

A woman with curly brown hair, wearing a green turtleneck sweater, is shown in profile, looking upwards and to the right. The background is a composite image featuring a sunset over a Kansas landscape with rolling hills and a city skyline, including the Kansas State Capitol building. Overlaid on the background are various data visualization elements: a blue line graph with circular markers, a bar chart, and a faint outline of the state of Kansas. The overall color palette is dominated by blues, greens, and warm sunset tones.

Changing the Tune on Gambling: From Stigma to Strength

What the 2025 Kansas Gambling Survey
and Lifespan Data Tell Us

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Session Objectives

1

Understand the Data

Review findings from the 2025 Kansas Gambling Survey across youth and adult populations

2

Explore Risk Profiles

Identify characteristics of high-risk gamblers across the lifespan

3

Examine Stigma

Understand how stigma functions as a driver of harm and barrier to help-seeking

4

Apply Insights

Translate data into prevention, screening, and intervention strategies

Data Sources



KCTC Student Survey —Youth

- Grades 6, 8, 10, and 12
- Annual administration, online
- Census sample · 2026 n = 27,000
- State, county, and school district data (unweighted)
- Written guardian consent required



Kansas Gambling Survey —Adults

- Ages 18 and older
- Online, purchased panel · 2025
- Convenience sample · 2025 n = 1,645
- State-level data weighted by age, race, Hispanic origin, education, and lottery region
- Participant consent and incentive

2025 Kansas Gambling Survey: Methodology

Field Period

April 22 – May 20, 2025

Languages

English, Spanish, Vietnamese, and Somali

Sample Size

N = 1,645 Kansas adults

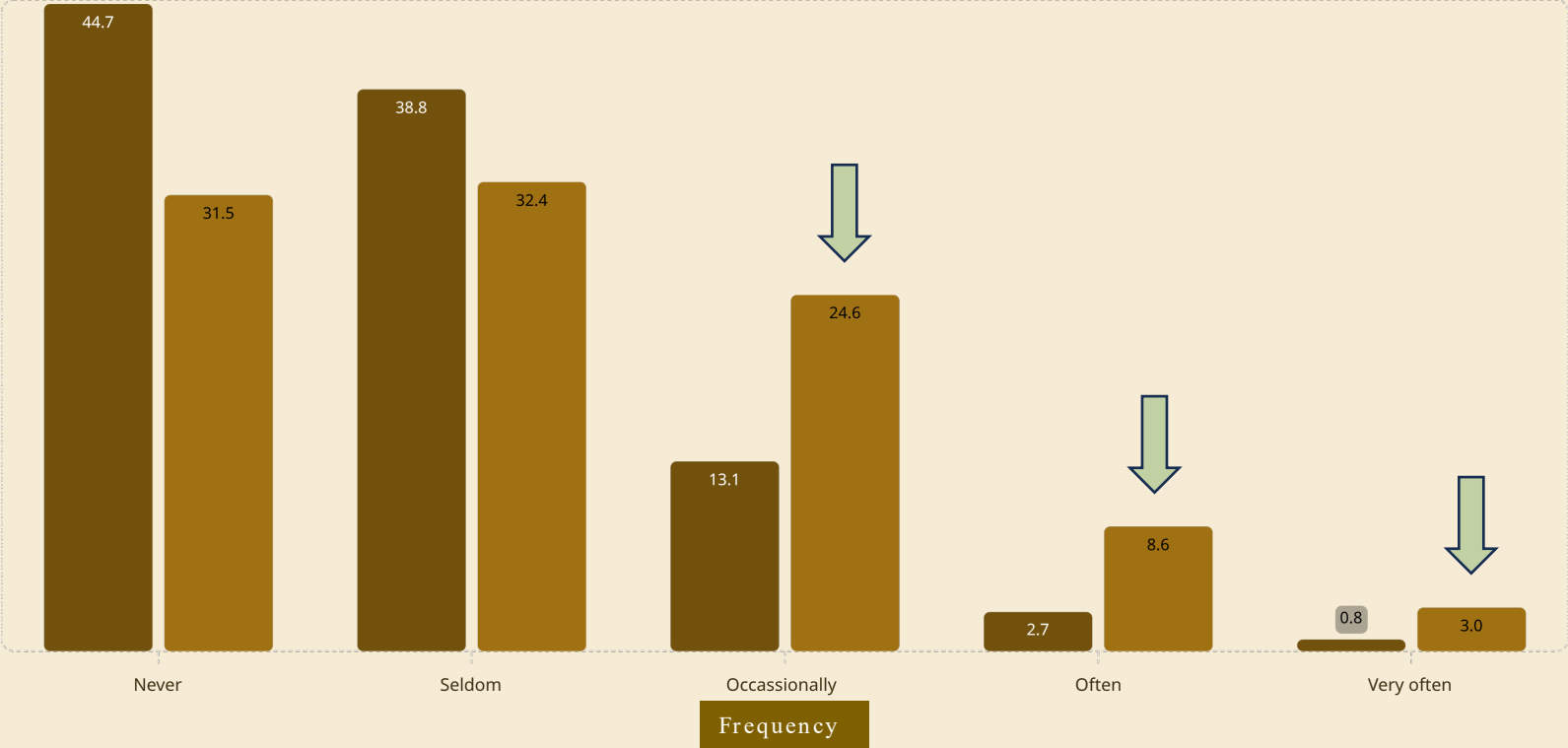
Margin of Error

±2.4 pp at 95% confidence level

Weighted by age, race, Hispanic origin, education level, and lottery region for statewide representativeness.

