, and
- (3) there is still a lot of shame associated with seeking treatment.

This report outlines the findings from each set of questions, as well as discusses the three overarching themes.

## Introduction

Gambling was legalized in Indiana in 1989 with the establishment of the State Lottery Commission and the Hoosier Lottery. The State sells scratch-off and jackpot drawing tickets. Indiana also participates in the multi-state Powerball and Mega Millions lottery games. The Indiana Gaming Commission was created in 1993 when the state enacted the Riverboat Gambling Act. Indiana currently has one tribal-based casino and twelve commercial casinos, two of which also have "racinos" combining horse-race betting and gaming facilities. In 2019, the Indiana legislature approved sports gambling. Other forms of legal gambling in Indiana include pull-tabs, number boards, bingo, and charitable gaming. With some forms of gambling having been legal in Indiana for over 30 years, this focus group study looks at attitudes, beliefs, and knowledge related to gambling behaviors.

The 2023 Adult Gambling Behaviors in Indiana: Focus Groups study is funded by the Indiana Division of Mental Health and Addiction (DMHA). The study was conducted by Prevention Insights at the Indiana University School of Public Health-Bloomington between February and March 2024. The purpose of this focus group study was to assess attitudes, knowledge, and behaviors related to gambling and problem gambling in Indiana. The 2023 Adult Gambling Behaviors in Indiana: Focus Groups study received approval by the Indiana University Institutional Review Board (IRB), protocol #21511, as exempt. This report presents the findings from this study. These findings can be used with Indiana quantitative survey data ([Jun et al., 2023](#)) to help set priorities for prevention, treatment, and awareness activities across Indiana.

## Methods

### **Question Development**

The questions asked in the focus groups were developed by researchers at Prevention Insights based on existing research literature (e.g., Gerstein et al., 1999; Park et al., 2019) and findings from the 2023 Adult Gambling Behavior in Indiana (AGBI) Survey ([Jun et al., 2023](#)). The initial questions were reviewed by an expert in problem gambling for content, and a technical writer then reviewed the questions for clarity. Revisions were made based on their feedback. The final questions can be found in the Focus Group Guide in Appendix A.

### **Eligibility:**

Specific populations invited to participate in this study included college students, administrators, treatment providers, prevention providers, and people in recovery. To be eligible for this study, participants were required to live in Indiana and belong to one of the aforementioned groups. The selection of specific groups to participate in the focus groups was determined by funder request. Several of these groups already had potential to be informed on disordered gambling (administrators, treatment providers, and those in recovery). The two remaining groups were selected (prevention and college students) due to their familiarity with young adult populations.

### **Recruitment:**

Many of the individuals in the specific population groups were already known to the Indiana Problem Gambling Awareness Program (IPGAP) and were contacted via email. College students

were contacted through classroom instructors at the Indiana University School of Public Health-Bloomington using Canvas (a learning management system) and email. The recruitment message included a link to a brief Qualtrics XM survey for those who were interested in participating. The survey included the study information sheet and informed consent statement. Those who consented were asked to enter their name, email address, availability to participate in the focus groups, and the specific population with which they identify (i.e., administrators, treatment providers, prevention providers, people in recovery, and college students). Individuals who completed the survey were then contacted via email to confirm the scheduled focus group time and received a calendar invite with a Zoom link for the corresponding focus group. In some instances, individual interviews were conducted (via Zoom) if the participant was unavailable for the scheduled focus groups but still wanted to participate in the study.

### ***Data Collection:***

A total of 20 individuals participated in focus groups between February 1, 2024, and March 31, 2024. There were ten focus groups or interviews conducted during within this time. The focus groups lasted between 20 to 45 minutes and included up to five participants each. Three researchers on the project conducted the focus groups based on their availability. As participants logged onto the Zoom meeting, their name was changed to a pseudonym to assist in protecting confidentiality. Because participants could see each other through Zoom and many participants were familiar with each other due to their work, complete anonymity was not possible. Those who participated in the focus group were also sent a brief survey (in Qualtrics XM) to collect demographic data. Participants who completed the focus group and demographic survey were eligible for two \$5.00 (USD) gift cards.

### ***Analysis:***

The focus groups were recorded for transcription purposes and were stored in a secure Zoom account. One researcher on the project transcribed all data and used the same pseudonyms assigned in the focus groups. The responses from all focus groups were then organized by question into a single document for analysis. Three researchers independently reviewed the responses for each question and identified an initial list of themes. They then met to discuss the potential themes until a consensus was reached. Existing literature and research on problem gambling was also considered in finalizing the themes.

## **Findings**

### ***Participant Demographic Characteristics:***

Twenty individuals participated in focus groups. Just over half of participants identified as a woman (55%) and the other 45% identified as a man. Most participants identified their race/ethnicity to be white and non-Hispanic (80%). The age of participants varied, with 20% indicating their age to be 18-24, 50% being between the ages of 35-54, and 30% being 55 years or older. In education level, about one-third of participants indicated they have a high school diploma (or equivalent) and/or some college credit with no degree. Likewise, 30% of participants reporting having a bachelor's degree and 40% reported having a master's degree or higher. Three-fourths of participants indicated that they are married or are in partnership. A

total of 60% of participants reported living in a suburban region, with the others stating that they live in urban (20%) or rural (20%) settings. See Table 1.

Table 1. Demographic characteristics of participants.

<b>Gender</b>	<b>n</b>	<b>%</b>
Woman	11	55.0%
Man	9	45.0%
<b>Race/Ethnicity</b>		
White, Non-Hispanic	16	80.0%
Other	4	20.0%
<b>Age</b>		
18-34	4	20.0%
35-54	10	50.0%
55 or older	6	30.0%
<b>Highest Level of Education Obtained</b>		
High School Diploma/GED/Some College Credit	6	30.0%
Bachelor's Degree	6	30.0%
Master's Degree or Higher	8	40.0%
<b>Marital Status</b>		
Married/In Partnership	15	75.0%
Divorced/Never Married	5	25.0%
<b>Geographic Region</b>		
Urban	4	20.0%
Suburban	12	60.0%
Rural	4	20.0%

Participants were asked 11 questions and additional follow-ups related to several areas and constructs of gambling, including knowledge, attitude, beliefs, prevention, and treatment. The following is a summary of responses by area/construct and question.

