DIVISION OF PROBLEM GAMBLING

FISCAL YEAR 2025-26

Gambling Behaviors, Attitudes, and Experiences Among Arizona Adult Residents

SUMMARY OF SURVEY FINDINGS

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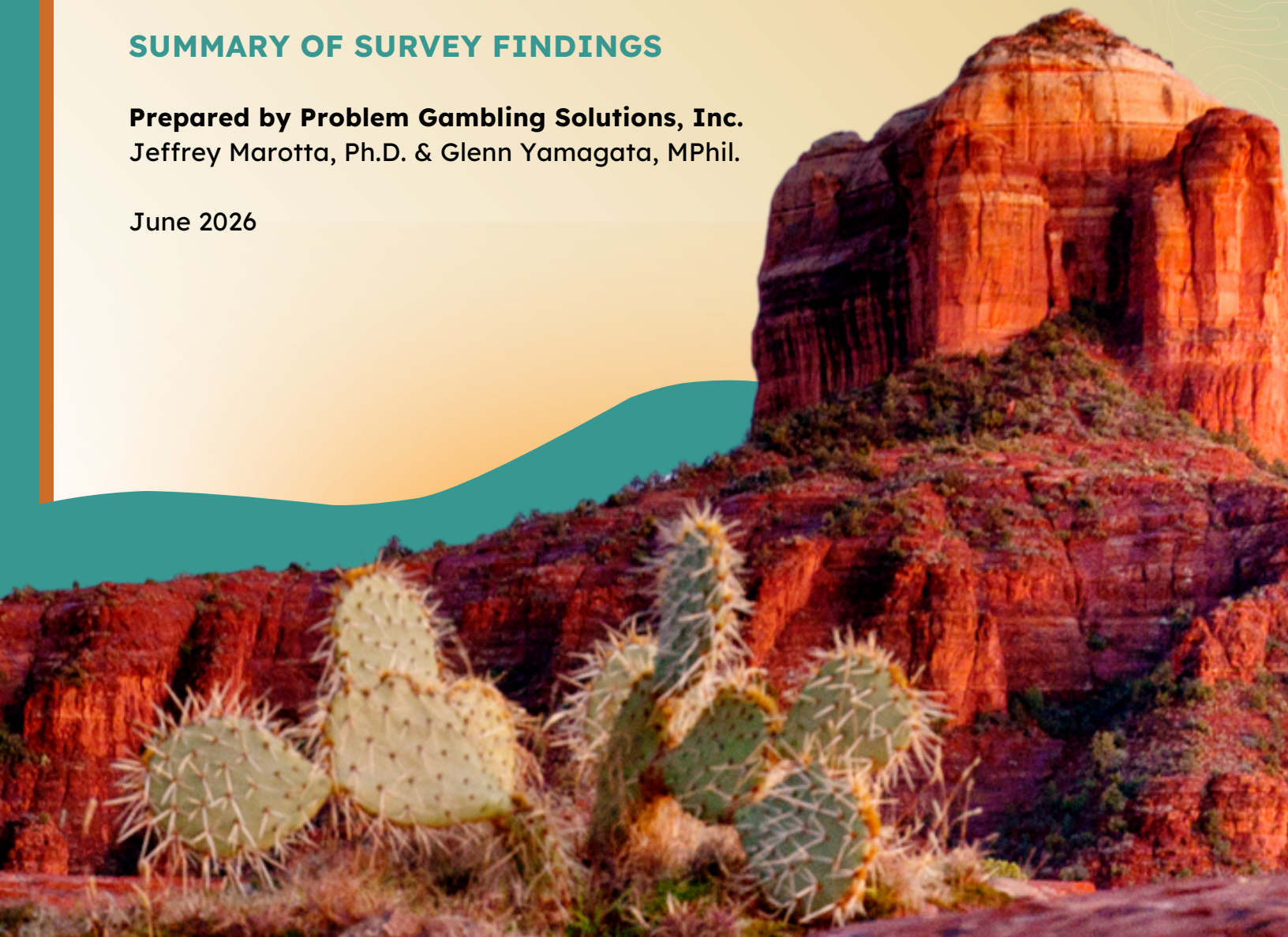


Executive Summary

This report summarizes findings from the FY2025-26 Arizona Adult Gambling Survey conducted for the Arizona Department of Gaming, Division of Problem Gambling. The study was completed by Problem Gambling Solutions, Inc. in collaboration with the National Opinion Research Center (NORC) at the University of Chicago using a weighted survey sample designed to represent the Arizona adult population. The survey combined respondents from NORC's probability-based AmeriSpeak Panel with supplemental non-probability participants to improve efficiency and subgroup representation. Statistical weighting procedures were applied to align the final sample with the demographic characteristics of Arizona adults. The survey serves as a three-year follow-up to the FY2022-23 study[1] and was designed to monitor changes in gambling participation, gambling-related harm, public awareness of problem gambling services, attitudes toward gambling, and emerging gambling trends in Arizona.

Overall, gambling participation remained stable compared to FY2022-23,[1] with 84% of Arizona adults reporting participation in at least one gambling activity during the past year. However, several important changes were observed including increases in gambling frequency, growth in online and mobile sports wagering, greater participation in cryptocurrency-related activities, and the emergence of newer activities, such as prediction markets.

Similar to findings from the FY2022-23 study,[1] approximately one in five Arizona adults experienced some level of gambling-related harm, with an estimated 4% likely meeting diagnostic criteria for a gambling disorder. Elevated risk was concentrated among younger adults and individuals who gamble more frequently, engage in sports betting, and participate in multiple forms of gambling, particularly online and app-based activities.

The survey also identified strong relationships between gambling-related harm and broader behavioral health concerns, including mental health conditions, substance use, and other potentially problematic behaviors such as gaming and excessive internet use. At the same time, awareness of Arizona's problem gambling helpline and support resources increased substantially since FY2022-23, suggesting that statewide awareness and outreach efforts are having a measurable impact.

The findings indicate that gambling-related harm remains an important public health concern in Arizona and provide support for continued investment in prevention, education, treatment, recovery, support services, and responsible gambling initiatives.

Surveys are a compass – Not a GPS

Survey data are intended to help understand general direction and emerging trends, not provide perfectly precise measurements. Findings should be interpreted with appropriate caution, recognizing the inherent limitations and uncertainty present in all survey research.

Key Findings

1) Gambling participation remained stable, although gambling frequency increased.

- 84% of Arizonans reported having gambled in the past 12 months, a rate comparable to FY2022-23.
- The percentage of Arizonans gambling weekly or more increased from 25% to 30%.
- Arizona Lottery participation remained the most common gambling activity.

2) Sports wagering and cryptocurrency-related activities increased.

- Participation in sports wagering increased by 22% compared to FY2022-23.
- Cryptocurrency-related activities increased by 21%.
- 22% of Arizonans reported online or app-based sports wagering.

3) Approximately one in five Arizona adults experienced gambling-related problems.

- Approximately 18% of Arizona adults fell within the moderate- to high-risk category on the Problem Gambling Severity Index.
- Elevated gambling-related risk was strongly associated with online gambling, sports wagering, prediction markets, and eSports betting.

Problem gambling risk was assessed using the Problem Gambling Severity Index (PGSI), a widely used validated screening instrument that measures the severity of gambling-related harm within the general population.[2,3]

4) Awareness of gambling help resources increased substantially.

- Awareness of Arizona's 1-800-NEXT-STEP helpline increased by 40% from FY2022-23.
- Awareness through digital and social media increased, while traditional media awareness declined.
- Awareness of voluntary self-exclusion programs remained relatively stable.

5) Public support for gambling harm-reduction initiatives remained strong.

- Most Arizonans supported voluntary self-exclusion programs, prevention initiatives, and treatment services.
- Support increased for Arizona taking a leadership role in reducing gambling-related harm.
- Concern regarding the impact of gambling advertising on youth increased substantially.

Practice and Policy Implications

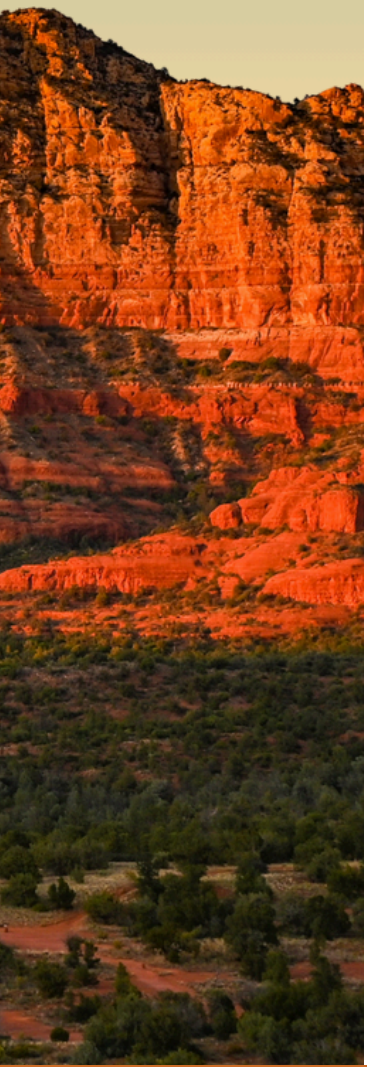
Sustain investment in gambling harm prevention and treatment services.
Gambling-related harm remains a significant public health concern in Arizona, with approximately one in five adults reporting some level of gambling-related problems.

Prioritize prevention efforts for higher-risk populations.
Younger adults and individuals who gamble frequently, engage in sports betting, or participate in multiple forms of gambling demonstrated elevated rates of gambling-related risk.

Strengthen responsible gambling protections within online gambling environments.
The continued growth of online and mobile sports wagering highlights the importance of integrating responsible gambling messaging, safer gambling tools, and self-exclusion resources directly into gambling platforms.

Continue expanding public awareness and education efforts.
Increased awareness of Arizona's problem gambling helpline suggests that statewide public awareness campaigns are having a measurable impact, although important knowledge gaps remain.

Integrate gambling-related screening into broader behavioral health systems.
Gambling-related harm was strongly associated with mental health conditions, substance use, and other behavioral concerns, supporting benefit for greater integration of gambling-related screening and intervention within healthcare and behavioral health systems.



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Acknowledgements

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We also thank the approximately 1,050 Arizonans who participated in the survey and generously shared their experiences and perspectives. Their participation made this research possible. In addition, we acknowledge the AmeriSpeak project team for their expertise in survey sampling methodology, data collection, and survey implementation.

At Problem Gambling Solutions, Inc., Jeffrey Marotta, PhD, served as Principal Investigator, and Glenn Yamagata served as Lead Research Scientist. Graphic design and report formatting were provided by Jade Marotta.

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Introduction

The Arizona Department of Gaming (ADG) serves as the primary regulatory and enforcement authority for tribal gaming, event wagering and fantasy sports contests, racing and pari-mutuel/simulcast wagering, and unarmed combat sports. Arizona currently has more than 20 Class III casinos operated by federally recognized Arizona Tribes, as well as multiple licensed sportsbooks, including internet- and app-based platforms that allow for event wagering and fantasy sports contests. In addition to its regulatory responsibilities, ADG provides and supports prevention, education, and treatment programs for individuals and families affected by problem gambling through its Division of Problem Gambling (DPG).

In Fiscal Year (FY) 2022-23, the DPG commissioned a study to evaluate the effectiveness of its problem gambling programs, including public awareness and prevention initiatives, treatment services, and voluntary casino and event wagering self-exclusion programs. As part of that effort, a survey of Arizona residents aged 21 and older was designed and fielded to better understand population-level gambling behaviors, attitudes, problem gambling severity rates, and other factors that can guide program improvements.[1]

This report presents the results of a three-year follow-up survey conducted to build on that initial work. The survey enables the measurement of changes over time in key gambling-related factors, allowing the DPG to understand how the gambling landscape evolves, assess the effectiveness of its programs, and guide ongoing improvements to programs and services.

This follow-up survey also expands the range of gambling activities examined to reflect the emergence of non-traditional forms of gambling, such as prediction markets. In addition, it incorporates health-related questions to explore the relationship between gambling behaviors and overall well-being, including physical and mental health conditions.

Together, these enhancements provide important context for identifying co-occurring challenges, understanding risk factors, and supporting more integrated, holistic approaches to problem gambling prevention and treatment.

Problem Gambling is used within this report as an umbrella term signifying gambling behavior patterns that compromise, disrupt, or damage personal, family, or vocational pursuits. Problem gambling occurs along a continuum from mild to severe.

Gambling Disorder falls within the severe range of problem gambling. It is a clinical term used to describe persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress. Gambling Disorder is categorized as an Addiction Disorder and recognized as a medical condition by the American Psychiatric Association.[5]

Research Design

This survey utilized a probability-based panel sampling approach which combines the advantages of online survey administration with the rigor of probability sampling methods. Online panels are increasingly common in survey research due to their ability to reduce costs and data collection time while maintaining reliable estimates when properly designed and weighted.*

The FY2025-26 survey was designed as a three-year follow-up to a comparable statewide survey conducted in FY2022-23. To support longitudinal comparisons, the study employed largely the same methodology and retained most of the original questions. The survey was conceived as an ongoing surveillance measure to monitor trends in gambling behaviors, attitudes, knowledge, and problem gambling risk among Arizona adults over time, replicating the survey every three years.