Changes in Frequency of Gambling

2017 2025



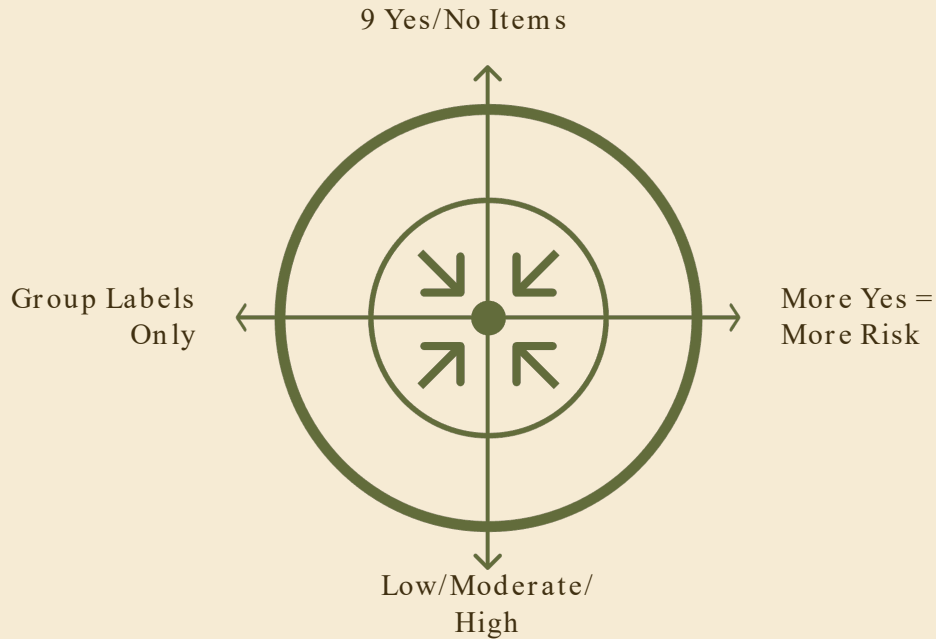
Defining Problem Gambling

"Characterized by difficulties in limiting money and/or time on gambling which leads to adverse consequences for the gambler, others, or the community."

All gamblers are at some level of risk. The more indicators present, the greater the likelihood of harm. Nine screening questions identify where on the continuum a person falls.



Nine-Question Risk Screening

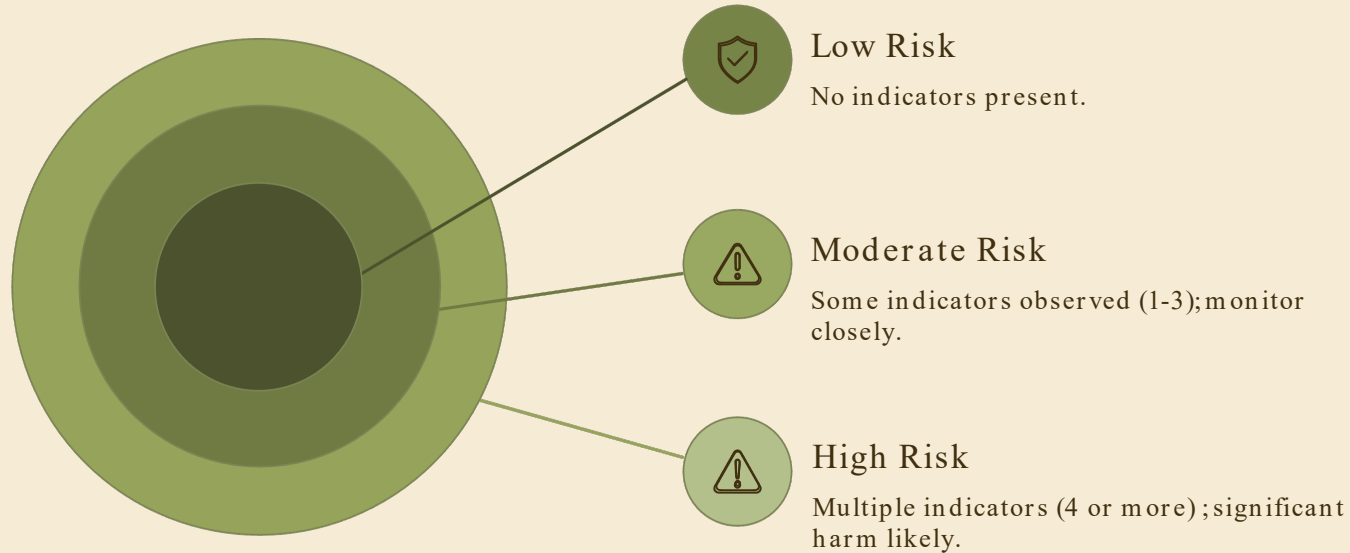


Important Framing

- All gamblers carry some level of risk
- More "yes" responses = greater risk
- Labels categorize groups, not individuals
- Designed for population-level screening

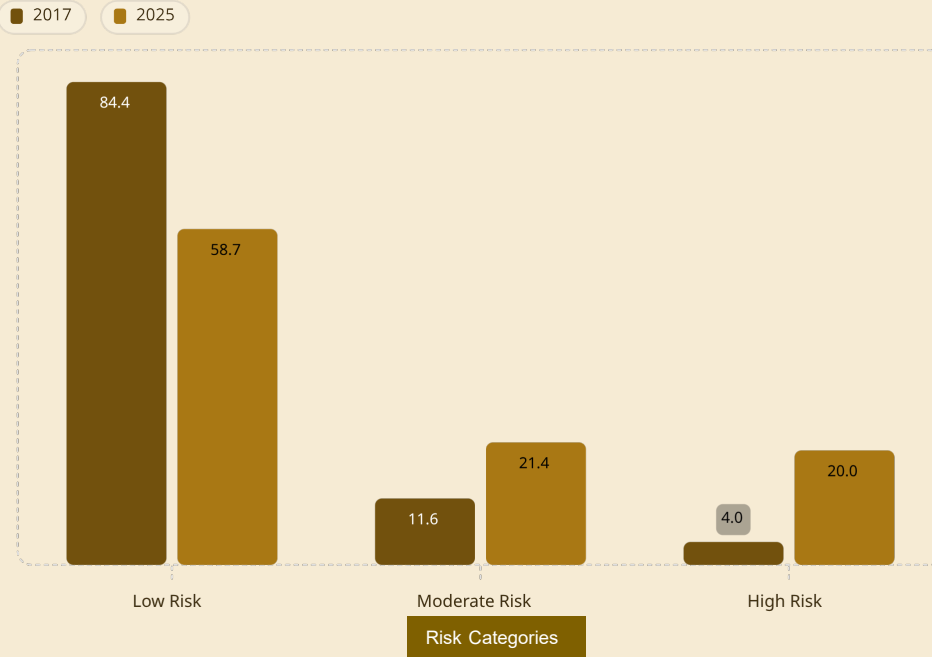
Used consistently across 2017 and 2025 surveys, enabling trend comparison.

