KANSAS
2025
GAMBLING
SURVEY

Prepared for
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GREENBUSH

Analysis & Results

Contents

Abstract

The 2025 Kansas Gambling Survey shows how gambling is changing across the state. More people are gambling, and there are new chances to teach the public about risks, prevention, and support. Since 2017, gambling has gone up. About 34.2% of Kansans said they gambled in the past 30 days (up from 19.1%), and 70.8% said they gambled at least once in the past year. As gambling becomes part of everyday life, many people still don't see common activities—like buying lottery tickets, playing fantasy sports, or making in-game purchases—as gambling.

Sports betting became legal in Kansas in 2022. By 2025, 36.8% of Kansas adults had placed a sports bet. Most people said they bet only sometimes, and nearly 78.0% had not opened an online sportsbook account. Most people support strong rules and safety measures. Younger people are more open to sports betting in the media, while older adults prefer more protections. These views show how outreach efforts can be tailored for different age groups.

The rise in gambling has raised concerns about mental health, money, and family life. More people are now at moderate or high risk for problem gambling. People at high risk were 2 to 8 times more likely to use alcohol or drugs. They were 4 times more likely to report feelings of depression, and 63.0% said those feelings were related to gambling harms. They were also 5 times more likely to have suicidal thoughts, 9 times more likely to make suicide plans, and 50 times more likely to try to take their own lives than those at low risk. These differences show the need for stronger prevention, early help, and better access to care and community support.

Gambling doesn't just affect the person who gambles. About 20.5% of people said they were hurt by a family member's gambling. Others said they were affected by the gambling of friends (17.5%) or coworkers (11.1%). These results show how important family support and education are.

People gamble for many reasons. The top reasons are fun (59.1%), the chance to win money (49.1%), and excitement or challenge (15.1%). But more people now say they gamble to deal with money problems or stress. The number of people gambling to pay bills went up from 18.2% in 2017 to 38.2% in 2025.

Finally, the survey shows that more education about gambling is needed. People have more incorrect ideas about odds, luck, and patterns. This creates a strong need to improve gambling education. Overall, the findings show that Kansas would benefit from more prevention, support, and public understanding to help people gamble safely and make informed choices.

Introduction

In 1987, Kansas launched the Kansas Lottery, followed by four tribal casinos opening in the late 1990s. In 2007, the Kansas Legislature was presented with the Kansas Expanded Lottery Act (KELA). This act allowed Kansas to own and operate a destination casino resort in the four Kansas gaming zones,[1] as shown in *Table 1.*

Table 1: Kansas Gaming Zones and Casino Locations

Gaming Zone	Casino Name & Location	Opening Date
Southwest Kansas	Boot Hill Casino and Resort- Ford County	December 2009
South Central Kansas	Kansas Star Casino, Hotel & Events Center- Sumner County	December 2011
Northeast Kansas	Hollywood Casino at Kansas Speedway- Wyandotte County	February 2012
Southeast Kansas	Kansas Crossing Casino and Hotel- Crawford County	March 2018

The map *(Figure 1)* identifies the four state-owned casinos as well as tribal and out-of-state border casinos that allow easy access for many Kansas residents.

Figure 1: Casino Locations in Kansas
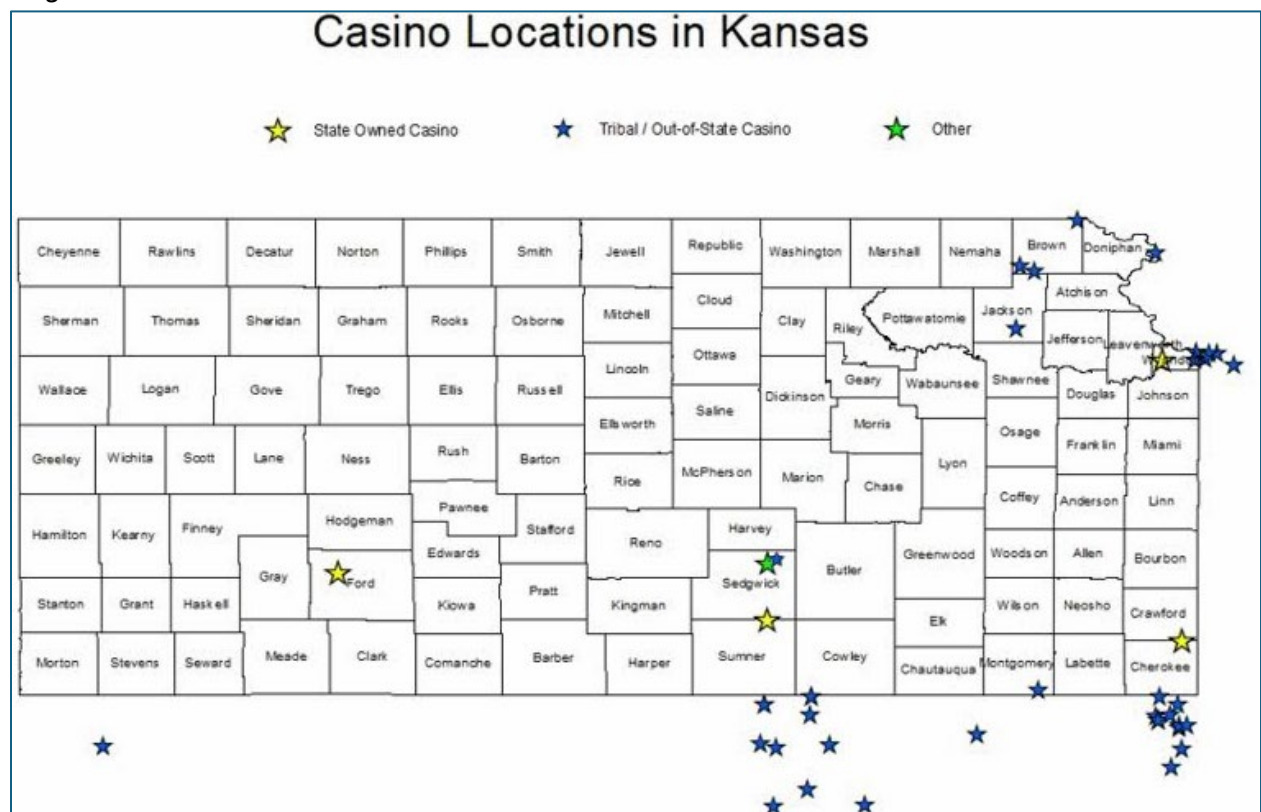
In addition, the Problem Gambling and Other Addictions Fund (PGAF) was established in 2007 using casino revenue. In 2022, Kansas legalized sports wagering, allowing it at state-owned lottery gaming facilities as well as online through websites and mobile applications. The following year, in 2023, the state approved the use of historical horse racing machines. It is important to note that sports betting revenue is tracked separately from traditional casino revenue. However, a portion of the revenue generated from sports betting is allocated to the PGAF.

In early 2025, the Kansas Lottery expanded its digital offerings by adding a Mobile Lottery platform. This platform includes access to Powerball, Mega Millions, and a variety of instant games.

Legalized forms of gambling, both in-person and through mobile apps, have expanded rapidly across the state. A summary timeline of gambling in Kansas is shown in *Figure 2.*

Figure 2: Diagram of Kansas Gambling Timeline

1987	2007	2009–2018	2022	2025
Kansas Lottery launched	Kansas Expanded Lottery Act (KELA)	4 State-owned destination casinos opened	Sports Betting legalized	Online Lottery sales

Late 1990's	2008	2020	2023
4 Tribal Casinos opened in NE Kansas	Tribal Casino opened in KC	Tribal Casino opened in Park City	Historical Horse Racing Machines legalized
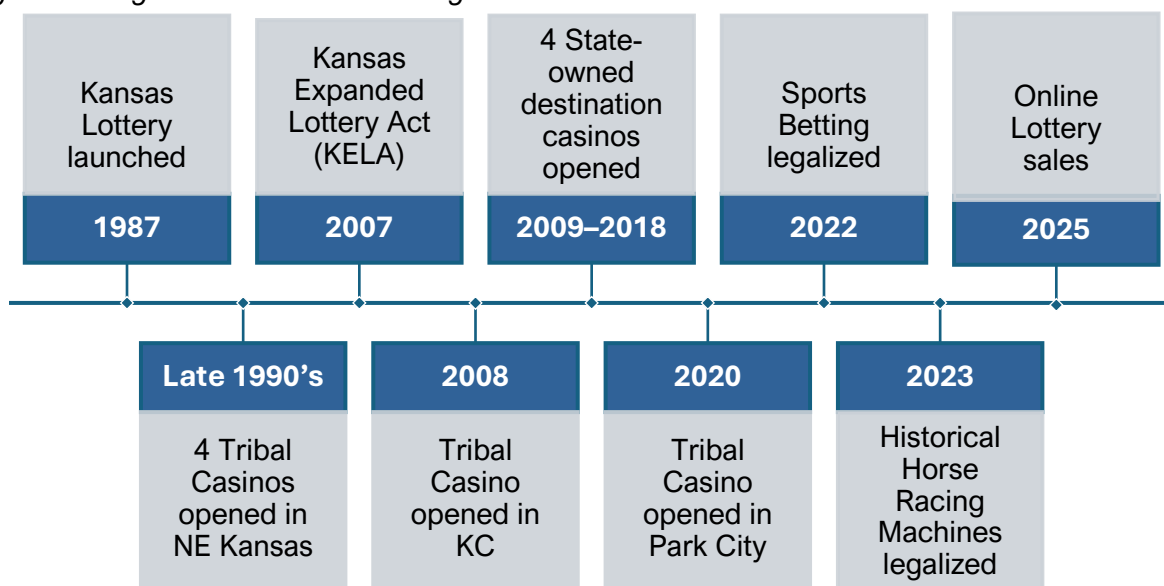
Problem Gambling Services

Problem gambling poses serious risks to individuals, families, and communities, often leading to emotional, financial, and psychological distress. In response to this growing concern, the state of Kansas has developed a comprehensive system to address gambling addiction through prevention, treatment, harm reduction, education, and research. Central to these efforts is the Problem Gambling and Other Addictions Fund (PGAF), which directs casino revenue toward statewide services and support. The following overview outlines how Kansas utilizes PGAF resources, community partnerships, and professional expertise to reduce the harm caused by problem gambling.

The PGAF funds a helpline with voice, text messaging, and chat capabilities, and funding for treatment, recovery, research, education, and prevention of pathological gambling (gambling addiction). Through PGAF, all Kansans experiencing gambling-related harm have access to treatment services at no out-of-pocket cost.

The Kansas Department of Aging and Disability Services (KDADS) manages a network of certified behavioral health counselors, an infrastructure for problem gambling treatment, and contracts with Carelon[2] for managing the helpline and billing processes for payment. In 2017, there were 33 certified gambling counselors in Kansas. In 2025, there are 46 counselors, five of whom have International Gambling Counselor Certification (ICGC). Currently, all certified counselors can provide telehealth services.

In addition, PGAF enables the Kansas Department for Aging and Disability Services (KDADS) to award grant funding to four community task forces—one located within each gaming zone. These task forces develop data-driven strategies, effective awareness, education, and prevention approaches for problem gambling and related harms. They strive to increase knowledge of problem gambling and gaming, and promote the availability of treatment services for problem gamblers/gamers and affected others in the counties of their responsibility.

The Kansas Coalition on Problem Gambling (KCPG) was established in 1996 and also receives grant funding. KCPG is a not-for-profit organization of statewide stakeholders whose mission is to reduce the onset and progression of problem gambling.

Currently, four KDADS Problem Gambling Prevention Specialists work directly with the task forces, the communities they serve, and the KCPG. Their work includes building collaborative partnerships, consulting and providing technical assistance, training and educating, conducting community outreach about the impact of problem gambling-related harms, sharing available services and resources, interpreting data, monitoring grant deliverables, and evaluating outcomes.

The federal government mandates that each state establish a mental health services planning and advisory council; in Kansas, this requirement is fulfilled by the Governor's Behavioral Health Services Planning Council. Within this council, the Problem Gambling subcommittee plays a key

role and is composed of task force members, members of the KCPG, prevention specialists, treatment providers, individuals with lived experience, and concerned stakeholders.

This subcommittee supports the state's goal of reducing gambling-related harms and integrating mental health and addiction services by working to increase the capacity of all programs funded by Kansas Behavioral Health Services to address problem gambling and gaming. It accomplishes this through the promotion of prevention and balanced play, awareness, enhanced screening, assessment, intervention, and recovery strategies. In addition, the subcommittee advocates for problem gambling services across the state, identifies potential gaps in service, and presents funding recommendations to the Governor's Office to ensure these services are adequately supported.

Through a coordinated network of state agencies, behavioral health professionals, community task forces, and advocacy groups, Kansas continues to expand its capacity to respond to problem gambling. From certified counselors providing treatment at no cost to collaborative efforts at the local and state level, the initiatives funded by PGAF demonstrate Kansas's commitment to supporting individuals affected by gambling addiction. As these efforts evolve, the state remains focused on reducing gambling-related harms, strengthening prevention and recovery services, and ensuring all Kansans have access to the help they need.

Kansas Gambling Survey History

In 2012, KDADS funded the *Gambling Behaviors and Attitudes Among Adult Kansans Survey.*[3] It was the first statewide study of adult gambling behaviors and attitudes since opening the first three state-owned casinos. The survey used randomly selected landline and cell phone numbers to interview 1,600 adults. The primary purpose of this survey was to estimate the scope of at-risk gambling statewide and within defined gaming zones, as well as general attitudes toward gambling and awareness of problem gambling services.

As a follow-up, KDADS funded the *2017 Kansas Gambling Survey*[4] to assess gambling prevalence, type, frequency, myths, perception, public opinion about gambling, and awareness of problem gambling treatment. The questions were similar to the 2012 survey to assist in making state and regional comparisons. To help expand the understanding of conditions associated with problem gambling, the 2017 survey also asked broader behavioral health questions related to depression, suicidal thoughts and behaviors, and substance use.

With the expansion of legalized gambling and increased access and availability, the *2025 Kansas Gambling Survey,*[5] supplies a much needed update to information about gambling in Kansas for the first time in eight years. It provides a weighted comparison of 2017 to 2025 changes in prevalence, attitudes, and behavior, as well as an updated estimate of the percentage of adult Kansans at risk of problem gambling and related behaviors.

2025 Kansas Gambling Survey Methodology

The *2025 Kansas Gambling Survey* was developed using Alchemer[6] survey software and distributed online from April 22, 2025, through May 20, 2025. Survey respondents were drawn from purchased panels recruited by Research Solutions, Inc., and supplemented by other members of the marketing industry. The Alchemer team partnered with Research Solutions to conduct all fieldwork, data collection, and sample source monitoring. The Learning Tree Institute at Greenbush hosted the survey online, completed the analysis, and performed data weighting.