The survey was fielded in December 2025 and collected information on a range of gambling-related factors, including: (1) gambling activities and motivations; (2) problem gambling risk levels; (3) information-seeking behaviors related to problem gambling services, including the 1-800-NEXT-STEP helpline; (4) awareness of self-exclusion options; (5) substance use; (6) physical and mental health status; and (7) general attitudes and beliefs about gambling, problem gambling, and government responsibilities related to problem gambling prevention; and (8) demographic information.

How the Survey Measured Gambling Harm: The Problem Gambling Severity Index (PGSI)

The PGSI is an empirically validated and widely used 9-item tool that measures the severity of gambling problems, focusing on both behavioral dependence and negative consequences.[2,3] It identifies gambling risk levels (low, moderate, or high) among individuals by assessing financial, social, and emotional harm. PGSI scores of 4-7 place a person in the “moderate-risk” category, suggesting some negative consequences. 8 or more indicates “high risk” gambling with negative consequences and a possible loss of control. Based on studies that investigated the positive predictive value of the PGSI, it is estimated that about half of those scoring in the “high risk” range would meet the medical diagnosis for a Gambling Disorder if fully assessed.[6]

The survey was conducted by the National Opinion Research Center (NORC) at the University of Chicago using its proprietary AmeriSpeak Panel, supplemented by the third-party Dynata panel, to recruit English-speaking adult Arizona residents. The analyses in this report were limited to respondents aged 21 and older, consistent with the earlier FY2022-23 survey and aligned with the minimum legal age for gambling in Arizona.

*To obtain this report’s supplemental Technical Report, detailing survey methods, please contact Elise Mikkelsen at emikkelsen@problemgambling.az.gov.

The final dataset consisted of 1,047 participants after removing responses that did not meet quality standards, such as those with high item nonresponse rates or completion times less than one-third of the median survey duration (13 minutes). The dataset includes TrueNorth calibration weights, allowing weighted estimates based on the sample that can be generalized to the Arizona adult population.

Caution should be taken against treating survey results as the absolute truth. Instead, these survey findings are best used to understand general trends and make more informed strategic decisions. There are inherent limitations and potential for errors in any survey.[7] A fuller discussion of the limitations inherent in survey research is provided within the "Limitations" section found on page 42.

Report Design

This report is designed to enhance readability and accessibility through the use of interpretive graphics, highlighted key findings, and a concise presentation of results. More detailed information regarding survey procedures, sampling, weighting, and analytic methods is provided in a separate Technical Report.

Unless otherwise noted, statistical significance is assessed at the 5% level ($p < .05$). In some instances, findings that do not meet conventional thresholds for statistical significance are nonetheless discussed when they are considered potentially informative. This typically occurs when results approach statistical significance and suggest meaningful patterns that may have reached significance with a larger sample size.

Percentage changes and related metrics reported in the text are calculated using unrounded data. However, values displayed in tables and figures are generally rounded to the nearest decimal point. As a result, minor discrepancies may occasionally appear between reported percentages and calculated differences.

The analyses presented in this report are limited to Arizona residents aged 21 and older. For brevity, this population is often referred to throughout the report simply as Arizonans, respondents, or participants.

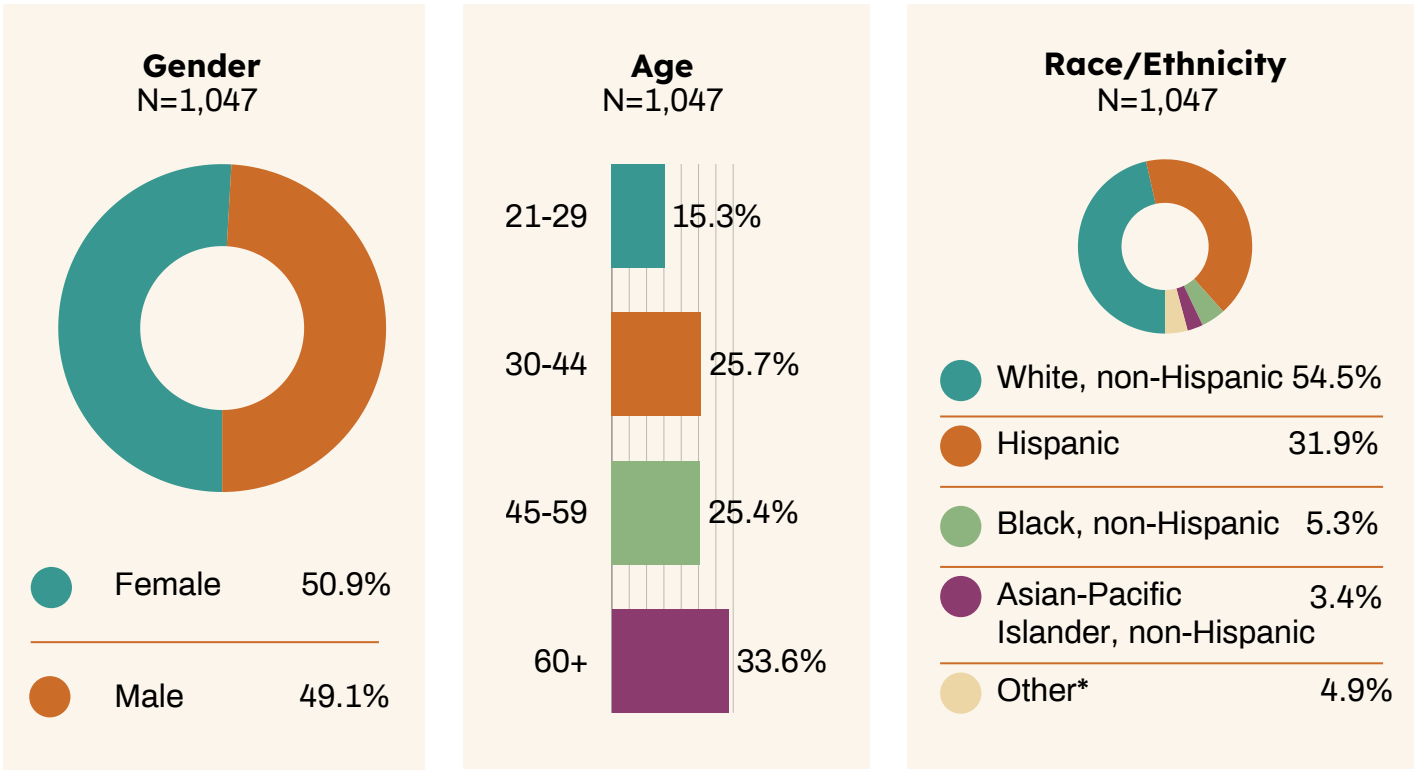
Within this report, the current survey is referred to as the FY2025-26 survey and the prior survey is referred to as the FY2022-23 survey.

Where relevant, comparisons are also made to surveys conducted in Oregon[8] and Nevada,[9] as these studies employ similar question sets and comparable probability-based sampling methodologies. All three states maintain substantial problem gambling service systems, contain both urban and rural population centers, and encompass geographically large and diverse regions. Arizona and Oregon share broadly similar gambling environments, whereas Nevada's gambling landscape is distinct in both scale and availability. Cross-state comparisons are presented selectively and only when they provide meaningful context or interpretive value.

Sample Profile

Ninety-nine percent of participants reported living in Arizona for at least one year. Figure 1 summarizes the sample by gender, age, and race/ethnicity. The sample was evenly divided between males and females. Adults aged 60 and older represented the largest age group, while participants aged 30-44 and 45-59 were represented at similar rates. White, non-Hispanic respondents comprised slightly more than half of the sample, and Hispanic respondents accounted for nearly one-third. Overall, the sample demographics generally approximated the adult Arizona population based on U.S. Census estimates.

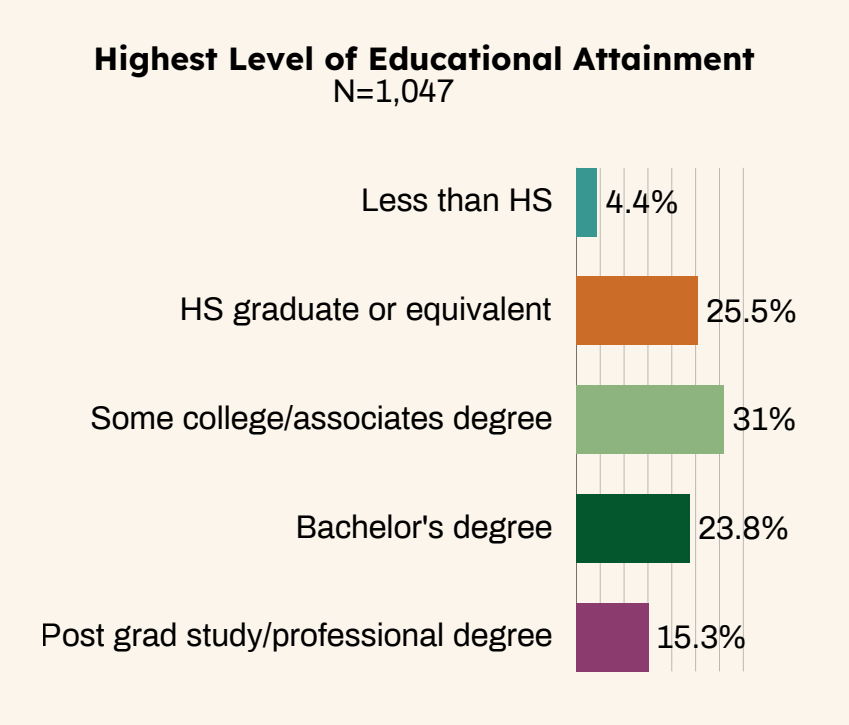
Figure 1



* Other includes 2+, non-Hispanic and Other, non-Hispanic

Figure 2 presents educational attainment and marital status. Approximately two-thirds of participants reported at least some college education, including nearly one-quarter with a bachelor's degree and 15% with postgraduate education. Nearly half of the respondents were married, while about one-third had never married.

Figure 2



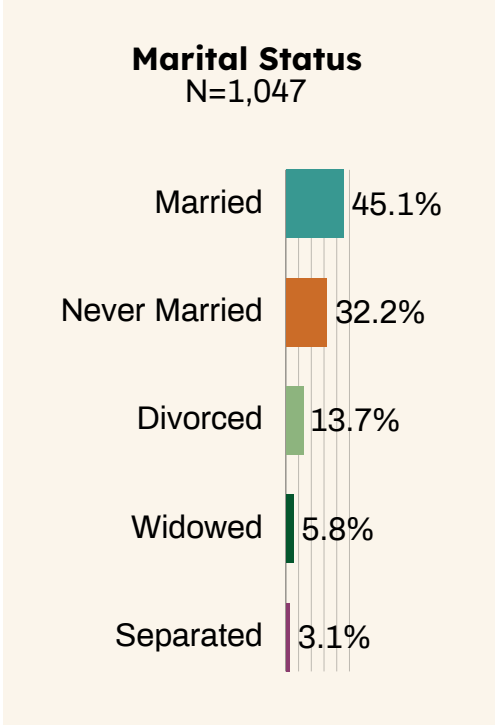
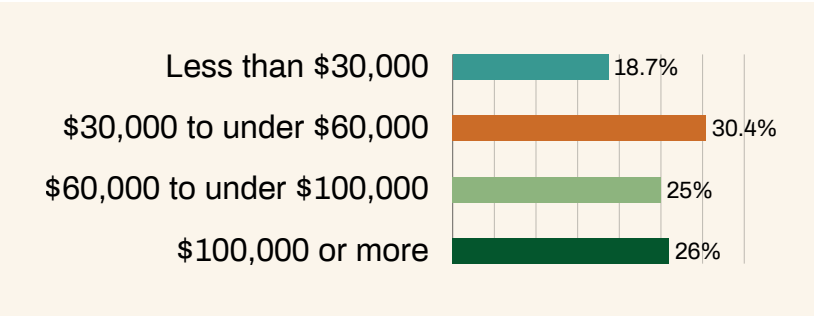


Figure 3 summarizes household income. Approximately one-quarter of respondents reported household incomes between $60,000 and $100,000, and a similar proportion reported incomes of $100,000 or more. About one in five participants reported household incomes below $30,000.

Figure 3



About 11% of respondents identified as veterans, and 97% resided in metropolitan areas, approximating the geographic distribution of Arizona's adult population.

Gambling Activities

Gambling is defined as the wagering of something of value on a game or contest of chance or skill, or on a future contingent event, with the intent of winning a benefit.*

Arizona offers a wide range of legal gambling opportunities from state-regulated options such as the lottery, bingo, pari-mutuel wagering, and sports and fantasy-sports betting, to more informal activities such as skill-based competitions and office pools. The state is home to 26 Class III tribal casinos,[10] representing an increase of two since the survey was last fielded in FY2022-23. Slightly more than half (54%) of survey respondents reported living within 10 miles of a casino.

Eighty-four percent of survey participants reported betting or spending money in the past year on at least one of the 20 gambling activities included in the survey, representing a non-significant decrease of 1.3% compared to FY2022-23. By comparison, a 2024 study conducted in Oregon found that 68% of adults aged 21 and older engaged in gambling in the past year,[8] while a 2022 study conducted in Nevada reported a participation rate of 65%.[9] Both studies used survey methodologies similar to those of the Arizona survey. These findings suggest that gambling participation rates in Arizona are substantially higher than those observed in Oregon and Nevada, by approximately 24% and 30%, respectively.

