

## Utilization of Gambling Related Treatment in Maryland

Data from the PEGASUS research study conducted by the University of Maryland School of Medicine

Due to legalization of gambling in many states within the US, including Maryland, access to gambling has increased. In addition, increased access to gambling has been linked to disordered gambling. To identify the characteristics that increase the risk for disordered gambling in a cohort of community-dwelling adults in the state of Maryland, since 2015, researchers from the University of Maryland School of Medicine have been conducting a study called 'The Prevention and Etiology of Gambling Addiction Study in the US (PEGASUS)'. About one-third of the participants had lifetime disordered gambling behavior.

In the third year of the PEGASUS study, researchers also sought to assess utilization of gambling related treatment and found that the majority of the participants did not seek treatment for gambling behaviors. The survey is anonymized, but we would like to share the overall results about treatment utilization.

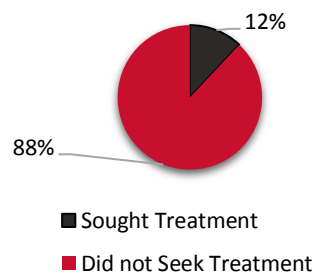
**Number of participants:** 485

**Sex:** 56% Female  
43% Male  
1% Other

**Race:** 47% African-American  
44% White  
9% Other

**Prevalence of 'lifetime disordered gambling':** 30%

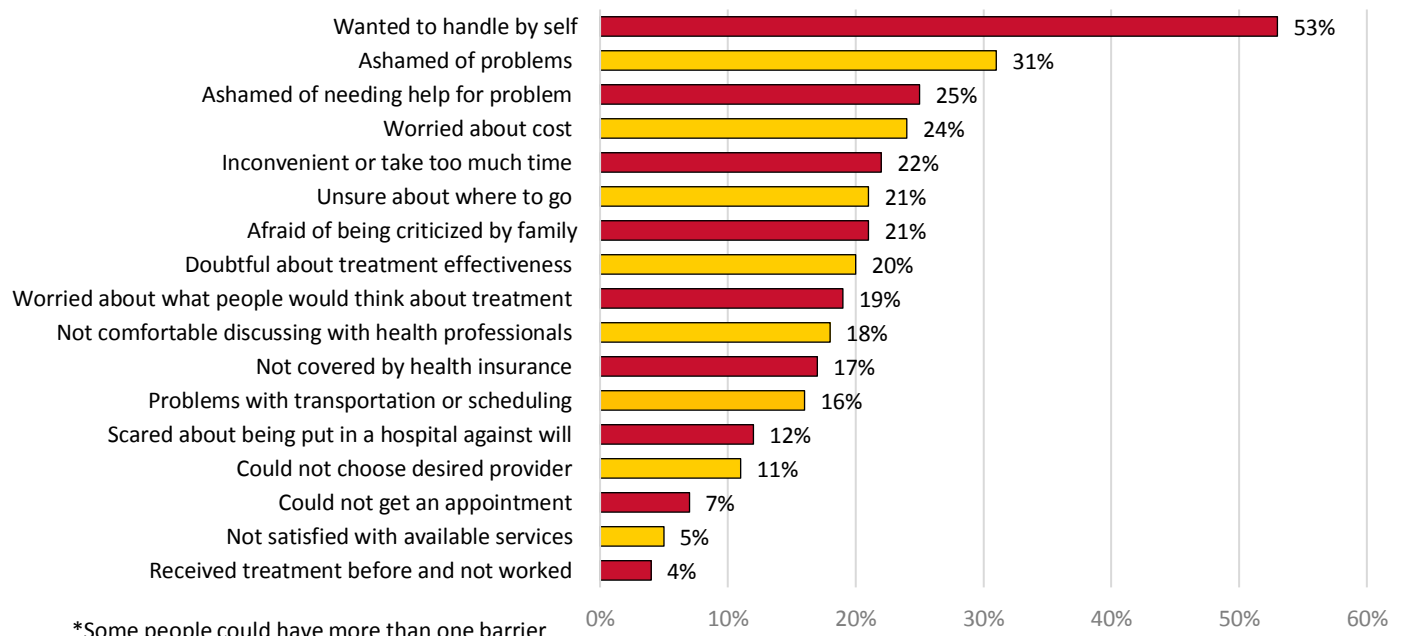
### Treatment seeking history



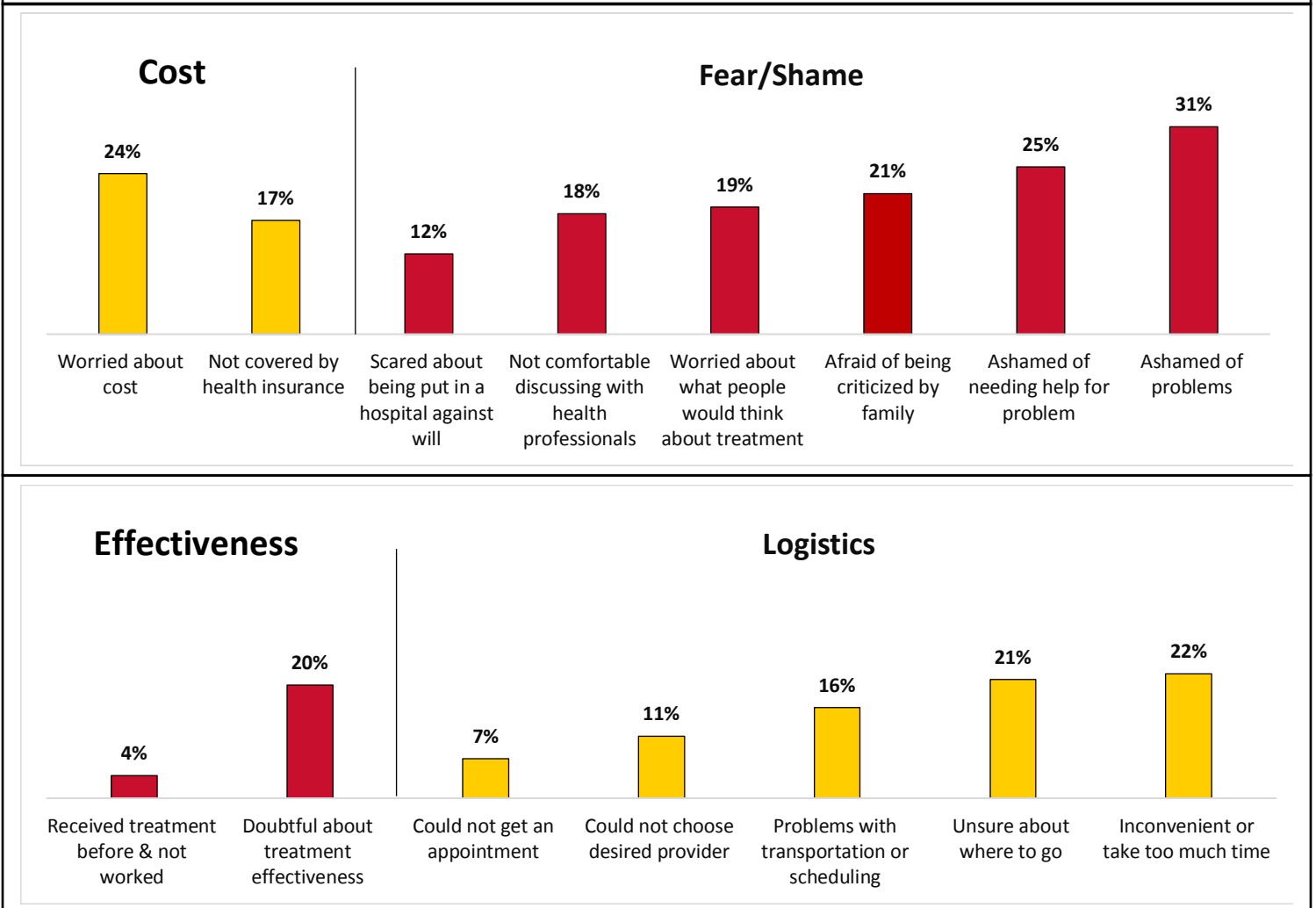
### Proportion of barriers for seeking treatment among people with disordered gambling tendencies

Number of barriers	Proportion of respondents
0	41%
1-2	21%
3-5	13%
6-10	20%
11 or more	5%