Two screener questions were asked to validate eligibility, including the respondent's current state of residence and age. Eligible respondents were directed to the survey's informed consent. Respondents who agreed to participate were directed to the survey questions. The screening questions, informed consent, and survey questions were available in English, Spanish, Vietnamese, and Somali. Validated surveys from 1,645 adult Kansas residents were collected.

During data collection, responses were balanced according to population density within each of the six Kansas Lottery Regions shown in the map, *Figure 3*.

Figure 3: Kansas Lottery Regions
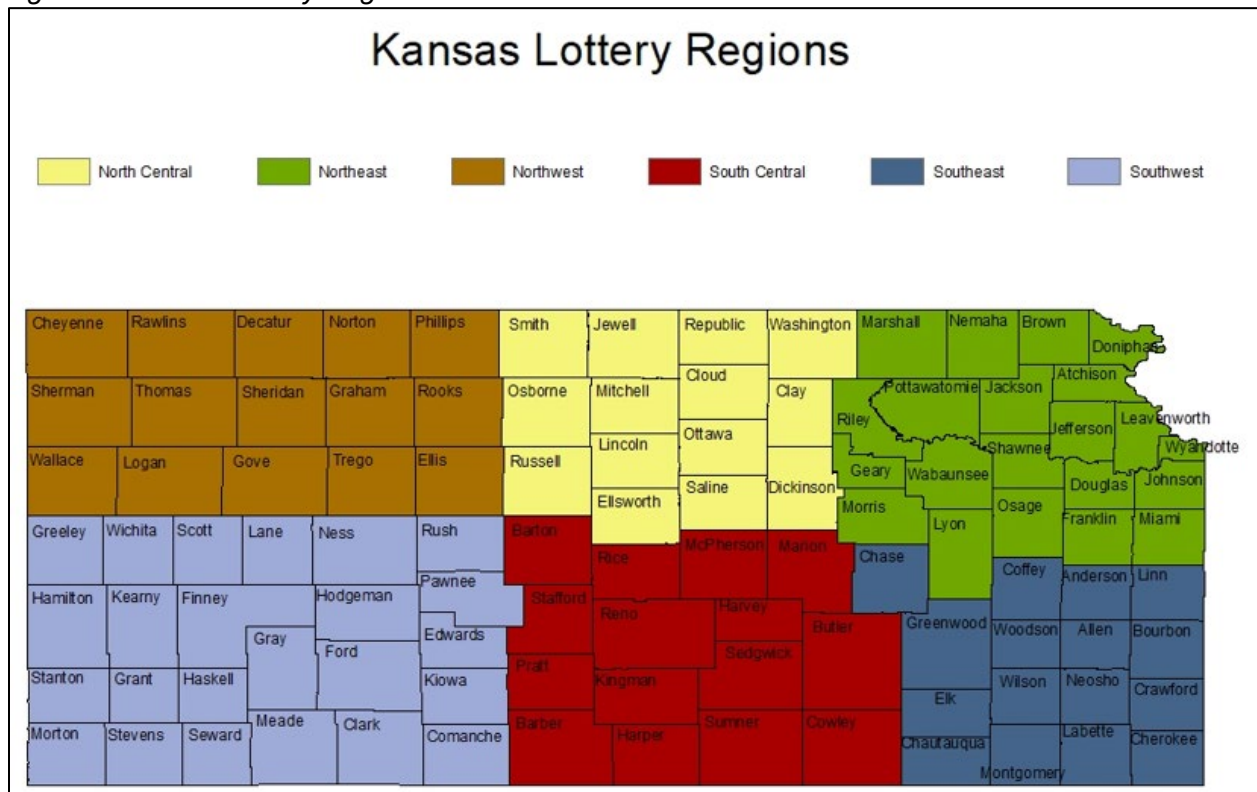
After fielding, the data were weighted to ensure they accurately represented the overall adult population of Kansas. To achieve this, the sample was adjusted to reflect key demographic characteristics of the target population, including age, race, Hispanic origin, education level, and lottery region.

Demographic benchmarks for sex, age, education, race, and Hispanic origin were based on the 2016–2020 five-year average from the American Community Survey.[7] Regional benchmarks for the Kansas Lottery Regions were derived from 2020 U.S. Census estimates of the resident population.[8]

The same questions were used to compare *2025 Kansas Gambling Survey* responses with those from the *2017 Kansas Gambling Survey*. In almost all cases, the wording was identical with only one or two slight variations. An additional section was added to the 2025 survey to address sports betting activity and opinions.

Methodology for the *2017 Kansas Gambling Survey* included a paper survey distribution to a random sample of Kansas households stratified by four gambling regions instead of the six lottery regions used in 2025. A cover letter and postage-paid return envelope were included to encourage survey completion and return. There was an option to complete the survey online if respondents preferred.

Based on the four 2017 gambling regions, the stratified design had a sample of 1,755 households with a precision of at least +/-2.3% at the 95% confidence level. State and regional analyses were conducted. Data were weighted by age and gaming region.

Noting differences in methodology and limitations, the current report compares data from the 2017 survey with the 2025 survey to estimate the change in gambling prevalence, activity, and public opinion by Kansas adult demographics. To allow appropriate comparative analyses, the 2017 data were re-weighted to the same demographic variables as the 2025 data, including age, ethnicity, race, education, and lottery region, using population estimates from 2010 instead of 2020.

The margin of error for the 2025 sample is ± 2.4 percentage points. This means that in 95 of every 100 samples using the same methodology, estimated proportions based on the entire sample will be no more than 2.4 percentage points away from their true values in the population. However, fluctuations in sampling are one of several potential sources of error in survey estimates. Other sources can contribute to the error as well. See *Strengths and Limitations* for a complete discussion.

Gambling in Kansas

To assess the proportion of adult Kansans who engage in gambling, the *2025 Kansas Gambling Survey* asked respondents if they had gambled for money or anything of value in the past 30 days. Over 34.0% (34.2%) reported *Yes*, compared to 19.1% in 2017. Participants were then asked if they had engaged in specific gambling activities such as casino table games, bingo, lottery, etc. Results in 2025 demonstrate that 70.8% of respondents reported they engaged in at least one of the fourteen specific gambling activities. For example, 33.5% of respondents who said *No* when asked if they gambled in the past 30 days, also said *Yes* when asked if they played a state or multi-state lottery. Similarly, 27.2% of respondents who reported not gambling reported betting on fantasy sports leagues, *Figure 4.* This may indicate that many respondents do not consider playing the lottery or betting on fantasy sports as forms of gambling or gambling behavior, demonstrating a need and opportunity for continued education.

Figure 4: Past 30-Day Gambling
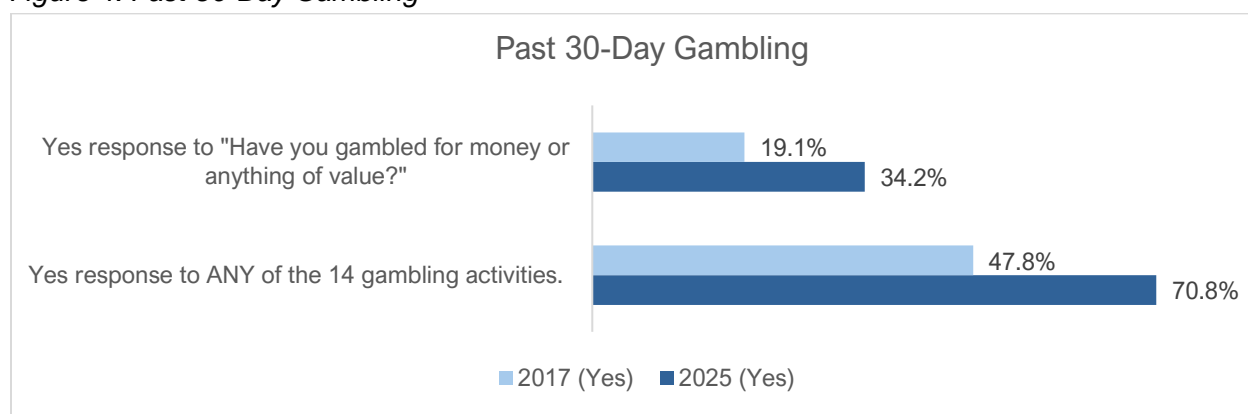
When asked about the frequency of the activities that involved betting or wagering money or possessions in 2025, 31.5% said they *Never* gambled, 32.4% reported *Seldom*, 24.6% reported *Occasionally*, 8.6% reported *Often*, and 3% reported *Very often. Figure 5* shows that more respondents reported gambling *Occasionally, Often,* and *Very often* in 2025 than in 2017.

Figure 5: Frequency of Gambling
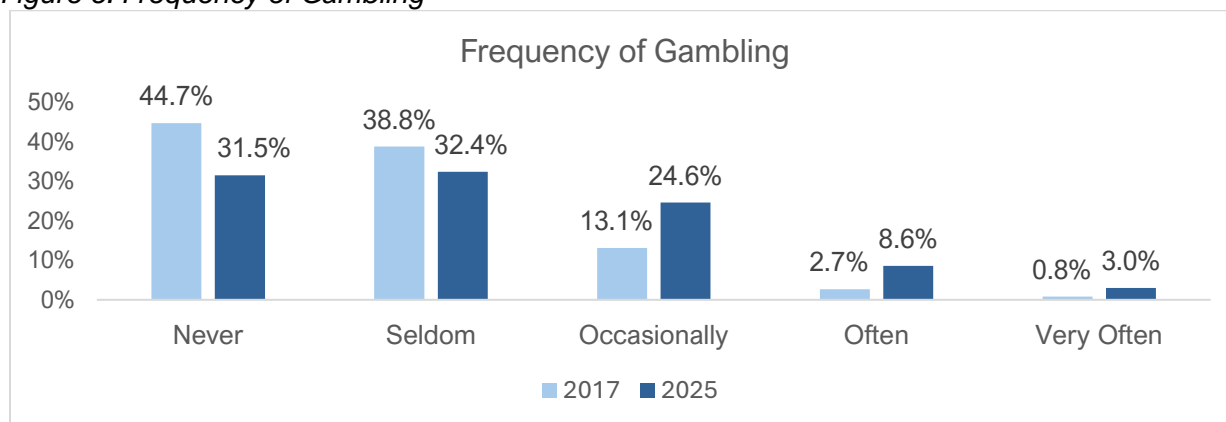
Gambling Prevalence

To learn more about gambling behavior and preferences, respondents were asked how many days they participated in fourteen specific gambling activities. Response options ranged from *None* to *16 or more times* in the past 30 days.

The lottery was the most frequently reported gambling activity in the 2012 and 2017 Kansas surveys. It remained the most popular form of gambling in 2025, with 46.0% of respondents reporting having played a state or multi-state lottery in the past 30 days. Examples provided in the question included scratch tickets, Powerball, pull-tabs, etc. Spending money on game credits, extra lives, or upgrades ranked second (36.2%), followed by playing slot machines, video poker, video keno, or other gaming machines at a casino (31.1%). Over one in four respondents (26.9%) reported playing Bingo for money or prizes. Additional details can be found in *Figure 6*.

Figure 6: Respondents Reporting Past 30-Day Gambling by Type of Gambling Activity (2025)

Percent of Respondents Reporting Past 30-Day Gambling by Type of Gambling Activity (2025)

Type of Gambling Activity	Percent
State or multi-state lottery	46.0%
Game credits, upgrades	36.2%
Gaming machines at a casino	31.1%
Bingo for money or prizes	26.9%
Table games at a casino	22.1%
Team sports	22.0%
Games of personal skill	20.9%
Gambled on the internet	20.7%
Played cards for money	20.4%
Sports betting	20.1%
Fantasy sports leagues	15.9%
Historical horse racing	13.8%
Car races	13.0%
Animal fights	11.4%

Reported 2025 gambling activity increased among the fourteen activities. The largest increases were in the percentage of respondents that spent money on computer or phone game credits, extra lives or upgrades (27.8% increase), the percentage that played bingo for cash or prizes (21.0% increase), and gambling on the internet which includes unconventional methods like offshore betting with or without a Virtual Private Network (VPN) (18.1% increase), *Figure 7*.

*Figure 7: 2017 to 2025 **Increase in the Percentage** of Individuals Gambling in the Past 30 Days*

2017 to 2025 **Increase in the Percentage** of Individuals Gambling in the Past 30 Days by Type of Gambling Activity

Activity	%
Game credits, updrades	27.8%
Bingo for money or prizes	21.0%
Gambled on the Internet	18.1%
Tables games at a casino	17.4%
Gaming maches at a casino	16.6%
played cards for money	16.1%
Games of personal skill	14.6%
Team sports	14.1%
State or multi-state lottery	13.0%
Historical horse racing	12.9%
Car races	12.6%
Animal fights	11.0%
Fantasy sports leagues	9.5%

2025 Past 30-Day Gambling by Sex and Age

Sex: Among survey respondents, 23.4% of females and 47.5% of males reported gambling in the past 30 days. However, when asked if they engaged in specific gambling activities, 68.0% of females and 80.8% of males indicated *Yes* to at least one.

The top five gambling activities reported by females are shown in *Table 2*:

Table 2: Past 30-Day Gambling Activity for Female

| Past 30-Day Gambling Activity (2025)	% Females
Played a State or multi-state lottery.	38.6%
Spent real money on games you play on your phone or computer to buy credits, extra lives, or upgrades.	32.3%
Playing Bingo for money or prizes.	23.2%
Played gaming machines at a casino (slot machine, video poker, video keno, etc.).	21.3%
Gambled on the internet (including unconventional methods like offshore betting with or without a VPN).	12.3%

The top five gambling activities reported by males are shown in *Table 3*:

Table 3: Past 30-Day Gambling Activity for Male

Past 30-Day Gambling Activity (2025)	% Males
Played a State or multi-state lottery.	55.9%
Played gaming machines at a casino (slot machine, video poker, video keno, etc.).	43.6%
Spent real money on games you play on your phone or computer to buy credits, extra lives, or upgrades.	41.2%
Bet money on team sports with a friend or through an office pool.	40.3%
Played table games at a casino (Poker, roulette, craps, blackjack, etc.).	39.5%

Age: In 2017, past 30-day gambling participation ranged from 17.7% among 18- to 25-year-olds to 20.7% among those aged 40 to 54. By 2025, this range expanded significantly, with a higher overall percentage of respondents reporting gambling. The 26 to 39 age group reported the highest rate of past 30-day gambling at 46.9%, followed closely by the 40 to 54 age group at 43.8%, *Figure 8.*

Figure 8: Past 30-Day Gambling by Age
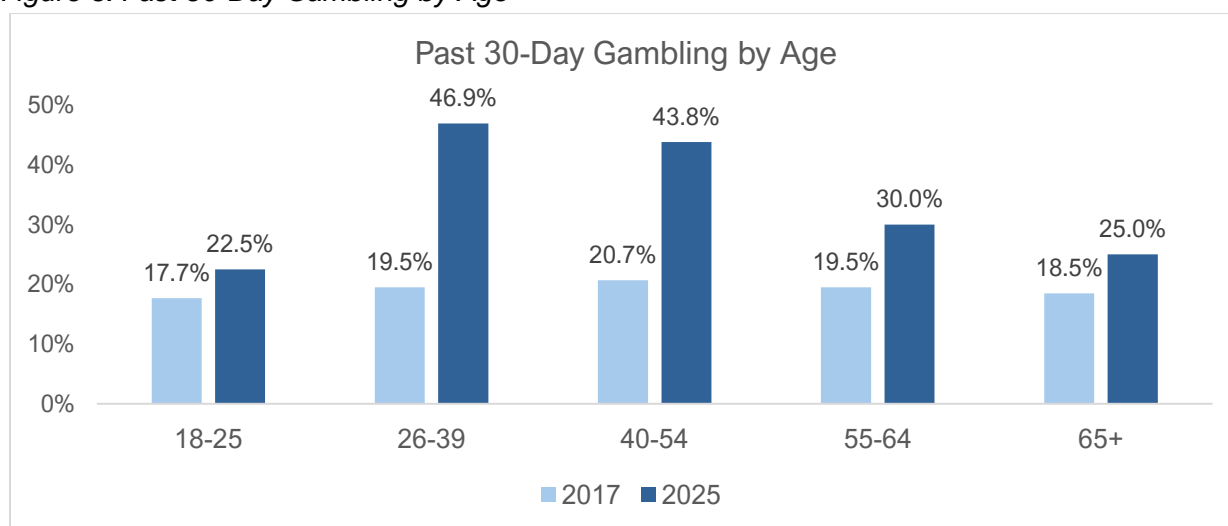
The table below details the percentage of respondents in each age group who engaged in various types of gambling during the past 30 days in 2025. Across all age groups, four gambling activities consistently appeared among the top choices:

- Playing a state or multi-state lottery.
- Spending money on game credits or upgrades for computer or phone games.
- Playing gaming machines at a casino.
- Playing Bingo for money or prizes.