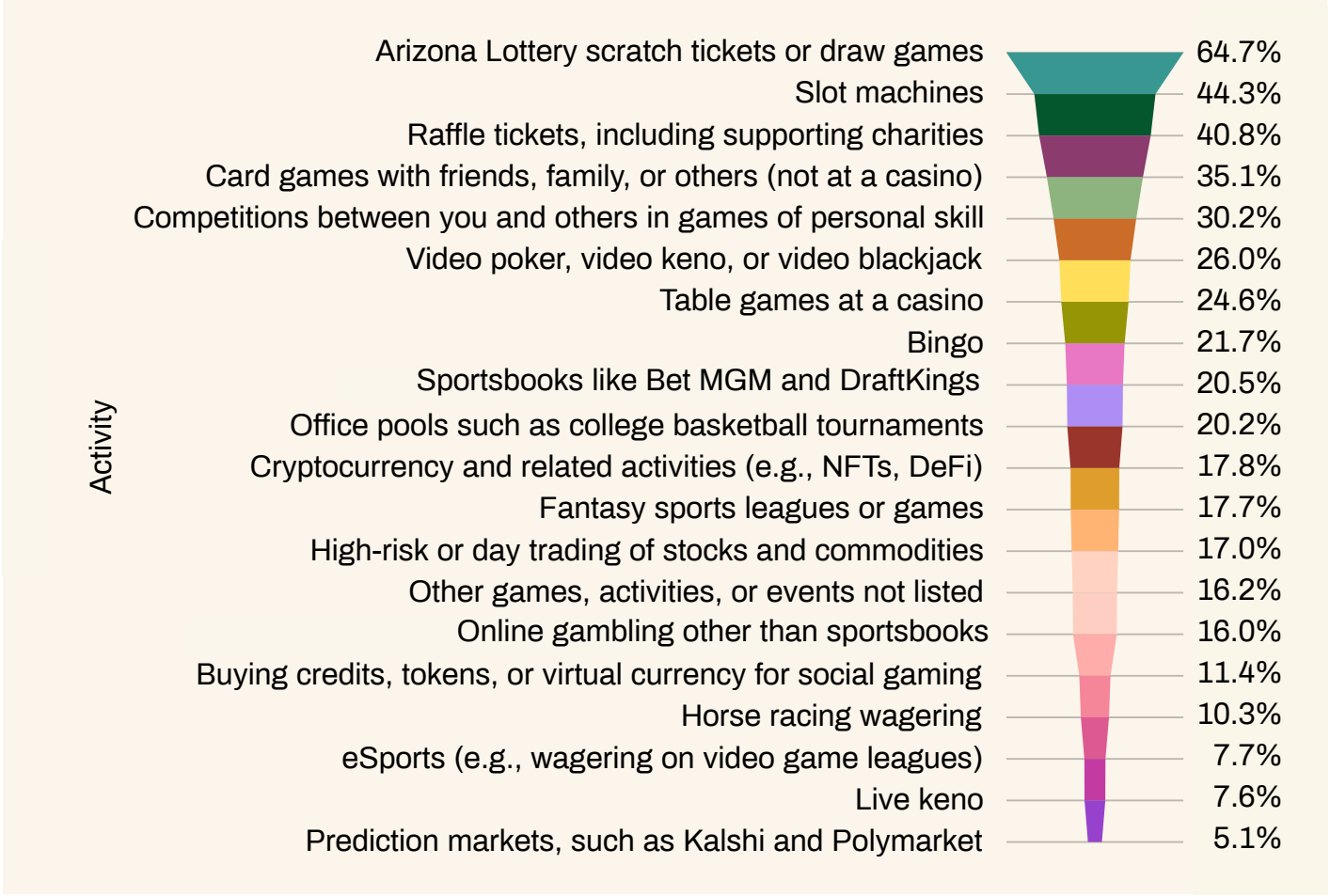
Males were 12% more likely to gamble than females (89% vs. 79%) and the average age of respondents who reported gambling was 50 years old. Participation was highest among those aged 45-59 (92%) and lowest among those aged 60 and older (78%). Although Arizonans with a high school education or equivalent had the lowest participation rate (76%), there was no clear association between higher levels of educational attainment and gambling participation, nor was there a consistent pattern with regard to household income.

In terms of gambling frequency, 57% of Arizonans reported gambling less than monthly, 13% reported gambling about once a month but less than weekly, and 30% reported gambling at least once a week. Compared to FY2022-23, the share of respondents who reported gambling weekly increased by 22%, indicating a notable increase in gambling frequency even as overall participation rates remained stable across survey periods.

Figure 4 presents gambling participation rates across the 20 gambling activities included in the survey. Wagering on the Arizona Lottery was the most common activity, followed by slot machines, raffle tickets, card games, and skill-based competitions, each of which was reported by at least one in four Arizonans aged 21 and older.

*This definition reflects the unique statutory scope of Arizona law under A.R.S. § 13-3301(6), which atypical from many other jurisdictions because it explicitly eliminates the traditional legal distinction between games of chance and games of skill, classifying both identically as gambling.

Figure 4 - Past Year Gambling Participation Rates by Activity



* Samples sizes vary by response, but all estimates are based on at least 1,033 observations.

Playing the lottery was also the most common activity engaged in on a weekly or more frequent basis, reported by 14% of participants. Sportsbook wagering was the second most common (10%), followed by competitions among individuals in skill-based games (7%) and fantasy sports (6%).

The relative ranking of gambling activities in FY2025-26 was closely aligned with that observed in FY2022-23. The largest increases were observed in sportsbooks (22%), cryptocurrencies (21%), online gambling other than sportsbooks (17%), and fantasy sports leagues or games (13%). These increases are consistent with national trends, including growth in sports wagering, the emergence of new forms of gambling (e.g., cryptocurrencies), and online wagering. However, only the growth in sportsbooks and cryptocurrencies were statistically significant. The largest declines were observed in buying credits, tokens, or virtual currency on social casinos (11%) and eSports (9%); however, these differences were not statistically significant.

Twelve percent of Arizonans living within 10 miles of a casino reported that proximity increases their likelihood of gambling, consistent with findings from FY2022-23.

Sports Wagering

Sports wagering was launched in Arizona in September 2021, allowing betting at licensed retail sports books and through licensed online platforms. As shown in Figure 4, 21% of Arizonans reported wagering at sports books such as DraftKings and BetMGM. Males were 2.2 times more likely to engage in sports wagering than females (28% vs. 13%), and younger Arizonans were more likely to participate than older Arizonans, with rates as high as 33% among those aged 21-29 and as low as 7% among those aged 60 and older. Moreover, Arizonans who identify as non-Hispanic Black and Hispanic were 2.1 and 1.7 times more likely, respectively, to engage in sports wagering.

Over the past 12 months, 30% of survey participants reported attending professional or collegiate sporting events, a significant increase from 17% in FY2022-23. Additionally, 14% of Arizonans reported betting money on Arizona's professional or collegiate sports teams, a rate comparable to FY2022-23. These findings suggest that while more Arizonans are attending sporting events, participation in wagering on Arizona-based teams has remained relatively stable.

In FY2025-26, 22% of Arizonans reported engaging in legal sports betting using online or app-based platforms, compared to 16% who reported betting at physical locations. This indicates a preference for online and mobile wagering relative to in-person betting. Males were more than twice as likely as females to use online or app-based platforms, consistent with their higher overall participation in sports betting. Similarly, males were nearly three times as likely as females to place sports wagers at physical locations.

Younger Arizonans, aged 21-29, had the highest usage rate of online or app-based sports platforms at 32%, with usage declining with age, reaching 8% among those aged 60 and older. Arizonans who identify as non-Hispanic Black and Hispanic were 2.4 and 2 times more likely, respectively, to use online or app-based platforms, partly reflecting their higher rates of engagement in sports wagering overall.

Arizonans who use online or app-based sports wagering are more than three times as likely (68% versus 20%) to gamble weekly, or more often. Moreover, those who use online or app-based sports platforms are substantially more likely to engage in sports wagering at least weekly (43% versus 0.3%). These findings are consistent with the broader pattern that app-based sports wagering is associated with higher levels of gambling engagement and highlight the role that digital platforms may play in increasing the frequency of participation.

Prediction Markets

Prediction markets are platforms that allow participants to wager on the outcomes of future events, such as political elections, weather patterns, and sporting events. While these platforms have existed for decades, they have recently expanded in scope, accessibility, and visibility. Platforms such as Kalshi have expanded the range of events people can wager on. They have also increased accessibility through app-based platforms and integration with widely used financial applications such as Robinhood, and platforms associated with traditional sports betting brands like DraftKings and FanDuel.

A key policy concern is that prediction markets operate under a different regulatory framework than traditional gambling. Platforms such as Kalshi are overseen at the federal level as financial exchanges, whereas legal gambling activities in Arizona are regulated at the state level and include consumer protections, such as restricting gambling to individuals aged 21 and older and providing operator oversight. As a result, prediction markets are not subject to the same safeguards that apply to state-regulated gambling activities, creating gaps in consumer protection.

The State of Arizona's position is that certain prediction markets constitute gambling under Arizona law and are operating illegally in the state. Arizona is one of numerous states currently in litigation with prediction market operators and the Commodities Futures Trading Commission. The current litigation highlights the ongoing legal and regulatory uncertainty surrounding prediction markets.

Given the rapid growth of prediction markets, this survey examined participation in platforms such as Kalshi and Polymarket. Over the past year, 5% of survey participants reported betting on these markets. Males were more than twice as likely as females to participate (7% vs. 3%). Arizonans aged 21-29 had the highest participation rate at 10%, with participation declining steadily with age to 1% among those age 60 and older, indicating a significant negative association between age and prediction market participation.

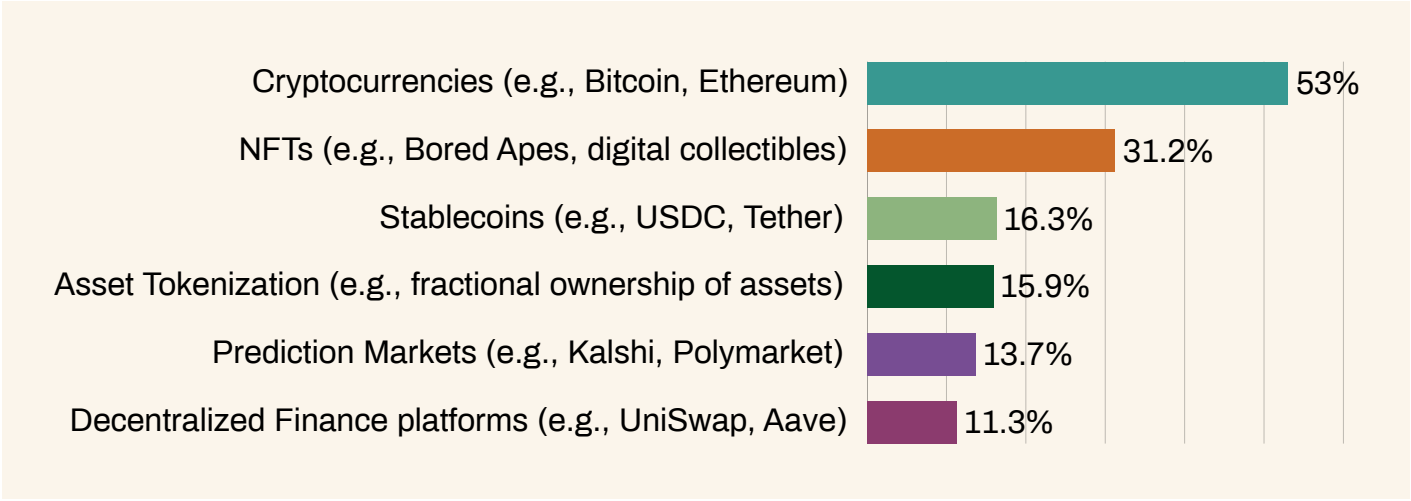
Arizonans who gambled more frequently were significantly more likely to participate in prediction markets. Compared to those who gambled less often, individuals who gambled more than monthly but less than weekly were 7.3 times more likely to participate, while those who gambled weekly or more were 24.3 times more likely to do so.

The survey also explored awareness of non-traditional financial or digital activities that may involve elements similar to gambling. Figure 5 displays these results. Awareness of these gambling-like financial products varies considerably across categories. Cryptocurrencies are the most widely recognized, with 53% of respondents reporting being very or somewhat aware, followed by NFTs (31%). Awareness of other financial products with gambling-like elements is substantially lower.

These findings suggest that public awareness is concentrated in more widely discussed topics, such as cryptocurrencies, while newer or more complex systems remain less understood.

Awareness is an important precursor to participation: people cannot engage in an activity if they are not aware of it. Prediction markets had an awareness rate of 14%, which is 2.7 times higher than the 5% participation rate shown in Figure 4, indicating a substantial pool of individuals who are aware but not yet participating.

Figure 5 - How familiar are you with the following financial or digital activities that may involve elements similar to gambling?*



*Samples sizes vary by response, but all estimates are based on at least 1,034 observations.

