

Gambling Behaviors, Perceptions, and Risks Among Nevada Adults

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Special thanks go to the 1,078 Nevada residents who participated in this study and shared their experiences and perspectives. Their input forms the foundation of this report.

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EXECUTIVE SUMMARY

The Nevada Gambling Behaviors and Attitudes Survey provides a comprehensive look at how adults across the state engage with gambling, how they perceive its risks, and what they know about available help and prevention resources.

The findings provide a statewide evidence base for understanding gambling behaviors and harms in Nevada and identify areas where prevention, outreach, and treatment can be strengthened.

KEY FINDINGS

- Gambling is part of everyday life in Nevada. About 65% of adults gambled in the past year, most often through slot or keno machines (81%), video poker (36%), or table games (24%).
- Nearly half of gamblers (44%) show significant levels of harm, and about 15% of all adults meet the threshold for problem gambling (PGSI 8+). Risk is highest among those who gamble in neighborhood bars and slot parlors, and among people working in gambling environments, who are twice as likely to experience harm as other workers.
- Risk also rises with the number of gambling types played and peaks among residents who have lived in Nevada six to ten years. Younger adults and racially diverse groups face the highest risk; adults under 45 are five times more likely to experience problem gambling than those aged 60 and older.
- Gambling problems often overlap with other behaviors. Nearly three-quarters (74%) of adults reported difficulty controlling at least one other behavior such as spending, eating, or substance us, and this overlap increases with gambling risk.
- Most residents (78%) agree that gambling addiction is like drug or alcohol addiction, yet many remain unsure whether it is a health issue. Stigma appears low, but awareness of help is limited: only 40% know how to find treatment, and only 9% have been asked about gambling by a healthcare provider.
- Two-thirds of Nevadans believe the state should lead in reducing gambling harms, and a majority support requiring the industry to fund prevention and treatment.

IMPLICATIONS

- Increase visibility of free, confidential treatment and integrate screening into healthcare settings.
- Expand workplace and community outreach, especially for hospitality and gaming employees.
- Strengthen public education about odds, risk, and youth exposure.
- Use trusted messengers—clinicians and researchers—for credible communication.
- Build on public support for shared state-industry responsibility to sustain prevention and treatment funding.

INTRODUCTION

Gambling is deeply woven into the social and economic fabric of Nevada, serving as both a source of entertainment and a key driver of the state's economy. While many residents and visitors participate in gambling without issue, some individuals experience gambling-related harms that affect their health, relationships, and financial well-being. Understanding these patterns of behavior and perceptions of gambling is essential for shaping effective public health strategies and ensuring that support services reach those who need them.

To advance this understanding, the Nevada Department of Health and Human Services and the University of Nevada, Las Vegas partnered with NORC at the University of Chicago to conduct a statewide survey of gambling behaviors, motivations, and perceptions among Nevada adults in 2022. The survey used a dual-frame design that combined NORC's probability-based AmeriSpeak® Panel with address-based and non-probability panel samples, calibrated to ensure representation of Nevada residents aged 21 and older.

This report summarizes key findings from that survey, including patterns of gambling participation, types of gambling activities, risk indicators, and public perceptions of gambling-related harm. The inclusion of the Problem Gambling Severity Index (PGSI) and questions about personal experiences and health-related impacts allows for an in-depth look at who is most at risk and why. In addition, the survey captures Nevadans' views on public policy and the roles of government, industry, and treatment providers in addressing gambling harms.

Findings from this study are intended to guide the work of policymakers, prevention specialists, treatment providers, and community organizations working to reduce gambling-related harm. By drawing on a diverse and representative sample of Nevada adults, this research provides an upto-date, evidence-based view of gambling in the state and highlights where outreach, education, and treatment can be most effective.

As the first statewide gambling behaviors and attitudes survey conducted in Nevada in over two decades, this study also establishes an important baseline for ongoing monitoring. The results offer insight into how Nevadans balance cultural acceptance of gambling with awareness of its potential risks, and how the state's unique gaming environment shapes everyday exposure. Together, these findings strengthen the foundation for data-driven policy, public education, and the continued development of Nevada's problem gambling service system.

PROBLEM GAMBLING SERVICES IN NEVADA

Nevada has a state-funded system in place to support individuals experiencing gambling-related harm, offering a range of services including outpatient and residential treatment, peer support, a 24/7 helpline, and prevention and education programs. These resources are available not only to those struggling with their own gambling but also to family members, friends, and others affected by someone else's gambling behavior. Administered by the Problem Gambling Services Section of the Nevada Department of Public and Behavioral Health, the system aims to provide comprehensive resources for anyone in the state experiencing gambling-related harms.

Although the existence of these services reflects significant progress, availability alone does not guarantee access or awareness. Many Nevadans remain uncertain about where to find help or what help is available. The Gambling Behaviors, Perceptions, and Risks Among Nevada Adults Survey was designed in part to examine these issues: how residents engage with gambling, how they perceive its risks, and whether they know about or are willing to use available support Questions addressed key aspects of access, including whether healthcare providers discuss gambling, whether residents know where to find help, and how much they trust public systems or the gambling industry for information and support.

Understanding gambling behavior in the general population provides essential context for evaluating the reach and effectiveness of Nevada's service system. Population-level data reveal where the system may be underutilized, underrecognized, or inaccessible, particularly among higher-risk groups. These insights also point to opportunities for integrating gambling screening and referral into other settings, such as primary care, behavioral health, and financial counseling, where people already seek help for related issues like stress, depression, or debt.

By linking measures of gambling behavior, harm, and risk perception with levels of trust in institutions, this survey highlights the gap between gambling-related need and treatment engagement. The findings suggest that while many Nevadans recognize gambling harms, relatively few have had direct conversations about it with healthcare professionals or encountered information about available services. Bridging this gap requires aligning public awareness efforts with trusted sources of information, particularly medical and mental health providers, and ensuring that prevention and education initiatives are visible in community settings.

These survey results contribute to Nevada's broader effort to develop a coordinated, data-driven approach to problem gambling. The insights support more targeted outreach and early intervention, inform workforce development and training, and guide the expansion of services for groups facing additional barriers related to income, language, geography, or stigma. Strengthening connections among prevention, treatment, and recovery systems will further enhance access to care and advance Nevada's public health response to problem gambling.

METHODOLOGY

In 2022, the University of Nevada, Las Vegas (UNLV), in partnership with NORC at the University of Chicago and with funding from the Nevada Department of Health and Human Services (DHHS), conducted a statewide survey to better understand gambling behaviors, perceptions, and risk among Nevada residents. The survey focused on adults aged 21 and older and explored a broad range of topics, including participation in different types of gambling, motivations for play, problem gambling risk, and awareness of prevention and treatment resources available across the state.

To ensure that the findings accurately reflect Nevada's adult population, the study employed a hybrid sampling design that combined multiple sources of data collection. Respondents were recruited from three panels: NORC's AmeriSpeak® Panel, a nationally recognized, probability-based research panel; a supplemental address-based sample (ABS), which used mailed invitations to reach a random selection of Nevada households; and Lucid's non-probability online panel, which helped fill demographic gaps using targeted quota sampling. This approach allowed for both statistical rigor and broader reach across diverse population groups.

A total of 1,078 Nevada adults completed the survey: 162 from the AmeriSpeak® panel, 182 from the address-based sample, and 734 from the Lucid online panel. The survey was administered between October 24 and November 29, 2022, and offered in English. Most participants completed the questionnaire online, while a smaller number participated by telephone. The average completion time was approximately 11 minutes, and respondents received a modest financial incentive for their participation.

To account for differences between the combined sample and Nevada's adult population, NORC applied its TrueNorth® Calibration methodology. This advanced statistical weighting process integrates responses across all sample sources and aligns the data with U.S. Census benchmarks for age, gender, race and ethnicity, education, and region. The result is a dataset that provides population-level estimates representative of Nevada's adult residents.

Because of this rigorous sampling and calibration process, the survey findings can be interpreted with a high degree of confidence. The final weighted margin of error is $\pm 4.5\%$, providing a statistically sound foundation for understanding gambling behavior, risk, and public perceptions across the state.