How Risk Levels Are Defined



Nine questions were used to categorize respondents. As the number of "yes" responses increases, so does the risk of developing or manifesting a gambling disorder.

Gambling Risk Distribution



What the Numbers Mean

41% of Kansas adults fell into moderate or high risk categories in 2025 —a meaningful increase from 2017 baselines.

Low, moderate, and high risk labels categorize groups rather than describe an individual's actual clinical risk.

High risk does not equal diagnosis —but it does signal the need for intervention.

HIGH-RISK PROFILE

Who Is at High Risk? Demographics

Gender

More likely to be **male**

Age

Peak risk: **ages 26–39**

Employment

More likely **employed full-time**

Ethnicity

Higher rates among **Hispanic/Latino** respondents

Military

35.2% of military respondents at high risk vs. **17.2%** of non-military

Characteristics of High-Risk Gamblers

Behavioral Profile

→ Greater Involvement

More frequent gambling across more activity types

→ Preferred Activities

Casino gaming machines, state/multi-state lottery, game credits/upgrades

→ Gaps in Literacy

Limited understanding of gambling odds and risk

Self-Awareness Paradox

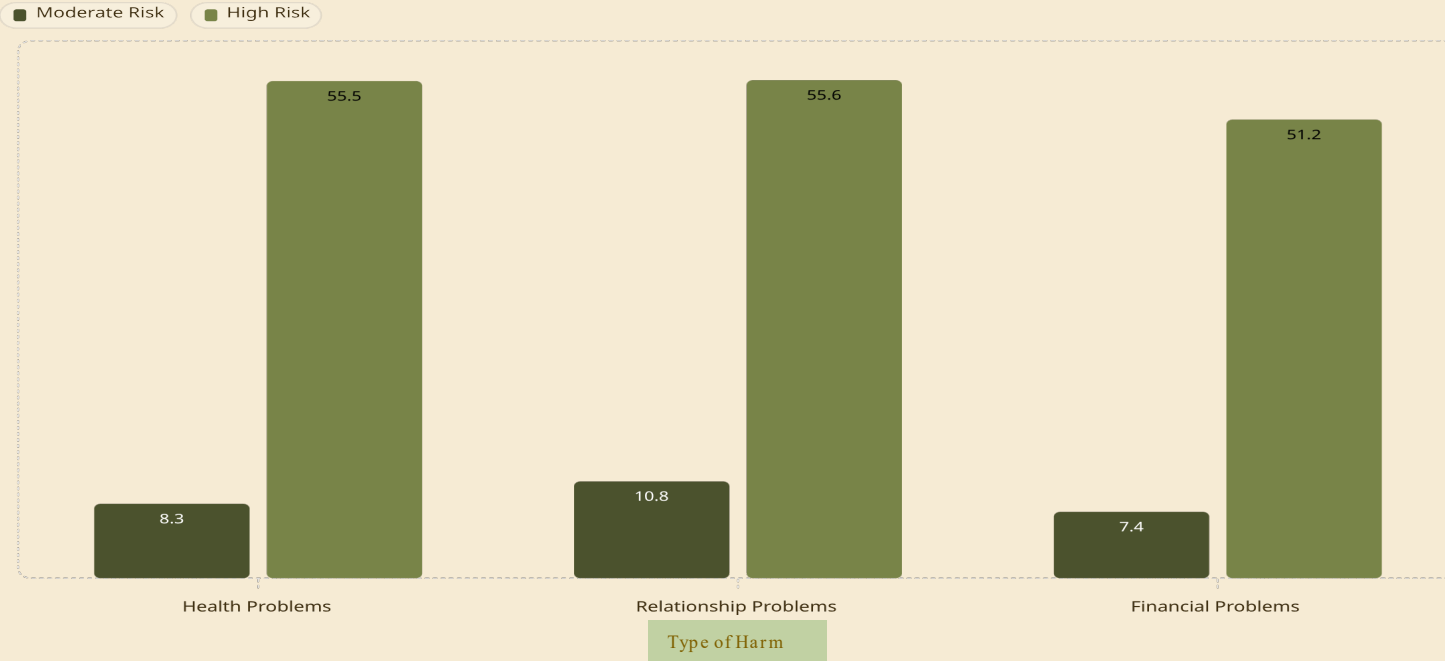
High-risk individuals show **higher self-recognition** of gambling problems —and higher associated stigma.

94%

of high-risk adults in 2025 acknowledged they had a gambling problem

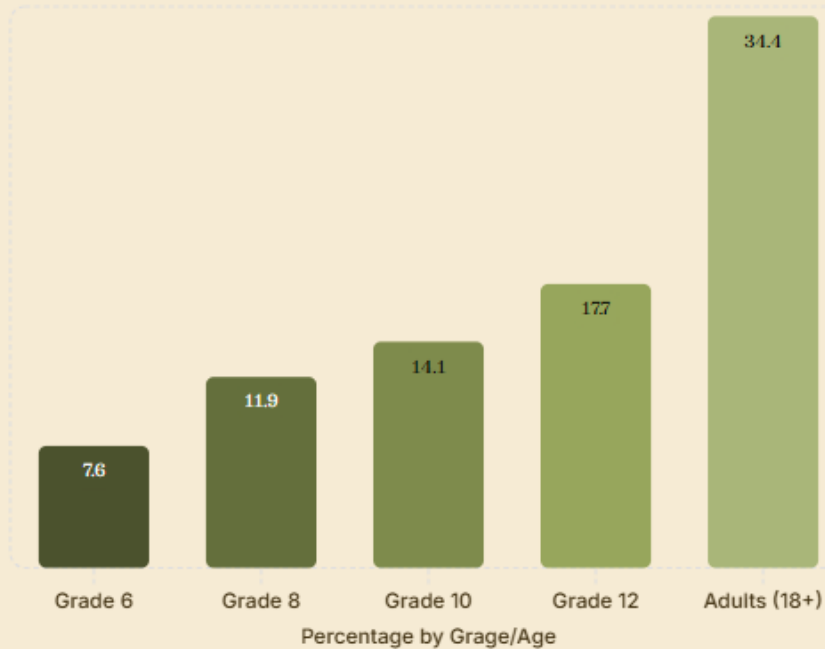
Gambling Harms

Problem gambling can lead to significant adverse consequences across multiple facets of an individual's life. High-risk gamblers report substantially higher rates of harm compared to those at lower risk.