Other Illegal Gambling Activities

Figure 4 shows that 16% of Arizonans engage in online gambling activities other than sports betting, compared to 14% in FY2022-23. While this represents a 17% relative increase, the absolute difference is only 2.4 percentage points and is not statistically significant. †

Males were 2.4 times more likely than females to engage in these activities (23% vs. 10%). Younger Arizonans (aged 21-29) had the highest participation rate of 35%, while those aged 60 and older had the lowest rate of 5%. Similarly, participation was highest among those with the lowest levels of educational attainment (39% among those with less than a high school education) and lowest among those with the highest levels of education (7%), with rates declining steadily as educational attainment increases.

†This highlights an important distinction: relative changes can appear large when the baseline is small, but statistical significance depends on the magnitude of the absolute difference relative to the variability in the data, not the relative percentage change.

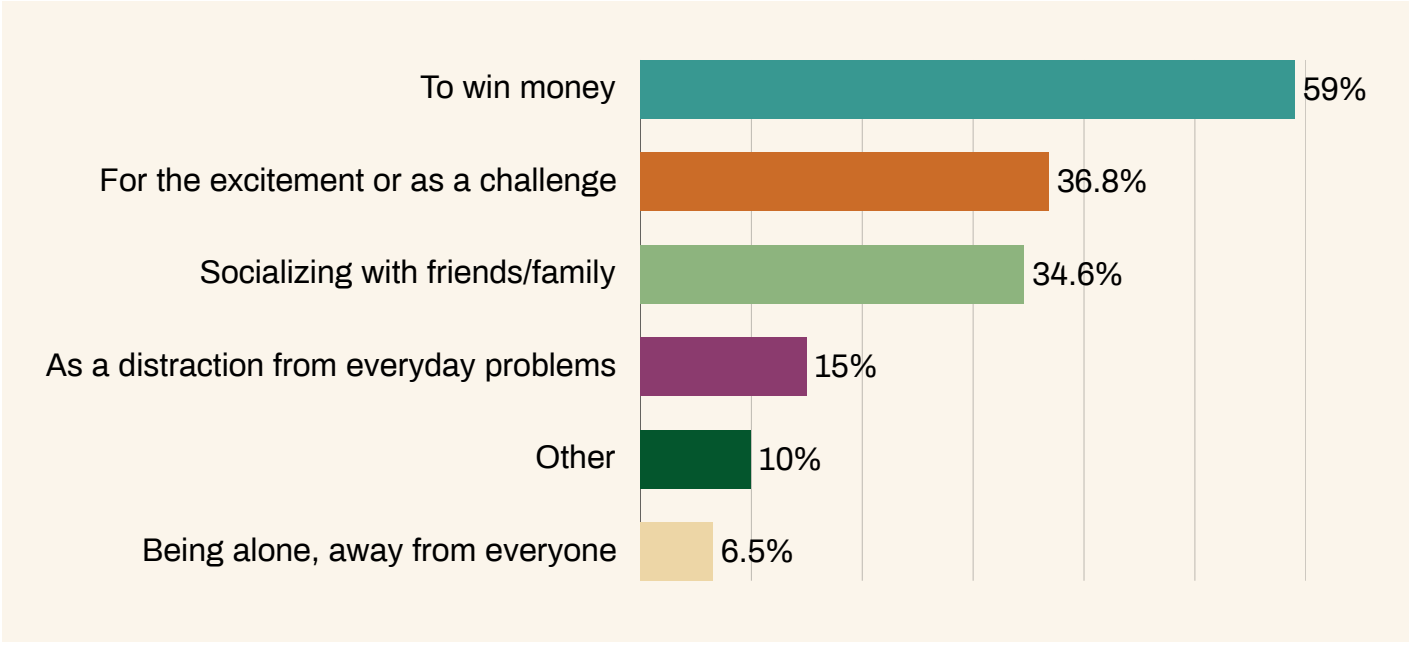
Gambling Motivations

To better understand the underlying motivations of gambling behavior, the survey asked respondents to indicate their motivations for engaging in gambling activities. (Participants were allowed to select more than one reason.) These motivations reflect a range of social, emotional, and financial factors, including social interaction, excitement, financial gain, and coping or escape. Examining these motivations provides important context for understanding not only why individuals gamble, but also how different patterns of engagement may be associated with varying levels of risk.

Figure 6 displays the results. The most common motivations for gambling are winning money, followed by excitement or challenge, and then socializing with friends and family. These patterns are largely consistent with those reported in FY2022-23. The average number of motivations reported was 1.6, the same rate found in FY2022-23. Males reported slightly more motivations than females (1.7 vs. 1.5); however, this difference is not statistically significant.

Males were more likely than females to report “being alone, away from everyone” and “as a distraction from everyday problems” as reasons for gambling, while females were more likely to cite “socializing with friends and family” as a motivation. By age, gambling “for excitement or as a challenge” peaks among respondents aged 21-29 and is lowest among those aged 60 and older (56% vs. 33%). Similarly, respondents aged 21-29 were 3.5 times more likely than those aged 60 and older to report “being alone, away from everyone” (11% vs. 3.2%).

Figure 6 - Which of the following best describes the most common reason(s) you gamble? (N=881)



Problem Gambling

To assess gambling-related risk among Arizonans aged 21 and older, the survey utilized the Problem Gambling Severity Index (PGSI), a widely used screening tool designed to identify varying levels of gambling-related harm.[2,3,6] Measuring problem gambling is important because harm does not occur only among those with the most severe symptoms; rather, it exists along a continuum, with individuals at lower levels of risk still experiencing meaningful negative consequences. Identifying individuals who are at risk is critical for early intervention and prevention, as these individuals may be more likely to experience escalating harms over time.

The PGSI consists of nine items that ask respondents how often they have experienced specific gambling-related issues, such as betting more than they could afford to lose or chasing losses. Responses are recorded on a four-point Likert scale: “Never” (0), “Sometimes” (1), “Most of the time” (2), and “Almost always” (3). Item scores are summed, and respondents are classified into the following categories based on their total score:

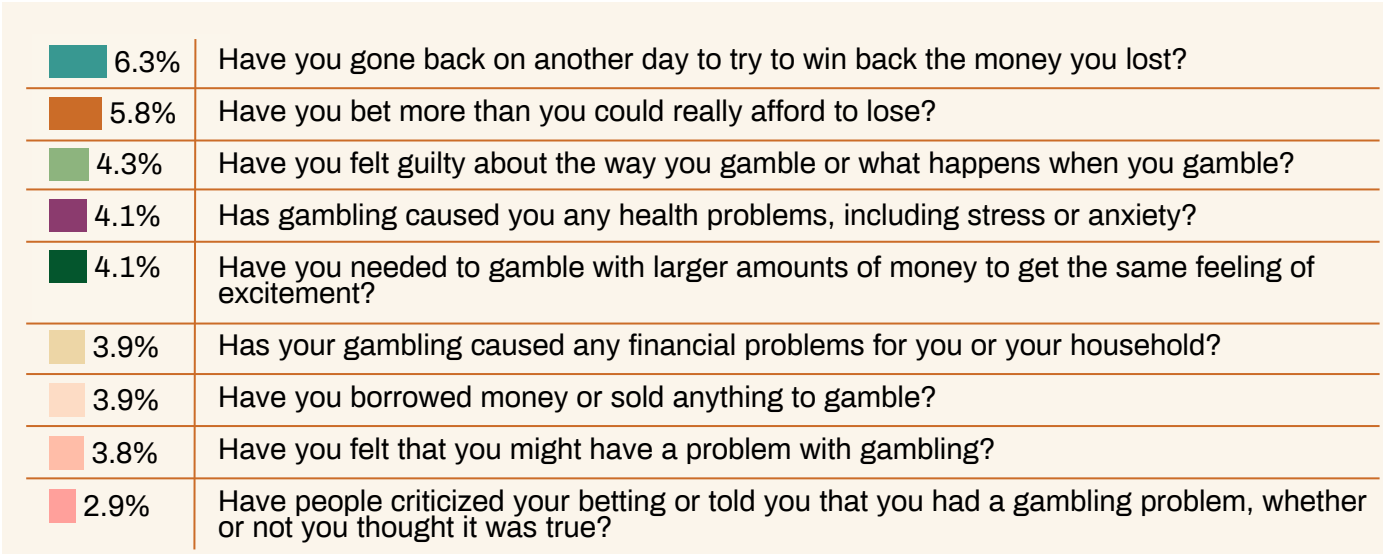
- **Minimum-risk (0):** No measurable gambling-related harm
- **Low-risk (1-2):** Minor or occasional issues
- **Moderate-risk (3-7):** Some negative consequences and elevated risk of escalation
- **High-risk for Problem Gambing (8 or more):** Significant gambling-related harm

In short, the PGSI provides a standardized measure of gambling-related harm across a continuum of severity and serves as a useful tool for monitoring trends in gambling-related harm over time.

Figure 7 shows the percentage of survey participants who responded “Most of the time” or “Almost always” to each of the nine PGSI items. Returning on another day to try to win back money lost (“chasing losses”) had the highest endorsement rate (6%), followed by betting more than one could afford to lose (6%) and feeling guilty about gambling (4%). The relatively high endorsement of chasing losses and betting beyond affordability suggests a loss of control and impaired decision-making, while the presence of guilt indicates awareness of negative consequences.

While there are small differences compared to FY2022-23, none are statistically significant, indicating that endorsement patterns for individual PGSI items have remained relatively stable over time.

Figure 7 - Percent of Arizonans who responded "Most of the Time" or "Almost Always"*



* Samples sizes vary by response, but all estimates are based on at least 1,035 observations.

Table 1 shows the distribution of PGSI risk categories across both survey periods. Compared to FY2022–23, the share of respondents in the “none” or no negative consequences category declined, while the proportion in the low-risk category increased, suggesting a shift toward earlier-stage gambling-related risk. In addition, the percentage of Arizonans in the high-risk category increased by 9%. Although none of the individual category differences reached statistical significance, the overall pattern reflects a statistically significant shift toward higher gambling severity in FY2025-26 relative to FY2022-23.†

Compared to the Oregon and Nevada surveys mentioned previously, which also used the PGSI instrument, Arizona had a 40% higher share of respondents in the high-risk category than Oregon (8.4% vs. 6.0%) but a 44% lower share than Nevada (8.4% vs. 15.1%).

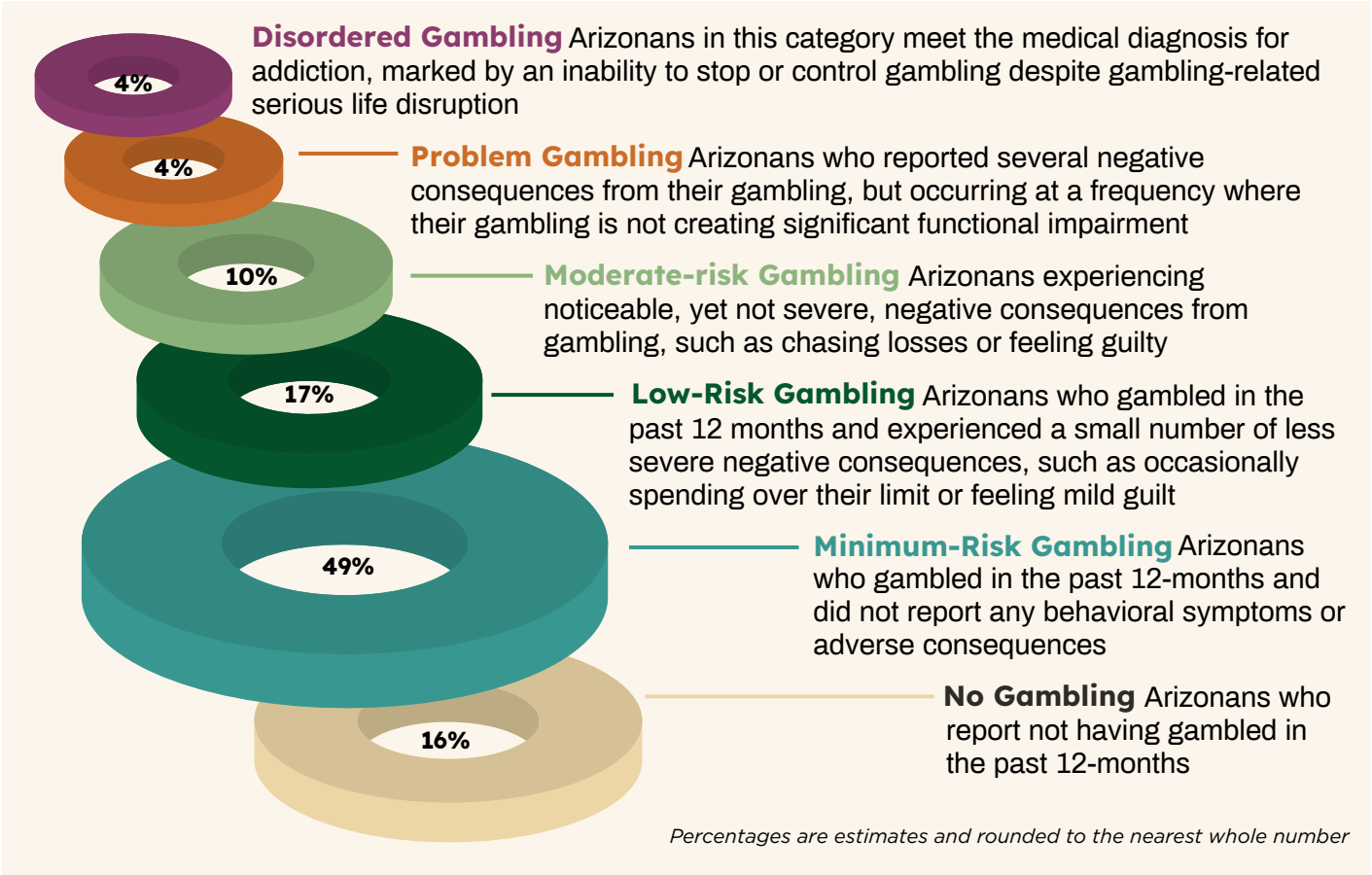
Table 1 - PGSI Risk Categories‡

Risk Category	FY2025-26	FY2022-23	% change
Minimum	64.6%	67.8%	-4.8 ↓
Low	17.1%	14.5%	17.9 ↑
Moderate	9.9%	10.0%	-0.3 ↓
High	8.4%	7.7%	8.8 ↑

‡For FY2025-26 N=1,046; for FY2022-23 N=1,269
†While there is evidence of a shift toward higher levels of risk in FY2025-26 compared to FY2022-23, the difference in the high-risk category alone is not statistically significant. This is likely because tests based on overall shifts in the distribution use the full sample and are more sensitive to change, whereas comparisons of the high-risk category rely on a relatively small subset of respondents.