PROBLEM GAMBLING SEVERITY INDEX

The Problem Gambling Severity Index (PGSI) was used in this study to assess gambling-related risk and harm among Nevada adults. The PGSI is a screening instrument, not a diagnostic tool. It consists of nine items that measure gambling behaviors and consequences over the past 12 months, such as chasing losses, betting more than one can afford, feeling guilt or stress, and experiencing financial or relationship problems due to gambling. Each item is scored on a four-point scale (0 = never to 3 = almost always), producing a total score ranging from 0-27. Based on these scores, respondents are classified into four categories of gambling risk:

- Non-problem (0) no reported harms or negative consequences
- Low-risk (1–2) early or occasional problems
- Moderate-risk (3–7) repeated or escalating harms
- Problem gambling (8 or higher) consistent, significant harm

As a population-level screener, the PGSI is designed to identify individuals who may be experiencing difficulties with gambling or are at risk of developing more serious problems. It does not, however, establish a clinical diagnosis of gambling disorder. Clinical diagnosis requires an in-depth assessment conducted by a qualified professional, typically using the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria. The PGSI serves a different purpose: it enables researchers and policymakers to estimate the prevalence and distribution of gambling harm across populations, rather than determine individual diagnoses.

Extensive research supports the PGSI's reliability and validity for population studies. However it tends to identify more individuals as experiencing gambling problems than DSM-based diagnostic interviews. Studies comparing the PGSI to DSM-5 diagnostic tools suggest that the PGSI performs well in detecting moderate-to-severe cases, but it can classify some individuals as "problem gamblers" who would not meet full clinical criteria. In validation studies, its sensitivity (ability to correctly identify true cases) has typically ranged between 0.80 and 0.90, while specificity (ability to correctly identify non-cases) is somewhat lower, often around 0.70–0.85, depending on population and scoring thresholds used².

Despite these limitations, the PGSI remains one of the most widely accepted measures for identifying gambling-related risk in population surveys. Its use in this study allows for meaningful comparison with national and international research, provides an estimate of the scope of gambling harm in Nevada, and supports ongoing monitoring of trends over time. As such, the PGSI offers a reliable and practical framework for understanding how gambling risk is distributed across Nevada's adult population and for identifying groups who may at highest risk.

¹ Ledgerwood, D. M., Petry, N. M., & LaPlante, D. A. (2020). Psychometric evaluation of the Problem Gambling Severity Index (PGSI): Factor structure, reliability, and item performance. *BMC Psychiatry*, 20, 455. https://doi.org/10.1186/s12888-020-02894-9

² Williams, R. J., Volberg, R. A., & Stevens, R. M. G. (2012). *The Population Prevalence of Problem Gambling: Methodological Influences, Standardized Rates, Jurisdictional Differences, and Worldwide Trends.* Ontario Problem Gambling Research Centre. https://opus.uleth.ca/items/53360886-df6b-4571-aa12-0f62cc4ae641

SAMPLE AND DEMOGRAPHIC CHARACTERISTICS

The final weighted sample included 1,078 Nevada residents aged 21 and older, representing the demographic composition of the state's adult population. Demographic data were drawn from existing panel profiles and weighted to align with the U.S. Census Bureau's 2022 American Community Survey (ACS) estimates for Nevada.

Table 1

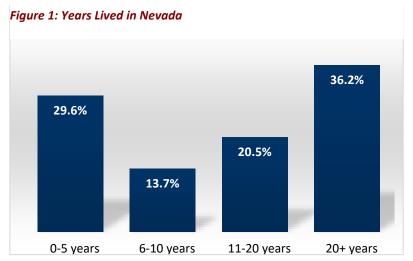
| Sample Demographics | 2022 ACS Nevada ³ | Survey Sample |
|-------------------------------|------------------------------|---------------|
| Median Age | 39.8 years | 40.1 years |
| Gender | | |
| Male | 50.4% | 49.7% |
| Female | 49.6% | 50.3% |
| Race/Ethnicity | | |
| White, non-Hispanic | 48.8% | 50.1% |
| Hispanic or Latino/a/x | 29.9% | 26.2% |
| Black | 9.9% | 8.4% |
| Asian | 8.5% | 8.1% |
| Multiracial or Other | 2.9% | 7.2% |
| Marital Status | | |
| Single, Never Married | 33.4% | 33.5% |
| Separated, Widowed, Divorced | 21.4% | 23.4% |
| Married | 45.2% | 43.1% |
| Education | | |
| Less than High School | 13.1% | 12.1% |
| High School or GED | 26.4% | 28.2% |
| Some College | 34% | 32.2% |
| Bachelor's Degree or More | 26.6% | 27.3% |
| Military Service | | |
| Veteran (former service only) | 8.7% | 11.5% |
| Current service | - | 3.8% |
| None | 91.3% | 84.7% |
| Household Income | | |
| Under \$30,000 | 23% | 30.8% |
| \$30,000-\$59,999 | 23.6% | 18.7% |
| \$60,000-\$99,999 | 29% | 33.3% |
| \$100,000 or more | 24.4% | 17.2% |
| Residence Type | | |
| Metro | 90% | 89.1% |
| Non-metro | 10% | 10.9% |

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³ U.S. Census Bureau (2023). 2022 American Community Survey 1-Year Estimates, Table DP05 – Demographic and Housing Estimates; Table S1901 – Income in the Past 12 Months; Table S1501 – Educational Attainment; Table S2101 – Veteran Status. Retrieved from <u>data.census.gov</u>

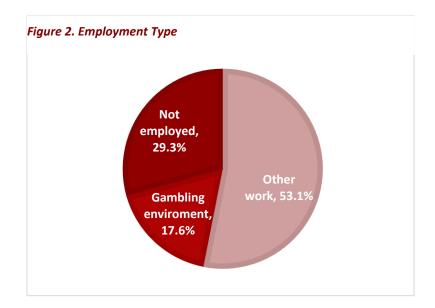
The weighted distribution closely reflects statewide patterns across gender, age, race and ethnicity, education, income, and region. About half of respondents identified as female, and the age distribution mirrors Nevada's median age of 39.8 years. Roughly half identified as White non-Hispanic and about one-quarter as Hispanic, with other racial and ethnic groups represented proportionally. Educational attainment and household income also align with ACS benchmarks, and nearly nine in ten respondents lived in metropolitan areas, primarily Clark and Washoe Counties, consistent with Nevada's population concentration.

In addition to standard demographic measures such as age, gender, and education, the survey also captured length of residency in Nevada. Nearly two-thirds of respondents have lived in the state for more than ten years, while about one-third have lived in Nevada for five years or less. Figure 1 illustrates this distribution, showing a mix of newer and long-term residents that reflects Nevada's ongoing population growth and mobility.



Length of residency provides important context for interpreting differences in gambling behavior and perceptions. Examining outcomes by this measure helps assess whether greater exposure to Nevada's gambling environment over time is associated with variations in participation, risk, or awareness of available help resources. Tracking this dimension also helps evaluate how population turnover and migration may influence the reach and effectiveness of public health and prevention efforts across the state.

Beyond residential stability, the survey also examined employment context, recognizing that many Nevadans interact with gambling not only as consumers but also through their work. Including a measure of whether respondents work in an environment where gambling is a dominant activity provides important context for understanding how occupational exposure may relate to gambling behaviors and attitudes. In our sample, 24.9% of those employed (17.6% of the total population when accounting for those who are not employed) reported working in a gambling-related environment, reflecting the central role of gaming in Nevada's economy and workforce. Figure 2 illustrates this distribution, highlighting the extent to which occupational exposure to gambling is embedded in the state's labor market.



Nearly one-quarter of Nevada's workforce (23.1%) is employed in the leisure and hospitality sector, which is more than twice the national average of 11.1%⁴. The gaming industry directly and indirectly supports about 386,000 jobs, representing 27% of total employment in the state⁵. Capturing this variable helps distinguish between individuals who encounter gambling primarily through their work and those who experience it only in other social or recreational settings. This distinction provides valuable context when examining differences in gambling participation, perceived risk, and views about the role of gambling in Nevada's economy and communities.

GAMBLING PARTICIPATION

Gambling is a common and accessible activity in Nevada, where opportunities to gamble extend beyond traditional casinos to include local slot parlors, bars, and online platforms. Because of this broad exposure, understanding how Nevadans engage with gambling requires looking at multiple dimensions of participation.

Approximately two-thirds of Nevada's adults (65%) reported gambling at least once in the past 12 months, reflecting the extent to which gambling is integrated into everyday recreational life in the state. This section examines four key aspects of gambling behavior: the types of gambling people play, how often they gamble, their reasons for gambling, and where gambling occurs most frequently. These measures describe patterns of gambling participation across the state and provide context for understanding variation in risk and harm.