The data clearly indicate that individuals identified as high-risk for problem gambling experience a disproportionate burden of health, relationship, and financial difficulties, highlighting the urgent need for targeted intervention.

Gambling Increases with Age



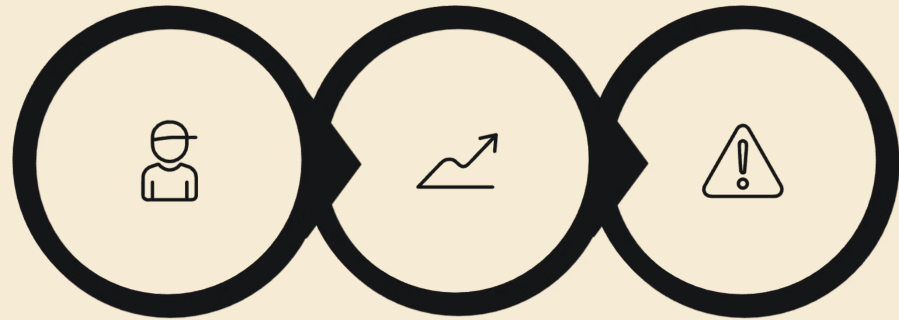
A Developmental Trend

Gambling participation rises steadily from middle school through early adulthood.

Early exposure during adolescence is a key risk factor for adult gambling disorder.

Intervention before high school may yield the greatest long-term population benefit.

Adolescent Gambling & Risk Behavior



Early Risk → Escalation → Persistent Harm

Current Research: Adolescent Risk Factors

Who Is Most Vulnerable

High-Risk Populations

Immigrant youth · Out-of-school adolescents · Gender-diverse youth

Preferred Activities

Online gaming with real-money spend on credits or upgrades

Key Risk Factors

- Early initiation/exposure to gambling
- Family/friends' permissive attitudes toward gambling
- Lower academic grades and school truancy
- Sensation seeking and low social connectedness

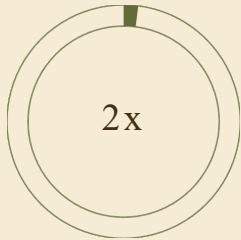
3% – 5% of adolescents display signs of problem gambling

Substance Use Risk

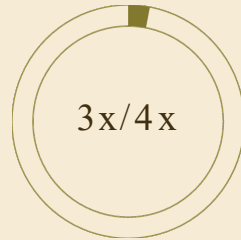
Risk Ratios

Kansas Findings: Adults in the High -Risk Problem Gambling category are more likely to report substance use than adults at Low Risk.

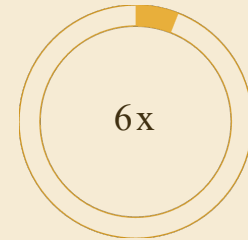
Adolescents who gamble are more likely to report substance use than adolescents who don't gamble.



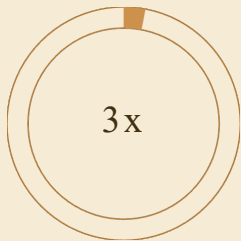
Adult - Alcohol



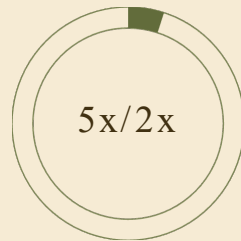
Adults - Cigarettes/Vaping



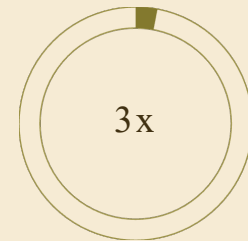
Adult - Rx Drug Misuse



Youth Alcohol



Youth - - Cigarettes/Vaping



Youth - Rx Drug Misuse

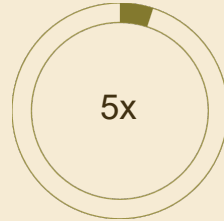
Depression and Suicide Risk

Risk Ratios

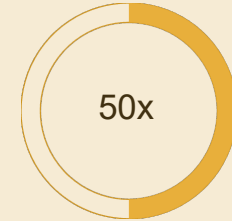
Kansas Findings: Adults in the High -Risk Problem Gambling category are more likely to experience mental health concerns than adults at Low Risk. Adolescents who gamble are more likely to experience mental health concerns than adolescents who don't gamble.



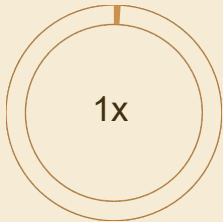
Adult - Depression



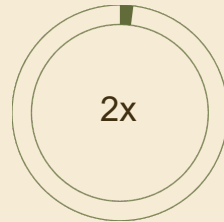
Adults - Suicide Plan



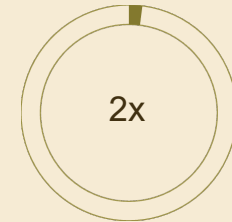
Adult - Suicide Attempt



Youth - Depression



Youth - Suicide Plan



Youth - Suicide Attempt

Values represent relative likelihood (multiplier). Adult high-risk problem gamblers are up to 50x more likely to report a suicide attempt than adults at low risk.

Early Identification. Integrated Response. Lasting Impact.

Addressing gambling-related harm across the lifespan through prevention, treatment, and education.



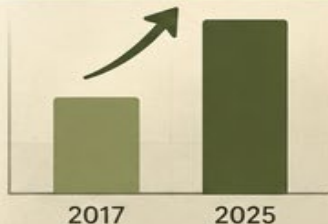
Risk Is Widespread

41% of Kansas respondents showed moderate or high gambling risk in 2025 — a significant increase from 2017 baselines.