Figure 8 utilizes findings from the PGSI scores to portray the spectrum of gambling-related harm across the Arizona adult population. In this depiction, those in the "minimum risk" category described in Table 1 were divided into two categories: those who reported not having gambled in the past 12-months (16%) and those who gambled and scored a "0" on the PGSI (49%).

Figure 8 - Gambling Harm Spectrum Among Adult Arizonans



The Problem Gambling Severity Index (PGSI) is a screening instrument rather than a diagnostic tool, meaning that not everyone classified in the "high-risk" category (PGSI score of 8 or higher) will meet clinical criteria for Gambling Disorder. Validation studies generally suggest that the positive predictive value (PPV) of the PGSI high-risk category is approximately 49%, indicating that about half of individuals identified as high risk are likely to meet diagnostic criteria for Gambling Disorder upon clinical assessment.[6] Therefore, if 8% of survey participants fall within the PGSI high-risk category, it would be reasonable to estimate that approximately 4% of participants would be expected to meet the criteria for a Gambling Disorder. This distinction is important because the PGSI is designed to identify elevated risk and gambling-related harm at the population level, rather than to provide a formal clinical diagnosis. Therefore, the 4% Gambling Disorder figure is an estimate that should be interpreted with caution.[11]

Demographic Characteristics

The survey includes a broad set of questions that enable analysis of how demographic characteristics, behaviors, health-related factors, and attitudes are associated with moderate- to high-risk gambling severity. These findings are largely consistent with those reported in FY2022-23.* Key findings are summarized below.

Several demographic characteristics were associated with elevated moderate- to high-risk gambling severity. Males were 1.5 times more likely than females to fall within the moderate- to high-risk categories (22% versus 15%). Risk also declined steadily with age, ranging from 26% among Arizonans aged 21-29 to 10% among those aged 60 and older.

Socioeconomic factors were similarly associated with gambling risk. Arizonans living in households with incomes below $30,000 had the highest rate of moderate- to high-risk gambling severity (29%), compared to 16% among higher-income groups. Lower levels of educational attainment were also associated with greater risk, with rates ranging from 35% among those with less than a high school education to 15% among those with postgraduate education.

Differences were also observed across racial and ethnic groups. Arizonans identifying as Hispanic were nearly twice as likely to score in the moderate- to high-risk categories compared to non-Hispanic Whites (27% versus 14%). Non-Hispanic White respondents had the lowest statistically significant rate overall (12%), compared to 26% among all other racial and ethnic groups combined.

Marital status also showed meaningful variation. Arizonans who were separated (36%) or never married (24%) reported the highest rates of moderate- to high-risk gambling severity. Elevated risk among separated individuals may reflect the effects of financial strain, stress, or life disruption while the higher rates among never-married respondents may partially reflect the younger age profile of this group.

Gambling Behaviors

Greater gambling frequency was strongly associated with higher PGSI risk levels for experiencing gambling-related harm. Rates of moderate- to high-risk PGSI classification ranged from 39% among individuals who gambled at least weekly to 7% among those who gambled once a month or less.

* This report includes several classes of variables that were not part of the FY2022-23 survey, including health and substance use factors that are strongly associated with problem gambling risk.

Several specific gambling activities were associated with particularly elevated levels of PGSI risk. The highest rates of moderate- to high-risk PGSI classification were observed among individuals participating in prediction markets (69%), purchasing credits or tokens on social gaming platforms (67%), eSports wagering (66%), and online gambling other than sports betting (53%). Sportsbook wagering was also strongly associated with elevated risk, with 44% of participants falling within the moderate- to high-risk PGSI categories.

Overall, activities involving online, app-based, or emerging forms of gambling tended to be associated with the highest levels of risk for experiencing gambling-related harm.

Reasons for Gambling

Certain gambling motivations were strongly associated with elevated risk for experiencing gambling-related harm. Arizonans who reported gambling “as a distraction from everyday problems” or “to be alone, away from everyone” were 2.6 and 2.3 times more likely, respectively, to fall within the moderate- to high-risk PGSI categories compared to those who did not report these motivations.

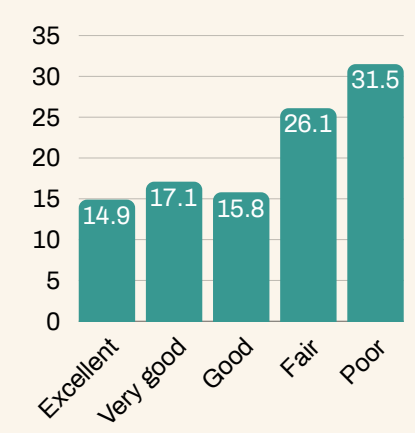
These findings suggest that the reasons individuals gamble are an important dimension of gambling-related risk. Demographic characteristics help identify who may be more vulnerable, gambling activities reflect patterns of behavior, and gambling motivations provide insight into the underlying psychological and emotional drivers associated with elevated risk. Taken together, these factors offer a more comprehensive understanding of gambling-related harm.

Health

In addition to demographic, motivational, and behavioral factors, the survey examined the relationship between PGSI risk levels for experiencing gambling-related harm and a range of health indicators, including self-rated physical health, chronic physical conditions, and mental health diagnoses. Examining these relationships is important because gambling-related harm often co-occurs with broader physical and behavioral health challenges.

Figure 9 shows a clear relationship between self-reported physical health and PGSI risk levels. Arizonans who rated their physical health as excellent had the lowest rate of moderate- to high-risk PGSI classification (15%), while those rating their health as poor had the highest rate (32%), compared to an overall average of 18%.

Figure 9 - Self-reported physical health and PGSI classification (%)
(N=1,046)



Several diagnosed physical health conditions were also associated with elevated PGSI risk levels. Arizonans reporting liver disease (46%) and insomnia (32%) had significantly higher rates of moderate- to high-risk PGSI classification, whereas conditions such as high blood pressure, obesity, diabetes, and fibromyalgia were not significantly associated with elevated risk.

A broader range of mental health conditions was associated with elevated PGSI risk levels. Respondents diagnosed with bipolar disorder (45%), ADHD (40%), PTSD (31%), anxiety (27%), and depression (25%) all reported substantially higher rates of moderate- to high-risk gambling-related harm. Individuals reporting intellectual or developmental disabilities, such as Down syndrome, also exhibited elevated rates (41%). In contrast, Autism Spectrum Disorder (ASD) was not significantly associated with elevated PGSI risk levels.

Overall, these findings suggest that poorer physical health and several mental health conditions are associated with increased vulnerability to gambling-related harm, with mental health conditions showing the strongest and most consistent associations.

Substance Use

This section examines the relationship between substance use and PGSI risk levels for experiencing gambling-related harm. Understanding these relationships is important as gambling and substance use often co-occur and may share common underlying risk factors, including impulsivity, coping strategies, and exposure to reinforcing environments.

Table 2 shows the relationship between substance use and moderate- to high-risk PGSI classification. Use of cocaine, methamphetamine, and other stimulants was associated with the highest levels of risk, with users 3.6 times more likely to fall within the moderate- to high-risk PGSI categories compared to non-users. Elevated rates were also observed among individuals reporting opioid use (3.4 times higher risk), tobacco or nicotine use (2.6 times higher), and cannabis use. Alcohol use was the only substance not associated with a statistically significant increase in PGSI risk levels, including among individuals who consumed alcohol at least weekly.

Table 2 - Substance use and PGSI moderate- to high-risk percentages*

Cocaine, methamphetamine, other stimulants	54.6%
Opioids	53.9%
Tobacco/nicotine	32.6%
Cannabis	24.0%
Alcohol	17.9%

* Sample sizes vary by question, but all estimates are based on at least 1,038 observations.

Table 3 examines this relationship from the opposite perspective by comparing rates of substance use across PGSI risk categories. Substance use rates were consistently higher among Arizonans in the moderate- to high-risk PGSI groups. Compared to those in the no-risk to low-risk categories, moderate- to high-risk respondents reported rates of cocaine and other stimulant use that were 5.4 times higher, opioid use 5.3 times higher, tobacco or nicotine use 2.2 times higher, and cannabis use 1.4 times higher. Consistent with the findings above, alcohol use did not demonstrate a meaningful association with elevated PGSI risk.*

Table 3 - Substance use by PGSI risk category (%)†

PGSI Risk Category	Alcohol	Tobacco/nicotine	Cannabis	Opioids	Cocaine
Minimum to low	64.8%	23.6%	30.3%	3.7%	4.5%
Moderate to high	64.3%	51.5%	42.5%	19.5%	24.2%

†Samples sizes vary by question, but all estimates are based on at least 1,038 observations.

Overall, these findings demonstrate a strong relationship between gambling-related harm and substance use, particularly stimulant and opioid use. Although gambling-related harm is often addressed separately from substance use concerns, the overlap between these behaviors suggests that prevention, screening, and treatment efforts may benefit from more integrated healthcare and behavioral health approaches.

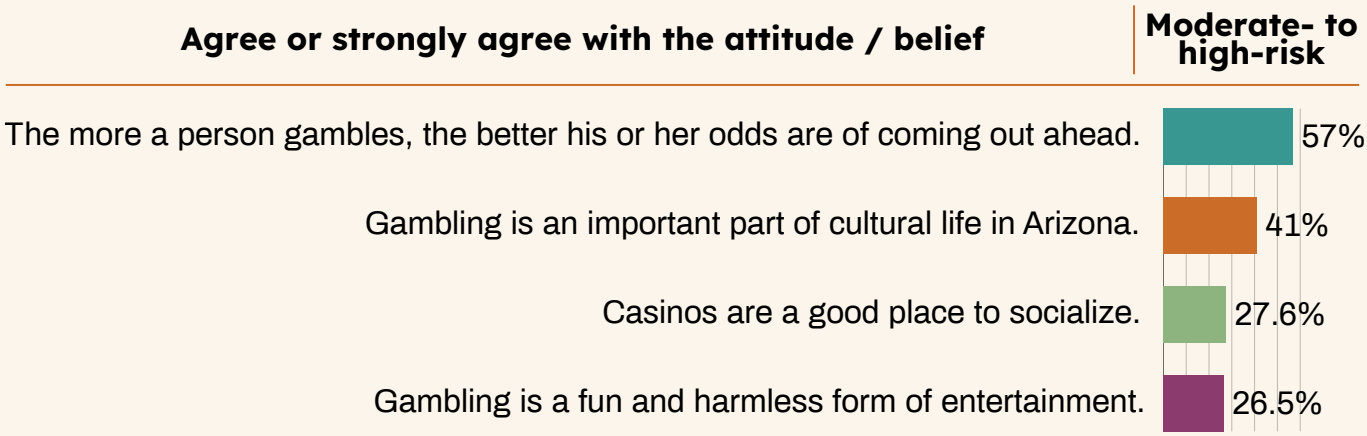
Attitudes and Beliefs

The survey included several questions examining Arizonans' attitudes and beliefs about gambling and gambling-related harm. As shown in Figure 10, a number of these beliefs were associated with an elevated risk for experiencing gambling-related harm. Attitudes and beliefs may influence how individuals perceive gambling-related risk, reward, and personal control over gambling outcomes.

Several gambling-related myths and positive perceptions of gambling were associated with higher PGSI risk levels. These included beliefs that gambling more increases the likelihood of eventually coming out ahead and that gambling is a fun and harmless form of entertainment. Notably, the belief that gambling is a fun and harmless activity was endorsed by 57% of respondents, the highest rate among the attitudes and beliefs examined.

* Tests of association are symmetric, meaning the statistical relationship between two variables does not depend on which variable is treated as the independent or dependent factor. Accordingly, analyses examining substance use in relation to PGSI risk levels produce the same statistical relationships as analyses examining gambling risk in relation to substance use. These findings reflect associations and should not be interpreted as evidence of causation.