## Knowledge of Gambling

For purposes of the focus group, we defined gambling as “*placing something of value at risk in the hopes of gaining something of greater value* (Potenza et al., 2002). To assess knowledge of gambling, we asked participants the following questions: “What kind of gambling activities are you familiar with?” and “What are some forms of legal gambling activities in Indiana?”

Participants' responses to these two questions were very similar. Participants tended to list legal forms of gambling when asked the first question. The most frequently reported forms of gambling included casinos (55%), followed by sports betting (40%), horse racing (40%), card games (35%), lottery (30%), pull tabs (25%), and charity gaming (20%). Several participants also listed illegal gambling such as dog fights, cock fights, and shooting dice. Participants also mentioned day-trading. While day-trading in the stock market is a legal activity and not a form of gambling, it is often best for those with a gambling disorder to avoid participation in day-trading activities, as this can mimic gambling behavior due to the excitement of the quick results. When asked about legal forms of gambling in Indiana, participants most commonly reported casinos (40%), sports betting (40%), lottery (35%), pull tabs (25%), charity gaming (20%), and horse racing (20%).

While the definition of gambling (above) was provided to participants at the start of the focus group, there was a lack of clarity on what constitutes gambling behavior. Multiple participants listed a few forms of gambling and then indicated that they weren't sure if what they had mentioned officially falls within the definition of gambling. For example, one participant stated, *"I'm familiar with casino gambling, euchre, poker, sports betting. I don't know if that counts as gambling."* Likewise, one participant responded, *"...the lottery. Isn't that technically gambling?"* In a different focus group, when someone mentioned the lottery as a form of gambling, one participant reflected on this in terms of the definition of gambling provided at the start of the focus group, *"...I probably wouldn't have thought of it as gambling but when you put it in those terms, it's gambling."*

Several participants also suggested that there may be a subjective nature to what is considered gambling. One participant said that legal forms of gambling *"depends on your definition. But I've heard some people even label certain types of Bingo as gambling depending on what they're doing as far as it, and what the size or level prices."* After listing various forms of gambling, another participant provided an example of an unlicensed form of gambling in prison. *"I keep track of the commodities market in prison...when you get tired of eating green baloney, you play cards to get some money to win some [Ramen] noodles...I've had clients who've been in prison, and they'll say they'll bet on, you know, is the guy gonna pick up a fork first or the spoon."* They went on to explain that while this may not necessarily be considered gambling, they are still placing bets to *"...hopefully to get something of value, which in prison is, you know, the Ramen Noodles."*

A few participants even interpreted the term gambling on a larger level, equating it to risk-taking that may occur in everyday life. One participant explained that *"just getting out of bed is a gamble because technically, according to the gambling dictionary, the gambling definition showing up for your life is similar. It's a game of chance and all that."* Another participant stated that *"Gambling can be present in your everyday life too; you make so many choices through your everyday career path."*

The absence of clarity and understanding of what constitutes gambling behavior may be due to the lack of awareness combined with limited education about what constitutes gambling and problem gambling. This is discussed further in a later section.

## Why People Gamble

There are various reasons why people gamble. Research suggests motivation for gambling can be grouped into five categories: enhancement, social engagement, recreation, coping, and financial concerns (Barrada et al., 2019). These five reasons are derived from the Gambling Motives Questionnaire (Stewart & Zack, 2008; Dechant, 2014) and the Reasons for Gambling Questionnaire (Wardle et al., 2009), which are considered to be valid and reliable questionnaires for studying gambling behavior. In this focus group study, we asked the question “Why do people gamble?” We summarized their responses into the five motivators. Participants listed enhancement as the most common reason for gambling enhancement. This was followed by social, recreational, and coping. Financial or money as a reason was only cited a few times by participants.

### **Enhancement**

Enhancement refers to gambling for the challenge, to compete against others, for a sense of achievement and for excitement (Stewart & Zach, 2008). This was the most frequently reported reason for gambling by the focus group participants. Research has suggested that this reason for gambling may also be linked to more problematic gambling patterns (Ferro et al., 2024). One participant referred to this feeling of challenge and achievement by sharing, *“It’s possibly like a pride and maybe an arrogance factor, too, like, hey, I am so good. I got this, and even with sports games like, I know the players, I watch the statistics. I read about it...it’s this grandiose thought process...like poker, the math piece of it. There are algorithms to winning this in their mind...so that’s why they gamble, [they] know the outcome.”*

### **Social**

Social reasons for gambling include the activity being a way to connect with others or something one does with family or friends (Stewart & Zach, 2008). This connection can be formed in person by engaging in an activity such as going to a casino, talking to the clerk at a gas station or store when buying a lottery ticket, or gambling online with a group of friends. As one college student participant noted, *“I think a lot of it is also just a community here at college.... There’s a big community of sports gambling. We like casino like poker, euchre.... I didn’t even know about sports gambling until I like heard it from other friends....”* Social motivators for gambling can serve as a protective role for the individual and are the least of the five categories related to the development of problem gambling behaviors (Rodriguez et al., 2014).

### **Recreation**

The third most reported reason that people gamble was for recreational purposes. This refers to engaging in gambling to fill time, as a hobby, to have fun, or to relax. One study noted that individuals who are retired often gamble for recreational purposes (Hagfors et al., 2022). One older adult focus group participant shared that gambling *“...gives you something to do, especially older people, going to the casinos you get comp for staying in the rooms and eating food and all kinds. It comes like a just like something fun to do for people....”*



### **Coping**

Coping reasons for gambling could be to relieve tension, impress others, escape problems, or deal with emotions. This is the fourth most common reason reported by our participants for why people choose to gamble. As one participant described, *“It's like a pacification...it's an emotional thing...a dopamine hit. You get a high...it makes you feel happy initially, but then, if you lose, it makes you feel really sad, and then it becomes a cycle. So, I think, why, people gamble is to fulfill something that's missing....”* Gambling has long been regarded as an activity that individuals might engage in to cope with strong emotions. Gambling to cope with emotions is an internal motivator and may have an association with the development of a gambling problem (Hagfors et al., 2022).