41%

increase from
2017 baselines



Harm Is Severe

High-risk gamblers face up to 50× greater suicide attempt risk and 8× greater substance use risk vs. low-risk peers.

50×
greater
suicide attempt
risk



8×
greater
substance use
risk



It Starts Early

Co-occurring harms emerge in adolescence (ages 12–18) and persist into adulthood without intervention.

ADOLESCENCE
12–18



Integration Is Essential

Screening, prevention, treatment, and education must work together across systems to reduce population-level harm.



Stronger together. Early identification and integrated responses today create healthier individuals, families, and communities for tomorrow.



“Why do you think some people continue gambling even when they know it is causing harm in their lives?”

Stigma and Gambling: The Hidden Driver



Stigma Fuels Behavior

Individuals with higher stigma were more likely to gamble and experience higher gambling risk



Secrecy & Shame

Stigma reinforces concealment, continued gambling, and avoidance of help



Harmful Cycle

Gambling → shame → concealment → relapse → more shame



Stigma Matters

Gambling researchers identified stigma as "The social judgment and internal shame experienced by people with gambling problems that can lead to isolation, concealment, and reduced help-seeking."

Dąbrowska & Wieczorek (2019), Institute of Psychiatry and Neurology, Warsaw — study of 30 people with gambling disorder and 60 professionals maps the stigma landscape.

Public Stigma

Society's negative attitudes, labelling, and discrimination towards people with gambling disorder

Self-Stigma

Internalization of stereotypes, eroding self-esteem, self-efficacy, and perceived social worth

Coping Strategies

Hiding, cognitive distancing, and selective disclosure as primary responses to stigma

Stigma Groups

For this study, the stigma group was categorized by the item –

“I would be embarrassed if a family member needed treatment for a gambling problem.”

High stigma group - agreed or strongly agreed,

Low stigma group- disagreed or strongly disagreed

The Paradox of Stigma and Awareness

High stigma does not always mean denial.

Individuals with higher stigma were more likely to recognize they had a gambling problem —yet still did not seek help.

✓ Awareness Is Present

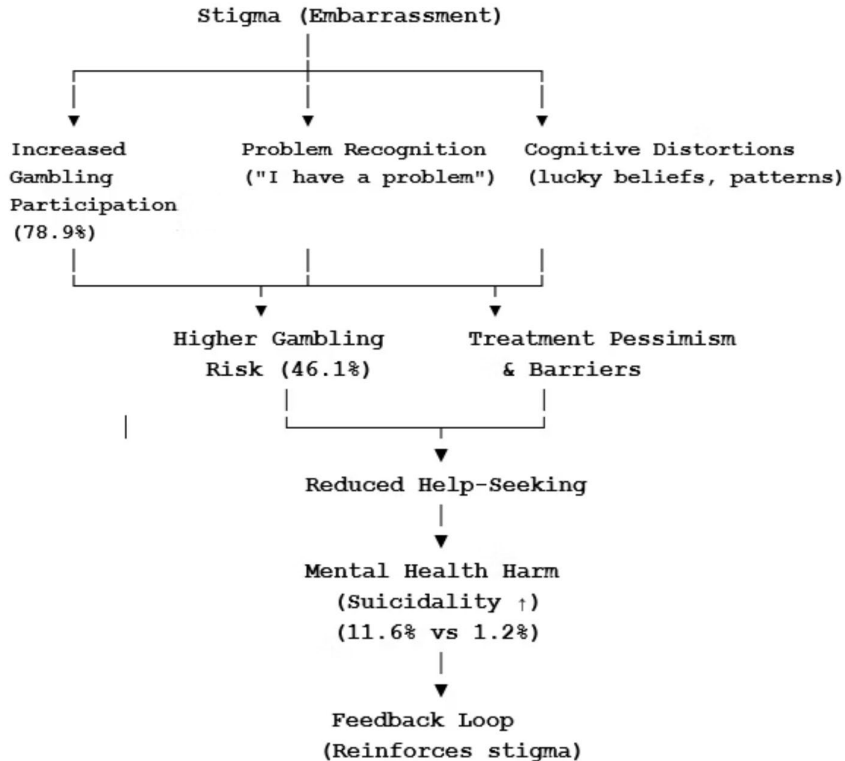
Self-recognition of the problem exists

|| Action Is Delayed

Shame blocks the path to help-seeking

Conceptual Framework: Stigma and Gambling Outcomes

Conceptual Framework: Stigma and Gambling Outcomes



The Stigma Cascade

- **Stigma (Embarrassment)** drives increased gambling participation (78.9%)
- Leads to **higher gambling risk** (46.1%) and treatment pessimism
- Results in **reduced help -seeking**
- Causes **mental health harm** —suicidality ↑ (11.6% vs 1.2%)
- Creates a **feedback loop** that reinforces stigma

Risk Levels & Stigma

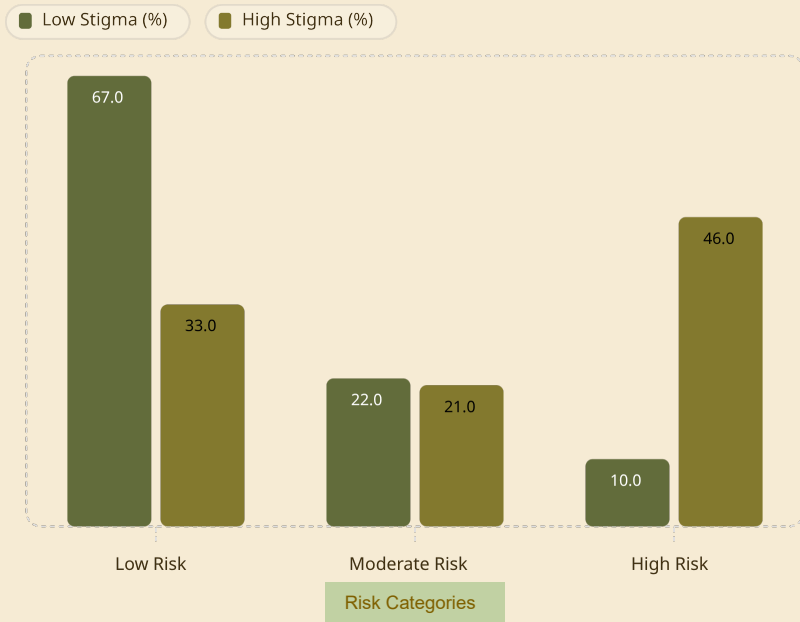
How does gambling stigma relate to risk level — and does it help or hurt?