Although the 55 to 64 and 65+ age groups shared the same top five gambling activities, the younger age groups—18 to 25, 26 to 39, and 40 to 54—showed more variation in their

preferences *(Table 4)*. Respondents aged 18 to 25 were the only age group whose most common gambling activity was spending real money on game credits or upgrades for online or mobile games, with 40.4% reporting this behavior.

Table 4: Past 30-Day Gambling Activity by Age Group

Past 30-Day Gambling Activity (2025)	% Gambled by Age Group				
	18-25	26-39	40-54	55-64	65+
State or multi-state lottery	**28.8%**	**58.7%**	**50.7%**	**51.4%**	**38.3%**
Game credits, upgrades	**40.4%**	**49.1%**	**43.4%**	**34.1%**	**18.5%**
Gaming machines at a casino	**23.0%**	**49.6%**	**35.2%**	**30.1%**	**18.0%**
Bingo for money or prizes	**28.4%**	**41.8%**	**28.7%**	**26.0%**	**12.9%**
Table games at a casino	19.8%	39.9%	23.1%	**21.3%**	**10.7%**
Team sports	22.9%	**40.3%**	18.9%	18.7%	8.7%
Games of personal skill	**26.9%**	35.5%	19.9%	17.2%	8.2%
Gambled on the internet	12.7%	36.5%	**27.7%**	19.1%	9.6%
Played cards for money	20.2%	34.0%	20.0%	20.0%	10.0%
Sports betting	20.0%	32.6%	22.7%	18.5%	8.4%
Fantasy sports leagues	17.1%	27.2%	16.0%	15.5%	7.7%
Historical horse racing	8.3%	24.7%	13.8%	14.4%	6.3%
Car races	10.5%	26.4%	11.9%	12.5%	5.4%
Animal fights	5.5%	23.3%	11.4%	11.5%	4.9%

Problematic Gambling Behavior

The *2012 Gambling Behaviors and Attitudes Among Adult Kansans Survey* provided the first estimate of the number of Kansas adults at risk of problem gambling. For use in the Kansas 2012 study, the term 'problem gambling' was defined as *'characterized by difficulties in limiting money and/or time spent on gambling, which leads to adverse consequences for the gambler, others, or for the community.'*[9] The same definition and methodology were applied to the 2017 and 2025 studies.

Problem gambling exists on a spectrum, ranging from occasional risky behavior to a diagnosable gambling disorder. Understanding these varying levels of severity is essential for tailoring effective prevention and treatment strategies. Since 2012, the understanding of gambling behavior has significantly improved. While the American Psychiatric Association (APA) previously recognized and referenced "pathological gambling" in its diagnostic criteria, a significant shift occurred in May 2013 with the release of the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.[10] In this edition, the term was renamed "gambling disorder" and was reclassified and moved from the category of impulse-control disorders to the category of substance-related and addictive disorders. This reclassification reflected growing evidence that gambling disorder shares many features with substance use disorders, including similar brain activity patterns, cravings, and withdrawal symptoms.[11]

To allow for comparison, the current study follows the criteria used in the previous studies. Survey findings are reported in three problem gambling risk categories listed below. The risk categories were developed based on survey responses to specific behaviors, beliefs, and attitudes toward gambling. Because all gamblers are at some level of risk of developing a gambling problem, even those respondents who did not respond positively to any problem gambling screening question were classified within a risk category, specifically 'low risk.' The other two risk categories, 'moderate risk' and 'high risk,' were defined based on participant responses to nine problem gambling screening questions *(Table 5)*.

Table 5: Problem Gambling Risk Category

Risk Category	Number of "*Yes*" Responses to Problem Gambling Screening Questions
Low	Zero 'yes' responses
Moderate	One to three 'yes' responses
High	Four or more 'yes' responses

Problem Gambling Screening Questions

Following the protocol used in the Kansas 2012 Statewide Survey[3], a positive or *Yes* response to any problem gambling screening question suggests a heightened risk for problem gambling development or manifestation. As the number of positive or *Yes* responses increases, so does the risk of developing or manifesting a gambling disorder. The 'low, moderate, and high' risk categories used in the 2012 and 2017 studies were chosen to categorize groups rather than to describe

actual risk. That is, if a person responded positively to three problem gambling screening questions, although they are categorized in the 'moderate' or 'middle' risk group, their actual odds of manifesting a gambling disorder are considerable. According to the 2012 report, this can be exemplified by research on the National Opinion Research Center (NORC) Diagnostic Screen for Gambling Problems (NODS).[12] The NODS is a 17-item validated DSM-IV-based instrument for assessing gambling disorders.[13]

A 2009 study found that three NODS questions about loss of Control, Lying, and Preoccupation (the 'CLiP'), identified virtually all pathological gamblers and most problem gamblers diagnosed by the complete NODS[12]. In the present study, all three NODS CLiP questions were included, two verbatim and one paraphrased, in the set of nine problem gambling screening questions *(Table 6)*. The NODS CLiP questions are:

- Have you ever tried to stop, cut down, or control your gambling? (Control) [Paraphrased] Have you ever thought you might want to cut back on the amount of time or money you spend betting or wagering?
- Have you ever lied to family members, friends, or others about how much you gamble or how much money you lost on gambling? (Lying)
- Have there been periods lasting two weeks or longer when you spent a lot of time thinking about your gambling experiences, or planning out future gambling ventures or bets? (Preoccupation)

Research on the NODS CLiP reported endorsement of any of the three CLiP questions captured nearly all pathological gamblers or individuals with gambling disorders, and the great majority of problem gamblers.[12]

The screening questions used in the 2012, 2017, and 2025 surveys were derived from two instruments. One was the NORC Diagnostic Screen for Gambling Disorders (NODS) mentioned above, and the nine-item Problem Gambling Severity Index (PGSI).[14] A study conducted in 2022 validated a self-report version of the NODS assessment based on the slightly revised DSM-5 gambling disorder criteria and reported a high correlation between the NODS and PGSI and other direct measures of gambling problem severity.[15]

While examining the prevalence of problem gambling was an important component of this survey, the main purpose was to assess public behavior, opinions, and gambling patterns and relationships to broader behavioral health. The complete NODS and PGSI instruments were not incorporated to reduce respondent fatigue. This survey is not intended to be a diagnostic screening tool, and the data collected and reported do not constitute any clinical diagnosis. However, it provides an estimate of problem gambling risk and can compare responses from respondents across years*.*

Table 6: Problem Gambling Screening Questions

| Problem Gambling Screening Questions	Source
Have you ever bet more than you could afford to lose?	*Variation of question # 1 from PGSI*
Have people ever criticized your betting or told you that you have a gambling problem, regardless of whether or not you thought it was true?	*PGSI, question #6*
Has your gambling ever caused you any health problems, such as stress and anxiety?	*Variation of question #8 from PGSI*
Have you ever thought you might want to cut back on the amount of time or money you spend betting or wagering?	*Variation of question #1 from NODS CLiP*
Have you ever lied to family members, friends or others about how much you gamble or how much money you lost gambling?	*Question #2 from NODS CLiP*
Have there been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences, or planning out future gambling ventures or bets?	*Question #3 from NODS CLiP*
Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends?	*Variation of question #12 from NODS*
Has your gambling ever interfered with your productivity, such as missing time from work or school, or having it interfere with your performance while at work or school?	*Variation of questions #13 & #14 from NODS*
How often have you felt you have a problem with gambling?	*Question #5 from PGSI*

Summary of Findings

The results of the screening questions are presented below. The following summary compares the 2017 and 2025 percentages of respondents at low, moderate, and high risk for problem gambling and demographic characteristics of respondents at the highest risk.

In 2025, 58.7% of study respondents did not report any positive (*Yes*) responses to the problem gambling screening questions, indicating they are at 'low risk' of developing a gambling problem. Over twenty-one percent (21.4%) of respondents would be considered in the 'moderate risk' category, answering positively to one to three of the screening questions, and 20.0% are classified as 'high risk' by responding positively to four or more screening questions.

From 2017 to 2025, there was a large shift in the percentage of respondents at risk of problem gambling. Whereas most respondents (84.4%) did not respond positively to any problem gambling screening question in 2017, this dropped to 58.7% in 2025. There were sizeable

increases in the percentage of respondents at moderate risk in 2025 (21.4%) compared to 2017 (11.6%) and for respondents at high risk in 2025 (20.0%) compared to 2017 (4.0%), *Figure* 9.

Figure 9: Respondents at Each Risk Level Based on Problem Gambling Screening Questions
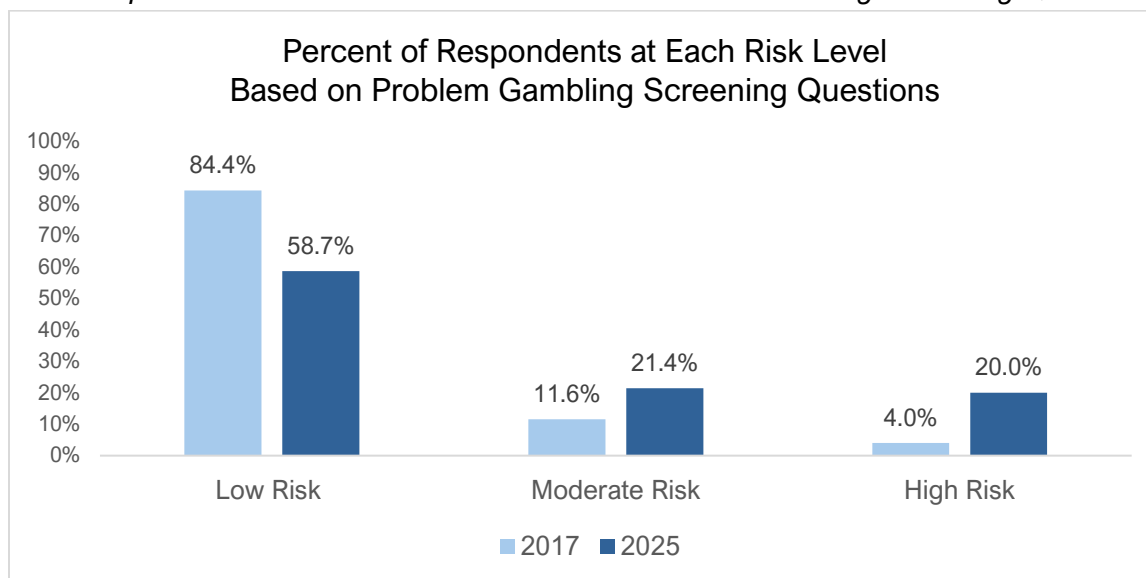
2025 Demographic Characteristics of Respondents in the High Risk Category:

- Sex: Respondents in the high risk category were more likely to be male.

- Age: Respondents aged 26-39 were the largest age group in the high risk category, followed by those aged 40-54.

- Race**:** Of those identifying as Native Hawaiian/Pacific Islanders, 83.9% were in the high risk problem gambling category. Additionally, 81.2% of Native American/Alaska Native**,** 44.3% of African Americans, 19.4% of Asians, 19.3% of Whites, and 11.7% of multi-racial respondents responded positively to four or more screening questions, putting them at high risk.

- More than 80.0% of those identifying as Native American/Alaska Native and Native Hawaiian/Pacific Islanders, 44.3% of African Americans, 19.4% of Asians, 19.3% of Whites, and 11.7% of Multi-racial respondents responded positively to four or more screening questions, putting them at high risk.

- Ethnicity: Thirty-two (32.0%) percent of Hispanic/Latino respondents were low risk, 26.5% were moderate risk, and 41.4% were high risk.

- Military Status: Respondents in the military were more likely to screen at high risk (35.2%) than respondents not in the military (17.2%).

- Marital Status: While most respondents who were married were considered low risk (56.4%), within the high risk category, there were more married (24.9%) and divorced (24.0%) respondents than separated (13.0%), widowed (7.5%), or never married (16.6%).

- Employment Status: While 47.0% of respondents who were employed full-time were considered low risk, within the high risk category, there were more respondents employed full time (29.2%) than part time (19.0%), not employed but seeking work (18.1%), not employed and not seeking work (8.5%), retired (9.2%) or those who listed 'other' employment (13.0%).

- Education Level: Respondents ranged from 8th grade education or less to graduate work. Within the high risk category, the largest percentage (36.5%) were junior college graduates or held a two-year associate's degree, followed by four-year college graduates with a bachelor's degree (25.9%), respondents with some college (19.8%), high school graduates or those with a school equivalency (15.3%), graduate work (master's, law, or medical school) (14.0%), and respondents with 8th grade education or less (0.0%).

- Household Income: Respondents reported household incomes ranging from under $20,000 to $150,000 or more. Generally, those with lower household incomes were more likely to fall into the low problem gambling risk category. While most respondents in the top two income brackets were also classified as low risk, these groups had the highest percentages of respondents in the high risk category. Within high risk, 24.7% of respondents reported earning between $75,000 and $149,999, and 45.3% reported earning $150,000 or more.

In 2025, 94.4% of respondents in the highest risk category felt at some point that they had a problem with gambling, and 68.3% stated they might want to cut back on the amount of time or money they spend betting or wagering. Both represent increases from 2017, perhaps indicating a recognition of gambling issues among respondents at high risk and a desire to cut back or change behavior.