### Barriers of seeking treatment among people with disordered gambling tendencies\*



## Primary barriers to receiving treatment



Among the people who were not receiving treatment despite having disordered gambling tendencies, a majority of the reported reasons could be grouped into four broad domains: barriers related to treatment cost, fear/shame, effectiveness of treatment, and logistical issues. Some respondents reported more than one barrier.

Although participants do not need to pay for treatment regardless of their financial or health insurance status, a substantial proportion of participants reported not receiving treatment due to financial reasons. These financial reasons included being worried about the cost of treatment and the thought that health insurance would not cover the cost. Another large proportion of people were not receiving treatment due to stigma or fear about consequences of treatment, including shame about what other people would think about their treatment, shame related to seeking help, or of the problem itself. People were also doubtful about treatment effectiveness or received treatment before but the treatment was not effective. Lastly, participants expressed barriers to receiving treatment related to logistical issues such as concerns about getting an appointment, lack of knowledge about where to go or choosing a provider, or feeling that treatment was inconvenient or could take too much time.

**RECOMMENDATION:** To increase treatment utilization, these identified barriers should be addressed through robust outreach and public awareness efforts. Awareness activities such as public service announcements could include information on access to no cost treatment, eligible providers, and interventions targeted towards reducing logistic concerns. All activities should address the significant stigma, fear and shame that participants expressed as barriers to receiving treatment.