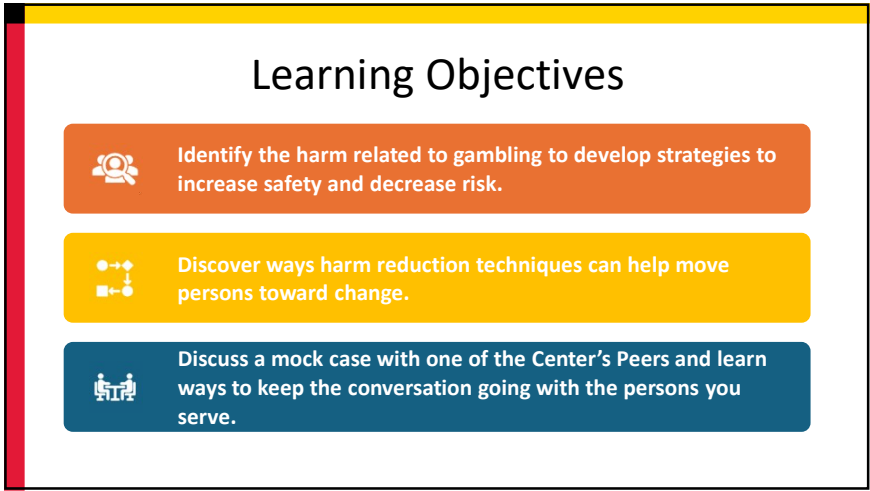




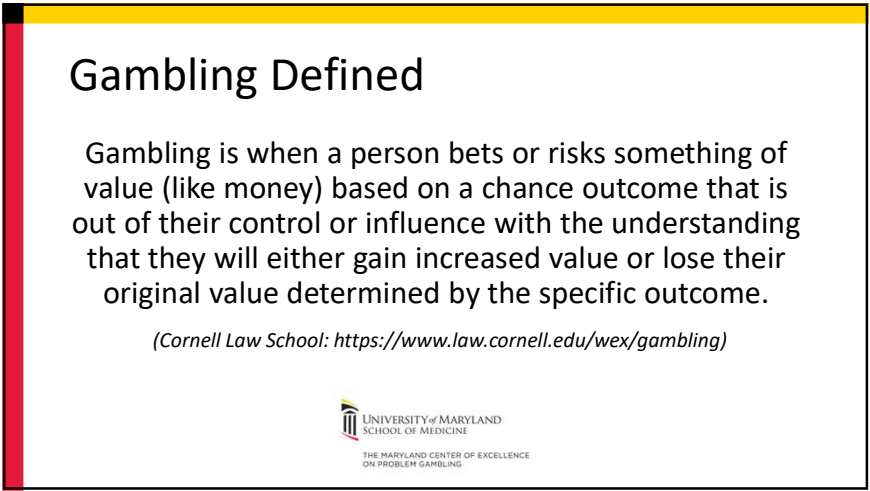
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4

Risk Factors for Gambling Related Harms

- Male
- An early *big* win
- Single or Divorced
- Gambling before legal age
- Lower Socioeconomic status
- Adverse Childhood Events/Trauma
- Family History of gambling disorder
- Hold mistaken beliefs about the odds of winning
- Have a history of risk-taking or impulsive behavior
- History of substance use or other behavioral health disorder
- Proximity to *or* Working at a casino or other gambling venue



5

National Survey on Gambling Attitudes and Gambling Experiences

8% of American adults reported experiencing at least one indicator of problematic gambling behavior “many times” in the past year.

Those meeting at least one criterion for problematic play include:

- 10% of males, almost twice the rate of females.
- 15% who agree "gambling is a good way to make money"
- 19% of those who bet on at least one activity weekly or more often
- 24% of fantasy sports and 17% of traditional sports bettors
- 28% of those who bet on 10 or more different gambling activities
- 35% of those who gambled on three or more activities weekly or more often

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National Survey on Gambling Attitudes and Gambling Experiences

The greatest predictors of risk identified in 2024 include persons who:

- gamble online
- gamble weekly or more often
- are male and/or under the age of 35
- participate in many different gambling activities
- agree that gambling is a good way to make money
- participate in sports betting (either traditional sports betting or fantasy sports)



7



Gambling... What is the Harm?