⁴ Nevada Resort Association. (2025). Nevada Gaming Fact Book: The Facts – Gaming Industry Responsible for 386K Jobs, \$90B Total Economic Impact. Retrieved from nevadaresorts.org/factbook/NRA-2025-FactBook.pdf

⁵ Velotta, R. J. (2025, March 14). The facts: Gaming industry responsible for 386K jobs, \$90B total economic impact. *Las Vegas Review-Journal*. Retrieved from reviewjournal.com/business/casinos-gaming/the-facts-gaming-industry-responsible-for-386k-jobs-90b-total-economic-impact-2768543/

GAMBLING TYPES

Among adults who reported gambling in the past 12 months (n=695), participation was concentrated in a few primary forms of play. Slot or keno games were by far the most common, reported by about eight in ten gamblers (81%), followed by video poker (36%), table games (24%), and lottery or scratch tickets (22%). Other commonly played activities included sports betting (19%), and bingo (18%).

When asked which forms of gambling they played most often, more than half of respondents selected slot machines, underscoring the central role of machine-based play in Nevada's gambling landscape. Participation in newer or digital forms of gambling was limited but present, showing a diversification in the ways residents engage with gambling. Figure 3 shows the distribution of gambling participation over the past year.

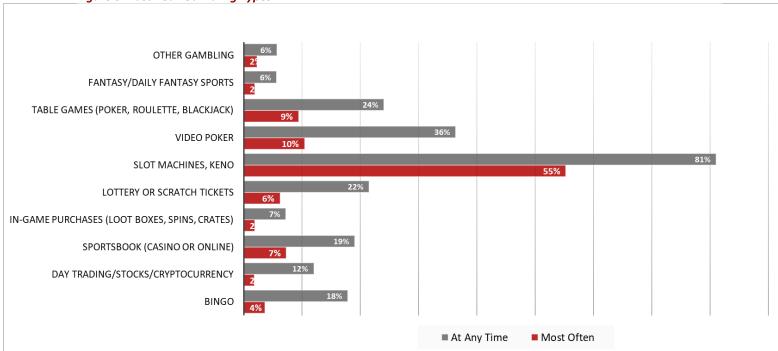


Figure 3. Past Year Gambling Types

NUMBER OF GAMBLING TYPES

In addition to the most common forms of play, the survey also examined how many different types of gambling people engaged in over the past year. This measure provides insight into the breadth of participation, indicating whether gambling activity is focused on one form or spread across several.

Table 2

| Number of Past Year Gambling Types | |
|--|-------|
| 0 | 35.6% |
| 1 | 21.3% |
| 2 | 14.3% |
| 3 | 11.8 |
| 4 or more | 17.1 |

As shown in Table 2, about one-third of Nevada adults (36%) did not gamble in the past year, while 21% participated in one type of gambling, 14% in two types, 12% in three types, and 17% in four or more types. Most people who gamble therefore focused on one or two activities, though nearly one in five reported gambling across four or more types.

Broader participation across multiple gambling forms suggests greater exposure to gambling opportunities and is linked to higher risk of gambling-related problems.⁶

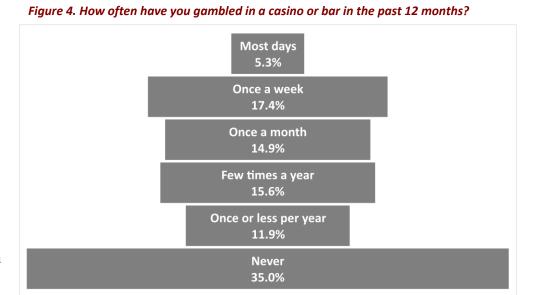
⁶ Binde, P., Romild, U., & Volberg, R. A. (2017). Forms of gambling, gambling involvement and problem gambling: Evidence from a Swedish population survey. *International Gambling Studies, 17*(3), 490–507. https://doi.org/10.1080/14459795.2017.1360928

GAMBLING FREQUENCY

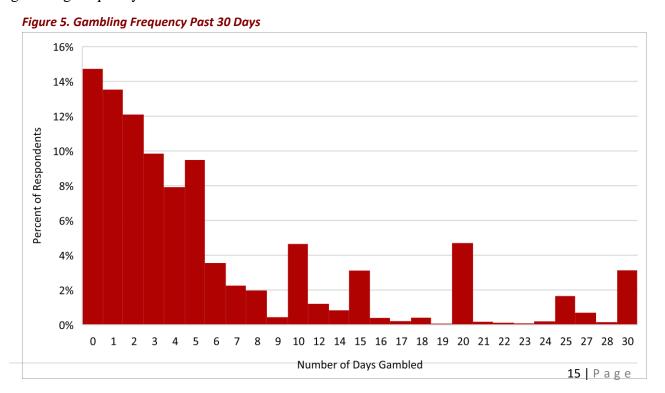
While the majority of Nevada adults gamble at least occasionally, the survey findings show that gambling occurs with varying levels of frequency across the population.

Figure 4 shows participants who said they gambled in casinos and bars. Among them:

- 15% gambled only a few times per year,
- 15% about once a month, and
- 17% about once a week.
- 5% of respondents reported gambling in casinos or bars on "most days."



Patterns of more recent gambling reinforce this finding. When asked how many days they had gambled in the past 30 days, nearly 60% of gamblers said they had done so on four days or fewer, while 14% reported gambling on half or more of the days in the month. Figure 5 shows past month gambling frequency.



Across all active gamblers, the average number of gambling days was roughly six to seven per month, or about once or twice per week.

Variation in gambling frequency highlights that people engage with gambling in different ways, from occasional recreation to regular activity. The next section explores the reasons behind these patterns.

GAMBLING MOTIVATIONS

Nevadans who reported gambling in the past 12 months were asked to identify the main reason they gamble. Although people may have multiple motivations for gambling, the question asked them to select the single reason that best described why they gamble most often.

As shown in Figure 6, the most common response was to win money (41%), followed by socializing with friends or family (23%) and for the excitement or challenge (16%). Smaller proportions said they gamble as a distraction from everyday problems (9%) or to be alone, away from everyone (8%).

These results indicate that both instrumental and social factors play important roles in gambling behavior. While the chance to win money is the leading motivation, many Nevadans also view gambling as a social or recreational activity.

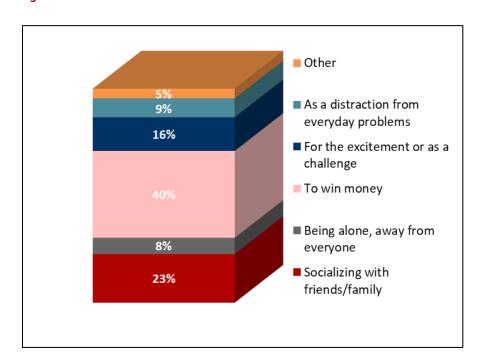


Figure 6. Most Common Reason You Gamble

GAMBLING LOCATIONS

Nevadans who gambled in the past 12 months were asked where they gamble most often. As shown in Figure 7, the majority reported doing so in local casinos (39%), followed by casino resorts such as those on the Las Vegas Strip or in Reno (29%). A smaller number of people said they gamble most often in neighborhood slot parlors (8%), convenience gambling locations such as gas stations or grocery stores (7%), or neighborhood bars (5%).

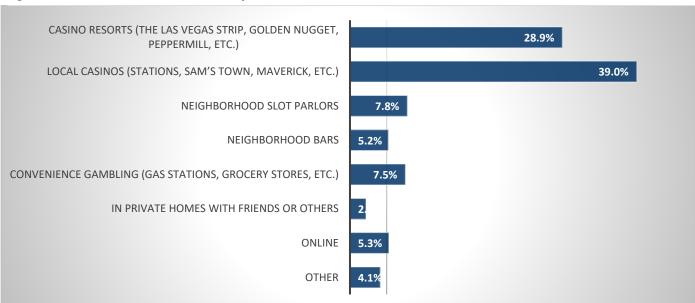


Figure 7. Where Nevadans Gamble Most Often

Nevadans encounter gambling in a wide range of everyday settings, from large casino resorts to local casinos, neighborhood bars, and smaller venues such as grocery stores and gas stations equipped with gambling machines. Gambling opportunities are distributed throughout both tourist corridors and residential areas, making them a visible and routine part of the state's commercial landscape. This density and accessibility reflect a social and economic environment where gambling is integrated into ordinary spaces of work, leisure, and community life.

