Position Statement On Mitigating Gambling Harm in Pennsylvania

The Pennsylvania Psychiatric Society (PaPS), a district branch of the American Psychiatric Association (APA), represents more than 1300 physicians practicing the medical specialty of psychiatry in Pennsylvania. The goal of the Society is to improve the accessibility and quality of treatment for those individuals suffering from mental illness and substance use disorders. The Pennsylvania Society of Addiction Medicine (PSAM), a district branch of the American Society of Addiction Medicine (ASAM) represents roughly 400 physicians dedicated to promoting education, advocacy, and clinical excellence in addiction medicine. Both professional societies have collaborated on this position statement to emphasize the **urgent need for decisive action to address gambling related harms** *that are increasingly affecting individuals and communities across Pennsylvania.*

Issue:

Pennsylvania is experiencing a rapidly growing public health threat driven by the unprecedented expansion of gambling, **especially online gambling.** Statewide gambling reached a record revenue of $6.4 billion in fiscal year 2024/2025, **with nearly 40% coming from online platforms.** As of January 2025, 95% of all sports betting wagers and 60% of all slot machine wagers in Pennsylvania were made online. While the taxes paid on these revenues benefit the state, the total sum reflects substantial financial losses for residents. Pennsylvania's gambling report in 2025 indicates that roughly 25% of adults now fall into at-risk categories for gambling addiction (PGCB, 2025).

Gambling disorder is a recognized addiction, grounded in neurobiological mechanisms that closely parallel substance use disorders. The American Psychiatric Association includes gambling disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) under substance-related and addictive disorders, acknowledging its shared mechanisms with drug addiction, such as dopamine dysregulation and impaired executive function (Shaffer, 2018). Research from the National Institute on Drug Abuse and other institutions has shown that gambling activates the brain's reward pathways, reinforcing compulsive behavior and making cessation difficult without intervention (Volkow & Baler, 2013).The dopamine system responds not only to reward, but to

reward unpredictability, making gambling's variable-ratio reinforcement schedule particularly potent in driving craving and compulsive repetition (Anselme & Robinson, 2013).

However, unlike substance use—where access to the drugs themselves can be physically limited—modern gambling products employ high-velocity, continuously available, algorithmically-optimized designs that significantly heighten addiction risk. While physical casinos require people to go there, online gambling be accessed in seconds on a mobile device or computer right at home. Online casinos and sports-betting platforms utilize rapid betting cycles, "near-miss" stimuli, and personalized behavioral targeting towards people spending and losing the most money; these complex psychological strategies increase engagement and make cessation uniquely difficult (Immunize Nevada, 2024). Public health authorities globally have warned that such digital gambling environments represent a growing and poorly regulated public health hazard (Abbott, WHO, 2017).

As gambling availability and exposure increase, addiction follows. The World Health Organization and multiple public health bodies have documented the strong, consistent link between gambling expansion and rising population-level harm (Abbott, WHO, 2017). Adolescents, individuals with psychiatric comorbidities, and communities facing economic distress are particularly vulnerable (Potenza et al., 2019). Problem gambling has been linked with increased rates of intimate partner violence (Dowling et al., 2016). Research has shown that legalized sports betting is linked to increased credit card debt, reduced available credit, and higher overdraft frequency among vulnerable households (Baker et al., 2024). Elite athletes are also at elevated risk for gambling disorders due to cultural and psychological factors (Nelson et al., 2024). Furthermore, socioeconomic determinants such as poverty and low education levels exacerbate gambling harm (Krisnanda et al., 2024).

Position:

The Pennsylvania Psychiatric Society (PaPS) and the Pennsylvania Society of Addiction Medicine (PSAM) recognize that the Commonwealth is facing an urgent and escalating public health challenge. The rapid expansion of commercialized and digital gambling—including sports wagering, online casinos, fantasy contests, and continuous in-app play has created population level risks that mirror earlier public health crises such as tobacco and opioids, where delayed regulatory action resulted in preventable morbidity, family disruption, and substantial societal cost.

Pennsylvania's youth and young adults are now growing up in a digital environment saturated with gambling cues, real-time promotions, and risk normalizing media. Without decisive, evidence-based intervention, these emerging populations will disproportionately experience harms they did not choose, and that the Commonwealth has both the opportunity and obligation to prevent. Without decisive, evidencebased intervention, these emerging populations will disproportionately experience harms they

did not choose and that the Commonwealth has both the opportunity and obligation to prevent.

To protect the health and wellbeing of Pennsylvanians, PaPS and PSAM recommend the following immediate policy actions:

Recognition that Prevention is the best treatment: Due to stigma and other factors. Only 10% of gamblers will ever present to treatment. Brief statements reminding people to “gamble responsibly” and “call 1800gambler” are not meaningful policies – they completely ignore that modern gambling products are engineered for addiction.

Implement Affordability Checks including deposit limits and loss caps: This should be done with loss-tracking systems that prevent financial harm before it occurs.

Prohibit the Use of Credit Cards for All Online Gambling Activities: Reducing access to high interest credit prevents individuals from accumulating rapid, unsustainable debt during periods of impaired decision-making.

Eliminate VIP, “Loyalty,” and High Loss Reinforcement ProgramsLoss Reinforcement Programs: These programs disproportionately target individuals exhibiting signs of problematic gambling behavior and are inconsistent with responsible gaming principles.

Restrict Gambling Advertising and Promotional Messaging: Limit exposure—especially during family programming, youth-accessible platforms, and sporting events—to reduce normalization and protect minors from early initiation.

Ensure that Gambling Disorder diagnoses are reimbursable by all relevant payees with the same parity as Substance Use Disorders: Coverage for Gambling Disorder must be mandated across all relevant payers and reimbursed at the same level as other recognized behavioral health conditions—particularly Substance Use Disorders, with which it shares clinical features, neurobiological pathways, and high comorbidity. Ensuring full parity removes financial barriers to care, supports early intervention, and expands access to evidence-based treatment for individuals and families affected by gambling-related harm.

Pause Further Gambling Expansion Until Public Health Protections Are Established: Moratoriums on new gambling products or access channels should remain in place until strong, evidence based safeguards, surveillance systems, and treatment pathways are fully implemented.based safeguards, surveillance systems, and treatment pathways are fully implemented.

PaPS and PSAM affirm that gambling related harms are preventable, predictable, and responsive to timely public health intervention. The Commonwealth now stands at a pivotal moment: **taking action today can protect current and future generations, safeguard vulnerable individuals, and uphold Pennsylvania’s responsibility to prioritize health over industry expansion.**

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