8

Gambling – A Public Health Concern

- Gambling availability, participation, and expenditure have increased; more gambling has migrated to the internet and become readily accessible via mobile devices.
- Gambling related problems have robust associations with high rates of comorbid mental health problems.
- An association has been found between problematic gambling and completed suicide.
- Universal and targeted public health policies are required to reduce gambling-related harm and inequities.



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A Public Health Approach to Gambling: Support from Research

As types of gambling products and accessibility to gambling have increased, so too have concerns as to the harm associated with this behavior.

It would seem a reasonable and necessary step to estimate the **costs to public health** that the current rapid expansion of legalized gambling may create. (van der Maas, DiMeglio, Nower, 2024)

To prevent gambling-related suicidality in the future, **a public health approach is needed** to shift the blame for gambling-related harms and indebtedness from often vulnerable individuals to the societal and commercial conditions. (Marionneau V, Nikkinen J., 2022)

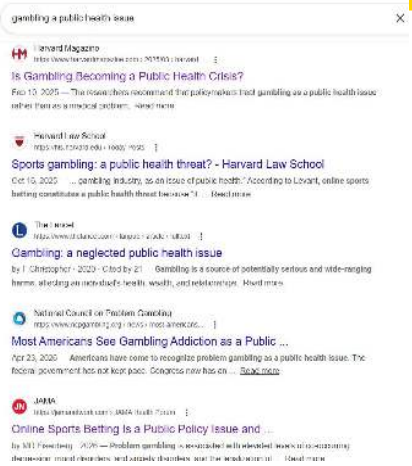


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Google Search: *gambling a public health issue*

- Harvard Magazine
 - Feb 2025
- Harvard Law School
 - Oct 2025
- The Lancet
 - Jan 2021
- National Council on Problem Gambling (NCPG)
 - April 2026
- Journal of the American Medical Association (JAMA)
 - Feb 2026



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The Costs of Gambling

The National Council on Problem Gambling estimates that the annual national social cost of problematic gambling is about **\$14 billion**



- Decreased quality of life
- Diminished psychological and physical health
- Unemployment
- Debt and poor credit
- Homelessness
- Increased healthcare costs
- Increased crime costs
- Increased risk of suicide

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Harms of Gambling

- Isolation
- Hopelessness
- Sleep problems
- Headaches
- GI problems
- More sick days
- Fear of Job Loss
- Substance misuse
- Relationship breakdowns
- Mental health/ Emotional problems
- Reduced performance at work or school
- Family members’ health and well-being
- Domestic Violence/ Abuse
- Suicidal thoughts or attempts
- Financial problems/ harms

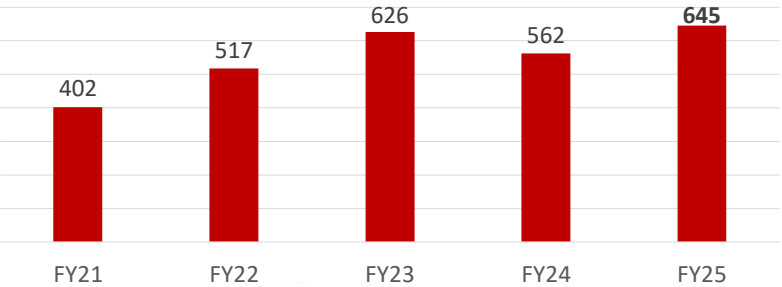


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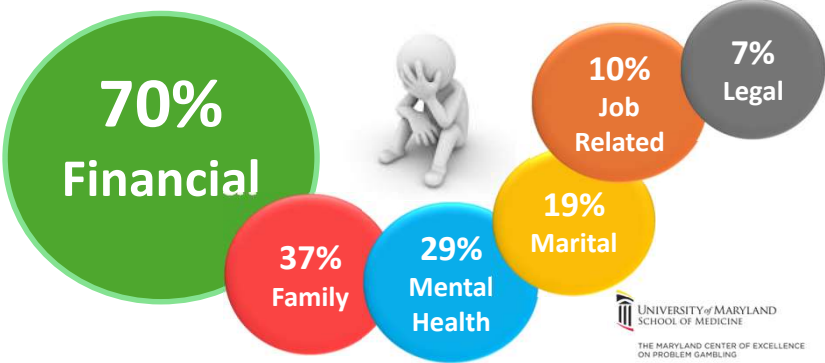
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Total Number of Helpline Intake Calls per Fiscal Year
July 1, 2020 – June 30, 2025