Reducing stigma opens the door to support, improves outcomes, and helps prevent harm.



Problem Gambling Risk Categories and Stigma Levels



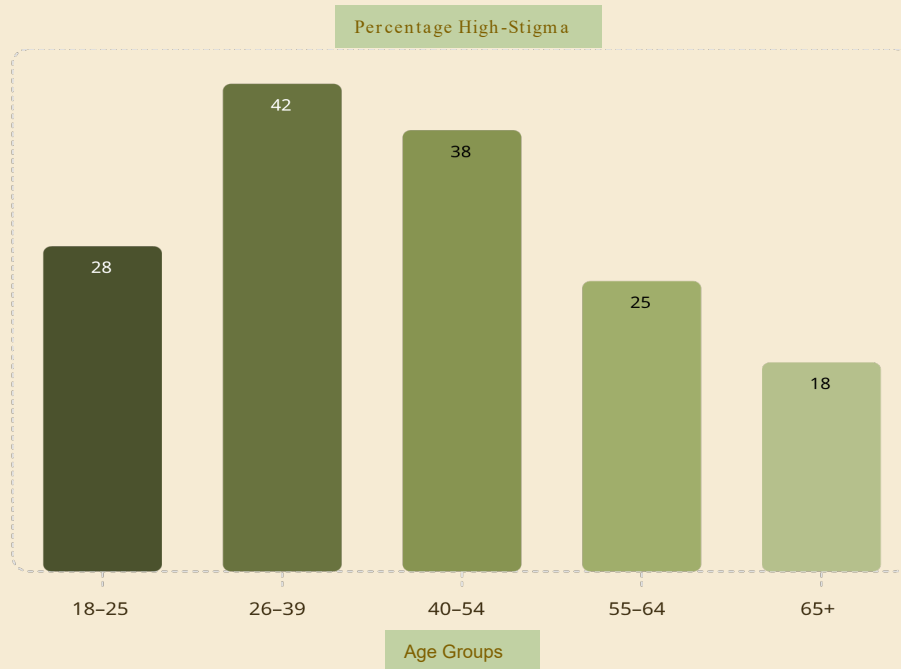
Key Insight

High-stigma participants are dramatically overrepresented in the high-risk problem gambling category and underrepresented in the low-risk category compared to low-stigma participants.

Stigma and risk escalate together — suggesting stigma is not merely a consequence but a contributing factor.

As gambling risk increases, the proportion of individuals experiencing high stigma grows substantially — reinforcing the stigma.

Age Distribution Among High-Stigma Participants

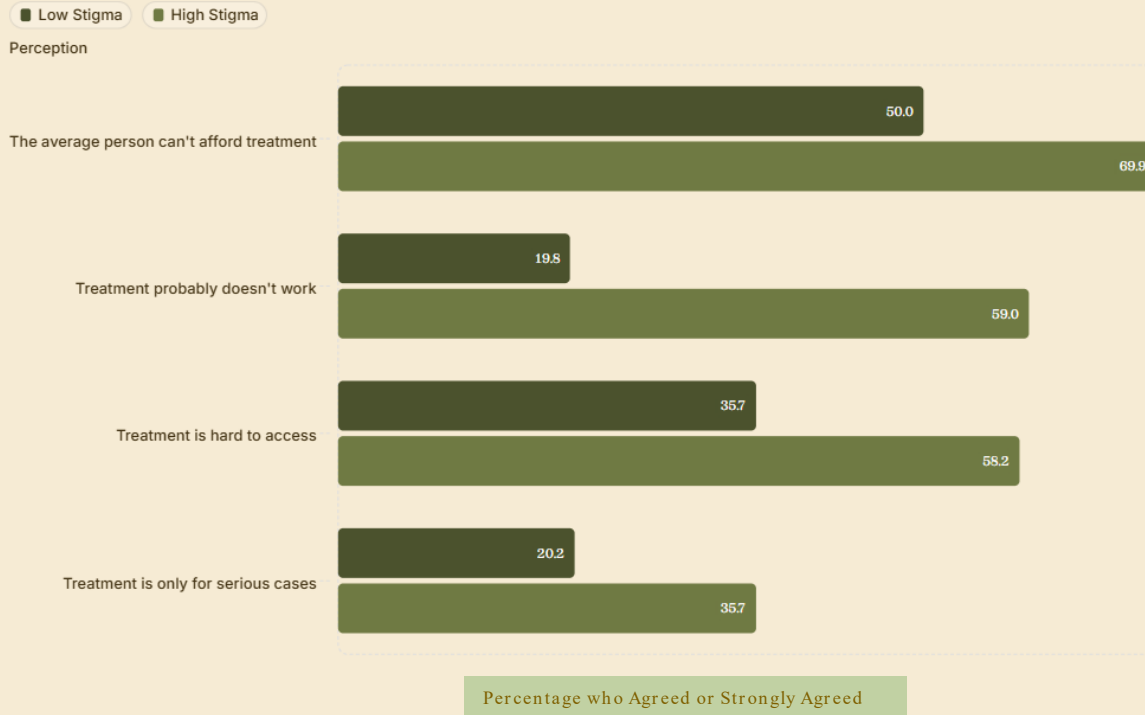


Younger Adults Carry More Stigma

The 26–39 age group —already at the highest gambling risk—also carries the highest burden of stigma.

This convergence of risk and shame makes targeted outreach for younger adults especially critical.

Perception of Problem Gambling Treatment & Stigma



Stigma Distorts Treatment Beliefs

High -stigma individuals are far more likely to hold pessimistic views about treatment accessibility and effectiveness.

These beliefs are barriers —not realities

Free treatment is available in Kansas.