This pattern highlights the role of exposure and availability in shaping gambling behavior, as access to gambling opportunities is widespread and embedded in everyday environments. The presence of small, locally oriented venues such as Dotty's or Jackpot Joanie's, alongside large-scale casino resorts, creates a continuum of gambling settings that reach residents across social and economic contexts.

Average gambling frequency also differed by gambling location, showing that where people gamble relates to how often they gamble. Those who gambled most often in neighborhood bars averaged 25 days of gambling in the past month, and those who played mainly in small slot parlors such as Dotty's or Jackpot Joanie's averaged about 13 days. In comparison, gambling frequency was much lower among those whose primary locations were casino resorts (7 days), local casinos (8 days), or convenience stores and gas stations (4 days). Statistical testing confirmed that these

differences were significant, F(4, 609) = 12.26, p < .001, even after adjusting for unequal variation between groups. These results suggest that gambling tends to occur more frequently in smaller, community-based settings where access is easier and play happens in familiar, everyday environments. Figure 8 illustrates below.

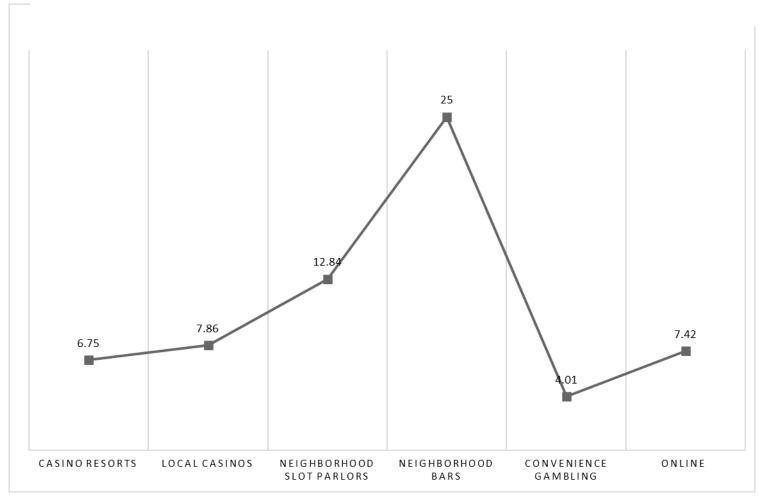


Figure 8. Average Days Gambled In Month by Primary Location

Note: Larger standard deviations indicate greater variation in gambling frequency within each group. Variances differed across locations (Levene's test, p < .001), and Welch's ANOVA was used to adjust for these differences.

GAMBLING RISK AND HARM

The survey measured gambling-related harm using the Problem Gambling Severity Index (PGSI). The PGSI ranges from 0-27, classifying gamblers as non-problem (0), low-risk (1-2), moderate risk (3-7), or problem (8+) (more information on PGSI, see page 9).

About 64.4% of Nevada adults gambled in the past year. Among them, roughly one-third (32.9%) showed no gambling-related harm, 22.9% scored in the low-risk range, 20.7% in the moderate-risk range, and 23.4% scored in the highest risk category. Together, these results show that nearly half of all gamblers, 43.6%, experience moderate to severe gambling harms. This rate signals significant impact at the individual and community levels.

Including non-gamblers gives a broader view of population-level risk. When considering the entire adult population, more than half of Nevadans showed no harm from gambling, while 43.2% fell somewhere along the risk spectrum, from early warning signs to serious problems. About 15% of all adults in Nevada met the PGSI threshold for problem gambling, representing a substantial share of residents facing ongoing harm.

Table 3

| PGSI Category | Description | % of Gamblers | % of Nevada Adults |
|-----------------------|------------------------------|------------------|-----------------------|
| Non-gamblers | No gambling past 12 months | - | 35.6% |
| Non-problem (0) | No harms reported | 32.9% | 21.2% |
| Low-risk (1-2) | Early or occasional problems | 22.9% | 14.8% |
| Moderate Risk (3-7) | Repeated or escalating harms | 20.7% | 13.3% |
| Problem Gambling (8+) | Consistent, significant harm | 23.4% | 15.1% |

These findings show that gambling harm in Nevada reaches far beyond a small subset of high-intensity players. Risk concentrates in places where gambling is a part of everyday life, increasing with exposure, venue type, and workplace environment.

RISK BY GAMBLING VENUE AND EXPOSURE

Problem-gambling risk differs sharply across gambling venues. The highest rates appear among people who gamble most often in neighborhood bars, small slot parlors, or workplace and public settings, where roughly one in three to one in two players meet the PGSI 8+ threshold. In contrast, gamblers in casino resorts, local casinos, or convenience locations report lower rates of harm, typically one in five or fewer. These differences show that smaller, community-based venues concentrate higher levels of gambling-related harm than larger destination casinos.

Risk also rises with the number of gambling activities played. Among people who gamble on four or more types of games, 28% scored in the problem-gambling range, compared with 20% among those who played one to three types, making them 1.4 times more likely to meet the PGSI 8+ threshold. This pattern indicates that the breadth of gambling participation, not just frequency or spending, increases vulnerability to harm.

OCCUPATIONAL AND LIFESTYLE RISK

People who work in gambling environments face substantially higher risk for gambling problems. Among those who work in a gambling environment, 37.7% scored in the problem-gambling range compared to 19% of those employed elsewhere, making them about twice as likely to experience severe gambling harm.

Work schedule also influences gambling behavior. Risk peaks among those whose workday begins in the afternoon between 2:00 and 6:00 pm, where 31% meet the PGSI 8+ threshold, about 1.2 times higher than day-shift workers. These schedules are common in hospitality, entertainment, and gaming jobs, where gambling venues are most active during late afternoons and evenings. This pattern may reflect greater opportunity or convenience for gambling around typical work hours.⁷

While irregular schedules can influence gambling patterns, sleep disturbance presents an additional and independent risk. People who report difficulty sleeping more than half the days in the past month are 2.6 times more likely to meet the PGSI 8+ threshold than those who sleep well. Disrupted sleep can impair decision-making and coping, increasing vulnerability to extended or riskier gambling.^{8 9}

Work conditions and lifestyle factors, including exposure to gambling environments, irregular schedules, and poor sleep, each contribute to higher levels of gambling harm, though not necessarily within the same group of workers.

⁷ Yoshioka, Eiichi, et al. 2024. "Association of Night-Shift Work with Gambling and Problem Gambling." *Addictive Behaviors Reports*, 100650. https://doi.org/10.1016/j.abrep.2024.100650.

⁸ Parhami, Iman, et al. 2012. "Sleep and Gambling Severity in a Community Sample." *Journal of Gambling Studies* 28(4):563–576. https://pmc.ncbi.nlm.nih.gov/articles/PMC3327130/.

⁹ Austin, Lauren, et al. 2024. "Gambling Disorder and Sleep Problems among Young Adults." *Addictive Behaviors Reports*. greo.ca/Modules/EvidenceCentre/Details/gambling-disorder-and-sleep-problems-among-young-adults.

DEMOGRAPHIC RISK FACTORS

Gambling harm varies by age, race, and marital status. Adults aged 18–29 show the highest levels of harm, with 35% meeting the PGSI 8+ threshold. Among adults aged 30–44, 32% meet this threshold, compared with 7% of adults aged 60 and older.

By race and ethnicity, Hispanic (30%) and Black, non-Hispanic (28%) adults report higher rates of harm than White, non-Hispanic (19%) adults. Multiracial (36%) and Other, non-Hispanic (38%) adults report roughly twice the rate of White, non-Hispanic adults. Asian, non-Hispanic (7%) adults report the lowest rate of harm.

Marital status shows similar differences. Never-married (29%) and separated or divorced (24%) adults report higher rates of harm than married (20%) adults. Widowed (5%) adults report the lowest rate.

Table 4

| Category | Highest Risk Group | Reference Group | Relative Risk |
|----------------|--------------------------------------|----------------------|--------------------|
| Age | 21-29 years | 60+ | 5 x higher |
| Race/Ethnicity | Hispanic, Black, Multiracial | White (non-Hispanic) | 1.5 – 2 x higher |
| Marital Status | Never married, Separated/Divorced | Married | 1.2 – 1.5 x higher |

These differences highlight how age, life stage, and social context intersect with gambling exposure in Nevada.