In 2025, 63.1% reported that they had bet more than they could afford to lose, compared to 87.6% in 2017, and 61.9% reported that gambling had caused health problems such as stress and anxiety, an increase from 55.0% in 2017. These changes suggest that not only are high risk gamblers increasingly aware of the consequences of their behavior, but the severity and recognition of these harms may be rising over time. *Figure 10* shows the changes from 2017 to 2025.

Figure 10: Positive 'Yes' Responses to Problem Gambling Screening Questions by Individuals in High Risk Category
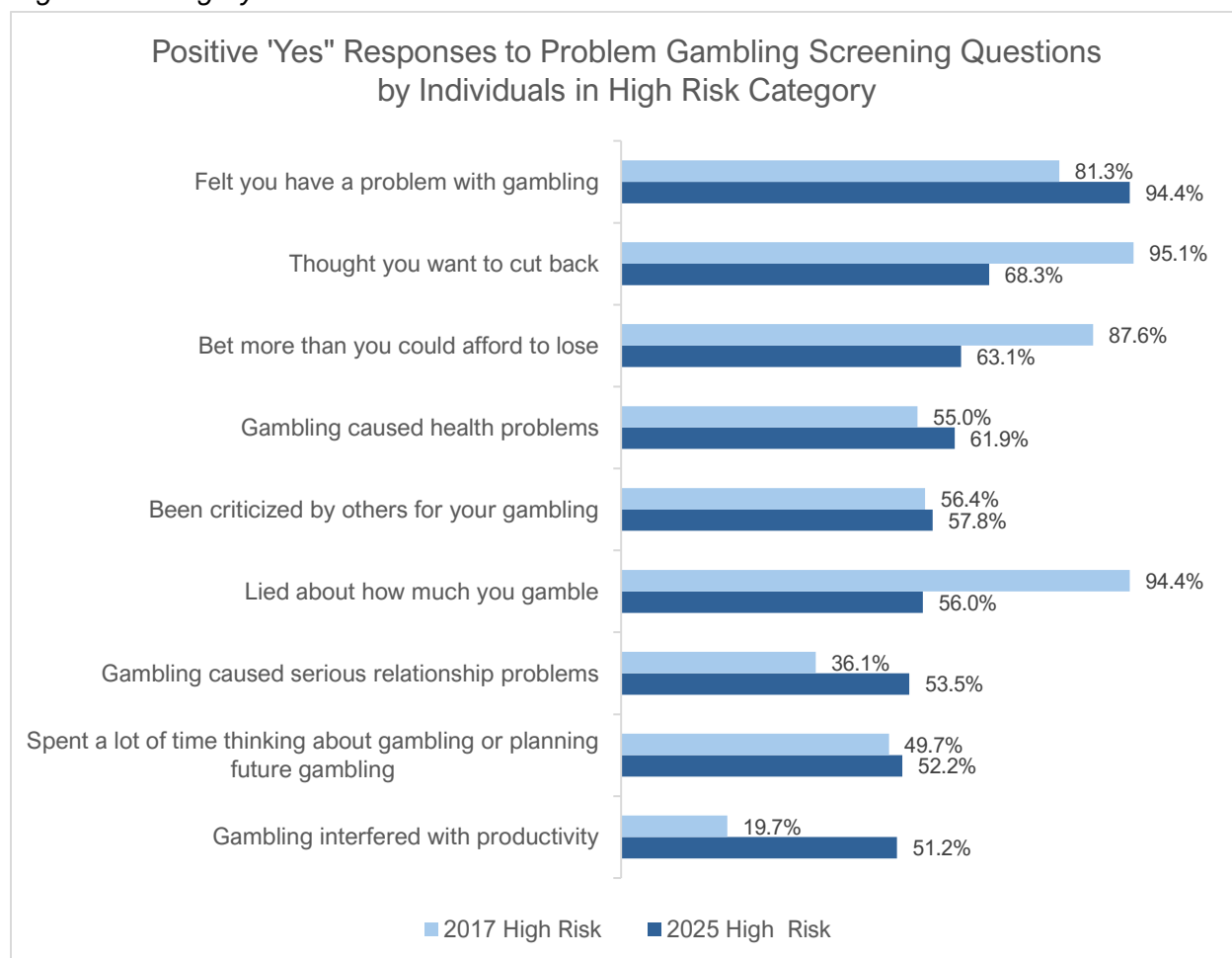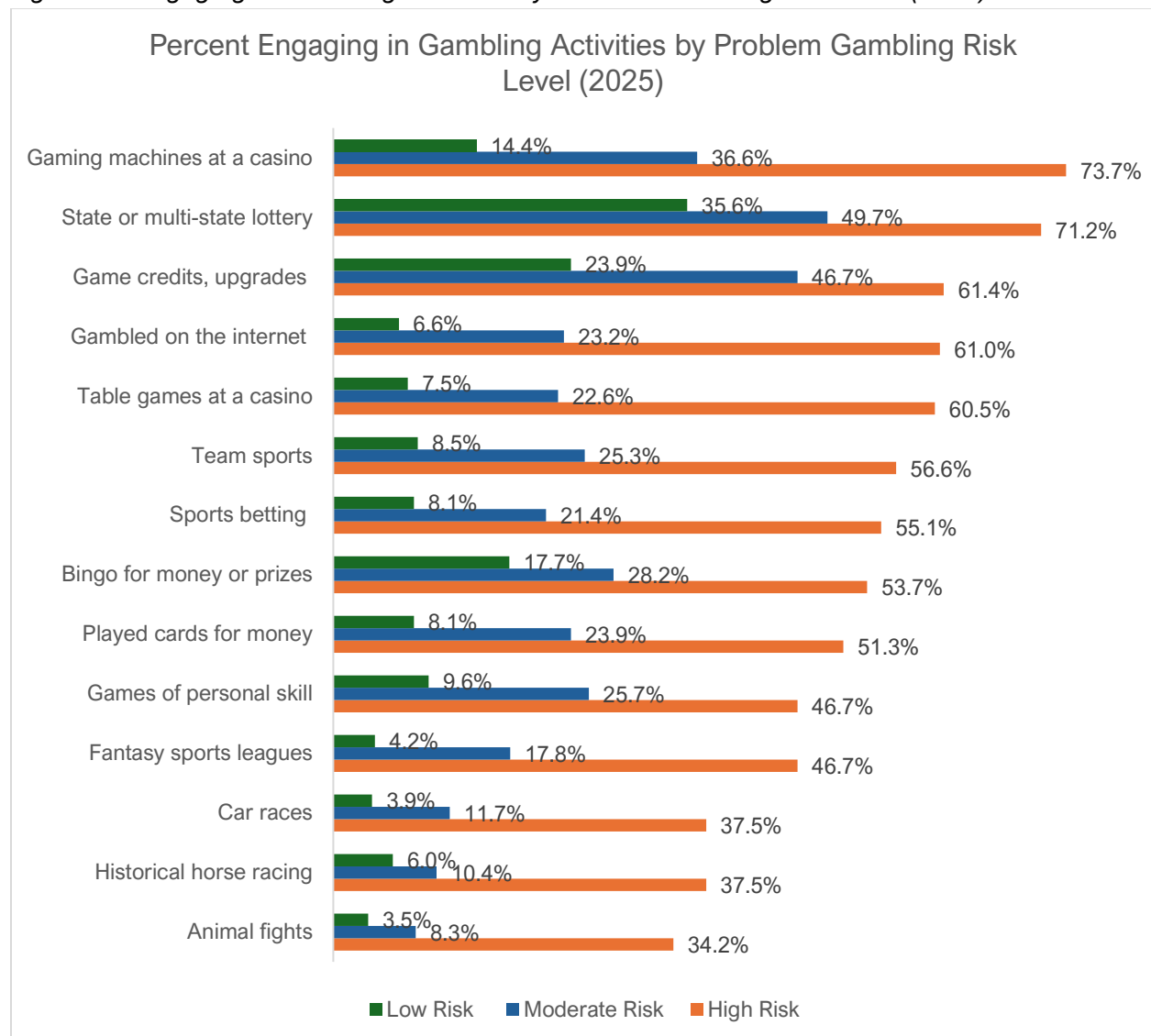
As *Figure 11* shows, larger percentages of respondents in the high risk category reported past 30-day gambling for all 14 gambling activities on the survey. They were three times more likely to have gambled in the past 30 days than respondents in the low and moderate risk categories.

The most frequently reported past 30-day gambling activities for those in the high risk group included:

- Playing gaming machines at a casino (73.7%).
- Playing a state or multi-state lottery such as scratch tickets, Powerball, pull-tabs, etc. (71.2%).
- Spending money on game credits, extra lives, or upgrades (61.4%).
- Gambling on the internet, including unconventional methods like offshore betting with or without a VPN (61.0%).

Figure 11: Engaging in Gambling Activities by Problem Gambling Risk Level (2025)

Percent Engaging in Gambling Activities by Problem Gambling Risk Level (2025)

Activity	Low Risk	Moderate Risk	High Risk
Gaming machines at a casino	14.4%	36.6%	73.7%
State or multi-state lottery	35.6%	49.7%	71.2%
Game credits, upgrades	23.9%	46.7%	61.4%
Gambled on the internet	6.6%	23.2%	61.0%
Table games at a casino	7.5%	22.6%	60.5%
Team sports	8.5%	25.3%	56.6%
Sports betting	8.1%	21.4%	55.1%
Bingo for money or prizes	17.7%	28.2%	53.7%
Played cards for money	8.1%	23.9%	51.3%
Games of personal skill	9.6%	25.7%	46.7%
Fantasy sports leagues	4.2%	17.8%	46.7%
Car races	3.9%	11.7%	37.5%
Historical horse racing	6.0%	10.4%	37.5%
Animal fights	3.5%	8.3%	34.2%

Related Behaviors: Substance Use

Gambling disorder is categorized as an addiction-related disorder. Research has shown the links between gambling disorder and substance use disorders, and high comorbidity rates.[16] Results of the *2025 Kansas Gambling Survey* showed that respondents in the high risk category were significantly more likely to report substance use than respondents in the moderate and low risk categories. This was true for all substances measured, *Figure 12*.

Figure 12: Past 30 Day Substance Use by Problem Gambling Risk Category (2025)
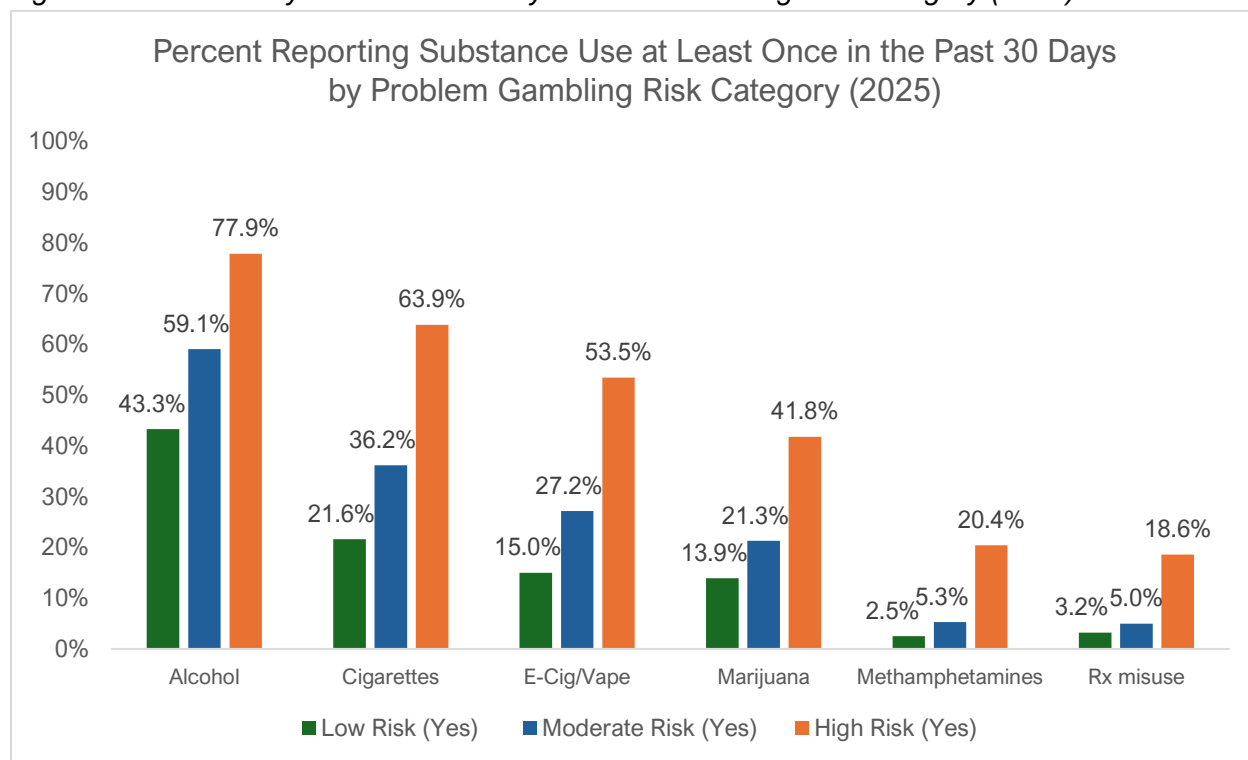
For 2025 respondents in the high risk category:

- Alcohol use was two (2) times more likely to be reported than respondents in the low risk category and one (1) time more likely than respondents in the moderate risk category.
- Cigarette use was three (3) times more likely than low risk and two (2) times more likely than moderate risk.
- Marijuana use was three (3) times more likely than low risk and two (2) times more likely than moderate risk.
- Vaping was four (4) times more likely than low risk and two (2) times more likely than moderate risk.
- Prescription drug misuse was six (6) times more likely than low risk and four (4) times more likely than moderate risk.
- Methamphetamine use was eight (8) times more likely than low risk and four (4) times more likely than moderate risk.

In addition to the substances shown in *Figure 12*, 15.5% of respondents in the high risk problem gambling category reported using cocaine or crack, compared to 1.8% in the moderate risk and 0.5% in the low risk categories. Heroin use was reported by 12.0% of high risk respondents, 2.7% of moderate risk, and 0.2% of low-risk respondents. Similarly, 11.8% of individuals in the high-risk group reported using ecstasy, compared to 3.4% in the moderate risk and 0.6% in the low risk groups. Just over 13% (13.3%) of high-risk respondents reported using fentanyl, compared to 2.7% in the moderate risk and 0.3% in the low risk categories; however, it is unknown whether fentanyl use was prescribed or non-prescribed, or whether it was intentional or unintentional.

Related Behaviors: Depression, Suicidal Thoughts, and Behaviors

Similarly, the connection between gambling problems and suicidal thoughts and behaviors is well known.[17] Respondents in the high risk problem gambling category were twice as likely to report past year depression compared to those in the moderate risk category, and four times as likely to report depression compared to those in the low risk category.