Stigma - a Barrier to Help -Seeking

Delayed treatment · Increased isolation · Worsened harm · Reduced recovery

High -stigma individuals were more likely to believe:



Access

Treatment is hard to access

Cost

Treatment is too expensive

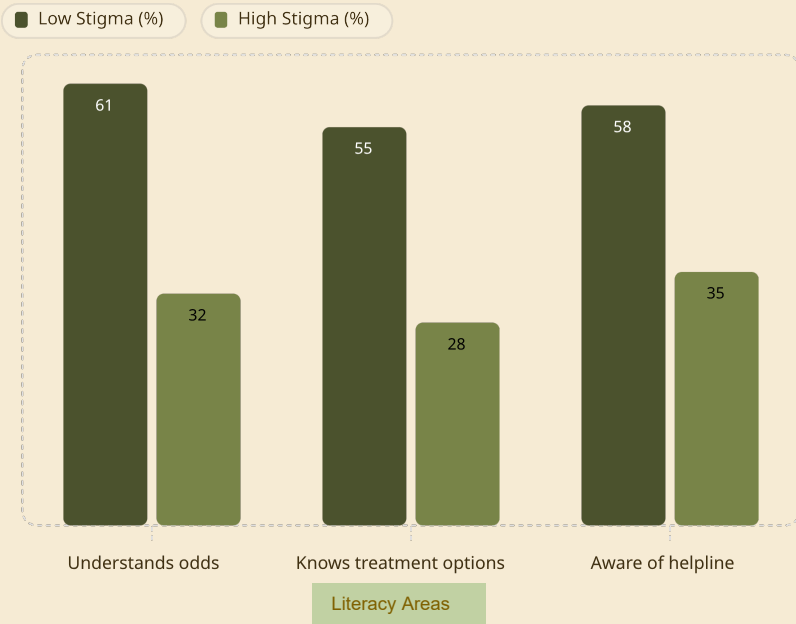
Efficacy

Gambling treatment does not work

Severity

Help is only for "serious" cases

Gambling Literacy & Stigma



Lower Literacy, Higher Risk

High-stigma individuals demonstrate significantly lower gambling literacy—including awareness of how odds work and what treatment resources exist.

Literacy gaps reinforce both risky gambling behavior and avoidance of help-seeking.

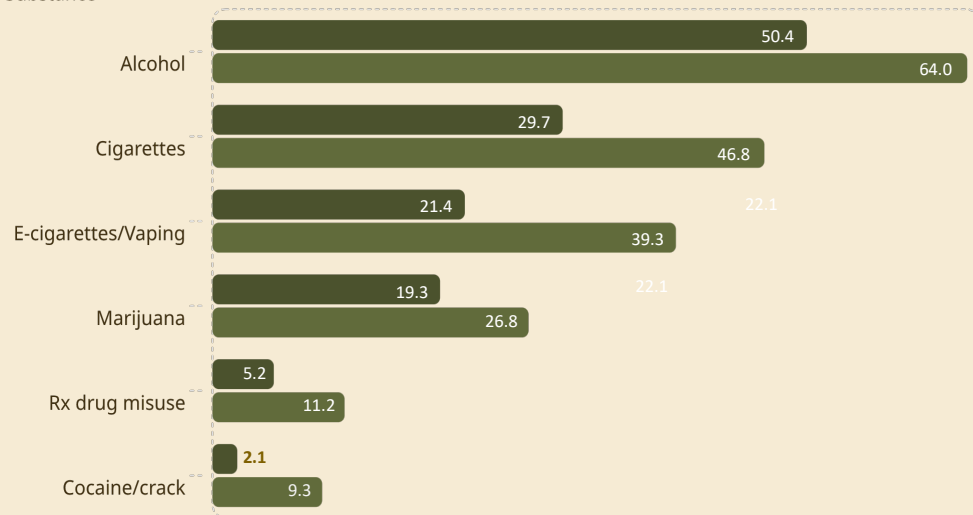
How do you think stigma affects a person's mental health and overall well-being?

Adults: High Stigma & Substance Use

Across the board, larger percentages of adults in the **high stigma** category report substance use than adults with low stigma.

■ Low Stigma ■ High Stigma

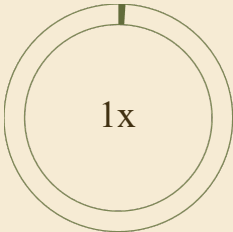
Substance



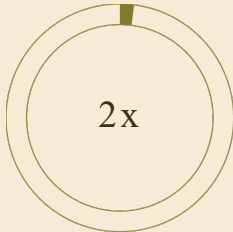
Substance Use Risk

Risk Ratios

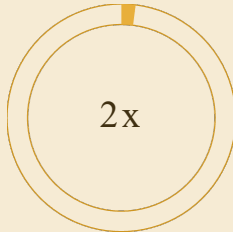
Kansas Findings: Adults in the **high stigma** category are significantly more likely to use alcohol, tobacco, or other drugs than adults with low stigma.