RISK BY RESIDENCE AND LENGTH OF TIME IN NEVADA

Problem gambling risk varies by where people live and how long they have lived in Nevada. Metro-area residents show higher rates of problem gambling (23%) than non-metro residents (17%), about $1.3 \times$ higher risk.

Risk follows a curve based on length of residence. It rises after the first few years, peaks among residents who have lived in the state six to ten years (32%), then declines among those who have lived more than twenty years (16%).

These patterns suggest that exposure to Nevada's gambling environment may be most influential during the middle years of residency, when access and familiarity are both well established.

PATTERNS OF GAMBLING RISK IN NEVADA

Patterns of gambling risk in Nevada show that harm is distributed unevenly across the population. Risk is highest among younger adults, racially diverse groups, and those who are unmarried. It also concentrates among casino employees, afternoon-shift workers, and individuals reporting frequent sleep disturbance.

Environmental exposure plays a central role. People who gamble most often in bars, small slot parlors, or workplace settings show the highest rates of harm, while those who gamble in larger casino venues report lower rates. Risk also increases with the number of gambling types played and peaks among residents who have lived in Nevada six to ten years.

These findings show that gambling risk is closely linked to everyday environments, work patterns, and social context. They also provide a foundation for understanding how gambling is perceived across the state.

OTHER RISKY BEHAVIORS

The survey asked Nevadans about other risky or addictive behaviors alongside gambling. These included substance use, gaming, shopping, eating, sexual behavior, and internet use. For each one, respondents said if it caused problems for them in the past year, if they had tried to quit or cut down, or if someone else had expressed concern. The three responses were combined to show whether a person had experienced any difficulty managing that behavior.

More than half of respondents reported some difficulty with at least one behavior. Food or eating was the most common at 61%. Shopping or spending followed at 54%, then drug or alcohol use at 52% percent, internet use at 51%, and gaming at 50%. About half also said the same about gambling or sexual behaviors. Many Nevadans recognized challenges in controlling everyday behaviors that can become excessive.

Nearly three in four adults (74%) reported at least one non-gambling behavior that caused concern or led them to try to cut down. While this measure does not identify clinical problems, it shows that many people experience difficulty moderating behaviors that provide pleasure or reward.

People with higher gambling risk also reported more problems in other areas. Table 5 shows the relationship between other risky behaviors and problem gambling risk. Darker colors indicate higher percentages within each gambling risk group, showing that people with higher PGSI scores reported more difficulty across other behaviors.

Table 5

| Behavior | Non-problem (0) | Low risk (1–2) | Moderate risk (3–7) | High risk (8+) |
|--------------------------|--------------------|-------------------|------------------------|----------------|
| Drug or alcohol use | 28% | 48% | 60% | 86% |
| Gaming (video or mobile) | 18% | 45% | 56% | 82% |
| Shopping or spending | 26% | 54% | 67% | 84% |
| Food or eating | 40% | 57% | 75% | 83% |
| Internet use | 24% | 49% | 63% | 80% |
| Sexual behaviors | 18% | 38% | 57% | 79% |
| Any 1 of above | 54% | 70% | 90% | 94% |

The likelihood of reporting other risky behaviors rose sharply with gambling risk. Among non-problem gamblers, just over half (54%) endorsed at least one other risky behavior. That rate climbed to 94% among those with PGSI scores of 8 or higher (p < .001). People with greater gambling risk also reported more problems in other areas, showing a clear overlap between gambling harm and broader behavioral health risks in Nevada.

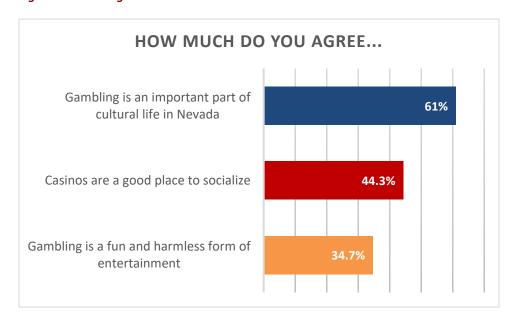
PUBLIC PERCEPTIONS AND RISK FRAMES

Public views of gambling in Nevada reflect both cultural familiarity and recognition of potential harm. Gambling is part of daily life for many residents and shapes how it is understood across communities. These perceptions show how Nevadans frame gambling as entertainment, culture, and risk, and they provide context for understanding views about harm, responsibility, and public response. The following section looks first at how residents describe gambling's place in everyday life.

CULTURAL ORIENTATION AND NORMALIZATION

To understand how gambling fits into everyday life, the survey asked residents how much they agree or disagree with several statements about gambling's role in Nevada culture and social life. Figure 9 shows the percentage of Nevadans that agreed or strongly agreed with gambling as fun, cultural, and social.

Figure 9. Gambling Culture



Gambling plays an active role in Nevada's social environment. Most residents (61 percent) say it is an important part of the state's culture, showing broad acceptance of its economic and social influence. Nearly half (44 percent) say casinos are good places to socialize, indicating that people see these spaces as part of community life as well as entertainment. Only about one in three (35 percent) call gambling fun and harmless, which shows that many recognize potential risks even as they accept its presence. This mix of acceptance and caution shapes how Nevadans think about responsibility, harm, and prevention in a state where gambling is part of daily life.

MISCONCEPTIONS ABOUT ODDS AND LUCK

Public views about gambling in Nevada show both cultural acceptance and awareness of risk. While many residents see gambling as part of everyday life, most do not believe that luck or persistence can change the outcome of a game. This shift from social approval to cognitive skepticism helps show how people in Nevada think about gambling risk.

The survey included three statements about luck and chance. Each tested a common misconception about gambling. Only about 11–13 percent of respondents agreed with these ideas. Roughly 58–63 percent disagreed, and about one-quarter were neutral. Figure 10 below shows these results. Most Nevadans reject beliefs such as the idea that gambling more improves the odds, that a near win means a win is coming, or that continuing to gamble will turn luck around.

63.4% 59.9% 57.5% 28.9% 25.3% 23.9% WHEN A PERSON ALMOST WINS, IT'S A IF A PERSON KEEPS GAMBLING, THEIR THE MORE A PERSON GAMBLES, THE GOOD SIGN THAT THEY ARE DUE TO WIN LUCK WILL CHANGE AND THEY'LL WIN BETTER HIS OR HER ODDS ARE OF SOON BACK THE MONEY THEY'VE LOST **COMING OUT AHEAD** ■ Disagree/Strongly Disagree Neutral Agree/Strongly Agree

Figure 10. Belief about Luck and Chance in Gambling

The group who answered "neutral" suggests some uncertainty about how gambling outcomes work.

About one in four adults (27%) agreed with at least one of the three misconceptions, while 73% did not agree with any. Agreement with these misconceptions also rose sharply with gambling risk. Only 6% of non-problem gamblers agreed with at least one, compared with 21% of low-risk, 32% of moderate-risk, and 61% of those in the highest-risk category. Table 6 illustrates the intersection of gambling misconceptions and risk.

Table 6

| PGSI Risk Category | Did Not Agree with Any Gambling Misconception | Agreed with at Least one Gambling Misconception |
|-----------------------|--|---|
| Non-problem | 94.3% | 5.7% |
| Low risk (1-2) | 79.1% | 20.9% |
| Moderate risk (3-7) | 68.1% | 31.9% |
| Problem gambling (8+) | 38.6% | 61.4% |

$$\chi^2(3, N = 682) = 148.00, p < .001$$

Statistical tests confirm a strong and significant relationship between gambling risk and agreement with gambling misconceptions. Higher risk groups were much more likely to endorse at least one misconception.

These findings show that misunderstanding of odds and luck is more common among people with higher gambling risk. The pattern suggests that mistaken beliefs about chance and randomness are linked to greater gambling involvement and harm. Addressing these misconceptions through public education may help reduce risky gambling behavior.

UNDERSTANDING "ADDICTION TO GAMBLING"

Public understanding of gambling addiction in Nevada reflects a mix of medical, moral, and social perspectives. The survey asked residents to consider how they define "addiction to gambling" and whether they view it as similar to substance use disorders, as a health issue, or as a matter of personal control. These questions help reveal how Nevadans make sense of gambling-related harm, whether they attribute it to individual willpower, medical causes, or broader public health concerns.