For survey respondents who reported feelings of depression, a follow-up question asked if those feelings were related to gambling harms. For respondents in the moderate problem gambling risk group, 28.0% reported *Yes*. For those in the high risk group, 63.2% reported *Yes*.

The percentages of respondents who reported having suicidal thoughts, planning for suicide, and attempting suicide in the past year are also substantially higher for those in the high risk problem gambling category, *Figure 13*.

Figure 13: Past Year Depression, Suicidal Thoughts and Behavior by Problem Gambling Risk Category (2025)
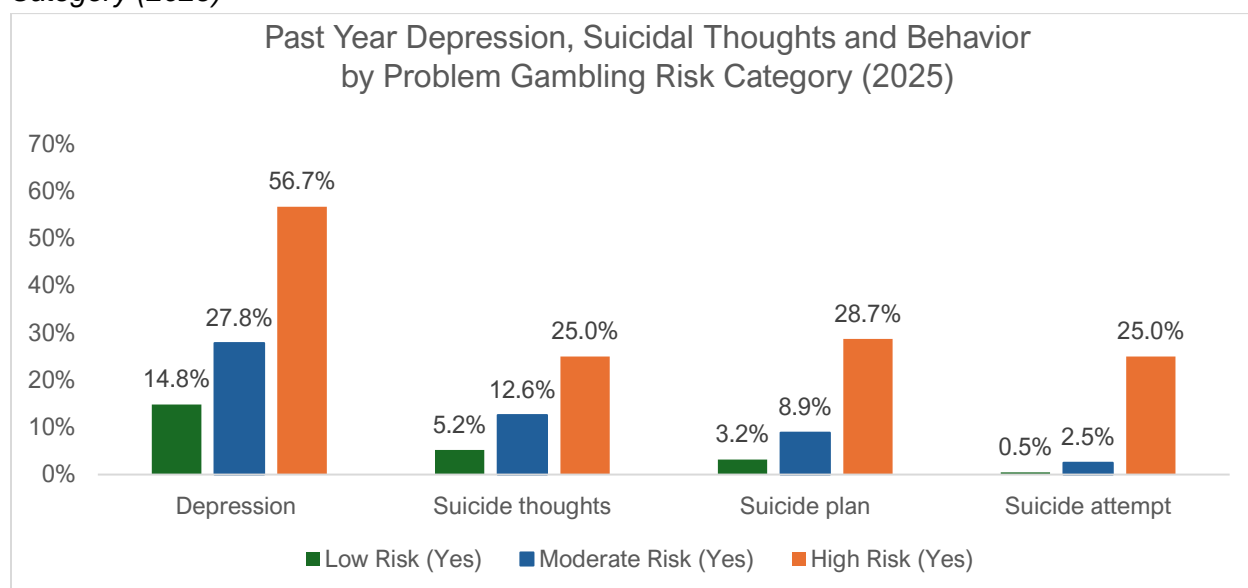
For 2025 respondents in the high risk category:

- Depression was four (4) times more likely to be reported than respondents in the low risk category and two (2) times more likely than respondents in the moderate risk category.
    - For high risk respondents who reported depression, 63.2% stated their feelings were related to gambling harms.
- Suicidal thoughts were five (5) times more likely than low risk and two (2) times more likely than moderate risk.
- Planning for suicide was nine (9) times more likely than low risk and three (3) times more likely than moderate risk.
- Suicide attempt was fifty (50) times more likely than low risk and ten (10) times more likely than moderate risk.

Supplemental Problem Gambling Questions

The survey asked four additional questions related to problem gambling or the personal impact it might have. While these were not included in the risk screening calculations, the results contribute to a greater understanding of the impact of gambling in Kansas. When asked if they felt like they would like to stop gambling but didn't think they could, 97.1% of low risk respondents, 61.1% of moderate risk, and 10.7% of high risk respondents said *Never*. The additional responses shown in *Figure 14* highlight the addictive nature of gambling, certainly for respondents at high risk but also for respondents at moderate and even low risk.

Figure 14: Frequency of Feeling Unable to Stop Gambling in the Past 12 Months
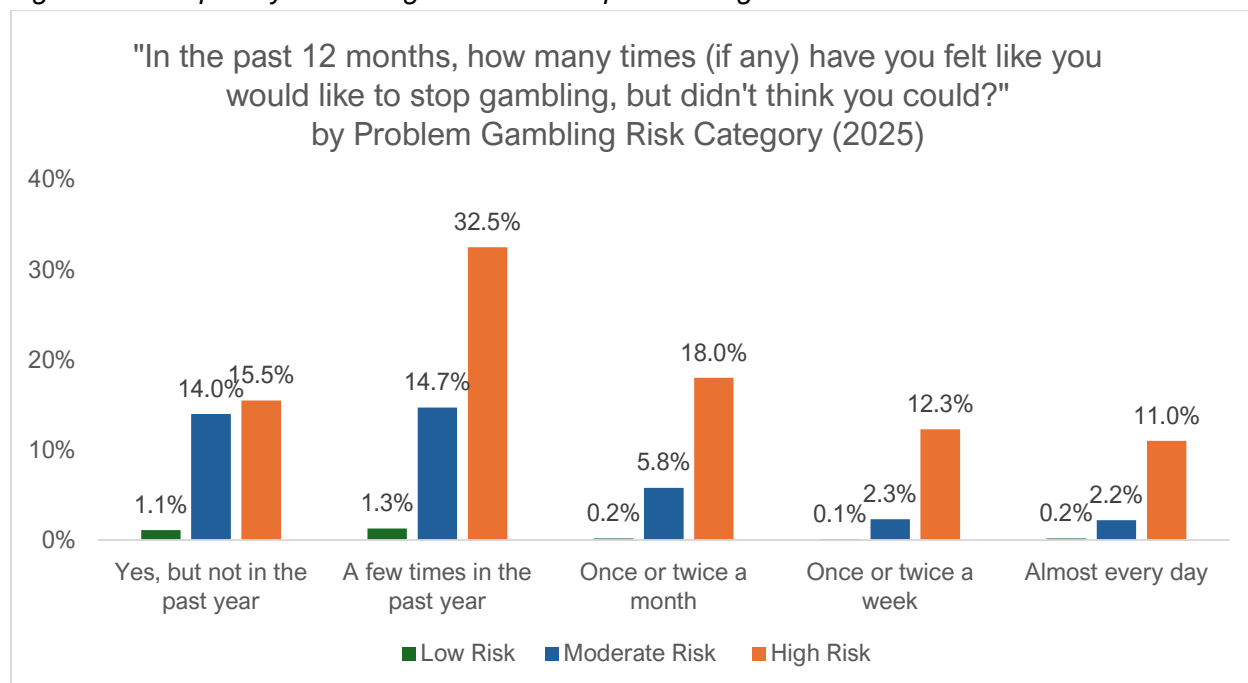
Similarly, *Figure 15* indicates that over half of the respondents at high risk of problem gambling reported becoming restless, irritable, or anxious when trying to stop or cut down on gambling. Over half tried to keep their family or friends from knowing how much they gambled, and over half had serious financial hardship resulting from their gambling behavior.

The increased prevalence of gambling from 2017 to 2025, the significant increase in the estimated Kansans at risk of problem gambling, and the known addictive nature of gambling emphasize the need for increased attention and support.

Figure 15: Self-Reported Experience of Negative Impacts of Problem Gambling

"In the past 12 months, have you experienced any of the following?"
by Problem Gambling Risk Category (2025)

Became restless, irritable, or anxious when trying to stop/cut down on gambling
- 0.5%
- 8.3%
- 54.4%

Tried to keep your family or friends from knowing how much you gambled
- 0.1%
- 10.8%
- 55.6%

Had such financial trouble as the result of your gambling that you had to get help with living expenses from family, friends or welfare?
- 0.3%
- 7.4%
- 51.2%

■ Low Risk (Yes) ■ Moderate Risk (Yes) ■ High Risk (Yes)

Affected Others

The effects of gambling can impact not only the person who gambles, but also their family, friends, co-workers, and others close to them (also called affected others). Public health frameworks[18] use broad definitions of gambling-related harm, which can include health, resources, and relationships. They can include loss of employment, debt, crime, breakdown of relationships, deterioration of physical and mental health, domestic violence, and suicide. Recent research suggests that affected others in the general population range from 4.5% to 21.2%.[19] The impact is cumulative. It is estimated that high risk gamblers harm an average of six others, moderate risk gamblers affect three, and low risk gamblers affect one person.[20]

While the prevalence of gambling activity has increased in Kansas from 2017 to 2025, data also shows an increase in the percentage of respondents who report being personally affected by others' gambling. Overall, 20.5% of respondents reported being personally affected by the gambling behavior of a family member, 17.5% by a friend, and 11.1% by a co-worker, *Figure 16*.

Figure 16: Affected Others

Reasons for Gambling

People gamble for many reasons. Survey respondents were presented with ten potential reasons for gambling and were asked to rate each on a four-point scale from *Not at all important* to *Very important*. Highlights from the gambling motivation survey data comparing 2017 and 2025 are shown below.

Summary of Findings

The data below represent respondents who reported the reasons for gambling as *Important* or *Very important*.
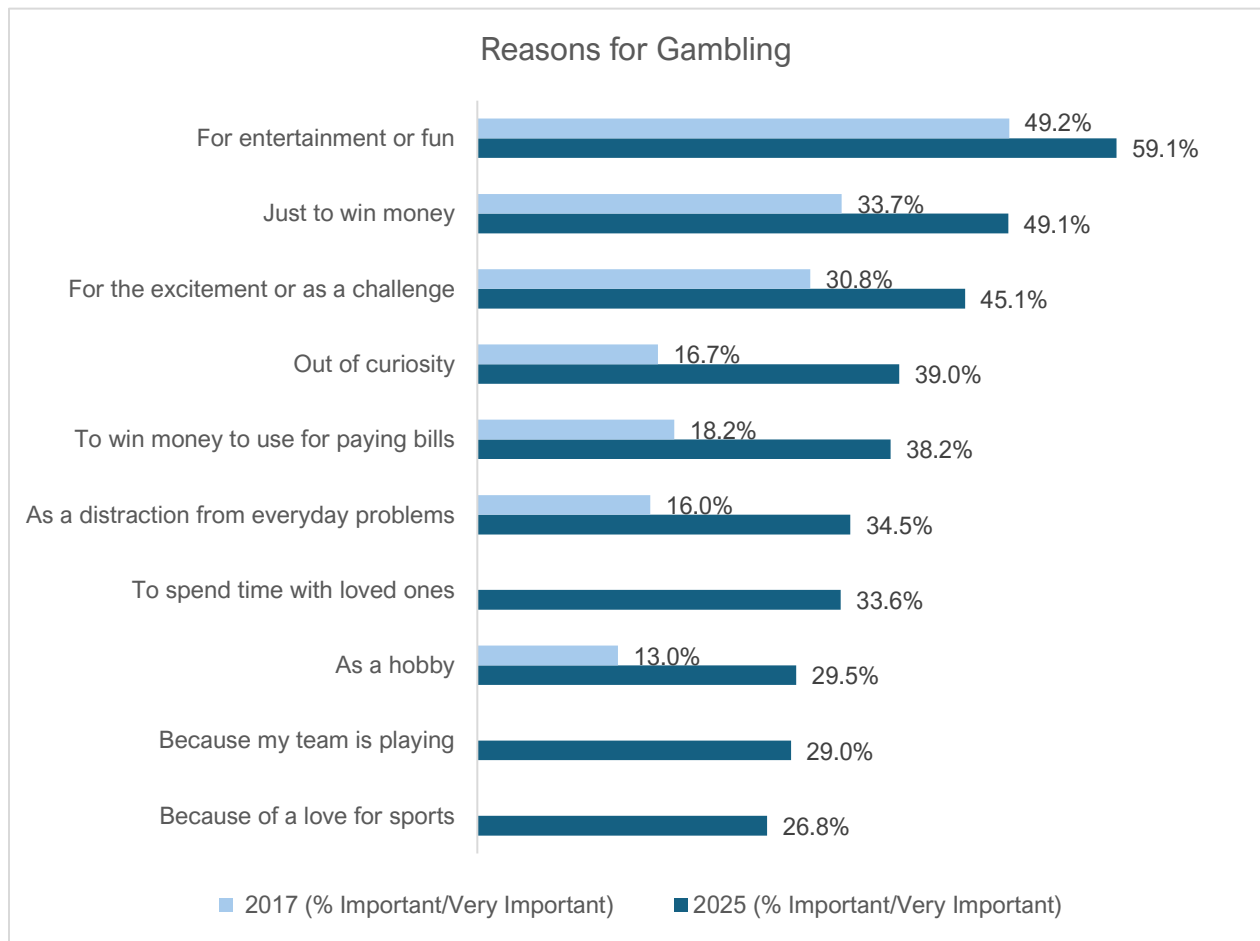
The top three reasons for gambling in the 2025 survey included *entertainment or fun* (59.1%), *just to win money* (49.1%), and for the *excitement or challenge* (15.1%). The top three reasons for gambling in the 2025 survey were also the top three reasons for gambling in the 2017 survey.

Problematic reasons for gambling included: *To win money to use for paying bills* increased from 18.2% in 2017 to 38.2% in 2025, which may indicate practical financial motives for gambling. Gambling *as a distraction from everyday problems* increased from 16.0% in 2017 to 34.5% in 2025, which may suggest respondents are using gambling as a coping mechanism.

Every reason for gambling increased in respondents' reported importance in 2025 compared to 2017. This may indicate growing acceptance of gambling as a pastime and as a motivator of behavior. The largest increase was in curiosity (22.3% increase) as shown in *Figure 17*, which may indicate more openness to try gambling.

- Specific increases from 2017 to 2025 are as follows:
  - Entertainment or Fun: 9.9%
  - Just to Win Money: 15.4%
  - Excitement/Challenge: 14.3%
  - Curiosity: 22.3%
  - To Pay Bills: 20.0%
  - Distraction from Problems: 18.5%
  - As a Hobby:16.5%

- Three new questions/reasons were added in 2025, with no 2017 data available:
  - Social Connection: 33.6% said they gamble *to spend time with loved ones*.
  - Team Loyalty: 29.0% gamble *because their team is playing*.
  - Love for Sports: 26.8% said *love for sports*.