### **Financial**

Of the five identified reasons for gambling, financial reasons were the least reported by participants. In this case, financial refers to wanting to make money, win big, or get back lost money from gambling or other ventures. One person shared, *“...people do it to make money or pay bills, or then to try to win back their losses.”* Chasing losses can be defined as a tendency of someone who gambles to continue betting in order to regain prior lost money and is commonly regarded as a sign of problem gambling (Zhang & Clark, 2020). Another participant explained, *“Once you have won you know, at gambling to then just continue because you think that streak is going to be keeping going.”* The research supports that money is a leading motivator for gambling, either to win big or to make money (Francis et al., 2015).

## **Attitudes Towards Gambling**

A person's experiences can shape their attitude toward gambling behavior (Syvertsen et al., 2023). In this study, participants were asked the following questions regarding gambling behavior:

- Do you gamble?
  - a. If so, what kind of gambling activities do you engage in?
  - b. If not, why do you not gamble?
  - c. How did you get involved in gambling?

For the question, “Do you gamble?”, 60% of the participants reported they do participate in gambling, and 40% indicated they do not. When the question was redefined to ask if they have ever gambled, 90% of participants indicated that they had engaged in gambling behavior at some point in their lives. This finding aligns with the 2022 Indiana Adult Gambling Behavior Survey, which found that 90% of respondents engaged in gambling at least once in the previous year (Jun et al., 2023). Nationally, gambling in the past year by adults was at 71% (2021 data).

The most popular form of gambling reported by participants was casino gambling, followed by the lottery. The Indiana Adult Gambling Behavior Survey (2022) found the lottery to be the most popular form of gambling, followed closely by casino gambling (Jun et al., 2023). The national survey of adult gambling behaviors (2021) also indicates lottery as the most popular form of gambling followed by casinos (cite national survey). Other types of gambling reported by focus group participants included horse racing, cards, sports, and charity gambling. Those who reported that they do not gamble cited reasons such as religion, that they don't find it fun, that

they believe it to be a waste of money, and that they are in recovery or have witnessed gambling addiction in others.

All participants were asked, “How did you get involved in gambling?” For those who reported not gambling at the current time, they provided information about their past exposure to gambling. One participant shared an introduction to gambling that was through substance use behavior as a teenager: *“The first time I bought a lottery ticket I was underage.... I was 15 years old...and I remember being really nervous going to buy a pack of cigarettes, and the lady is like, You want a lottery ticket? I'm like sure....”* Another participant in a different focus group shared an experience of buying a lottery ticket in a store: *“I was going to the store, and [a friend of mine] said, pick up a lottery ticket for me...so I picked it up, scratched it. It was a win, and I'm like, ‘Oh, my God, dude, it's a win!’”*

Individuals can be introduced to gambling through culture, including through community events or family involvement. Several participants reported being introduced to gambling through charitable gambling within school organizations. One participant shared that they first became involved in gambling through a charity event at their children’s school. Another participant shared, *“...in grade school, [we were] doing the raffle tickets to keep the school open.”*

Introduction to gambling can be part of a family culture. Many families participate in gambling activities for closer bonds and to maintain traditions. One participant shared her experience around horse racing: *“I was a little girl going to Churchill Downs. You know, watching my parents bet on the horses. Well, I grew up with that, and I still do it today.”* Another participant indicated being exposed to gambling primarily through their family, though they also indicated that friends influenced this as well. This aligns with previous research, which has identified that family identity can play a role in normalization of gambling through feelings of membership, bonding, coming of age, and communing (Westberg et al., 2017).

## Beliefs about Gambling

To assess beliefs about gambling, participants were asked two questions: (1) “How serious of a problem is gambling?” and (2) “How does gambling affect people’s lives?”

Participants indicated that gambling could benefit the wellness of some people (e.g., supporting positive social interactions and providing entertainment). However, they also indicated that they perceive problem gambling to be a very serious issue that can impact all areas of a person’s life. A few participants suggested that the risk associated with gambling occurs on a continuum ranging from mild beneficial effects to serious harmful results. For example, several participants explained that most people can gamble without developing a problem, but that for some individuals, gambling may lead to severe issues. One participant explained gambling as a *“slippery slope,”* explaining that when you engage in gambling behaviors on occasion, it may benefit one’s health (e.g., having fun with friends); however, when it becomes a problem (e.g., spending money on gambling instead of other priorities), it could impact all areas of a person’s life. This aligns with prior research, which has described the consequences of gambling as

occurring on a spectrum, from positive impacts (e.g., entertainment and social interactions) to negative impacts (e.g., financial issues, poor mental/emotional health, and impaired interpersonal relationships) (Latvala, Lintonen & Konu, 2019; Brown, Goodwin & Rockloff, 2017).

Latvala, Lintonen & Konu (2019) explain gambling through the lens of a conceptual public health model in which the impacts of gambling are separated into costs and benefits, both of which have the potential to impact people on a personal, interpersonal, and societal level (Latvala, Lintonen & Konu, 2019). When asked how gambling affects people's lives, participants indicated the various levels at which gambling can impact an individual. While the benefits of gambling were mentioned in the focus group, participants tended to focus on the costs (i.e., negative impacts) of gambling (which most likely was a result of the way the questions were phrased to participants [i.e., "How serious of a problem is gambling?"]). Therefore, this section of the report focuses specifically on the negative impacts that gambling may have on individuals, families, and communities.

### ***Financial Impacts***

Financial impacts on a societal level can be positive (e.g., economic growth); however, as one participant stated, *"...the legislature sees [gambling] as a way to bring money into the state cause, that's always the promise. 'Look at all the revenue that you're gonna get.' But no one talks about the other end of it. How much it costs to treat someone, and I think, as with other disorders and mental health issues..."* Financial impacts can also occur in the context of personal and interpersonal costs (i.e., negative impacts) and occur on a spectrum, from loss of disposable finances to loss of assets (e.g., cars, retirement savings), bankruptcy, and even homelessness.