Most respondents (78%) agreed that gambling addiction is "a lot like addiction to drugs or alcohol," with nearly equal proportions strongly agreeing (37%) and agreeing (41%). Only 8% disagreed, showing a broad consensus around this comparison.

Views became less unified when gambling addiction was framed as a medical or public health issue. While nearly half agreed with each statement (44% and 46%, respectively), about one in three were neutral and roughly one in four disagreed. This pattern suggests uncertainty about whether gambling problems fall fully within the health domain. People may recognize addiction as real but hesitate to equate it with a formal medical or public health condition.

Belief in personal control also remains prominent. Forty-three percent agreed that gambling addiction is caused by a lack of willpower, while a similar number (42%) disagreed or strongly disagreed. Nearly three in ten were neutral, indicating that many Nevadans hold ambivalent or conflicting views. Figure 11 shows these results.

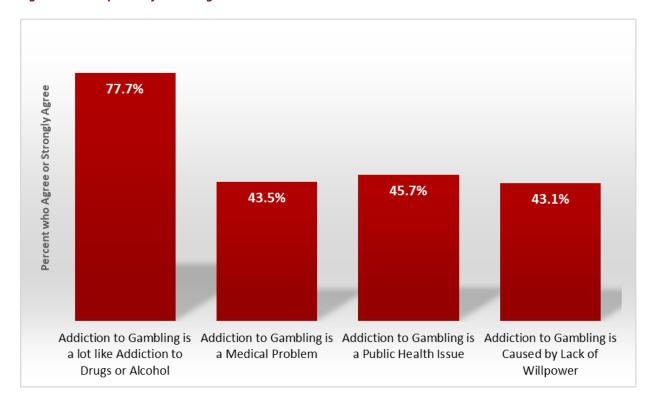


Figure 11. Perceptions of Gambling Addiction

Overall, these distributions show a layered understanding of gambling addiction. Nevadans largely accept the disease analogy but remain divided on whether gambling problems are medical or public health issues and whether they stem from moral weakness. These mixed views show progress in recognizing addiction as a health issue, while stigma linked to personal responsibility remains. When addiction is seen partly as a failure of willpower, individuals may be less likely to disclose problems or seek help, and families may be more likely to keep gambling issues private. These beliefs can influence how communities respond to people experiencing gambling harms and how receptive they are to treatment, prevention, or public awareness messages.

YOUTH EXPOSURE AND ADVERTISING

Concerns about exposure to gambling extend beyond adults who experience harm to how gambling is presented to young people. After exploring how Nevadans understand gambling addiction, the survey asked residents about the influence of gambling advertising on children and their level of concern about adolescent participation in gambling. These questions provide insight into how the public perceives early risk and the potential impact of gambling's visibility in everyday life.

About 37% of respondents agreed that exposure to gambling advertising negatively affects children (12% strongly agree and 26% agree), while 41% were neutral and 20% disagreed. Concern about adolescents gambling was somewhat higher, with 48% agreeing or strongly agreeing and about 31% neutral. See figure 12 for details. These responses show moderate concern overall, paired with a high level of uncertainty, indicating that many residents may not yet view youth gambling as a clearly defined public health issue.

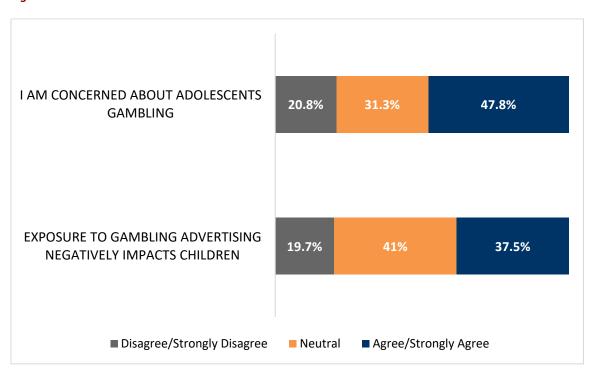


Figure 12. Concerns about Youth

Importantly, research shows that exposure to gambling advertising and promotional content among adolescents is not benign. For example, one systematic review found that youth exposure to gambling promotion on online and social-media platforms was significantly associated with gambling behaviors and at-risk/problem gambling ¹⁰. Another study reported that children and young people remember gambling brands at high rates and that higher recall correlates with higher intention to gamble ¹¹. These studies suggest that advertising may play a role in normalizing gambling for youth and therby contribute to the development of harm over time.

¹⁰ Pitt, H., Thomas, S. L., Bestman, A., Stoneham, M., Daube, M., & Derevensky, J. L. (2022). Exposure to gambling promotions and gambling behaviours in adolescents: A cross-sectional survey of 11–16-year-olds in Australia. BMC *Public Health*, 22, 1228. https://doi.org/10.1186/s12889-022-13502-3

¹¹ Pitt, H., Thomas, S. L., Bestman, A., Daube, M., & Derevensky, J. L. (2019). Young people's recall and perceptions of gambling advertising and intentions to gamble on sport. *Journal of Behavioral Addictions*, 8(3), 481–491. https://doi.org/10.1556/2006.8.2019.42

Given these associations, the relatively large proportion of "neutral" responses in our survey may indicate a gap in public awareness rather than absence of risk. While many Nevadans recognize potential risks for young people, the broader public conversation about gambling exposure and advertising remains limited. Increasing awareness of how gambling content appears in sports, video games, and online platforms can help clarify these risks and support more informed prevention efforts.

AFFECTED OTHERS AND STIGMA

Gambling's impact often reaches beyond the individual, affecting family members, friends, and others in close relationships. The survey explored how Nevadans experience these secondary harms: whether they have been worried about someone else's gambling, personally affected by it, or hesitant to discuss gambling problems within the family. These questions reveal how interpersonal dynamics and stigma shape responses to gambling harm.

Many Nevadans report personal exposure to gambling-related harm within their social networks. Nearly one in three adults (32%) said they had been worried about someone else's gambling, and 30% said they had personally been negatively affected by the gambling behaviors of a friend, family member, coworker, or someone they know. These findings highlight how gambling harms extend beyond individual gamblers to impact families, workplaces, and communities.

By contrast, relatively few respondents endorsed stigma-related statements. Only 13% agreed they would be embarrassed if a family member needed treatment for a gambling problem, and 15% agreed that such a problem should be kept within the family rather than discussed with others. Majorities disagreed with both stigma items, suggesting that social acceptance of help-seeking may be improving. Figure 13 illustrates:

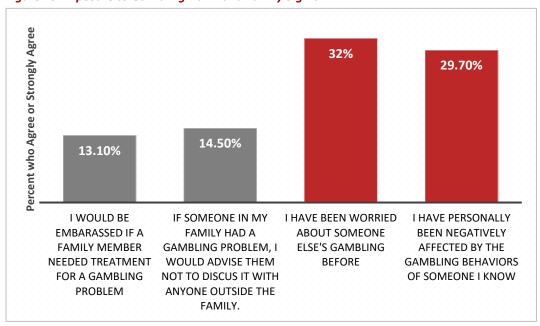


Figure 13. Exposure to Gambling Harm and Family Sigma

Exposure to gambling harm in social and family networks appears widespread, but explicit stigma remains comparatively low. This combination points to opportunities for public messaging that encourages open discussion and early help-seeking among affected others.

HELP SEEKING, ACCESS, AND TREATMENT VIEWS

Public views about gambling addiction shape not only how people interpret harm but also how they respond when problems arise. The survey explored where Nevadans would first look for help, how much they trust various information sources, and what they know about treatment and support options. It also examined whether health professionals routinely ask about gambling, an important point of early detection. These results provide a picture of the help-seeking environment in Nevada, from the first search for information to contact with health-care providers.

TRUST

Understanding who the public trusts for information about problem gambling is crucial for shaping effective prevention and treatment strategies. Public health communication depends not only on the accuracy of the information shared, but also on the credibility of the messenger. When people perceive a source as trustworthy, they are more likely to seek information, believe it, and act on it. Conversely, if the source is viewed as biased or unreliable, even well-intentioned messages may be dismissed or ignored.