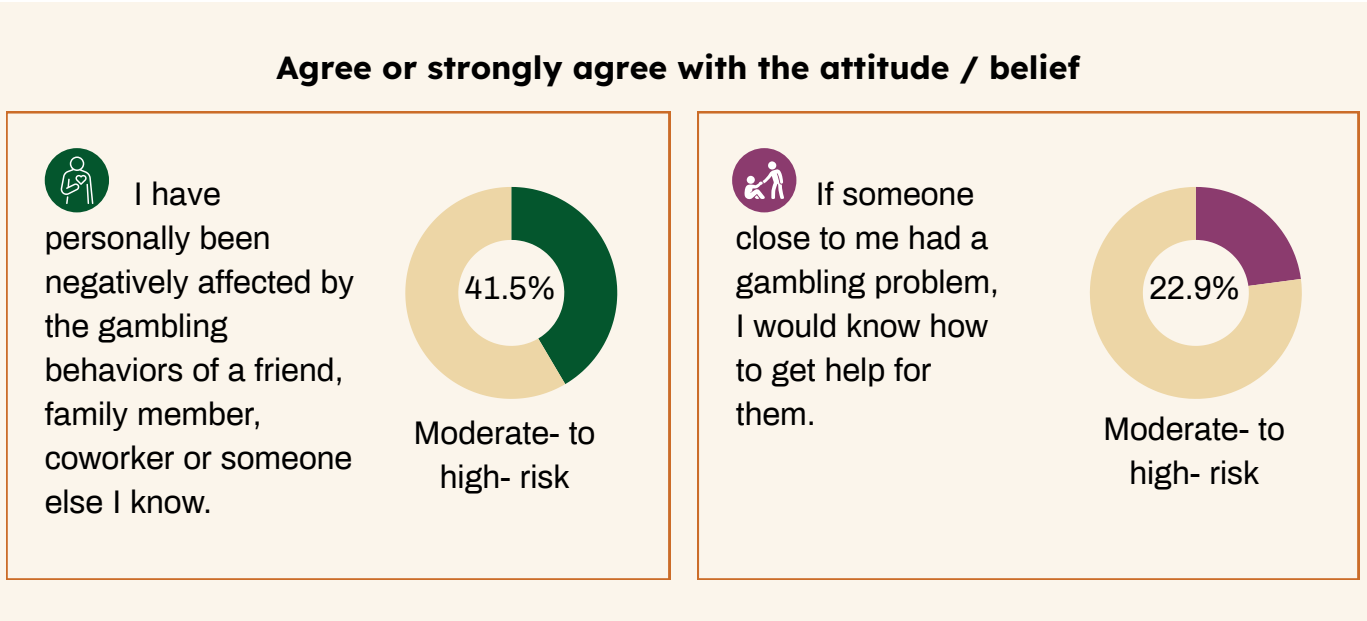
Figure 10 - Associations between attitudes and beliefs and PGSI moderate- to high-risk percentages*



* Samples sizes vary by question, but all estimates are based on at least 1,037 observations.

Figure 11 presents another set of attitudes and beliefs that capture both exposure to gambling-related harm and the ability to respond to it. Arizonans who reported being personally affected by the gambling behavior of others had PGSI moderate- to high-risk rates that were approximately three times higher than those who were not. Similarly, those who reported knowing how to help someone with a gambling problem had rates that were about 1.5 times higher.

Figure 11 - Associations between attitudes and beliefs and PGSI moderate- to high-risk percentages†



†Samples sizes vary by question, but all estimates are based on at least 1,037 observations.

Substance Use While Gambling

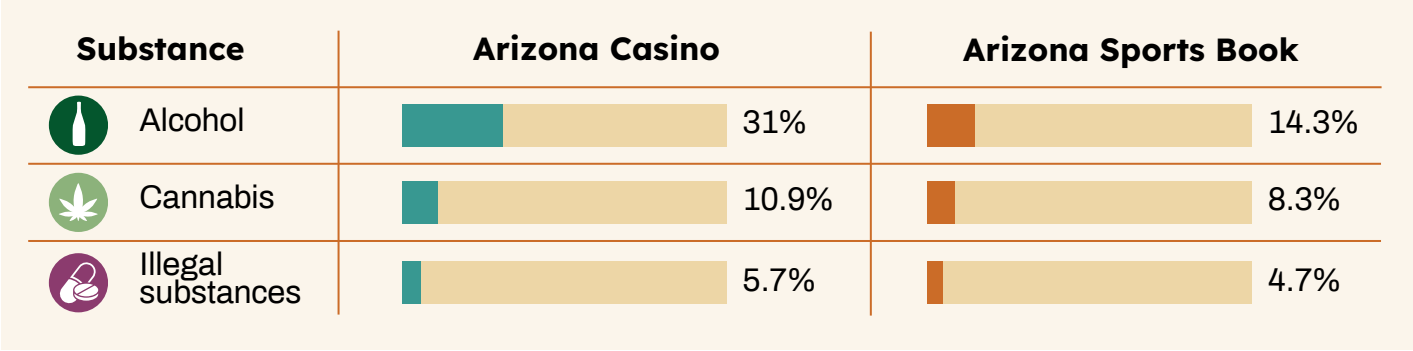
The survey also examined substance use in gambling environments, including Arizona casinos and sports books. These questions were designed to better understand the extent to which alcohol, cannabis, and other substances are used immediately before or while gambling.

Figure 12 summarizes these findings. Alcohol use was the most commonly reported substance in gambling settings, particularly in casinos. Approximately 31% of Arizonans reported consuming alcohol at a casino, compared to 14% at a sports book, more than double the rate. Cannabis use was less common but still notable, with 11% reporting use at casinos and 8% at sports books. The smaller difference between venues suggests that cannabis use may be less dependent on a gambling setting than alcohol use. Use of illegal substances was relatively low in both environments, reported by 6% of respondents at casinos and 5% at sports books.

Overall, substance use was more prevalent in casinos than in sports books across all categories, with the largest difference observed for alcohol. This pattern suggests that casino environments may be more conducive to co-occurring substance use, which may have implications for gambling behavior and risk, given the impact of substance use on decision-making.

Substance use while gambling also varied by demographic characteristics. Males were more likely than females to report alcohol use in both casinos and sports books; however, there were no meaningful gender differences for cannabis or illegal substance use. Across all substances and venues, prevalence declined with age, indicating higher rates among younger respondents.

Figure 12 - During the past 12 months, how often have you used any of the following substances either immediately before (and you were still feeling its effects) or while gambling?*



* Samples sizes vary by question, but all estimates are based on at least 1,031 observations.

The survey also explored whether respondents had ever been denied service due to intoxication or approached by casino or sports book staff expressing concern about their substance use. Overall, 3% of Arizonans reported experiencing at least one of these situations.

Self-reported Efforts to Stop, Cut Back or Concerns Raised by Others

This section examines self-reported concerns and attempts to reduce or quit a range of behaviors, including gambling, substance use, gaming, and other potentially problematic activities. Respondents were asked whether they had experienced them as problematic, tried to cut down on these behaviors, or had others express concern during the past 12 months.

These measures provide insight into how individuals perceive and respond to their own behavior, capturing early indicators of risk that may not yet be reflected in formal diagnostic measures. Understanding these patterns is important, as efforts to reduce or control behavior, particularly when prompted by concern, may signal emerging harm and opportunities for early intervention.

Table 4 displays the results. The three indicators, perceived problematic behavior, attempts to cut down or quit, and concern expressed by others, are positively associated, suggesting a consistent pattern across internal recognition, behavioral response, and external validation.

Arizonans were more likely to report attempting to quit or cut down a behavior than to report the behavior as problematic (9% versus 5%). The rate of reporting behavior as problematic was similar to the rate of others expressing concern (4.8% versus 4.6%).

Food or eating, shopping or spending, and internet use were the three highest-ranked behaviors across all categories. Gambling-related issues ranked 7th for self-reported problem, 5th for trying to quit or cut down, and 6th for someone expressing concern.

These results are largely consistent with those observed in FY2022-23, with several notable exceptions in related behavioral areas. In particular, there was a nearly two-fold increase in Arizonans reporting problems with video gaming (3.0% vs. 1.5%) and an 84% increase in problems with mobile phone gaming (3.4% vs. 1.8%). The observed increases may reflect broader trends in digital engagement and the growing convergence between gaming and gambling-like activities, as discussed below.

Among Arizonans who reported gambling as a problematic behavior, the most commonly co-occurring problematic behaviors were video gaming (53%), mobile phone gaming (45%), and shopping or spending (44%). The most common co-occurring attempts to quit or reduce were also video gaming (34%), food or eating (28%), and shopping or spending (25%), and the most frequently reported concerns expressed by others were mobile phone gaming (49%), sexual behaviors (32%), and food or eating (28%).

These findings indicate that gambling-related problems frequently co-occur with other potentially problematic behaviors, particularly those that are often digitally mediated, such as video gaming and mobile phone use. The high overlap suggests that gambling-related harm may not occur in isolation, but rather as part of a broader pattern of difficulty regulating behavior.

Table 4 - During the past 12 months, which behaviors have you tried to quit/cut down, or had someone express concern about, or have been problematic for you?*

Behavior	Has been problematic	Tried to quit or cut down	Have had someone express concern
Shopping or spending	6.0%	12.5%	6.4%
Food or eating	8.7%	19.0%	6.4%
Internet use	5.7%	12.0%	5.4%
Drug or alcohol use	4.9%	9.0%	4.7%
Moblie phone gaming	3.4%	5.3%	4.4%
Gambling	3.2%	5.7%	3.7%
Sexual behaviors	3.8%	2.9%	3.0%
Video gaming	3.0%	4.6%	2.9%

* Samples sizes vary by question, but all estimates are based on at least 1,040 observations.

Voluntary Self-Exclusion

Voluntary self-exclusion (VSE) is widely recognized as a harm-reduction strategy for individuals experiencing gambling-related problems. These programs help individuals limit or stop gambling by creating formal barriers to access gambling venues and online platforms. Individuals who enroll in self-exclusion programs are also prohibited from receiving promotional materials from operators, which may help reduce gambling urges and exposure.

Arizona currently offers two primary self-exclusion programs. Casino self-exclusion allows individuals to voluntarily exclude themselves from all casinos operating within the state. Event Wagering and Fantasy Sports (EWFS) self-exclusion allows individuals to prohibit themselves from placing wagers or entering fantasy sports contests at licensed retail locations and Arizona-regulated online or mobile platforms. Individuals enrolled in either program are prohibited from collecting winnings or recovering losses incurred while gambling during the exclusion period. Restrictions also extend to non-gambling amenities offered by gambling facilities, including hotels, restaurants,

concerts, and conventions. Participants may select exclusion periods of one, five, or ten years, and enrollment cannot be revoked until the selected term has expired.

In FY2025-26, 19% of Arizonans reported awareness of casino VSE programs, while 15% were aware of sportsbook VSE programs, levels comparable to those reported in FY2022-23.

Awareness of both casino and sportsbook VSE programs was higher among males than females, with rates approximately 1.5 times greater. Awareness was also highest among respondents who engaged in more frequent or higher-risk gambling activities. Participants reporting live Keno wagering had the highest awareness of casino VSE programs (59%), followed by those participating in prediction markets (48%) and eSports wagering (41%). Awareness of sportsbook VSE programs followed a similar pattern.

Overall, awareness of VSE programs increased with gambling frequency, suggesting that individuals who gamble more regularly may be more likely to encounter or seek out information about these programs.

Information-seeking behavior

Problem gambling helplines are confidential, free resources that provide information, support, and referrals to individuals experiencing gambling-related harm, as well as to their family members. These services are typically available via phone, text, or chat, and are designed to connect individuals with treatment options and other support services.

The survey asked participants whether they had seen or heard of the Arizona Department of Gaming Problem Gambling Helpline (1-800-NEXT-STEP). In FY2025-26, 48% of Arizonans reported awareness of the helpline, representing a 40% increase from FY2022-23. This increase may reflect the impact of expanded public awareness and outreach efforts supported by the Arizona Department of Gaming.

Males were about 17% more likely to report awareness of the helpline compared to females (52% vs. 45%). Similarly, individuals in the middle age groups (30-44 and 45-59) reported higher recognition compared to the youngest and oldest groups (21-29 and 60+), 57% versus 39%.

Compared to FY2022-23, awareness increased by similar magnitudes for both males and females, with an average increase of approximately 40%. By age group, the largest increases in awareness occurred among those aged 45-59, 60+, and 30-44, with increases of 65%, 57%, and 26%, respectively. There was no statistically significant increase in awareness among the youngest age group (21-29).

There is some evidence that the ADG's sports wagering-targeted campaigns may be effective. Among Arizonans who reported attending a professional or collegiate sporting event, 57% were aware of the helpline, compared to 48% in FY2022-23. Moreover, among those who reported engaging in sports wagering, 65% were aware of the helpline, compared to 44% among those who did not engage in sports wagering.

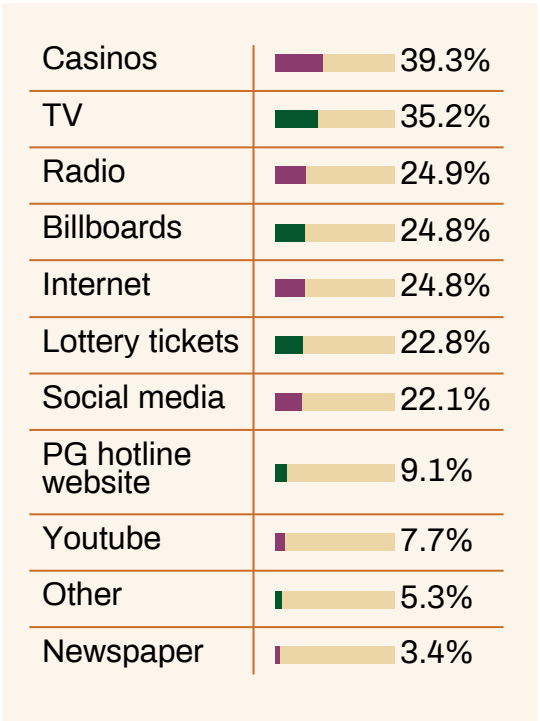
Awareness increased with both the number of gambling activities engaged in and the frequency of participation, likely reflecting greater exposure to repeated marketing and outreach efforts, as well as higher levels of gambling risk motivating attention to help resources.