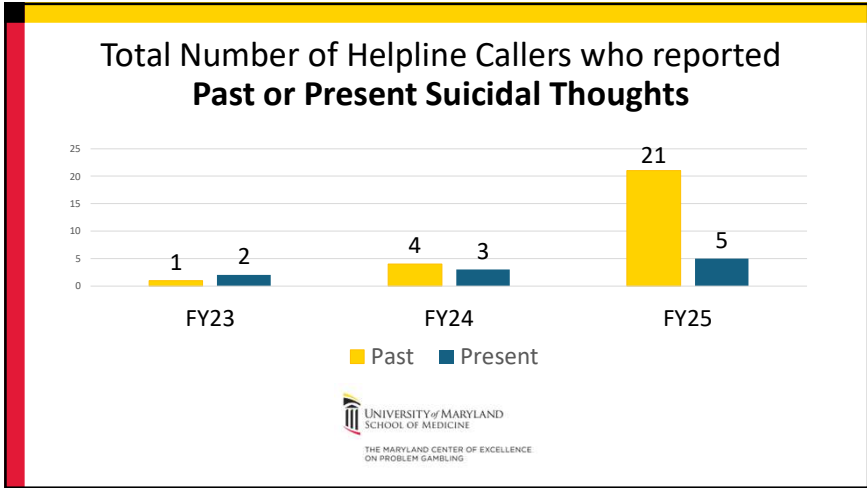


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Percentage of Helpline Callers in FY25
experiencing problems related to...



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What is the Harm?



Gambling Disorder may lead to financial, emotional, social, occupational, and physical harms...

...yet many cases of Gambling Disorder go undetected, due to limited assessment for this problem.

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What is Harm Reduction?

- The concept comes from a **public health model** which has the goal of reducing harm.
- Is a set of practical strategies and ideas aimed at **reducing negative consequences** associated with *drug use*.
- Harm reduction recognizes and encourages abstinence but accepts alternatives that **reduce harm and risk**.

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What is Harm Reduction?

- Harm reduction is a set of **practical strategies** and ideas aimed at reducing negative consequences associated with *drug use*; that includes:
 - safer use
 - managed use
 - abstinence
 - meeting people who use *drugs* “where they’re at”
 - addressing conditions of use along with the use itself
- Harm Reduction is also a movement for **social justice** built on a belief in, and respect for, the rights of people who *use drugs*.

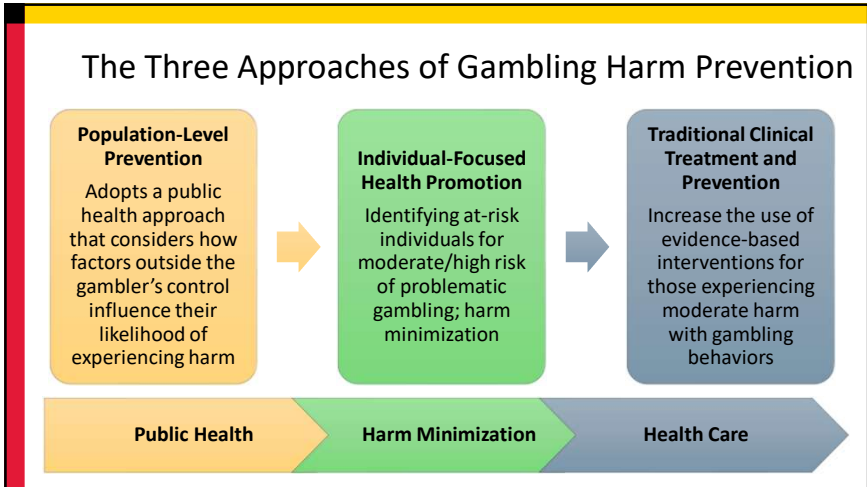
<https://harmreduction.org>

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Is harm reduction for gambling comparable to harm reduction for persons experiencing harms related to substances?

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Harm Reduction: Basic Principles

Harm reduction is a way to **break down barriers** to engaging the client. Reality of high relapse rates, especially early in treatment.

Harm reduction approaches can be **encouraging** to individuals who do not see abstinence as an attractive or feasible option.