Figure 17: Reasons for Gambling

Reasons for Gambling

Reason	2017 (% Important/Very Important)	2025 (% Important/Very Important)
For entertainment or fun	49.2%	59.1%
Just to win money	33.7%	49.1%
For the excitement or as a challenge	30.8%	45.1%
Out of curiosity	16.7%	39.0%
To win money to use for paying bills	18.2%	38.2%
As a distraction from everyday problems	16.0%	34.5%
To spend time with loved ones		33.6%
As a hobby	13.0%	29.5%
Because my team is playing		29.0%
Because of a love for sports		26.8%

■ 2017 (% Important/Very Important) ■ 2025 (% Important/Very Important)

Gambling Literacy

Survey respondents were presented with six gambling-related myths and four gambling perceptions. Respondents were asked to rate how much they agreed with each perception on a four-point scale from *Strongly disagree* to *Strongly agree*. Highlights from the comparison of gambling beliefs between 2017 and 2025 are presented below:
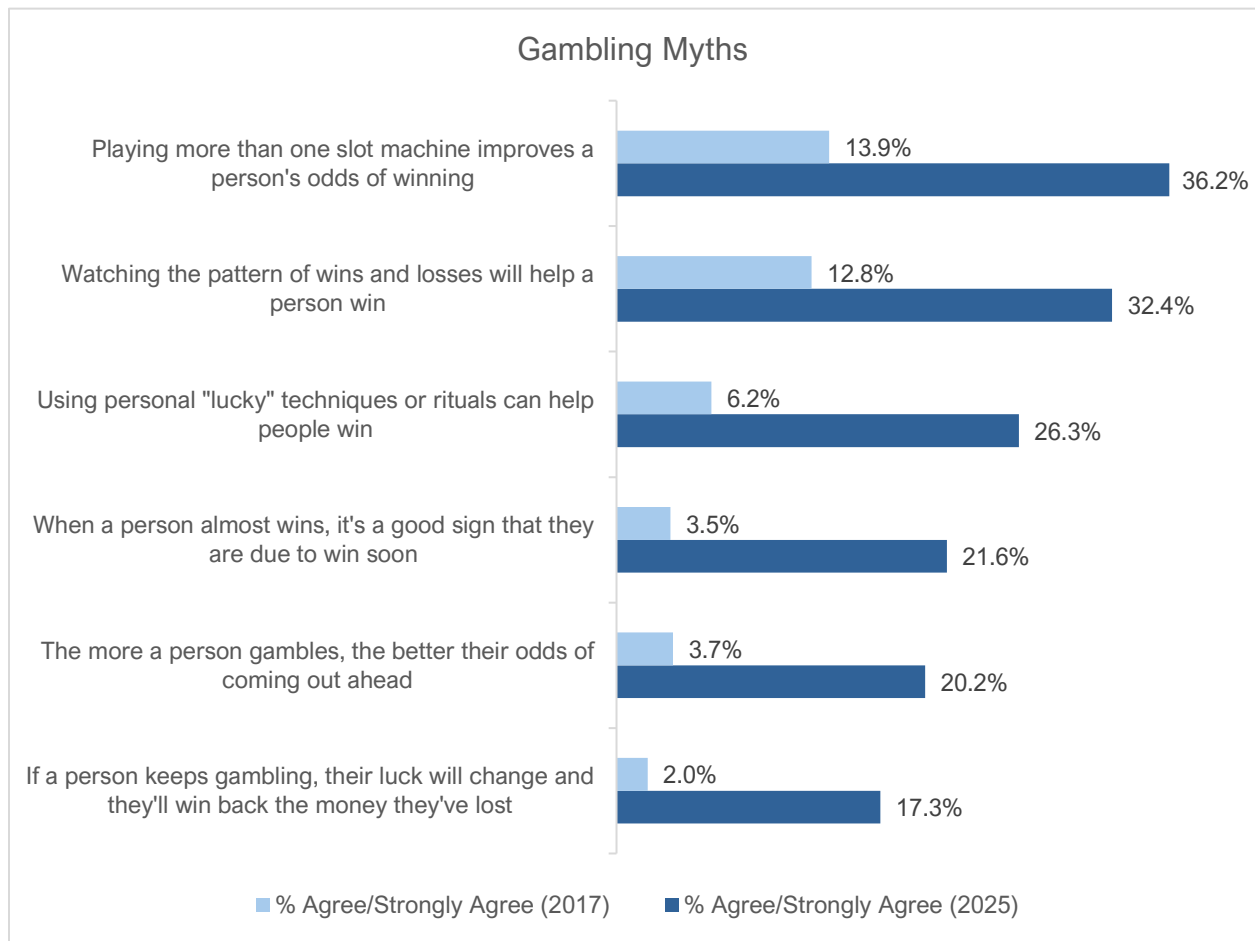
Summary of Findings

In 2025, there was a notable rise in gambling-related misconceptions. More individuals believed that tracking patterns of wins and losses could improve their chances, that near wins indicate future success, and that continued gambling would eventually recover losses. Belief in "lucky" rituals has quadrupled since 2017. These trends point to a decline in gambling literacy and a widespread misunderstanding of gambling behavior and odds.

The percentages in *Figure 18* represent respondents who reported they *Agree* or *Strongly agree.*

- The top three myths with the highest levels of agreement in the 2025 survey included *playing more than one slot machine improves a person's odds of winning* (36.2%), *watching the pattern of wins and losses will help a person win* (32.4%), and *using personal "lucky" techniques or rituals can help people win* (26.3%). The top three gambling myths in the 2025 survey were also the top three myths in the 2017 survey.

- Belief/agreement with every gambling myth increased in 2025 compared to 2017. Specific increases from 2017 to 2025 are as follows:
    - Belief that using multiple slot machines improves odds: increased 22.3%
    - Belief in reading gambling patterns surged: increased 19.6%
    - Faith in "lucky" rituals has quadrupled: increased 20.1%
    - "Near wins" now seen as predictive by more respondents: increased 18.1%
    - Belief that "more gambling equals better odds": increased 16.5%
    - Belief that luck will change if you keep gambling: increased 15.3%

- While agreement with gambling myths increased in 2025, it is important to note that the majority of respondents stated they do not believe in these gambling myths, although with thinner margins compared to 2017.

Figure 18: Gambling Literacy/Endorsement of Myths

Gambling Myths

Playing more than one slot machine improves a person's odds of winning
- 13.9%
- 36.2%

Watching the pattern of wins and losses will help a person win
- 12.8%
- 32.4%

Using personal "lucky" techniques or rituals can help people win
- 6.2%
- 26.3%

When a person almost wins, it's a good sign that they are due to win soon
- 3.5%
- 21.6%

The more a person gambles, the better their odds of coming out ahead
- 3.7%
- 20.2%

If a person keeps gambling, their luck will change and they'll win back the money they've lost
- 2.0%
- 17.3%

■ % Agree/Strongly Agree (2017)   ■ % Agree/Strongly Agree (2025)

Perception of Gambling

The survey asked four questions about how people felt about gambling. Participants were asked to rate how much they agreed with each statement on a four-point scale from *Strongly Disagree* to *Strongly Agree*. Highlights from the comparison of gambling-related social and economic perceptions between 2017 and 2025 are as follows:

Summary of Findings

In 2025, while more respondents perceived gambling as a harmful form of entertainment and dangerous for family life, fewer respondents *Strongly agree* with these ideas, and public sentiment shifted toward more neutral or positive views. The data reflected a social acceptability trend: an overarching shift toward gambling being seen as more socially acceptable and economically beneficial. Public trust in gambling appears to be rising, despite longstanding warnings about addiction and social costs. These attitude changes may correlate with marketing, increased legalization, and digital accessibility of gambling platforms.

Figure 19 shows public attitudes toward gambling and casinos in 2017 and 2025. Two statements were about the potential benefits of gambling:

- "Casinos are a good place to socialize."
  In 2025, almost half (49.5%) of respondents said they *Agree* or *Strongly agree* that casinos are a good place to socialize compared to 36.2% in 2017. Although agreement increased from 2017, respondents stating they *Strongly disagree* or *Disagree* still made up 50.5% in 2025, suggesting ongoing skepticism.

Figure 19: Perceived Benefits of Gambling: Socialization
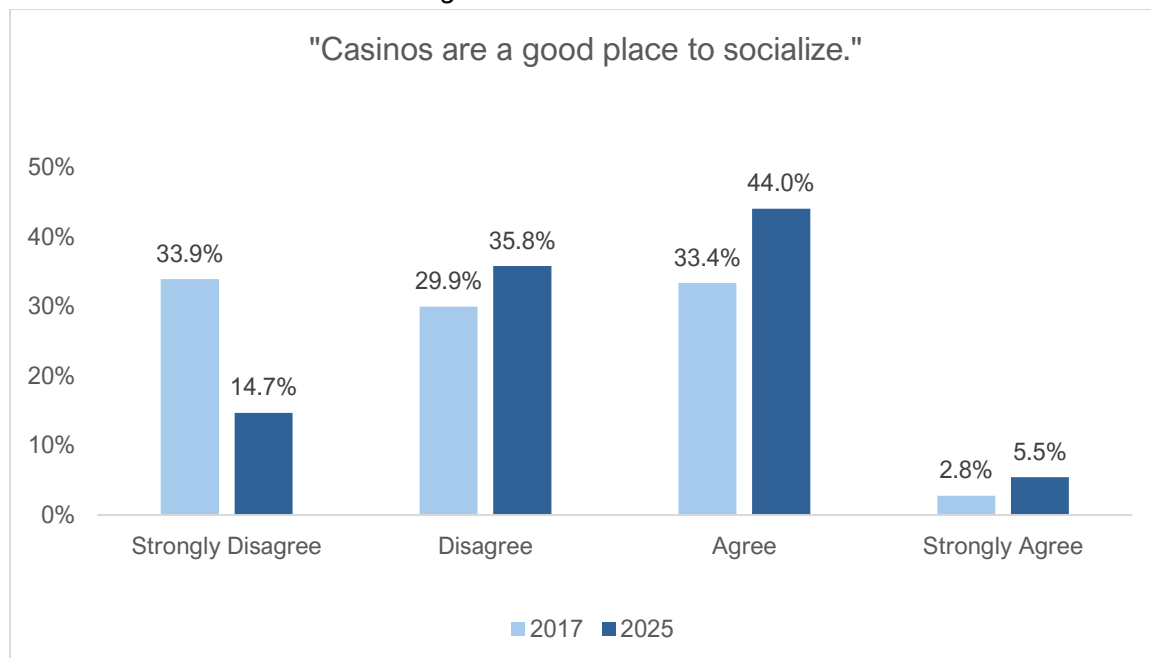
- "Gambling is good for the economy."
  Belief that gambling is good for the economy increased, from 44.0% agreement in 2017 to 52.6% in 2025. *Strongly agree* nearly doubled from 7.5% to 13.4%. Those who *Strongly disagree* that gambling benefits the economy fell sharply from 23.8% in 2017 to 6.6% in 2025. Despite rising belief in its benefits, disagreement still accounted for 47.3% in 2025, showing an ongoing divide (*Figure 20*).

Figure 20: Perceived Benefits of Gambling: Positive Impact on Economy
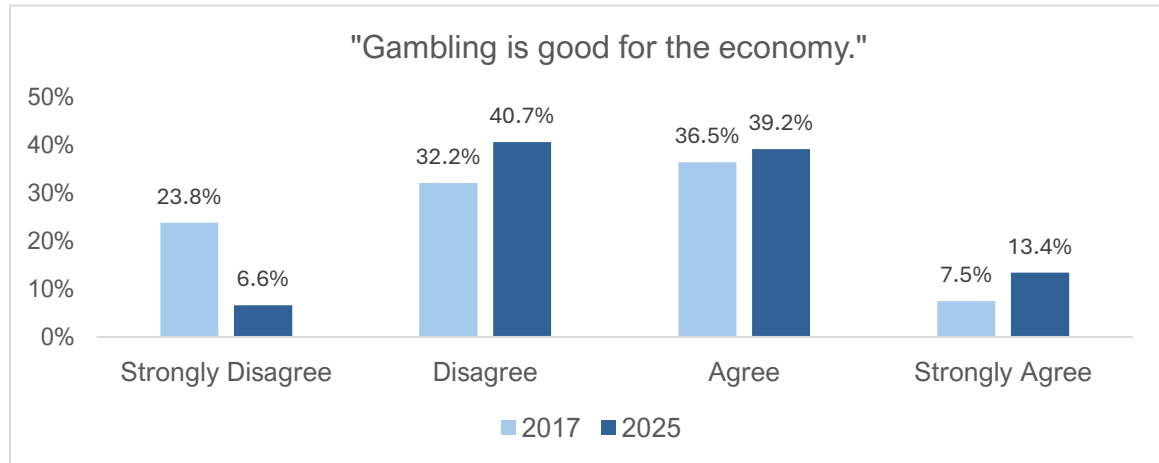
Two statements were about the potential harm of gambling:

- "Gambling is a harmful form of entertainment.**"**
  Agreement that gambling is a harmful form of entertainment increased from 57.5% (*Agree + Strongly agree*) in 2017 to 62.5% in 2025. The proportion who *Strongly agree* that gambling is harmful slightly declined from 25.9% in 2017 to 22.4% in 2025, *Figure 21*.

Figure 21: Perceived Harm from Gambling: Harmful Form of Entertainment
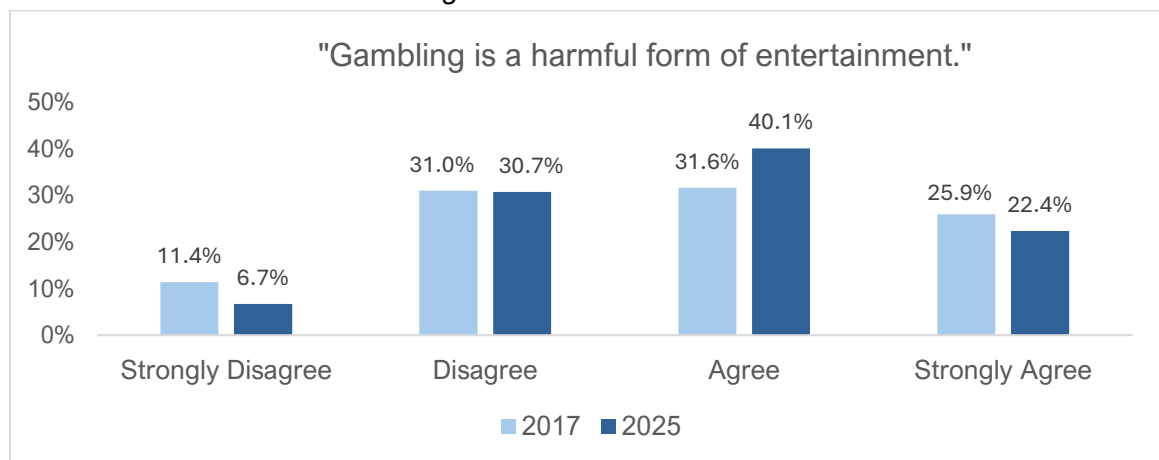
- "Gambling is dangerous for family life."
  Concern that gambling is dangerous for family life remained high, with 69.5% agreeing in 2025, similar to that reported in 2017 (69.9%). However, the intensity shifted slightly, with fewer selecting *Strongly agree*. *Figure 22* shows the disagreement with the idea that gambling is dangerous for families rose from 30.1% in 2017 to 30.5% in 2025.