Among Arizonans who reported that gambling was problematic, 64% were aware of the helpline, compared to 48% among those who did not report a problem. Despite this sizable difference, the result was not statistically significant, likely due to the small number of respondents reporting gambling problems (N=38). In contrast, individuals who reported trying to quit or cut down on gambling had significantly higher awareness (69%) compared to those who did not (47%), possibly reflecting that help-seeking efforts increase exposure to helpline resources, or that awareness of such resources supports attempts to reduce or stop gambling.

Figure 13 shows the sources where respondents reported seeing or hearing about 1-800-NEXT-STEP. Casinos and television were the top two channels, with more than one in three Arizonans reporting exposure through each medium. Radio, billboards, and the internet were the next most common channels, with about one in four Arizonans reporting exposure. Compared to FY2022-23, traditional media channels (e.g., newspapers and radio) declined, whereas newer media channels (e.g., internet, YouTube, and social media) increased.

The Lottery showed a 14% decline as a reported source of awareness compared to FY2022-23, which is substantially larger than the 3% decline in lottery participation that might explain a portion of the decline. A closer examination of the data shows that the percentage of females reporting the Lottery as a source of awareness declined by 31% (from 33% to 23%). There was also a notable decline by age, with awareness among Arizonans aged 21-44 decreasing by 55% (from 25% to 16%).

Figures 13 - Where were all the places you saw or heard about 1-800-NEXT-STEP? (N=527)



To better understand help-seeking behavior, the survey asked participants which resources they would be likely to use if they wanted to cut back or stop gambling. This question provides insight into awareness, preferences, and potential entry points for support services among Arizonans.

Figure 14 presents the results. The helpline was the most commonly selected resource, followed by professional counseling for problem gambling. Community support groups, such as Gamblers Anonymous (GA), were the third most frequently selected option.

Twelve percent of Arizonans indicated they would use self-help books or change guides, which are not currently available through the DPG, and 9% reported they would seek out a gambling help app, which is also not currently marketed by the DPG as a gambling behavior change resource.

Females were marginally more likely to report that they would reach out to medical professionals (17% vs. 12%)*, while males were more likely to indicate they would use online forums (16% vs. 10%) and AI chatbots (11% vs. 6%). Arizonans aged 21-29 were the most likely to report that they would seek help from a medical professional (28% vs. 12% overall).

Figures 14 - What resources would you likely use if you wanted to cut back or stop gambling? (N=1,047)

The survey also asked respondents whether they had actually sought information or assistance for a gambling problem, either for themselves or someone else. Four percent reported that they had done so, which was statistically indistinguishable from the 5% reported in FY2022-23.

* The results was virtually statistically significant, with a p-value = .052, slightly above the threshold of 0.5.

Figure 15 shows the resources that respondents actually used. The helpline was again the most commonly reported resource, followed by spiritual advisors, self-help books or guides, medical professionals, and community support groups such as GA.

A comparison between Figures 14 and 15 suggests a meaningful gap between intended and actual help-seeking behavior. Although the helpline was the most common resource in both cases, respondents appear to overestimate their likelihood (based on the absolute percentages) of using formal services such as professional counseling, while underestimating their use of more accessible, informal, and self-directed resources. In practice, individuals are more likely to rely on low-barrier options such as self-help materials, online forums, gambling health apps, and existing support networks, including spiritual advisors.

Moreover, respondents reported using a greater number of resources in practice (an average of 2.6) than they indicated they would use (1.8), suggesting that help-seeking behavior may be more multifaceted than initially anticipated.

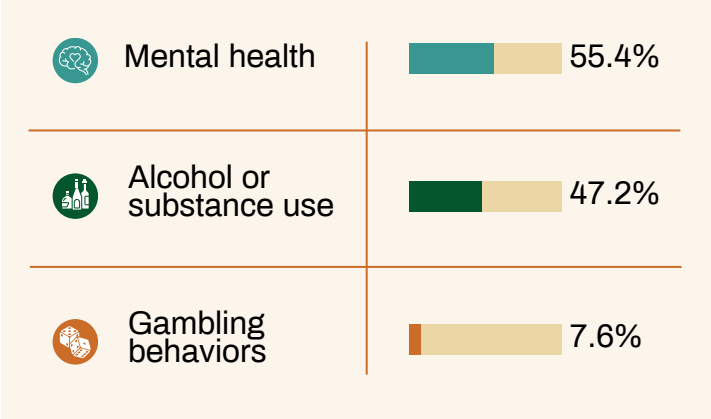
Figures 15 - Where did you seek information or assistance about a gambling problem for yourself or someone else? (N=63)

Healthcare Screening

The survey also explored whether healthcare professionals are asking patients about behaviors related to gambling during routine health screenings or other interactions. Understanding how often these questions are asked can help identify opportunities to improve early detection and support.

The results are shown in Figure 16. Mental health is the most commonly screened domain, followed by alcohol or substance use, and then gambling behavior. The contrast in screening rates is substantial, with mental health screening occurring at approximately seven times the rate and alcohol and substance use screening at approximately six times the rate of gambling-related screening. Results are comparable to those observed in 2023.

Figures 16 - As part of your most recent general health screening or other line of questioning, has any healthcare professional asked you questions about your:*



* Samples sizes vary by question, but all estimates are based on at least 1,037 observations.

Males were more likely than females to report being screened for gambling-related behavior (10% vs. 5%). There is a negative association between screening rates and age, with the highest rate among individuals aged 21-29 (12%) and the lowest among those aged 60 and older (3%).

Screening rates increase with gambling involvement, rising from 4% among those who do not gamble to 25% among those who report engaging in 10 or more gambling activities. Arizonans in the PGSI moderate- to high-risk categories were more than four times as likely as those not in these categories to discuss gambling behaviors with a healthcare professional (21% vs. 5%).

This positive association between gambling involvement and screening may reflect that healthcare professionals are more likely to inquire about gambling when there are observable indicators of gambling behavior, or when patients provide subtle disclosures that prompt follow-up questions. For example, individuals with higher levels of gambling involvement may exhibit financial stress or mental health concerns, or mention being preoccupied with wagering apps, which could cue providers to explore gambling-related issues further.

Attitudes and Beliefs

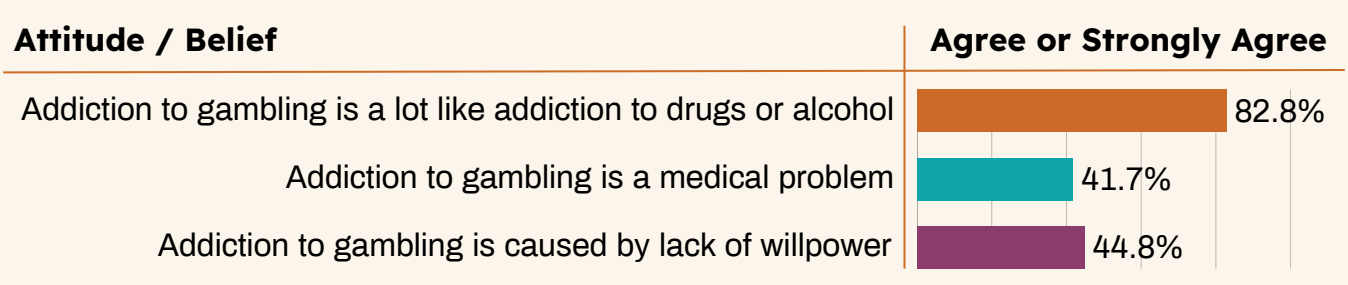
The survey included questions designed to assess Arizonans' attitudes and beliefs about gambling and gambling-related harm. Figure 17 presents responses to items related to perceptions of gambling addiction.

A large majority of respondents (83%) agreed or strongly agreed that gambling addiction is similar to addiction to drugs or alcohol. However, fewer respondents (42%) agreed or strongly agreed that gambling is a medical condition. This suggests that while many Arizonans recognize similarities between gambling and substance-related addictions, fewer view gambling disorder through a medical lens that may warrant clinical treatment or intervention. Additionally, 45% of Arizonans agreed with the statement that gambling addiction is caused by a lack of willpower, indicating that personal responsibility remains a commonly held belief alongside recognition of addiction-like characteristics.

Compared to FY2022-23, there was an 8% increase in the share of Arizonans who agreed that gambling addiction is similar to drugs or alcohol. However, there was also a 20% increase in the belief that gambling addiction is caused by a lack of willpower. No statistically significant change was observed in attitudes toward gambling as a medical condition. Thus, while awareness of gambling as an addiction is increasing, paradoxically, so is stigma and misunderstanding about its causes.

Females were more likely than males to recognize gambling addiction as a medical problem (46% vs. 38%) and less likely to view it as caused by a lack of willpower (41% vs. 49%). Education was a significant factor across all three beliefs: higher levels of formal education were positively associated with recognizing gambling addiction as similar to substance use disorders and as a medical condition, and negatively associated with the belief that it is caused by a lack of willpower.

Figure 17 - How much do you agree or strongly agree with the following statements [about gambling and addiction]?*



* Samples sizes vary by question, but all estimates are based on at least 1,037 observations.

The survey also examined attitudes toward problem gambling as a public health issue. Figure 18 presents the results.

Approximately half of Arizonans reported that children are negatively impacted by gambling-related advertising, representing a 20% increase compared to the FY2022-23 survey. This suggests growing concern about youth exposure to gambling and gambling-like content.

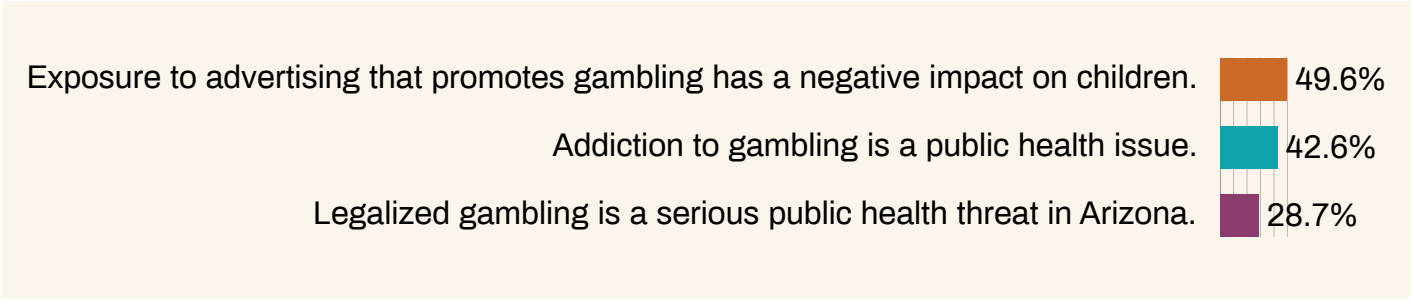
In addition, 43% of respondents agreed or strongly agreed that gambling addiction is a public health issue and 29% agreed or strongly agreed that legalized gambling represents a serious public health threat in Arizona. These findings are consistent with results from the previous survey, indicating relatively stable views on the broader public health implications of gambling.

Taken together, the results suggest that while overall perceptions of gambling as a public health issue have remained relatively stable, concern about specific harms, particularly those affecting children, may be increasing.

There were no meaningful differences in these attitudes by gender. However, education was associated with variation in perceptions. Individuals with higher levels of education (a four-year degree or above) were more likely to view legalized gambling as a serious public health threat, with agreement rates approximately 1.5 times higher than those with lower levels of education.

Higher levels of educational attainment were also associated with greater concern about the adverse impact of gambling advertising on youth. Agreement increased steadily across education levels, ranging from 40% among Arizonans with less than a high school education to 63% among those with postgraduate education.

Figure 18 - How much do you agree or disagree with the following statements [regarding gambling as a public health issue]?*



* Samples sizes vary by question, but all estimates are based on at least 1,037 observations.

The survey also explored Arizonans' attitudes toward the responsibilities of government and the gambling industry in reducing gambling-related harms. Table 5 presents the results.

Overall, Arizonans expressed strong support for both government- and industry-led measures to address problem gambling. The highest levels of support were for voluntary self-exclusion programs, followed by Arizona being a leader in efforts to reduce harm caused by gambling, both endorsed by nearly two-thirds of respondents.

These findings are largely consistent with FY2022-23 survey results, indicating stable public support for gambling harm-reduction initiatives. One notable change, however, was a 13% increase in support for Arizona taking a leadership role in reducing gambling-related harm, rising from 58% to 65%.

Taken together, these results suggest that Arizonans increasingly recognize gambling-related harm as an important public issue and support proactive, coordinated efforts by both government and industry to address prevention, treatment, and harm reduction.

Across all five attitudes, females were more supportive than males, indicating that women tend to hold more favorable views toward government and industry responsibilities in addressing gambling-related harm. At the item level, females were more likely to agree that Arizona should take a leadership role in reducing gambling-related harm.