Harm reduction recognizes **abstinence as an ideal outcome** but accepts alternatives that reduce harm or risk.

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Abstinence Seems to Be Appropriate in the Following Circumstances	
SEVERE DIAGNOSIS	When the gambling has reached the extreme end of the continuum, i.e., using the DSM-5 criteria client has diagnosis of gambling disorder <u>severe</u>
ATTEMPTS W/O SUCCESS	When the client has already made attempts to moderate gambling without success. Attempts at harm reduction were unsuccessful.
ABSTINENCE	When the client identifies their goal as abstinence or When the client wants to enter an abstinence-based treatment program
MANDATED TX	When a client is mandated by an employer or the criminal justice system
RELATIONSHIPS	When relationships are at risk. To match the non-gambling partner's belief system about what needs to happen for the relationship to be saved.
SUICIDE	When client is having suicidal thoughts or at risk of self-harm

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Disadvantages of the Abstinence-Only Approach	
IGNORES IMPROVEMENTS	Abstinence doesn't recognize improvements or successful attempts to cut down.
EXCESSIVELY STRINGENT	Abstinence criteria may be excessively stringent and therefore a barrier for some potential clients entering a treatment program where abstinence is a requirement—they might not be ready, it might not match their belief system, or it might be too difficult to achieve now .
CONTRADICTS SOME RESEARCH	An abstinence-only approach contradicts some current research that suggests moderation is appropriate for some clients.



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Reducing the harms related to gambling...



- ✓ **No Bailouts**
 - ✓ *Keep costs/consequences of gambling upfront*
- ✓ Monitor access to money and credit
- ✓ May involve family, individuals, or hopefully both
- ✓ Voluntary Exclusion Programs
- ✓ Decrease speed of play
 - ✓ *Time limits at venues*
 - ✓ *Time between wagers*
- ✓ Decrease cost of play
 - ✓ *Loss/Wager limits*



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Reducing the harms related to gambling...

- Never borrow money to gamble.
- Don't gamble money you can't afford to lose, like for necessities such as food or housing.
- Treat gambling as a form of entertainment and not a way to make money.
- When gambling is no longer fun, take a break.

- Consider teaming up with a friend.
- Have a plan of what to do if you win or lose.
- Know how much you're willing to lose and how long you want to play – set limits of time and money.
- **Mobile Wagers:** Set deposit limits, loss limits, and wager limits on daily, weekly, monthly maximum amounts.



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Identify Warning Signs of Increased Harm

If a person choses to continue to gamble, encourage them to consider common **warning signs** of increased risk of harm. Help them to identify those that they need to be aware of and monitor, *such as*:

- Any increase in gambling behaviors
- Unable to stay within established limits when gambling
- Gambling to relieve boredom, anxiety, or depression
- Using gambling as an alternative to other addictive behaviors
- Noticing an increase in cravings for other addictive behaviors



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Harm Reduction with Therapeutic Reinforcement

Help Client define their own problems and find collaborative solutions



Realize consequences of their choices



Understand that they have options



Analyze likelihood of success if they follow guidelines *or not*



Sincerely try options, but failure or inability to stay with limits leads to commitment to abstinence

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Remove barriers



Practice empathy



Provide choice



Provide feedback



Decrease desirability



Clarify goals



Actively help client toward goals

Principles of Motivational Interviewing



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Transtheoretical Model of Behavior Change

- ...assumes that behavioral change does not take place in one step or at one time but is rather a process involving progress through a series of distinct, predictable **stages**.
- This model helps clients recognize that change is a process rather than a single decision, and that each **stage** presents unique challenges and needs.



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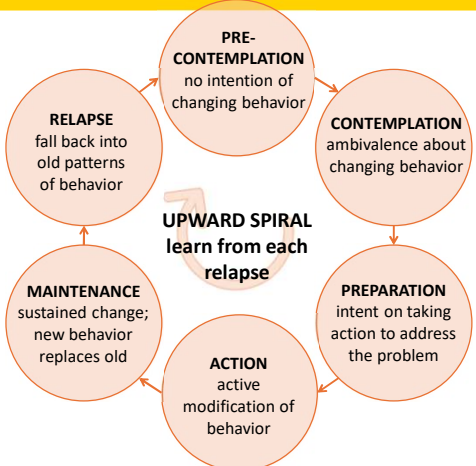
Stages of Change