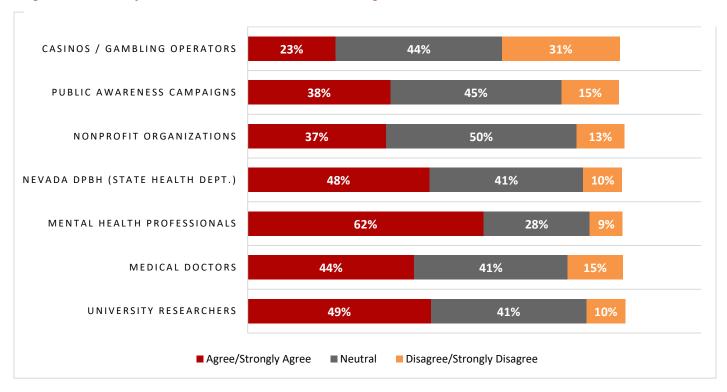


Figure 14 shows that Nevadans place the highest trust in mental health professionals and university researchers when it comes to information about problem gambling. This reflects a broader pattern in public health communication—people tend to value expertise, objectivity, and evidence-based perspectives. Research institutions and clinicians are seen as both knowledgeable and independent, making them ideal messengers for credible, stigma-reducing conversations about gambling harm.

At the same time, the findings reveal a trust gap for nonprofits and public awareness campaigns. Although these organizations are often the most visible actors in prevention, respondents were more likely to remain neutral or uncertain about trusting them. This suggests that while these groups are well-intentioned, their messages may not always resonate as credible or persuasive. Building stronger connections between these outreach efforts and recognized experts could help close that gap.

Finally, trust in casinos and gambling operators is notably low, only about one in four respondents said they would trust them for information about problem gambling. This is especially significant given that casinos are often expected to display helpline numbers, distribute responsible gambling materials, and serve as a first point of contact for individuals in distress. The disconnect highlights a critical tension: we rely on the industry to be part of the solution, yet the public perceives them as part of the problem.

Taken together, these results point to an important imperative for the state's problem gambling system. If the most trusted voices are those of researchers, doctors, and mental health professionals, then they must play a more active role in prevention and early intervention. Encouraging healthcare providers to engage patients in conversations about gambling, expanding professional training, and investing in independent research will strengthen the credibility and reach of problem gambling information across Nevada.

WHERE PEOPLE TURN FOR HELP

When asked where they would first go to find help for a gambling problem, the most common response was "Google or internet search" (32%), followed by the Problem Gambling Helpline (26%). Far fewer respondents said they would first turn to Gamblers Anonymous (17%), a mental health provider (12%), or a primary care provider (11%). Figure 15 shows the distribution of where people turn for help.

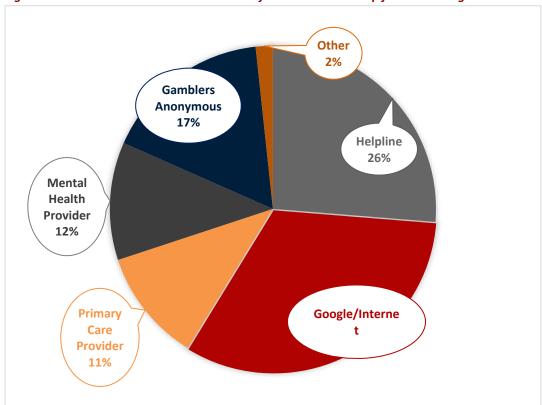


Figure 15. The First Place I would Go to Find Information about Help for a Gambling Problem

These results show a clear gap between who people trust for information about problem gambling and where they actually go when they need it. In the trust section, respondents expressed the highest confidence in mental health professionals and university researchers, yet relatively few said they would reach out to a healthcare or mental health provider as their first step. Instead, most rely on the internet, which can be an unreliable or confusing source of information, depending on what appears in search results.

This mismatch suggests that trusted experts are not visible at the point of need. People may value expertise but still lack easy access to it, either because they don't know where to find credible sources or because seeking professional help feels stigmatizing or burdensome. One in four respondents selected the Problem Gambling Helpline, indicating that is a recognized entry point, but it does not match the reach of an online search.

These findings point to a broader communication challenge:

- Public health and research organizations need greater online visibility so that credible, evidence-based information appears in the same spaces where people are already looking.
- Clinicians and mental health providers should be more proactive in asking about gambling and normalizing these conversations in routine care.
- Public awareness efforts should modernize their outreach, integrating digital platforms and search visibility rather than relying solely on traditional campaigns.

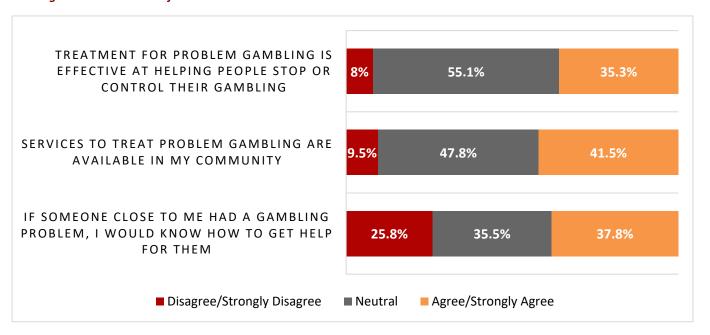
While Nevadans *trust* professional expertise, they often *seek* information elsewhere. Bridging this gap means ensuring that trusted sources are visible and directly connected to help-seeking behavior. This visibility is essential for effective prevention and early intervention.

KNOWLEDGE AND PERCEPTION OF SERVICES

The survey asked residents about their understanding of available help for gambling problems and their confidence in the treatment system. Although most Nevadans recognize that gambling can cause harm, many are uncertain about how to find help or whether treatment is effective. These measures capture both practical knowledge of where to go for support and broader perceptions of the accessibility and effectiveness of care.

Only about four in ten Nevadans said they would know how to get help if someone close to them had a gambling problem, while a similar share agreed that treatment services are available in their community. Roughly half of residents were neutral on each item, suggesting that many lack clear information about what resources exist or how to access them. Confidence in the effectiveness of treatment was even lower, with just one-third agreeing that it helps people stop or control their gambling. These findings point to limited public awareness of services and uncertainty about their impact.

Figure 16. Awareness of Services



Despite Nevada's established network of certified providers and a statewide helpline, the public's awareness of these resources appears limited. The high proportion of neutral responses suggests that many residents have little direct contact with the treatment system or have not encountered information about available help. Increasing the visibility of local programs, embedding routine screening within health and primary care settings, and expanding community education could strengthen pathways to support and reduce barriers to seeking help.

HEALTHCARE SYSTEM ENGAGEMENT

Health care settings are often the first point of contact for identifying behavioral health concerns, but gambling rarely comes up in these conversations. The survey asked whether any health professional had discussed gambling, alcohol or substance use, or mental health during the past year.

Nevadans were about four times more likely to be asked about mental health and three times more likely to be asked about alcohol or substance use than about gambling. Only 9% of respondents said a provider had asked them about their gambling behaviors, compared with 27% who had been asked about substance use and 35% who had been asked about mental health.

Figure 17. Has a Healthcare Provider Asked you About...

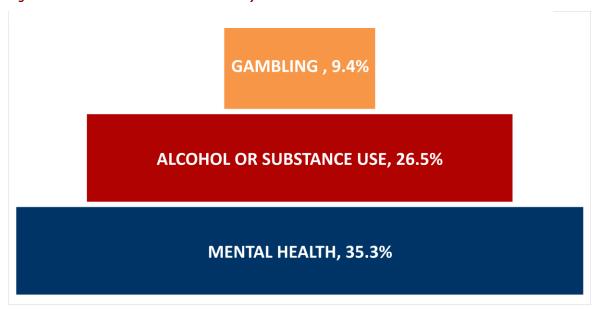


Figure 17 shows that gambling remains largely absent from clinical screening, even as many of the same providers routinely address other behavioral health issues. Integrating brief gambling screening into those existing protocols could reduce missed opportunities for early intervention. Expanding routine screening to include gambling could help identify problems earlier and connect people to appropriate support.

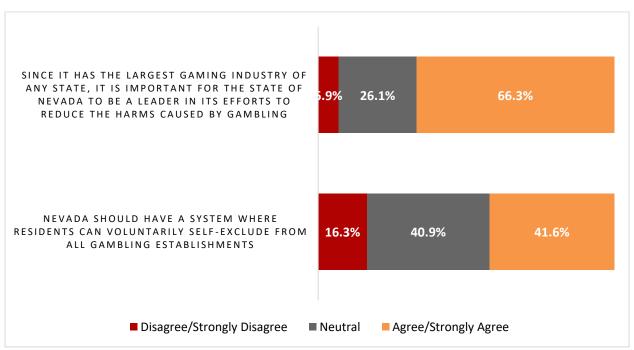
SHARED RESPONSIBILITY FOR ADDRESSING GAMBLING HARM

Public views on who should take responsibility for reducing gambling-related harm reveal how Nevadans think about the balance between personal accountability and collective action. The survey examined attitudes toward state leadership, industry and government roles, and funding mechanisms designed to support prevention and treatment.