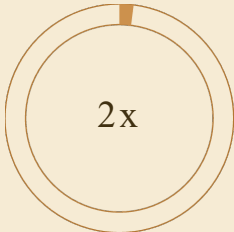
Adult - Alcohol



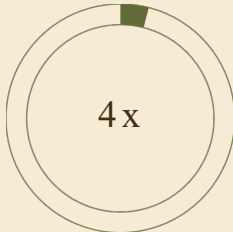
Adults - Cigarettes/Vaping



Adult - Marijuana



Adult - Rx Drug Misuse

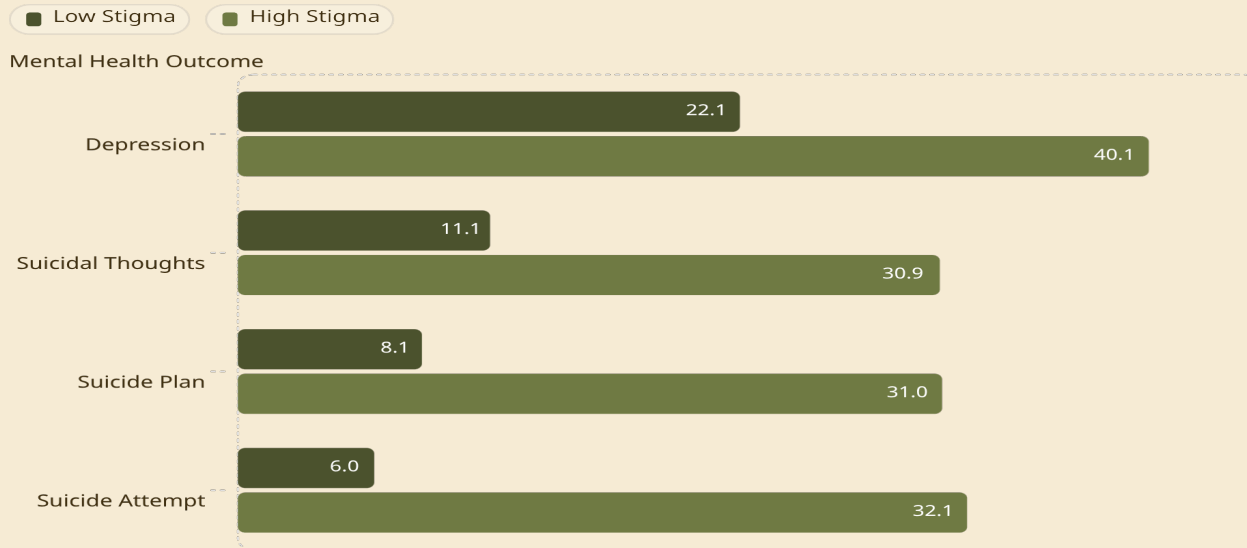


Adult-Cocaine/crack

Values represent relative likelihood (multiplier) compared to low stigma adults.

Adults: High Stigma & Mental Health

Adults in the **high stigma** problem gambling category are significantly more likely to experience depression and suicidal thoughts and behaviors.

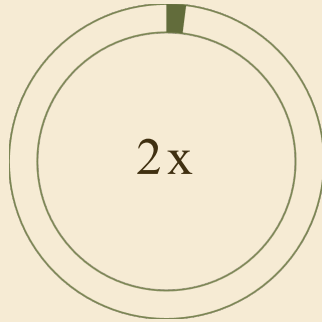


Among those at high risk, **61%** indicated their depression was linked to gambling.

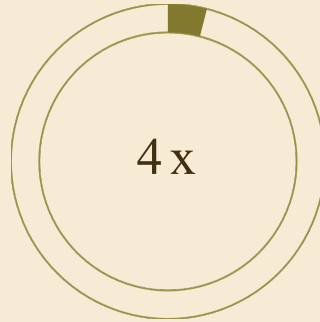
Depression and Suicide

Risk Ratios

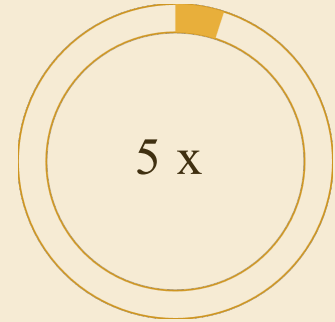
Kansas Findings: Adults in the **high stigma** category are significantly more likely to report mental health concerns than adults with low stigma.



Adult - Depression



Adults - Suicide Plan



Adult - Suicide Attempt

Values represent relative likelihood (multiplier) compared to low stigma adults.

Stigma, Cognitive Distortions, and Mental Health

Distorted Beliefs

Kansas Findings: High-Risk / High-Stigma vs. Low-Risk

→ Belief in luck, patterns, and "winning systems"

→ Continued gambling despite mounting losses

→ Depression and suicidal ideation linked to shame

Key Takeaways

Risk Is Rising

41% of Kansas adults show moderate to high gambling risk —up from 2017

Stigma Drives Harm

High stigma correlates with greater risk, worse health outcomes, and delayed treatment

Youth Are Vulnerable

Adolescent gambling is a gateway to lifelong problems; early prevention is essential

Awareness ≠ Action

High-risk individuals often recognize their problem but still don't seek help

What strategies have you used or heard of to reduce problem gambling stigma?

From Stigma to Strength

Stigma can become a starting point for connection, support, and recovery.

Reframe the Conversation

✘ "Why don't people just stop gambling?"

✔ "What barriers are preventing people from reaching support?"



Strength-Based Strategies

- Nonjudgmental language in all communications
- Normalize conversations about gambling harm
- Increase awareness of free treatment resources
- Integrate gambling screening into mental health and substance use services
- Focus on hope, recovery, and resilience

Implications

1

Measure Perceived Stigma Across Gambling Types

Distinguish stigma experiences for lottery, slots, sports betting, and online gamblers —experiences differ significantly by activity type.

2

Assess Self-Stigma as a Treatment Barrier

Shame and fear of disclosure are among the most cited barriers. Capture this across age cohorts in Kansas lifespan data.

3

Examine Contact Effects

Familiarity with gambling disorder reduces stigma.
Community-level contact data from Kansas can inform targeted anti-stigma campaigns.

4

Address Stigma Directly in Therapy

"The issue of stigma should be addressed in therapy." —
Warsaw study.
Our data identifies which populations need this most urgently.

Specific Insights for Prevention

Preventive measures taken to reduce gambling during adolescent years could potentially reduce the prevalence of problem gambling in the adult population.

Early Intervention

Grades 6–8
targeted
prevention



Reduced Youth Gambling

Lower adolescent
gambling rates

Lower Adult Harm

Fewer adult
problem
gamblers



Prevention investment in youth delivers the highest long-term return for communities and public health systems.



Kansas Problem Gambling Services

- No-cost treatment for problem gamblers and affected family members

- **Helpline:** 1-800-GAMBLER

- Free Kansas Gambling Counselor certification

- Four Regional Task Forces statewide

- Kansas Coalition on Problem Gambling

- KDADS Program Manager and four Prevention Specialists

- Governor's Behavioral Health Services Planning Council —Problem Gambling Subcommittee



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Contact & Resources

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2025 KS Gambling Survey Report

[Download the Full Report](#)

Helpline: **1-800-GAMBLER**