- Assist in **assessing an individual's readiness** to act on a new healthier behavior, and provides strategies, or processes of change to guide the individual
- Interventions based on **enhancing client's presenting level of motivation**
- Studies have shown **significant gambling reduction** with brief motivational interventions



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Understanding the Stages of Change



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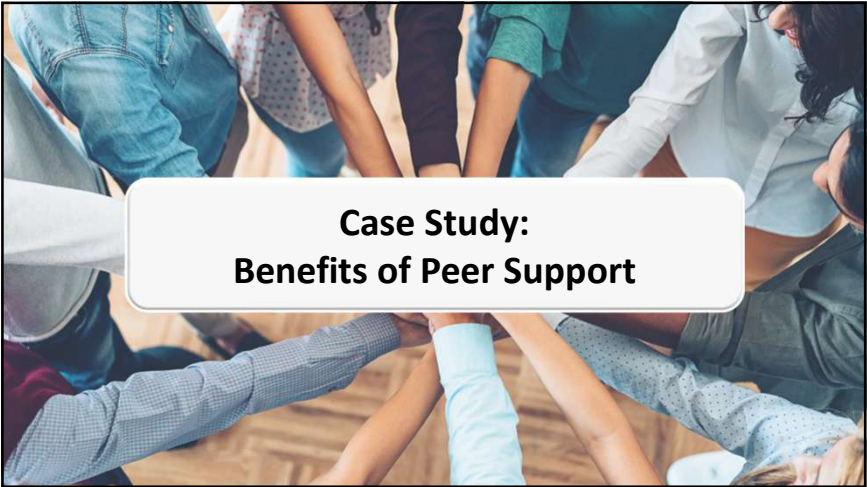
Principles of Trauma Informed Care

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, & Choice
- Cultural, Historical, & Gender Issues



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Peer Support for Gambling

1-800-GAMBLER

Call/Text/Chat: 24/7 and Confidential

Judgement Free, meeting persons where they are at in their readiness for recovery

Connecting help seekers to no cost treatment, 12-step meetings, credit counseling, voluntary exclusion program, etc.

Inspire hope and optimism navigating recovery goals

Advocate that recovery is possible through sharing lived experience

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Case Study: Marcus – Contemplation Stage

Background: Marcus is a 38-year-old financial analyst who lives with his partner and their young child. He has been gambling regularly for the past 8 years, primarily through online sports betting and occasional casino visits. Initially, gambling was recreational, but over time it became more frequent and financially significant.

Presenting Situation: Marcus recently noticed mounting credit card debt. His partner has raised concerns about their finances after discovering missed bill payments. At work, Marcus has started checking betting apps during office hours, which has affected his concentration and productivity.

Despite these consequences, Marcus continues to gamble several times a week.

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Case Study: Marcus – Peer Support

- Why might an individual with gambling disorder feel more comfortable speaking with a peer who has lived experience rather than a clinician or family member?
- If this individual does not yet want to stop gambling completely, what harm reduction or SMART goals could still support recovery engagement?

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Case Study: Marcus – Contemplation Stage

Indicators of Gambling Disorder

- Increasing amounts of money wagered to achieve excitement
- Repeated unsuccessful attempts to cut back
- Preoccupation with betting (checking odds, planning bets)
- Chasing losses after losing money
- Lying to his partner about the extent of gambling

Marcus is not in denial, but he is also not ready to take action. He has made vague statements like “maybe I should cut back,” but has not created a concrete plan.

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Case Study: Marcus – Peer Support

- What types of peer interactions are most likely to increase hope and motivation for change?
- How might financial crises, relationship strain, or emotional distress influence readiness for help-seeking?
- In what ways might shame, secrecy, or fear of judgment interfere with help-seeking during the contemplative stage (*doubts about change*)?



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Case Study: Evidence of the Contemplation Stage

Marcus is not in denial, but he is also not ready to take action. His thoughts and behaviors reflect ambivalence:

Awareness of the Problem

- Marcus acknowledges that gambling is “getting out of hand.”
- He recognizes the financial strain and emotional tension it is causing at home, fears being “found out”.
- Attempts to limit gambling are inconsistent and short-lived.