Figure 22: Perceived Harm from Gambling: Dangerous for Family Life
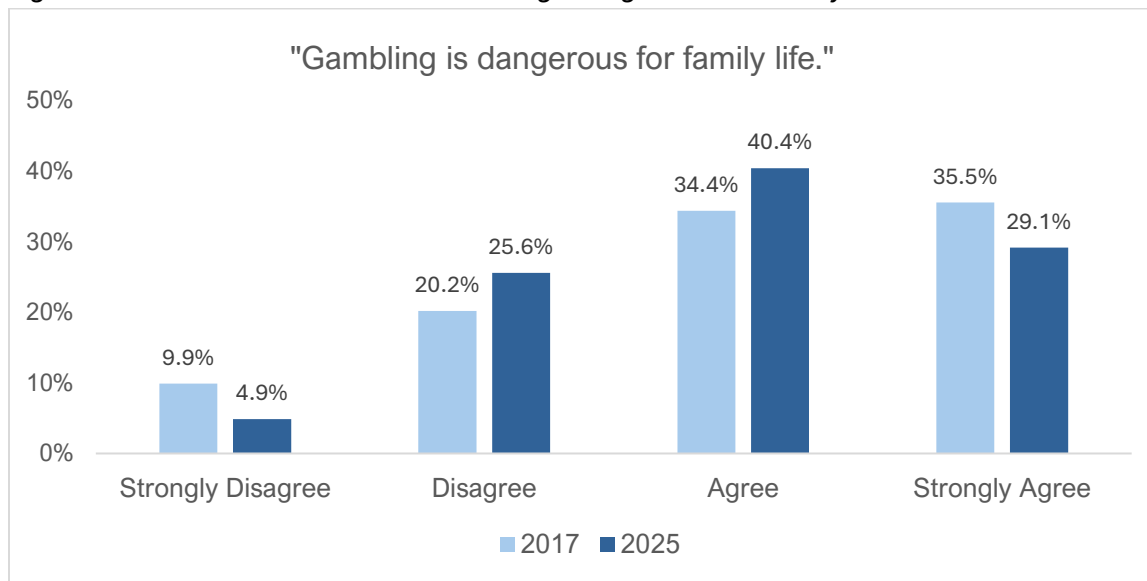
Perception and Knowledge of Problem Gambling Treatment

In Kansas, confidential treatment services for problem gambling are available to all Kansans experiencing gambling-related harm (problem gamblers, their family members, affected others) at no out-of-pocket cost.[21] A goal of the *2025 Kansas Gambling Survey* was to help determine public awareness of treatment availability, attitudes toward treatment, and knowledge of cost and effectiveness. Eight questions were asked to assess these areas of interest. Respondents were asked to indicate their level of agreement based on a four-point scale from *Strongly Disagree* to *Strongly Agree*. Highlights summarizing the attitudes and perceptions about gambling treatment and awareness in 2017 vs 2025 are presented below.

Summary of Findings

For the following percentages, 'agreement' refers to respondents who reported *Agree* or *Strongly agree*, and 'disagreement' refers to respondents who reported *Strongly disagree* or *Disagree (Table 7).*

- In 2025, over half of the respondents (55.8%) disagreed with the statement "There is no convenient place to get treatment for problem gambling in my community." Inversely, 41.2% agreed. 2025 results indicate a slight decline in perceived lack of access and a small improvement from 2017; however, these levels indicate that Kansans perceive access to treatment as limited.
- Over half of respondents (54.9%) believe that "the average person can't afford treatment." This perception of treatment has changed little since 2017 and indicates ongoing perception of financial barriers and lack of knowledge of state-sponsored treatment.
- Belief in the effectiveness of treatment weakened slightly: The percentage of respondents who agreed that treatment "probably doesn't work" rose from 21.2% in 2017 to 29.6% in 2025. It is important to note that the majority (70.4%) disagreed, implying that they believe treatment for a gambling problem does work.
- While the percentage of respondents who reported they would be embarrassed if a family member needed treatment increased in 2025, the majority (75.1%) reported they disagreed, meaning they would not be embarrassed if a family member needed treatment.
- Just over a quarter of respondents (28.5%) stated that gambling treatment is only for people with serious difficulties, which was an increase from 15.5% in 2017. Three in four respondents (75.1%) disagreed.
- Few participants (31.0%) said they knew about gambling treatment options in their community; however, this was an increase from 2017.
- Three new treatment-related questions were added in 2025.
    - 30.6% reported they knew that the state would pay for gambling counseling and treatment services for the gambler and affected others.

o   81% agreed that gambling was an actual disorder.
o   Just over half (54.8%) said it would be easy to get help if they had a gambling.

Table 7: Perception and Knowledge of Problem Gambling

Perception and Knowledge of Problem Gambling Treatment	2017 (Agree/Strongly Agree)	2025 (Agree/Strongly Agree)
There is no convenient place to get treatment for problem gambling in my community	44.9%	41.2%
The average person can't afford treatment for a gambling problem	53.7%	54.9%
Treatment for a gambling problem probably doesn't work	21.2%	29.6%
I would be embarrassed if a family member needed treatment for a gambling problem	14.3%	24.9%
Gambling treatment is only for people with serious difficulties	15.5%	28.5%
I know about gambling treatment options in my community	20.9%	31.0%
I know the state will pay for gambling counseling/treatment for those who need it, whether they are the gambler or affected others	—	30.6%
Problem gambling is an actual disorder	—	81.3%
It would be easy to get help if I was struggling with a gambling disorder	—	54.8%

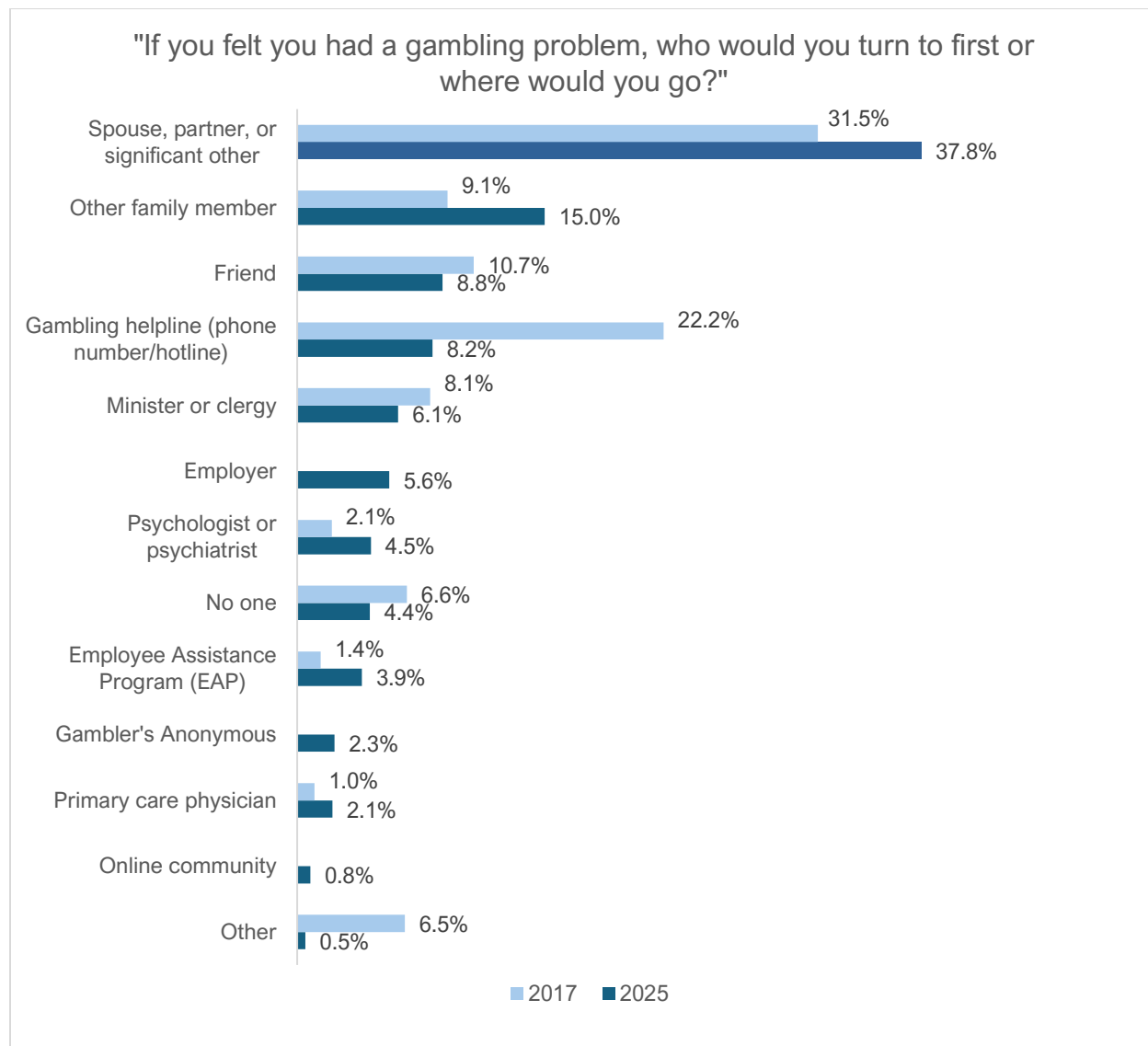## Assistance and Recognizing Signs of Problem Gambling

Respondents were also asked where they would turn first or go for help if they felt they had a gambling problem. Twelve different response options were offered, along with an 'other' option to write in responses that were not provided.

Summary of Findings

Overall, formal, structured help options like therapists, helplines, and programs still lag behind informal, but traditional sources (family, friends) in respondents' choice of support or help if they felt they had a gambling problem.

In both 2017 and 2025, spouse, partner, or significant other was the first choice in confiding a personal gambling problem, showing an increase from 31.5% in 2017 to 37.8% in 2025, and confirming a strong reliance on close relationships, *Figure 23*.

Figure 23: Assistance/Support for Problem Gambling

"If you felt you had a gambling problem, who would you turn to first or where would you go?"

Category	2017	2025
Spouse, partner, or significant other	31.5%	37.8%
Other family member	9.1%	15.0%
Friend	10.7%	8.8%
Gambling helpline (phone number/hotline)	22.2%	8.2%
Minister or clergy	8.1%	6.1%
Employer		5.6%
Psychologist or psychiatrist	2.1%	4.5%
No one	6.6%	4.4%
Employee Assistance Program (EAP)	1.4%	3.9%
Gambler's Anonymous		2.3%
Primary care physician	1.0%	2.1%
Online community		0.8%
Other	6.5%	0.5%

Other notable findings:

- *Other family member* responses increased notably, from 9.1% in 2017 to 15.0% in 2025, showing growing trust in extended family for support.
- There was a sharp decline in the percentage of people who reported they would turn to the Gambling Helpline, from 22.2% in 2017 to just 8.2% in 2025, which may suggest a reduction in public reliance on hotlines.
- Minister or clergy responses dropped from 8.1% to 6.1%.

- Employers became a new support source, with 5.6% reporting in 2025, up from 0.0% in 2017, perhaps due to growing workplace mental health initiatives.
- More people said they would turn to a psychologist or psychiatrist, reflecting an increase from 2.1% to 4.5%. This may suggest slow but rising acceptance of professional behavioral health care.
- Fewer respondents said they would turn to "no one", dropping from 6.6% to 4.4%, a possible sign of decreasing stigma or increased awareness of available help.
- Employee Assistance Programs (EAP) usage nearly tripled, from 1.4% to 3.9%, pointing to higher awareness and utilization of employer-provided behavioral health resources.
- Gamblers Anonymous appeared as a new option in 2025, chosen by 2.3%, showing recognition of peer support groups.
- Primary care physician use doubled, from 1.1% to 2.1%, though it is still a relatively minor channel for help.
- Online communities emerged as an option in 2025 with 0.8%, reflecting a potential shift toward digital peer support.

Respondents were also asked, 'How confident are you that you would be able to recognize the signs that you, a friend, a family member, or an acquaintance has a gambling problem?' Response options on a four-point scale included *Not confident at all, Slightly confident, Moderately confident,* and *Extremely confident.*

Despite increased attention to gambling problems, respondents in 2025 expressed less certainty about their ability to recognize the signs that they, a friend, a family member, or an acquaintance had a gambling problem compared to 2017 (*Figure 24*). *Extremely confident* responses decreased from 34.1% to 22.8%; *Moderately confident* dipped slightly from 41.4% to 39.2%, indicating little overall change. *Slightly confident* increased from17.4% to 29.2%, showing more people are unsure but aware of potential signs. *Not at all confident,* slightly increased from 7.1% to 8.8%. This shift toward lower confidence in recognizing a problem may indicate a growing complexity in identifying gambling-related issues or a need for additional education and resources.

Figure 24: Level of Confidence in Recognizing Problem Gambling
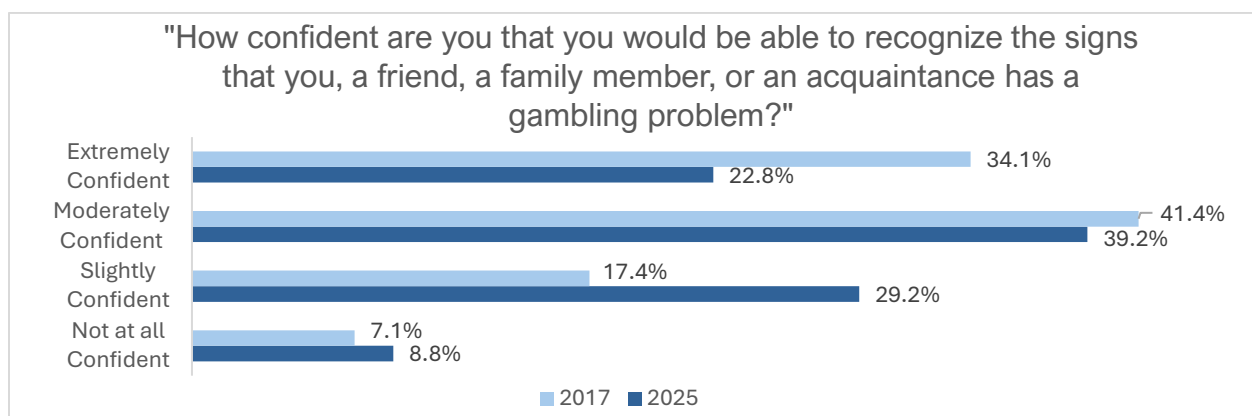
Gambling Promotion and Prevention

To assess exposure to gambling promotions in the past year, respondents were asked four questions. These included whether, in the past 12 months, they had heard, read, or seen advertisements for a casino located in Kansas, fantasy sports or gaming, as well as two new topics introduced in 2025: sports betting and online casino sweepstakes.

Separately, four questions assessed awareness of problem gambling assistance and prevention efforts. The question, *"Have you ever heard of the gambling helpline (1-800-GAMBLER)?"* was asked in both 2017 and 2025. In 2025, three additional questions were introduced: whether respondents had seen or heard information about assistance for problem gamblers or their families, recalled advertisements focused on preventing problem gambling, or encountered mobile or digital ads related to problem gambling.

Response options were *Yes* or *No*. Highlights from the data comparing awareness and exposure to gambling-related advertising and resources are presented below.