Support for state leadership was strong. About two-thirds (66%) of respondents agreed or strongly agreed that since Nevada has the largest gaming industry in the country, the state should be a leader in reducing the harms caused by gambling. Only 7% disagreed. This broad consensus indicates that most residents expect the state to play a visible, proactive role in addressing gambling-related issues.

In addition to general support for state leadership, respondents showed interest in a statewide self-exclusion system that would allow residents to voluntarily bar themselves from gambling establishments. About 41% agreed or strongly agreed with this idea, while a similar number neutral and 16% disagreed. These results, shown in Figure 18, suggest that while many residents are open to the concept, opinions are mixed and awareness of such programs may vary. Self-exclusion systems are common in other jurisdictions and are designed to give individuals a practical way to limit access and reduce gambling problems¹².

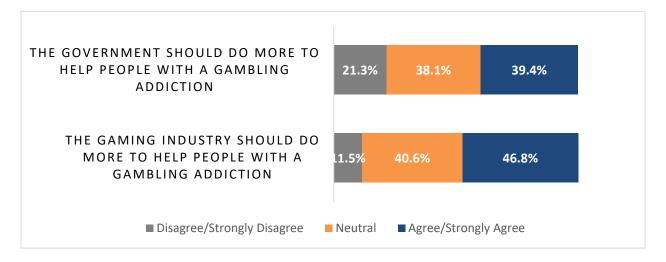




¹² Pitt, H., Thomas, S. L., & Randle, M. (2024). Public support for gambling harm reduction policies: A national survey of attitudes in Australia. *BMC Public Health*, 24, 189. https://doi.org/10.1186/s12889-024-17649-z

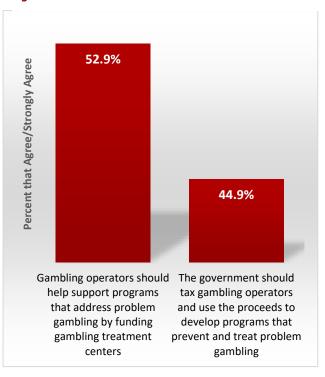
Views on industry and government responsibility were also largely supportive. Figure 19 shows public views on government and industry responsibility for addressing gambling addiction. Nearly half of Nevadans (47%) agreed that the gambling industry should do more to help people with a gambling addiction, while 39% said the same of government. Relatively few respondents disagreed (11% and 21% respectively), and most others were neutral, suggesting openness to stronger actions from both sectors.

Figure 19. Whose Responsibility?



Ouestions funding mechanisms about showed that most Nevadans support dedicated resources to address gambling harm. Figure 20 shows public support for different funding approaches to address problem gambling. A majority (53%) favored direct contributions from gambling operators to help fund treatment programs, while nearly half (45%) supported a tax on operators to fund prevention and treatment. Fewer than one in five respondents opposed either idea. This pattern suggests broad public endorsement of shared funding responsibility, with many residents viewing industry and government contributions as appropriate ways to support those affected by gambling problems.

Figure 20. How to Fund?



The findings show broad agreement that both the state and the gambling industry have a role in preventing and reducing gambling harm. Nevadans generally support collective responsibility rather than leaving the issue to individuals alone. What is less clear is how these responsibilities should be carried out in practice. This points to an opportunity for greater public discussion and clearer communication about existing harm-reduction approaches in other places and how similar strategies might work in Nevada.

IMPLICATIONS FOR PREVENTION, TREATMENT, AND OUTREACH

The survey findings point to several areas where clearer communication and coordinated strategies could strengthen Nevada's response to gambling-related harm. Most residents recognize gambling addiction as a health issue and support shared responsibility for prevention, yet many remain uncertain about how to access help or what role the state and industry should play.

PREVENTION

Concern about youth exposure and advertising, along with strong support for state leadership, suggests that prevention efforts should continue to focus on education and awareness. Providing information about how gambling is promoted through sports, gaming, and digital platforms can help clarify early risk and improve public understanding of prevention strategies.

TREATMENT AND SERVICE AWARENESS

Many Nevadans are unsure whether treatment for gambling problems is available or effective. Increasing visibility of treatment options, confidentiality protections, and no-cost services could reduce hesitation to seek help. Incorporating brief gambling screens into existing health and behavioral health assessments would also make it easier to identify problems early.

PUBLIC MESSAGING

Although stigma appears low, uncertainty about where to find help remains common. Messaging that highlights available services and presents recovery as attainable could strengthen public awareness and align perceptions with existing supports.

POLICY AND SYSTEMS

Broad agreement that the state and industry share responsibility for reducing harm provides a foundation for future policy work. Explaining how current measures—such as self-exclusion programs, funding mechanisms, and prevention initiatives—operate in practice may help build public confidence in Nevada's efforts to address gambling-related harm.

LIMITATIONS

These survey findings provide a detailed picture of gambling behaviors and perceptions across Nevada; however, it is important to acknowledge several limitations of the study.

All studies have limitations, even well-designed ones. Surveys are built to give the most accurate picture possible, but every method involves tradeoffs. Recognizing these limits provides transparency and strengthens the interpretation of results

First, the survey used a mixed sampling approach that combined a probability-based panel with supplemental address-based and non-probability online interviews. This method increases coverage and improves representation of Nevada's population, but some sampling bias may remain despite statistical weighting and calibration.

Second, the data are self-reported and rely on participants' memory and willingness to disclose potentially sensitive behaviors. Some underreporting or overreporting is possible, particularly around gambling frequency, spending, or harm.

Third, as a cross-sectional survey, these results describe associations rather than cause-and-effect relationships. While the analysis identifies who is at higher risk, it cannot determine whether specific factors lead to gambling problems.

Finally, the findings reflect one point in time. Gambling opportunities and public attitudes continue to evolve, especially with the growth of online and mobile gambling. Ongoing monitoring will be essential to track changes in participation, risk, and awareness of services over time.

Despite these limitations, the Nevada Gambling Behaviors and Attitudes Survey provides a high-quality and reliable assessment of gambling in the state. The use of calibrated weighting, representative sampling, and validated measures such as the PGSI make it one of the most comprehensive and methodologically sound surveys ever conducted on gambling in Nevada. The limitations described above are standard in social research and do not diminish the overall accuracy or usefulness of the findings.

FUTURE RESEARCH

The 2022 Nevada Gambling Behaviors and Attitudes Survey provides a strong foundation for understanding gambling in the state, but continued research will be important to track changes and deepen this understanding over time.

Future studies should examine how gambling behaviors evolve as access to online and mobile gambling expands and as new forms of gaming blur the line between entertainment and wagering. Repeating this survey at regular intervals would allow the state to monitor trends, evaluate prevention and treatment efforts, and identify emerging risks among younger adults, hospitality workers, and racially diverse communities.

Qualitative research could also help explain why some Nevadans experience greater harm despite similar exposure, adding insight into the social, cultural, and workplace factors that shape gambling behavior. Linking population surveys with treatment and helpline data would further strengthen understanding of how people move from awareness to help-seeking and recovery.

Building on this baseline, future research can ensure that prevention, policy, and treatment efforts remain responsive to the ways gambling continues to change across Nevada's communities.

CONCLUSION

The 2022 *Gambling Behaviors, Perceptions, and Risks Among Nevada Adults* survey provides an up-to-date understanding of how Nevadans engage with gambling, view its risks, and interact with available supports. The findings show that gambling is a common part of life in the state, but also that harm affects a meaningful share of residents and often goes unrecognized or untreated.

These results strengthen Nevada's foundation for evidence-based planning, helping guide prevention, treatment, and public education efforts across diverse communities. Continued collaboration among public agencies, researchers, and service providers will be essential to translating these insights into action.

Future surveys will allow the state to monitor changes in gambling behaviors and risks over time, evaluate the impact of ongoing initiatives, and identify emerging patterns as new forms of gambling become available. Sustained commitment to data collection and public reporting will ensure Nevada remains a national leader in understanding and reducing gambling-related harm.

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