Ambivalence

- He expresses conflicting beliefs:
 - “I know I should stop, but I also feel like I can win it back.”
 - “It’s one of the only ways I relax.”
- He alternates between considering quitting and minimizing the seriousness of the issue.
 - “Maybe I should cut back”

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Case Study: Marcus – Peer Support

- In what ways can peer support reduce isolation and increase accountability for someone considering change?
- How might family members misinterpret contemplative-stage behaviors, like reducing gambling amounts, as manipulation or a lack of commitment?
- What signs would indicate that the person is becoming more open to recovery supports?



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Case Study: Marcus – Contemplation Stage

Opportunities for Intervention

At the contemplation stage, Marcus is more receptive to insight but still hesitant to change. Effective strategies include:

- **Motivational interviewing:** exploring ambivalence without judgment
- **Decisional balance exercises:** clarifying costs vs. benefits of gambling vs. not
- **Psychoeducation:** helping Marcus understand gambling disorder and odds
- **Eliciting personal values:** connecting behavior to goals (family stability, financial security)
- **Encouraging small steps:** e.g., tracking gambling behavior or setting limits, harm reduction



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Case Study: Marcus – Peer Support

- What role could peer support play that differs from traditional clinical or therapeutic interventions at this stage?
- How can clinicians collaborate with peer supports while maintaining appropriate roles and boundaries?



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Maryland’s No Cost Treatment

If you or any member of your family is struggling with harms associated with gambling, help and counseling is available for Maryland residents impacted by gambling harms at **no cost** regardless of insurance coverage or ability to pay.

<https://www.mdproblemgambling.com/find-a-counselor>



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Maryland Lottery & Gaming Control Commission's
Voluntary Exclusion Program (VEP)

- A Program for individuals who wish to **voluntarily ban themselves** from Maryland casinos, the Maryland Lottery, and/or Bingo Halls (*Instant Bingo Machines at Instant Bingo Facilities with 10 or more machines*) and **NOW** Sports Betting and Fantasy Sports
- After a minimum of two years, you must **request removal** from the list from the Gaming Commission in accordance with Code of Maryland Regulations 36.01.03.05.
- In partnership with the Maryland Lottery, the Center connects those seeking to remove themselves from the VEP with a dedicated and trained therapist.
 - Counseling is Free to Maryland residents.
- Maryland Lottery & Gaming Control makes **final decision** about removal from the VEP list.

<https://www.mdgamblinghelp.org/voluntary-exclusion-program>

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Exclusion Technology *aka Roadblocks*

GamBan: Block Access to Gambling Websites and Apps Worldwide. Whether you're looking to cool off after a big loss or looking for longer-term protection from online gambling, Gamban subscriptions are tailored to suit your needs.

<https://gamban.com/>

BetBlocker: BetBlocker is a UK registered charity offering a **free** service to help support people anywhere in the world. There to help you, or those you care about, ensure that they can manage their access to gambling in a safe and appropriate manner. Whether that means restricting altogether or limiting during periods of vulnerability.

<https://betblocker.org/>



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MARYLAND RESOURCES

Gambling Helpline: 1-800-GAMBLER

Maryland Center of Excellence on Problem Gambling:

- mdproblemgambling.com
- helpmygamblingproblem.org

Parent's Place of Maryland:
<https://www.ppmmd.org/contact/>

Local GA Meetings:
<http://dmvgamblinghelp.org>

Faith-based Advocacy & Assistance via the Maryland Council on Problem Gambling:
<https://www.marylandproblemgambling.org>

Maryland Legal Aid:
<https://www.mdlab.org>

Maryland Volunteer Lawyers Service:
<https://mvslaw.org>

Money Management International - Maryland:
<https://www.moneymanagement.org/locations/maryland>

CASH Campaign of Maryland
(Creating Assets, Savings and Hope):
<https://cashmd.org>

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WAYS THE CENTER
CAN PROVIDE YOU SUPPORT

Free!

- Free Gambling Related Trainings with CEUs
- Free Case Consultation Calls 4xs a month on Zoom
- Free Peer Support: 1:1 and Group Presentations
- Free Treatment for Maryland Residents
- Free Awareness Materials for your lobby or offices
- Free Helpline 1-800-GAMBLER**
 - call, text, or chat confidentially with a professional 24/7

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<https://www.mdproblemgambling.com/join>

Stay up to date on Center initiatives

Learn how you can get involved:

✓ Awareness

✓ Training

✓ Prevention

✓ Public Policy





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Thank you!

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