Not only can problem gambling impact the immediate financial situation of a person, but it can lead to the worsening of their financial situation over time, as well as other negative consequences. One participant explained, *"...not only are they losing money, but they're losing money with exorbitant fees because credit cards have 25%, 35%, 40% fees that they have to pay...and they get so overwhelmed with the amount of debt they're racking up...they don't know how to handle it."*

Several participants discussed the harm that can result from the cycle of gambling in which a person continues gambling to earn back the money lost. One participant explained, *"...they get desperate and paralyzed because they can't, they don't see a way out of it, even though they try to stop. And at the same time there a lot of 'em chase their bets or chase their losses."* Similarly, another participant stated, *"...It kind of becomes a pattern where they're stressed because they're in the hole. Or they spent this money, or their partner was counting on something, or their children was counting on something, and now they've gambled away, and so the only really way they see out of it is, try the short-term boom back try to get that back again...just check out for a couple hours and feel good again...and then it comes a vicious cycle."* This is supported by prior research, which suggests that financial losses can serve as a motivation to continue engaging in the behavior (Latvala, Lintonen & Konu, 2019; Chun et al., 2011). One participant spoke about the unique financial situation involved in gambling in terms

of problem solving, *“But all my problems are solved potentially in maybe the next minute, not even like tomorrow, depending on accessibility.”* If a person has serious financial implications from their addiction to gambling, a large win could solve the current financial issue. With substance use, if a person has a financial problem related to their substance use, continued personal use will not solve the issue.

Numerous studies have found that some individuals may illegally obtain money through criminal activity to recover financial losses and/or to prevent others from learning of their debts (Blaszczynski & McConaghy, 1994; Adolphe et al., 2019). Crimes associated with problem gambling tend to be non-violent and often include offenses such as embezzlement, fraud, theft, and larceny (Adolphe et al., 2019). While this wasn't commonly mentioned in the focus groups, one participant shared their knowledge of problem gambling in their community. They stated, *“Usually, people don't get necessarily arrested for gambling, but the stuff that comes along with that. So, you know, if you run out of funds and you're embezzling from the company. [In our community], we've had a few known people that have had gambling issues make it into the newspaper because they got caught doing something with the money that wasn't theirs....”* Participants also discussed how the financial losses resulting from problem gambling can impact other areas of the person's life, including emotional well-being and interpersonal relationships.

### ***Impacts on Well-Being***

The financial issues associated with gambling can impact a person's well-being, which was highlighted by participants. One participant explained, *“I think the more into gambling you go, the harder it is to get out...maybe you go into [it], and you think, you know, using more money to gamble further and further is gonna help you get out of debt and it can lead to things like anxiety or...it could cause issues in your like physical and like social life. Mentally, it'll probably be very draining...having to lose all that money or using all your money in the hopes of getting something, and then you don't get anything in return for wasting all that money. So, you're just left with no money...and you probably feel bad about yourself...I think eventually it'll become so mentally draining that a lot of people...either just decide to give up or quit everything that they're doing.”*

This is supported by prior research, which has suggested that problem gambling can lead to emotional distress, which may manifest in diverse ways, such as hopelessness, guilt, shame, and stigma (Latvala, Lintonen & Konu, 2019; Salonen et al., 2016; Raisama et al., 2013). Such distress can result in physiological changes in one's body, impacting not only their emotional well-being but also their physical health (Latvala, Lintonen & Konu, 2019; Ranabir & Reetu, 2011). In fact, prior research has found that several physical ailments, such as heart conditions, obesity, digestive issues, and liver diseases, are associated with gambling (Latvala, Lintonen & Konu, 2019).

Multiple participants indicated that problem gambling should be treated and viewed as a mental health condition, with several participants relating problem gambling to other addictive behaviors such as substance use. This aligns with existing literature outlining the similarities and differences of substance use. For example, gambling disorders tend to become progressively worse over time and often involve a loss of control toward the behavior, even despite negative

consequences (Rash et al., 2016). Additionally, the individual may feel a strong compulsion or craving to gamble, which may result in a rush of excitement or high (Rash et al., 2016).

At the same time, participants indicated that problem gambling differs from other addictions in that the behavior itself is seen as an opportunity to fix the financial losses they've experienced. For example, one participant explained that with other addictions, such as substance use disorders, *"Someone's not saying, 'Hey, if I do one more of this, everything will be solved.' So, you know...with gambling, there's...a light at the end of the tunnel like, 'I'm at the end of the tunnel and the lights right here. If I just do this one little thing [I can get back what I lost]'...and I think that's what's often overlooked when it's compared to other addictions."* This is corroborated by existing literature that outlines the differences between gambling disorders and substance use disorders. For example, it may take years for problem gambling to progress to a gambling disorder, as there is not an addiction to chemicals (associated with physical dependency) (Rash et al., 2016). Problem gambling can often go undetected for an extended period of time compared to substance use disorders that often tend to have more obvious signs and symptoms (Fulton, 2019). One participant provided an example, explaining that one may have a family member or loved one *"that that is deeply, deeply in debt, and nobody knew about it until it became a huge problem."* Similarly, another participant stated, *"I think it can become an obsession...it takes over their life and years can go by, and they don't realize it."* In addition to viewing gambling as a potential source of worsening well-being, gambling disorders often co-occur with other mental health conditions. Studies have found that problem gambling is associated with increased rates of mood disorders, suicidal ideation, and substance use (Adolphe et al., 2019). In addition to viewing gambling as a potential source of worsening well-being, gambling disorders often co-occur with other mental health conditions. Specifically, studies have found that problem gambling is associated with increased rates of mood disorders, suicidal ideation, and substance use (Adolphe et al., 2019). In fact, one meta-analysis found high co-morbidity rates of substance use disorders (58%), mood disorders (38%), and anxiety disorders (37%) in individuals with problem gambling (Lorains et al., 2011; Dowling et al., 2015).

### ***Interpersonal Relations:***

Problem gambling may also result in impaired interpersonal relationships (e.g., marital distress, family dysfunction) as well as harm to others (Cowlshaw, Suomi & Rodgers, 2016). In fact, it has been estimated that seven individuals may be affected by the problem gambling of one person (Cowlshaw, Suomi & Rodgers, 2016). Focus group participants also indicated such consequences of problem gambling. One participant shared a personal experience: *"I think it can become an obsession to where they're not cognizant of other people's feelings or their family's feelings, and it takes over their life and years can go by, and they don't realize it...I know my dad had a lot of regret in his later life...we didn't have a good relationship because a lot of these issues. So, we lost many, many years, and then, at the end of his life, I forgave him. So, you know that was important for me to do but it. But by that, by that time he just had a lot of regret. So, I think it can. It can really ruin people's lives."*

## Recognizing problem gambling as a public health issue

While the focus group participants seemed to agree with the severity of problem gambling, they also noted that many people still lack awareness of this issue. They also explained that problem gambling is becoming a bigger issue in Indiana due to the increasing accessibility and normalization of gambling behaviors as well as prominent advertising promoting gambling.