Similarly, there was a positive association between age and endorsement of these attitudes, with older Arizonans more supportive than younger Arizonans.

Table 5 - How much do you agree or disagree with the following statements [regarding the responsibilities of government and the gambling industry in reducing gambling-related harm]?*

Attitude / Belief	Agree or Strongly Agree
Arizona should have a system where residents can voluntarily self-exclude from all Arizona Casinos and Sportsbooks.	66.4%
It is important for the state of Arizona to be a leader in its efforts to reduce the harms caused by gambling.	64.9%
The government should use revenues from gambling operators to develop programs that prevent and treat problem gambling.	60.8%
The government should do more to increase awareness of available help resources for people with a gambling problem.	58.8%
The gambling industry should do more to help prevent its patrons from developing gambling problems.	55.1%

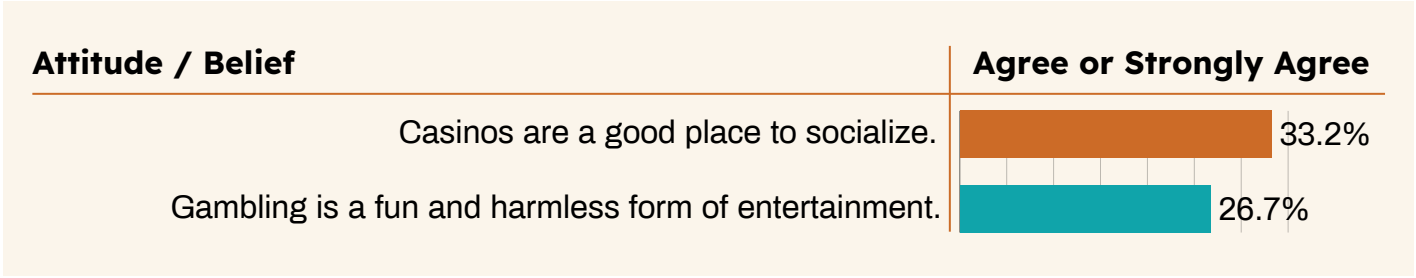
* Samples sizes vary by question, but all estimates are based on at least 1,037 observations.

Figure 19 shows Arizonans' attitudes toward gambling as a form of socialization and as a fun and harmless activity. Approximately one in three Arizonans agreed or strongly agreed that casinos are good places to socialize, while slightly more than one in four agreed that gambling is a fun and harmless form of entertainment. These results are virtually unchanged from FY2022-23.

Males were about 1.4 times more likely than females to view gambling as a social activity or as fun and harmless. In addition, there were positive associations between both the number of gambling activities engaged in and the frequency of gambling, with endorsement of these views.

These findings suggest that more favorable perceptions of gambling, particularly viewing it as social or harmless, are associated with higher levels of engagement and elevated risk. This may reflect a normalization of gambling behavior among more frequent participants, which could contribute to increased vulnerability to gambling-related harm.

Figure 19 - How much do you agree or disagree with the following statements [regarding gambling as a form of socialization or fun]?*



* Samples sizes vary by question, but all estimates are based on at least 1,037 observations.

The survey asked Arizonans about their awareness of and confidence in problem gambling services, including whether they would know how to help someone close to them, whether services are available in their community, and whether treatment is effective.

The results are displayed in Figure 20. Fewer than half of Arizonans reported that they would know how to get help for someone with a gambling problem, and an even smaller share agreed that treatment services are available in their communities. Additionally, slightly more than one in three Arizonans agreed that problem gambling treatment is effective at helping people stop or control their gambling.

Compared to FY2022-23, all three measures declined by an average of approximately 7%. However, only the decline in knowing how to get help for someone with a gambling problem was statistically significant (45% vs. 50%). Additionally, Arizonans who reported trying to quit or cut down on their gambling expressed similar levels of agreement across all three attitudes compared to those who had not attempted to reduce their gambling.

These findings suggest that greater exposure to gambling, whether through increased participation or personal experience with harm, may improve awareness of how to seek help, but does not necessarily translate into greater confidence in the availability or effectiveness of treatment services.

There were no meaningful differences in responses between males and females, and no clear or consistent patterns by age group. However, across all three attitudes, there was a positive association with gambling involvement: the more gambling activities that respondents engaged in, the more likely they were to agree with each of the three statements.

Figure 20 - How much do you agree or disagree with the following statements [regarding awareness and perceptions of gambling services]?*

Attitude / Belief	Agree or Strongly Agree
If someone close to me had a gambling problem, I would know how to get help for them.	45.1%
Services to treat problem gambling are available in my community.	43.4%
Treatment for problem gambling is effective at helping people stop or control their gambling.	36.3%

* Samples sizes vary by question, but all estimates are based on at least 1,037 observations.

Finally, the survey examined several additional attitudes and beliefs related to gambling, presented in Table 6. Slightly fewer than one in five Arizonans agreed that gambling is an important part of Arizona culture. A smaller proportion reported having been personally and negatively affected by the gambling behavior of someone they know, and only 6% endorsed the belief that gambling more increases the likelihood of eventually coming out ahead. These findings were generally consistent with those reported in FY2022-23.†

There were no meaningful differences between males and females in beliefs about whether gambling is part of Arizona culture or in endorsement of the myth that increased gambling improves the chances of winning. However, females were approximately 1.4 times more likely to report having been personally and negatively affected by the gambling behavior of someone they knew.

†This statement applies to gambling activities where outcomes are independently generated, such as slot machines and roulette, as well as to activities with a negative expected value, such as sports betting for most individuals.

Age differences were more pronounced. Arizonans aged 21-29 were more than twice as likely as those aged 60 and older to view gambling as an important part of Arizona culture. Similarly, younger adults aged 21-44 were approximately three times more likely than older adults to endorse the myth that gambling more improves the likelihood of winning (11% versus 3%).

Both the number of gambling activities individuals engaged in and the frequency of participation were positively associated with all three attitudes and beliefs.

Table 6 - How much do you agree or disagree with the following statements?*

Attitude / Belief	Agree or Strongly Agree
Gambling is an important part of cultural life in Arizona.	18.4%
I have personally been negatively affected by the gambling behaviors of a friend, family member, coworker, or someone else I know.	16.0%
The more a person gambles, the better his or her odds are of coming out ahead.	6.4%

* Samples sizes vary by question, but all estimates are based on at least 1,037 observations.

Practice and Policy Implications

The findings from this survey suggest several important implications for the continued development of problem gambling prevention, treatment, responsible gambling, and public health initiatives in Arizona. Although most Arizonans gamble without experiencing serious adverse consequences, a substantial proportion of the adult population reported gambling-related problems and several findings point to opportunities for strengthening statewide responses to gambling-related harms.

Sustain investment in prevention, treatment, and recovery services.

The survey findings continue to support the need for sustained investment in problem gambling prevention, early intervention, treatment, and recovery support services. Approximately one in five Arizona adults reported experiencing some level of gambling-related problems, while an estimated 4% would be expected to meet the medical diagnosis for a Gambling Disorder. These rates are consistent with prior findings and indicate that gambling-related harm remains a significant public health concern in Arizona. Continued investment in evidence-informed prevention and treatment infrastructure is warranted, particularly as gambling becomes increasingly normalized within popular culture and digital environments, potentially increasing exposure and vulnerability among youth and emerging adults.

Prioritize outreach and responsible gambling efforts for higher-risk groups.

Findings suggest that certain demographic and behavioral groups are at elevated risk for gambling-related harms and may benefit from targeted outreach and intervention strategies. Younger adults, those gambling at a high frequency, sports betting, and individuals participating in multiple forms of gambling consistently demonstrated elevated rates of problem gambling risk. Respondents who reported gambling as a means of distraction from stress or emotional difficulties, or who gambled for solitary reasons, were also substantially more likely to screen positive for gambling problems. These findings support the value of prevention and responsible gambling initiatives specifically tailored toward higher-risk groups, particularly younger adults and sports bettors.

The rapid growth of online and mobile sports wagering remains especially important from a policy and practice perspective. Since legalization, online sports betting participation in Arizona has more than doubled, with particularly high rates observed among younger adults and males. Sports bettors also exhibited some of the highest rates of severe gambling risk in the survey. These findings underscore the importance of integrating responsible gambling messaging, safer gambling tools, self-exclusion information, and help resources directly into sports wagering environments and advertising campaigns.

Expand public education and awareness efforts.

The survey highlights the continued importance of public awareness and education efforts. Awareness of Arizona's problem gambling helpline and self-exclusion programs has improved substantially over time, suggesting that statewide awareness campaigns have had a measurable impact. However, important gaps remain. Although most respondents supported government and industry efforts to reduce gambling-related harms, fewer than half reported awareness of available treatment resources or confidence in treatment effectiveness. In addition, many respondents continued to endorse inaccurate gambling beliefs, including the misconception that gambling more increases the likelihood of eventually winning. These findings suggest a continued need for public education campaigns focused on safer gambling practices, myths and misconceptions about gambling, warning signs of gambling problems, and available help resources.

Increase integration of gambling screening within healthcare and behavioral health settings.

The findings support greater integration of gambling screening and intervention within healthcare and behavioral health settings. Only a small percentage of respondents reported ever being asked about gambling behaviors by a healthcare professional, despite substantially higher rates of screening for alcohol, substance use, and mental health concerns. Given the observed associations between gambling problems and other behavioral health issues, including alcohol use, problematic Internet use, shopping/spending, and mental health concerns, gambling should increasingly be viewed as part of broader behavioral health screening and intervention efforts. Expanding provider education and encouraging routine gambling-related screening in healthcare environments may improve early identification and referral to appropriate services.

Continue strengthening self-exclusion and harm-reduction initiatives.

The survey findings also reinforce the importance of maintaining and strengthening voluntary self-exclusion programs. While public support for self-exclusion systems was high, awareness of Arizona's existing self-exclusion programs remained comparatively modest. Increasing visibility and accessibility of self-exclusion options, particularly within online gambling environments and sports wagering platforms, may help individuals experiencing gambling-related difficulties establish meaningful barriers to gambling participation before harms become more severe.

Continue addressing gambling-related harm through a public health framework.

Finally, the findings suggest the importance of continuing to approach gambling-related harm through a public health framework. Gambling-related problems affect not only individuals but also families, communities, workplaces, and healthcare systems. The survey found that a notable proportion of respondents reported being negatively affected by another person's gambling behavior, and gambling problems were strongly associated with other co-occurring behavioral concerns. Public health approaches that emphasize prevention, early intervention, consumer protection, education, and harm reduction are therefore likely to remain important components of Arizona's overall response to gambling-related harms.

The survey findings indicate that Arizona has made meaningful progress in several areas, particularly regarding awareness of problem gambling services and public support for prevention and treatment efforts. At the same time, the continued growth of gambling opportunities, especially online gambling and sports wagering, highlights the importance of sustained monitoring, ongoing research, and continued investment in policies and practices designed to minimize gambling-related harms across Arizona communities.

Limitations

Several limitations to this study should be noted. First, the study relied on a probability-based panel designed to be representative of Arizona households, combined with non-probability online interviews that were weighted to account for potential bias. While this approach offers advantages in terms of cost and speed of fielding, the weights themselves are subject to sampling variation and cannot fully account for all characteristics that may influence responses. Second, the survey reflects the specific profile of Arizonans, and the results may not generalize to other populations. Finally, as with all survey research, the data can identify associations but do not establish causation.

Conclusion

This report provides an updated assessment of gambling behaviors, attitudes, experiences, and gambling-related harm among Arizona adults following the continued expansion of legalized gambling opportunities across the state. Overall, gambling participation remained stable compared to FY2022-23, with more than four out of five Arizonans reporting gambling in the past year. At the same time, several important changes were observed, including increased gambling freqency, continued growth in online and mobile sports wagering, rising participation in cryptocurrency-related activities, and the emergence of newer forms of gambling-like activities such as prediction markets.

Approximately one in five Arizona adults experienced some level of gambling-related harm, and an estimated 4% would be expected to meet diagnostic criteria for Gambling Disorder. Although most Arizonans gamble without experiencing serious adverse consequences, the findings indicate that gambling-related harm remains an important public health concern in Arizona. Elevated risk was concentrated among younger adults, those gambling at a high frequency, sports betting, and individuals participating in multiple forms of gambling, particularly online and app-based activities.

The survey also identified strong relationships between gambling-related harm and broader behavioral health concerns, including mental health conditions, substance use, and other potentially problematic behaviors such as gaming and excessive internet use. These findings reinforce the importance of viewing gambling-related harm within a broader public health and behavioral health framework rather than as an isolated issue.

Encouragingly, awareness of Arizona's problem gambling helpline and support resources increased substantially since FY2022-23, suggesting that statewide awareness and outreach efforts are having a measurable impact. Public support also remained strong for prevention initiatives, self-exclusion programs, treatment services, and government leadership in reducing gambling-related harms. At the same time, important gaps remain in awareness of treatment effectiveness, healthcare screening practices, and understanding of gambling-related misconceptions and risks.

As gambling continues to evolve through digital technologies, mobile platforms, and emerging gambling-like products, ongoing monitoring of gambling behaviors and gambling-related harm will remain important. Continued investment in prevention, education, early intervention, treatment, research, and consumer protection efforts will help support Arizona's ability to respond effectively to changes in the gambling environment and reduce gambling-related harms across communities statewide.

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