### **Lack of Awareness:**

Participants indicated that problem gambling may be just as severe as other addictions; however, many people do not recognize or acknowledge this. One participant stated, *“It’s serious, but I think it’s one of those things where a lot of people still just really are not aware of the seriousness of it. I think you know there, like, for example, I think a lot of people right now like know the ‘O,’ people know the opioid use disorder like opiate settlement like all that’s out there, right? Finally, where people kind of understand addiction. I just think we’re really long way away from people really understanding gambling addiction in the same way.”* Several participants attributed this to a lack of education/knowledge on the prevention of problem gambling. (This is discussed more in a later section.)

### **Projected Prevalence of Problem Gambling/A Growing Problem:**

Many participants indicated that they anticipate the prevalence of problem gambling to continue to increase and expressed concern at this idea. One commonly cited reason for this becoming a more widespread issue is the increased accessibility of gambling. This concern is supported by prior research, which has found a positive association between increased accessibility to gambling and increased prevalence of problem gambling (Latvala, Lintonen & Konu, 2019; Bybee & Aguero, 2000; Grun & McKeigue, 2000). In fact, several participants explained that they have personally witnessed an increased prevalence of problem gambling. One participant stated, *“I think it’s increasingly a problem. I personally have seen significant devastation in my own community from gambling.”* Another participant echoed this, stating that *“[Problem gambling] is [definitely] increasing...I’ve been working with gambling clients since I want to say 2017, maybe, and I had one or two here and there, and now it’s really, I have an influx of clients”*. Additionally, this may also lead to the normalization of gambling behaviors, which may also increase the prevalence of problem gambling. Specifically, participants commonly mentioned the increased ease of participating in gambling. One participant stated, *“...it’s becoming so accessible and normalized. It’s the ‘well, everybody’s doing it, everybody downloads these apps. They’re in the app store. They can’t be that bad, you know, like they, they wouldn’t be legal if I could really have that big of a problem.”*

### **Advertising and Gambling**

Gambling advertising occurs in a variety of settings, including television, radio, social media, websites, billboards, and live events. Participants also discussed the anticipated impact of advertisements and the commercialization of gambling. One participant shared, *“It seems like it’s become more obviously more prevalent socially acceptable...there’s constant commercials on TV. And then every store it seems you go into sells, lottery tickets, etc. So, it’s become socialized in a way....”* Previous research has found that gambling advertising is associated with

increases in gambling engagement, intention, and frequency (Binde, 2014; Hing et al., 2013). One participant shared advertisements they had seen on streaming services and the registration incentives provided to participate: *“I’ve seen a lot of ads for like Draft Kings and stuff online. I know, like, sometimes, like the ads on YouTube or Hulu, like, they’ll have an ad for Draft Kings. And I think it’s actually Draft King specifically that like, if you’re a new account, or whatever they’ll give you money to start, start you off on gambling and you can put that money to towards whatever like sports team you want. And then it’s like, it seems like a good deal, just because, like, you get like 50 free dollars to like place anywhere you want to start gambling. But then, once those \$50 are up and like, say, you win, then you want to start using your own money to start gambling some more, and it’s just, it becomes a very slippery slope, I think.”*

Participants also explained the role that advertising and the gambling industry have in enabling people to continue to engage in problematic gambling, leading to the loss of finances and assets. One participant indicated that they had heard about casinos reaching out to guests to invite them to come back, in some cases paying for a flight to the casino and paying for food and housing in an effort to keep them in the cycle of gambling. Promotions, rewards, and advertising could lead to additional play and may be a concern for those experiencing problem gambling issues.

## Problem Gambling Regulation & Treatment

Several participants expressed a desire for problem gambling to be addressed more proactively within the state with regard to awareness, regulation, and treatment. In terms of awareness, one participant shared, *“...it’s always sad, disturbing, that we have had legalized gambling in the state for over 35 years and still as many people as I talk to, still kind of look at me at times and say problem gambling, you know, like, what’s that?”* There was also concern around awareness of problem gambling, as one participant said, *“I don’t think there’s enough awareness about gambling addiction in all forms, because how often do we hear stories of little old ladies losing their home due to Bingo pull tabs? I don’t think that comes out very often.”* Regulation was also discussed; in reference to the need to monitor regulation as more gambling is legalized, one participant stated, *“...in terms of gambling, we are reducing the regulations on gambling. We’re adding more opportunities for people to gamble...no one talks about the other end of it. How much it costs to treat someone.”* A few participants also spoke about treatment and a general feeling of *“lack of accessible treatment...”* All of these are key areas that could be addressed in the future.

### **Prevention**

The three levels of prevention are primary, secondary, and tertiary. Primary prevention seeks to address the causes and to prevent addiction before it begins. In this level of prevention, addressing risk factors, supporting protective factors, and increasing knowledge are important components. Secondary prevention works to promote the safety of those already engaged in gambling behaviors. Tertiary prevention is available to help those who already have developed a problem. (need references)

Participants were asked about the efforts they are aware of to prevent problem gambling. Within the focus groups we found the highest level of awareness of efforts to prevent problem gambling was regarding tertiary prevention (i.e., seeking to help those who have already developed a problem). Across all focus groups, the mention of the helpline number as a prevention strategy was suggested. Participants had heard advertisements for the helpline on television ads for sports betting, lottery, and casinos. They also saw the helpline on billboards, pamphlets, lottery tickets, and lottery kiosks. Support groups such as Gamblers Anonymous were also mentioned. A few secondary prevention strategies were reported, including mental health services, problem gambling screenings, religious support programs, and voluntary exclusion programs (which could also be tertiary). Primary prevention programming was the least mentioned, with references to community-based presentations and organizations (e.g., Indiana Council on Problem Gambling) that provide awareness.

Across focus groups, advertising was a particular point of discussion, with the lottery and casinos having the largest percentage of awareness of advertising. In this case, advertising was specifically focused on providing information about the helpline. In terms of gambling type, the Hoosier Lottery was mentioned regarding commercials with a message about problem gambling at the end (e.g., “if you need help with a gambling problem, go to our website”). The Hoosier Lottery was also mentioned having other outreach materials as well (e.g., brochures about responsible gaming, the 1-800 number on lottery tickets, campaigns cautioning about giving scratch-off tickets to children around the holidays). Several participants indicated they had seen information about problem gambling at casinos. There were also comments regarding advertising on TV sports-betting ads for the helpline number, though participants commented that the information was presented quickly and was in small print. In one focus group there was a strong discussion on advertising and efforts to bring about increased awareness. One individual reported a lack of problem gambling information, stating that *“I know that stuff exists, but I don't see that stuff in my daily life. Including the casino.... I've never, not one time have I seen anything about problem gambling, Facebook, Instagram....”* Likewise, another participant explained, *“[are] there technically efforts? Yes. Are they being publicized, or [are they] as readily accessible as anything else? Absolutely not.”*

Addiction treatment services were mentioned across focus groups, which was expected given that several focus groups included treatment providers. However, almost all focus groups mentioned treatment in some capacity. One provider commented, *“we screen everybody here at the agency. Adults, kids, we do at least the brief biosocial gambling screen with everybody.”* This comes as a form of secondary prevention and tertiary prevention as it may give access to a concern before it becomes a problem.

Several focus group participants commented specifically on the lack of prevention efforts (e.g., *“from my perspective, I didn't see a lot of prevention activities going out there”*). Another comment included a reference to other addiction education being available: *“The things that we do in prevention to negate risk factors and increase like pro social skills, communication skills, resiliency, those things would benefit people, youth, and help them prevent a gambling addiction. But like, even in a lot of those programs, we have things specifically for drugs and alcohol. I don't know of anything that specifically targets gambling, and even in financial*



*literacy programs that are part of prevention campaigns. I don't really feel like they address those [gambling] issues.”*

There was also mention of the Voluntary Exclusion Program. In this program, a person can sign up to exclude themselves from casinos for one year, five years, or a lifetime. However, there are limitations to these types of programs, as one participant suggested, *“people argue ‘well, someone can go and opt out of going to a casino,’ you know. Yes, you're correct. But how many people are actually gonna do that compared to the amount that needs some sort of intervention to help them not go into a casino or help them, because then they can go to the gas station...to the local VFW.”*

Suggestions were offered for increasing awareness and expanding prevention strategies. Participants offered up possibilities such as geofencing (e.g. *“if social media's the route, surely there's geofencing involved in those efforts”*) and pop-up advertising when people tag themselves or by age group (e.g. *“It should be somehow attached to people that are tagging themselves, or even like age groups of people that are more likely to gamble”*). Other prevention strategy suggestions included limiting the number of lottery tickets a person can buy at one time and self-exclusion software for online gambling.

Participants were asked, “Are you aware of the 1-800-gambler national helpline?” The Adult Gambling Behaviors in Indiana 2022 quantitative survey (Jun et al., 2023) asked of the general population if they were familiar with the helpline, of which 39% of survey respondents indicated that they had heard of the helpline before. It is important to note that this question referred to the previous hotline number, which was 1-800-9WITHIT. The state of Indiana has since adopted the national hotline number 1-800-Gambler. For this focus group study, participants were asked about the national number. As one participant shared, the number may not be easily recognized as some of the other helplines or the 988 mental health number. *“I can tell you it exists. I could not tell you the number...some of the other help lines that are very familiar and much more simplistic in the number to use.”* With Indiana’s adoption of the 1-800-Gambler number and advertising for it, this may have an impact on recall. All participants who identified as treatment providers, as well as those who identified as being in recovery, were aware of the hotline number. Of those who indicated that they were aware of the hotline, 86% identified as administrators. There was less awareness within the prevention participants, with only 63% being familiar. The least amount of awareness of the hotline occurred with college student participants, in which only 33% were familiar with the hotline number. The average awareness for all participants was 78%, which is substantially higher than the general public in Indiana.

### ***Treatment***

The next question that was asked of participants was if they, as an individual, had ever sought advice or support to address their own gambling behavior. The majority of participants (93%) had not, although several participants did share their experience with treatment for other addictions. Participants were also asked, “Has anyone ever come to you for advice or support regarding their gambling behaviors?” Most participants indicated that they have not had someone personally approach them seeking support for their gambling. However, several

participants indicated that a family or friend of the person with a gambling problem had approached them.

Several treatment providers indicated that they had worked (or still work) with clients who have a gambling problem. One treatment provider explained that most clients they work with come to their facility for other reasons (e.g., substance use disorders); however, they use a gambling screening tool, which is how clients are identified as having a gambling problem. As one participant shared, *“I was receiving services...when it came up, like just organically in conversation, you know, it was like, ‘Well let's explore that a little bit, because I'm hearing a common, I'm hearing this said commonly,’ so like did I directly seek out anything for it? No, but during receiving other services as they were working alongside me for some stuff they were like, ‘We're here in a common thing. Are you comfortable with us exploring this?’ I was like ‘sure.’”*

The literature supports that while there is access to treatment for problem and disordered gambling, relatively few individuals enroll in a treatment program (Cunningham, 2005). Less than 10% of those with a problem gambling seek a form of treatment (Braun et al. 2014). In the Adult Gambling Behaviors in Indiana survey (2022), researchers found that 1.4% of respondents reported having a problem with gambling, yet only 0.6% reported seeking treatment (Jun et al., 2023).

When asked, “What would you do if you thought you or someone you care about had a gambling problem?”, participants (across multiple focus groups) expressed care and concern. Participants indicated that they would try to talk to the individual (e.g., *“talk about what type of help they're comfortable with getting”*), ask appropriate questions, validate their feelings, offer support, and provide resources.

The majority of focus group participants were aware of resources. This was because the participants who were selected by the facilitators for the focus groups were known within the problem gambling program. The most common response was related to giving the individual seeking help the problem gambling hotline number. Others suggested providing the person with a screening tool, a list of treatment providers, the voluntary exclusion program, gamblers anonymous, EAP programs, and recovery cafés. Several respondents who reported not being aware of such resources also said that they would find resources (e.g., *“I've got lots of people. I could ask, that's what I would do if the person wanted help”*).

## Barriers to Accessing Treatment

Even when given information or access to treatment, relatively few people enter a treatment program (Petry et. al., 2017). Participants were asked, “What are the barriers for people accessing problem gambling treatment?” The results were a mix of individual and structural barriers. Individual barriers can include shame, fear of stigma, denial of a problem, lack of support, the belief they can solve the problem on their own, unwillingness to participate in treatment, the belief that the problem can be solved by continuing to gamble, pride, secrecy, the belief that gambling is permissible because other problems do not exist, and low peer support in

treatment. Structural barriers can include lack of awareness of treatment services, distance to treatment facility, cost of treatment, lack of culturally appropriate services, hours of clinics, program rules, lack of information about treatment, and high availability of opportunities to gamble. We have highlighted a few of these barriers that were most mentioned within the focus groups.

### ***Individual Barriers***

Within our focus groups, participants identified several individual barriers for seeking treatment. These include shame and fear of stigma, denial of a problem, and low perceived support.

#### Shame & Fear of Stigma

Research has found that negative character attributes such as lacking control, being greedy, and being weak-willed have all been associated with problem gambling (Hing et al., 2016). Such public stigma can lead to feelings of shame and self-stigma (Corrigan & Watson, 2002), which not only can harm well-being but also serve as a significant barrier to treatment (Hing et al., 2016). As one participant stated, *“There is a huge stigma for people even admitting that they have an issue or reaching out for help. So that’s part of the issue.”* Likewise, another participant stated, *“...social stigma, like obviously having to admit you have a problem, you know, having to seek out help. It can be kind of shameful like. It can be embarrassing.”*

#### Denial of a Problem

There are several ways the focus group participants reported denial of a problem. One aspect was from the individual barrier of a belief that it can be handled on their own and/or it is not actually a problem. One participant explained, *“They’ll be able to handle it, and they let that denial carry them for however much time.”* Another participant stated, *“...admitting you have a problem, that’s the first step in trying to deal with a problem. And I think a lot of people just aren’t ready to admit that they have a problem.”* Another way denial presented in the focus groups was refusing to acknowledge a problem even existed because the individual gambling may not look like a stereotypical person with a gambling problem. One participant explained that some people may think, *“I never drove out to Vegas and just cashed in everything. So, I’m fine,” and I think that’s what it is more normalizing is that there’s multiple levels to this.”* Participants also shared how problem gambling has been perceived in movies and on TV. A typical statement was, *“...when you see gambling like on TV, and where it becomes a problem, it’s always like in a dark basement.”* A third aspect of denial is the normalization of gambling behaviors in society. The focus group participants shared that, because it is legal and advertised, it may seem that gambling is not a problematic behavior.

#### Low Perceived Peer Support in Treatment

One participant mentioned that there could be a perception that treatment would be lonely and that they wouldn’t be able to relate to others also in treatment. This has been an issue in some gambling programs. Since there are small numbers of individuals with a gambling disorder seeking support, it may be difficult to form a support group in some areas. Also, these groups may be made up of individuals who don’t necessarily look like you (e.g., *“no one looks like them...no one is in their age group...providing like a support group”*).

### ***Structural Barriers***

A second type of barrier is a structural barrier. The participants in the focus group identified several types of structural barriers related to lack of awareness of treatment services, including perceived cost and legal ramifications.

#### Access & Awareness of Treatment Services

One of the most frequently mentioned barriers to treatment was access to and awareness of treatment services. Many focus group participants shared their thoughts on not knowing how to find treatment or even if treatment is available. Those who work in treatment or are aware of addictions services spoke to this with such statements as *“I think just access to treatment overall”* and *“I only know of, like one or two [counseling services in my area] that specifically say that they work with gambling addiction.”* Other participants spoke about awareness of where to find treatment (e.g., *“me personally, if I had that problem, I wouldn't know where to start either, like I never heard of the 1-800 gambling or anything like that before”*) or if they were to ask someone if they would know who to contact (e.g., *“if you ask your minister, or if you ask his therapist, they might not even know about it”*).

#### Perceived Cost

A second structural barrier that was mentioned was the perceived cost of treatment. The cost of mental health and addictions programs can be a barrier for many. One participant acknowledged being aware that the state does have funding for disordered gambling treatment (*“Sometimes it could be the cost, although Indiana does pay some of the costs for treatment”*). However, the existence of this financial help may not be widespread knowledge. Further, financial assistance may not be available to all individuals seeking treatment because of participation criteria or other factors.

#### Legal Ramifications

A final structural barrier is legal ramifications. This was listed under structural because there is a gap in the legal system in how crimes associated with disordered gambling are addressed versus some substance-use crimes. The legal ramifications can create a barrier to treatment. One participant sharing the reality of the criminal justice system and gambling: *“When folks get arrested for stuff related to gambling, they're not misdemeanors, those are felonies, and those are, you know, 10 years, 20 years, 50 years in prison that they're looking at with DUI's and public intoxication charges. You know, the attorney comes in, says sign this. You get to go home. They sign this plea agreement, and they have to do some kind of alcohol or drug treatment. The other gamblers, you know they do their 10 years, or whatever their seven years, or whatever, and they're released. Then there's no monitoring after their release.”*

## **Discussion**

Our analysis resulted in three important themes from the participants' perceptions and opinions. These are (1) increasing access and availability of gambling is a serious concern, (2) more primary prevention efforts and awareness of problem gambling is needed, and (3) there is still a lot of shame associated with seeking treatment. Our interpretation of these themes is included below, with participant quotes.

### ***(1) Increasing access and availability of gambling is a serious concern***

Participants highlighted this theme across several focus groups and questions. One prevention provider shared, “...it's a growing problem...especially with younger generations. Now they are already plugged in with cell phones...” A treatment provider stated, “It's serious, but I think it's one of those things where a lot of people still just really are not aware of the seriousness of it.” When asked how serious of a problem gambling is?, an administrator quickly responded with “very serious.”

### ***(2) More primary prevention efforts and awareness of problem gambling is needed***

When looking at the questions related to prevention, there were several comments regarding a lack of awareness, education, and primary prevention. One treatment provider spoke about the lack of school-based education: “I have...children in...high school and middle school...that's typically where we're addressing substance use disorders...beginning psychoeducation...I've never heard them talk about any gambling, problem gambling messaging that they're receiving at school.” Another participant who works in prevention shared, “I don't know of anything that specifically targets gambling, and even in financial literacy programs that are part of prevention campaigns, I don't really feel like they address those issues.” A treatment provider shared this insight regarding the small size of the focus group which may speak to awareness: “...look at the size of this focus group compared to the size of focus groups and other research studies around other addictions.”

### ***(3) There is still a lot of shame associated with seeking treatment***

Across focus groups, the idea of shame and stigma was brought up. A college student shared, “...social stigma, like obviously having to admit you have a problem, you know, having to seek out help. It can be kind of shameful.” A family member of a person with a gambling addiction spoke about the shame families feel in stating, “I think the greatest thing is shame. It's, you know, it's just such a shame-ridden thing for the person and for their family.” A prevention professional also shared, “there's stigma and shame associated with that. Because I think it's that it happens more often than we're aware of.”

### ***Limitations***

There are three primary limitations of this study: (1) number of focus group participants, (2) limited focus on recruitment, and (3) payment for participation. The first two are interrelated. Other limitations include the quality of the focus group questions, lack of robust discussion, and incentives for participating in the study.

### ***Number of Participants***

According to Krueger & Casey (2000), the preferred number of participants needed for a single focus group is 6-10. Unfortunately, for most of the focus groups, we were only able to recruit five or fewer participants. Reasons given for not participating were mostly related to the timing of focus groups and participants' availability. Many of the identified groups of individuals for focus groups have daytime work requirements, making it more challenging to participate. In some instances, the number of participants was so low that facilitators were forced to move to an

interview format with a single participant. Many focus group participants were recruited through known channels via email. This was done because the identified groups outlined in the proposal were somewhat specific (e.g., treatment providers, those in recovery, administrators). Because of this, the recruitment pool was small and presented challenges to coordinate a time when 6-10 individuals could meet.

#### Limited Focus in Recruitment

There were five specific groups targets for the focus groups. They included those who work in treatment or prevention, individuals in recovery, administrators, and college students. Recruitment was to be conducted through known channels. Targeting distinct groups of individuals inevitably left out some who may have fit into the groups, but we were unaware of their status and therefore did not recruit them to participate. Additionally, the defined groups were not necessarily mutually exclusive (i.e., some participants identified with more than one of the groups). This made it difficult to analyze the data by the groups.

#### Payment

The amount of the incentives offered to participants was only \$10, which may have been a deterrent to participation. Most focus groups lasted around 45 minutes, and individuals may have felt the gift card amount was too low to warrant taking time off work or away from their activities to participate.

#### Questions

While the questions were vetted by known qualitative researchers and were in line with previous research, some of the questions did not encourage robust discussion. Several questions were presented in a format that was binary with little room for follow-up.

#### ***Recommendations:***

For future studies we recommend several significant changes. Participants should be recruited from a variety of sources not limited to known contacts. A menu of professional or affiliate options should be presented (e.g., treatment providers, college students); however, participation should not be limited by category. This will allow us to reach a wider range of participants who may be able to offer insight. Further, utilizing the quantitative study (the Adult Gambling Behaviors in Indiana Survey) as a recruitment tool would also be beneficial. For example, individuals who complete the survey could be asked if they would be willing to participate in a focus group. Increasing the payment point from \$10 to \$20 may yield more participants who see the benefit of utilizing their time in this way. Finally, utilizing the lessons learned from this study, we will be able to formulate more nuanced and in-depth questions that may yield more intriguing results that can be used for program planning and awareness activities in Indiana.

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## **Appendix A**

### **Focus Group Protocol**

#### **Topic: ADULT GAMBLING BEHAVIORS IN INDIANA**

The purpose of the focus group is to better understand the population beyond the survey data. Potential focus areas will include adult gambling behaviors, treatment, prevention, knowledge, attitudes, beliefs, the legislative process, and funding related to Indiana's disordered gambling system.

#### **Introduction (10 minutes)**

- Start by introducing yourself and any other moderator or note-taker (names and organization).
- Thank the participants for their time and willingness to participate in the FG.
- Briefly describe the purpose of the FG
  - The purpose of the focus groups is to better understand participants' knowledge of gambling behaviors, prevention, treatment, attitudes, and beliefs, the scope of gambling activities, and the prevalence of problem gambling behaviors.
- Briefly describe the expectations
- Solicit any questions or concerns before starting the FG.
- Set out ground rules for communication.
- Address confidentiality.
- Let participants know that there are no right or wrong answers.
- Start the conversation.
- Consider follow-up questions to prompt participants to rephrase or elaborate on their responses.

<b>Area/Construct</b>	<b>Questions</b>
<b>Knowledge (10 minutes)</b>	<ol style="list-style-type: none"> <li>1. How familiar are you with gambling activities?</li> <li>2. What kind of gambling activities do you engage in?</li> <li>3. Can you talk about your motivation to engage in gambling?</li> </ol>
<b>Attitude (10 minutes)</b>	<ol style="list-style-type: none"> <li>4. Can you talk about the factors influencing your attitude towards gambling?</li> <li>5. Can you give us some examples of the gambling activities you enjoy?</li> <li>6. How did you get involved in gambling?</li> <li>7. Do you gamble to escape worry or trouble?</li> </ol>
<b>Beliefs (10 minutes)</b>	<ol style="list-style-type: none"> <li>8. What are the arguments supporting gambling?</li> <li>9. How does gambling affect people's lives?</li> <li>10. How serious do you think gambling is?</li> </ol>
<b>Prevention (10 minutes)</b>	<ol style="list-style-type: none"> <li>11. Have you ever sought advice and support to address your gambling behavior?</li> </ol>
<b>Treatment (10 minutes)</b>	<ol style="list-style-type: none"> <li>12. Have you participated in any program to treat gambling behaviors?</li> </ol>