Summary of Findings

The 2025 survey data indicated general visibility of promotional gambling content remains high, while public health-oriented gambling messaging is comparatively lower. The overall trend suggests a shift toward more aggressive marketing of gambling products, while awareness of support services has declined or stalled.

The percentages below represent respondents who reported *Yes (Figure 25).*

Exposure to Gambling Promotions:

- Sports Betting Ads: The most recalled advertising in 2025, with 63.3% of respondents reporting exposure, likely reflecting increased visibility following recent legalization.

- Casino Advertising: The second most recalled in 2025 at 60.2%, though this represents a 16.4% drop compared to 2017, indicating a decline in traditional casino ad exposure.

- Fantasy Sports/Gaming Ads: Awareness increased from 52.3% in 2017 to 57.8% in 2025, suggesting growing consumer engagement with fantasy-based platforms.

- Online Casino Sweepstakes Ads: Newly assessed in 2025, with 43.3% reporting exposure, highlighting emerging trends in digital gambling promotions.

Exposure to Gambling Prevention:

- Awareness of Support Resources: A new question in 2025 asked about exposure to information regarding help for problem gamblers and their families. Just about forty-three percent (43.4%) of respondents said *Yes*, reflecting moderate awareness of available support.

- National Helpline Familiarity: Reported familiarity with the national gambling helpline dropped significantly, from 56.7% in 2017 to 40.8% in 2025, raising concerns about the effectiveness of outreach efforts.

- Prevention Ad Recall: Fewer respondents recalled seeing problem gambling prevention ads in 2025 (39.8%) compared to 2017 (46.6%), suggesting a potential decline in prevention messaging visibility.

- Digital Outreach: Only 32.6% of respondents in 2025 recalled seeing mobile or digital ads about problem gambling, indicating these platforms may be underutilized or failing to capture attention.

Figure 25: Gambling Promotion and Prevention
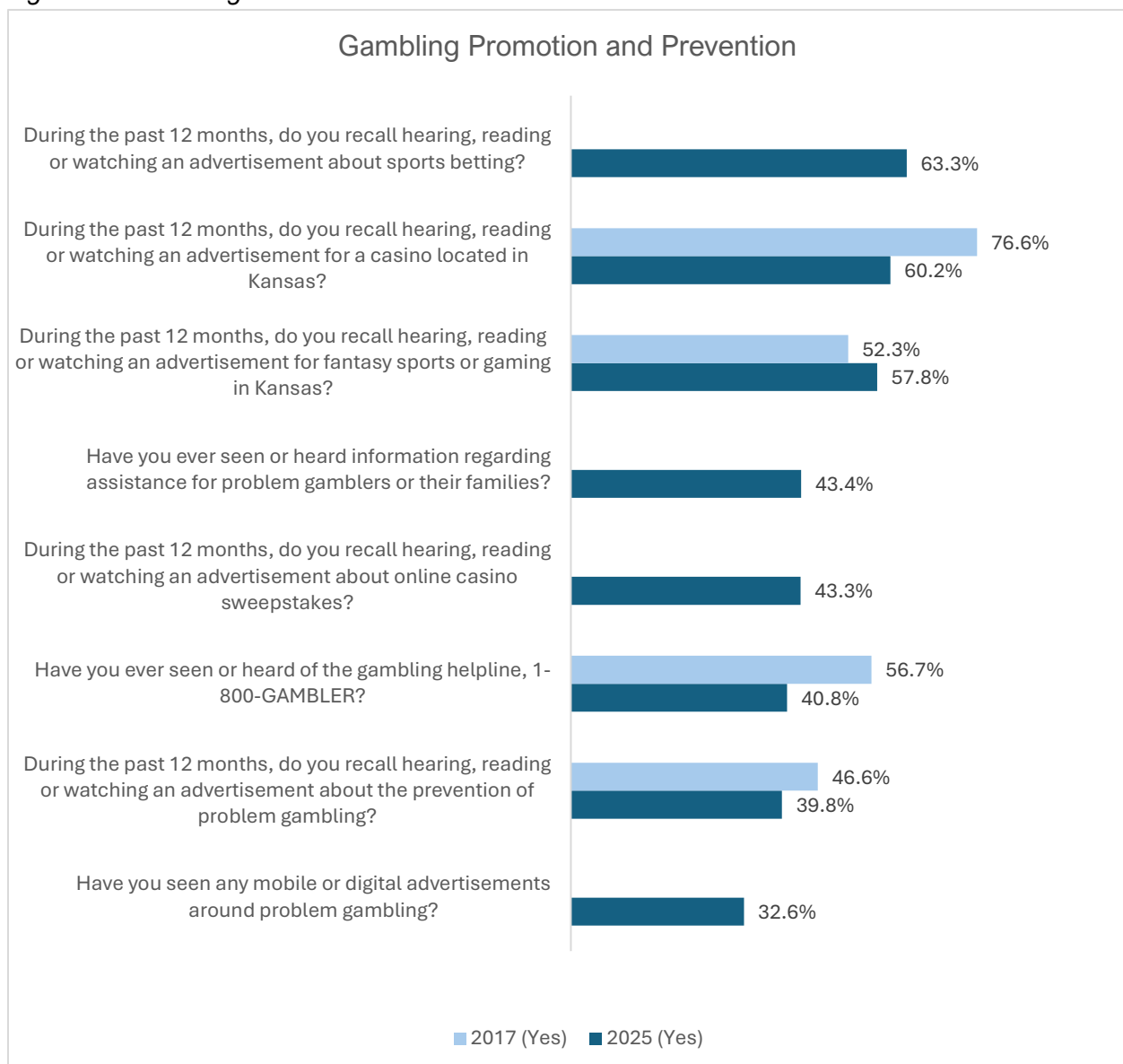
Sports Betting

In 2022, sports wagering was legalized in Kansas, and on September 1st, 2022, sports wagering began operating. Questions were added to the *2025 Kansas Gambling Survey* to measure prevalence, impact, and public opinion about sports betting.

Summary of Findings:

While more than half of respondents actively followed live sporting events or used mobile devices to keep track of scores, fewer engaged in sports betting itself. Only 36.8% reported placing bets on sporting events, with a small minority betting regularly, 14.7% bet once or twice a month, and just 2.4% reported betting on live sports daily or almost daily.
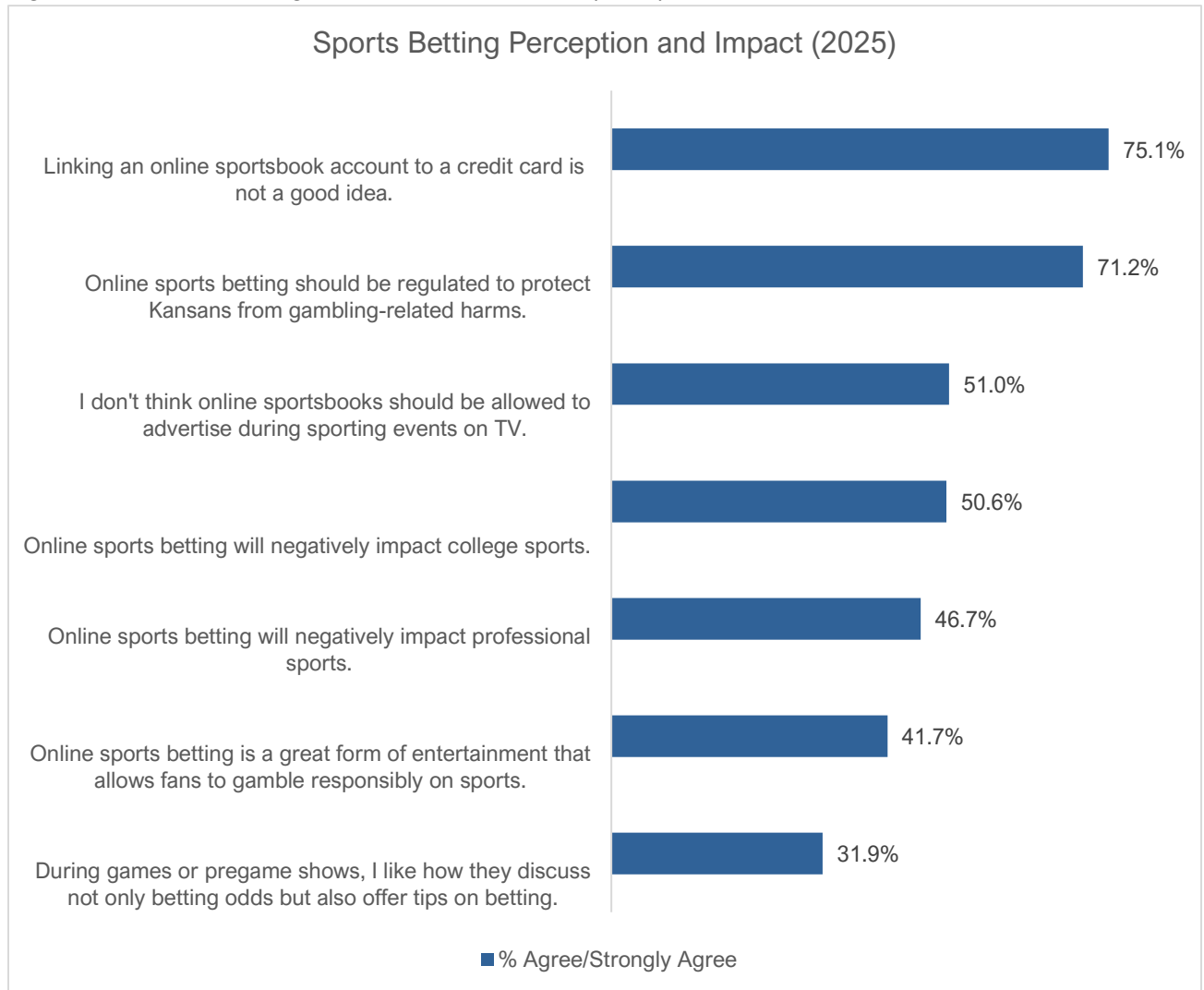
The majority of respondents (77.7%) did not have an account with an online sportsbook, and only 19.0% knew someone who had experienced problems with online sports betting. This suggests that while sports betting is present, it has not yet become a widespread or deeply embedded activity among most participants.

Respondents also expressed a cautious stance toward sports betting. A significant majority (75.1%) stated they *Disagree* or *Strongly disagree* with linking online sportsbook accounts to credit cards, reflecting concerns about financial risks. Furthermore, 71.2% said they *Agree* or *Strongly agree* that sports betting should be regulated to protect individuals from gambling-related harms, indicating broad support for oversight.

However, less than half of respondents (41.7%) viewed sports betting as a positive form of entertainment within responsible gambling, and fewer than one-third (31.9%) appreciated gambling discussions or betting tips during games or pregame shows. This suggests that while sports betting is part of the sports experience for some, it has not yet achieved widespread cultural acceptance or enthusiasm among the general population.

Overall, the data portrays a picture of cautious engagement with sports betting, where many follow sports closely but remain wary of the risks and regulatory challenges associated with betting (*Figure 26)*.

Figure 26: Sports Betting Perception and Impact (2025)

Sports Betting Perception and Impact (2025)

Statement	% Agree/Strongly Agree
Linking an online sportsbook account to a credit card is not a good idea.	75.1%
Online sports betting should be regulated to protect Kansans from gambling-related harms.	71.2%
I don't think online sportsbooks should be allowed to advertise during sporting events on TV.	51.0%
Online sports betting will negatively impact college sports.	50.6%
Online sports betting will negatively impact professional sports.	46.7%
Online sports betting is a great form of entertainment that allows fans to gamble responsibly on sports.	41.7%
During games or pregame shows, I like how they discuss not only betting odds but also offer tips on betting.	31.9%

■ % Agree/Strongly Agree

Sports Betting by Age Group

Public opinion about sports betting varies notably across age groups, revealing distinct generational perspectives on its risks and impact.

- Older respondents, particularly those aged 65 and older, expressed the highest levels of concern about sports betting. Over 80% in this group *Agree* or *Strongly agree* that linking an online sportsbook account to a credit card is a bad idea (83.8%), reflecting significant apprehension about financial risks. Similarly, 80.7% supported the regulation of sports betting to protect Kansans from gambling-related harms, demonstrating strong advocacy for protective measures among seniors.

- In contrast, younger respondents aged 18 to 25 showed different concerns. While they recognized potential negative effects of sports betting on professional sports, they expressed slightly less worry about its impact on college sports. This may reflect differences in engagement or attitudes toward different levels of sport, as well as varying perceptions of gambling's social consequences.

These generational differences highlight the need for tailored communication and policies that address the specific concerns and viewpoints of diverse age groups, balancing protection with responsible engagement.

Table 8 shows the age groups with the largest percentages that *Agree* or *Strongly agree* with each statement in bold/blue.

Table 8: Sports Betting by Age Group

Age (2025)	18-25	26-39	40-54	55-64	65+
	% Agree/Strongly Agree				
During games or pregame shows, I like how they discuss not only betting odds but also offer tips on betting.	32.0%	**44.3%**	38.9%	27.7%	22.0%
Online sports betting is a great form of entertainment that allows fans to gamble responsibly on sports.	29.1%	45.6%	**49.6%**	43.8%	38.4%
Online sports betting will negatively impact professional sports.	**52.0%**	46.4%	40.9%	46.6%	47.8%
Online sports betting will negatively impact college sports.	48.8%	50.7%	45.0%	46.4%	**58.8%**
I don't think online sportsbooks should be allowed to advertise during sporting events on TV.	44.2%	44.8%	50.7%	53.5%	**58.9%**
Online sports betting should be regulated to protect Kansans from gambling-related harms.	66.9%	66.4%	67.5%	72.2%	**80.7%**
Linking an online sportsbook account to a credit card is not a good idea.	73.3%	71.8%	72.5%	71.3%	**83.8%**

Regional Analysis

Kansas has six lottery regions dividing the state geographically. Selected questions were chosen for 2025 data analysis by region to support current prevention and treatment efforts and to provide information needed to guide future planning and direction.

Problem Gambling Risk by Region

Table 9 shows the results by region with the estimated percentage of low, moderate, and high risk problem gamblers, comparing 2017 to 2025. All regions showed substantial increases in respondents screening in the moderate and high risk problem gambling categories. The largest percentages of high risk are in the Southwest (41.1%) and Southeast (25.1%) Lottery Regions, and both have shown the largest increases since 2017.

Table 9: Problem Gambling Risk by Region

Lottery Region	2017			2025		
	Low risk	Moderate risk	High risk	Low risk	Moderate risk	High risk
Northeast	82.9%	11.9%	5.2%	62.4%	19.6%	18.0%
North Central	83.9%	16.1%	0.0%	59.1%	21.2%	19.7%
Northwest	91.6%	7.5%	0.9%	63.4%	17.3%	19.3%
Southwest	87.2%	10.9%	1.8%	26.8%	32.1%	41.1%
South Central	85.8%	10.8%	3.5%	57.5%	23.3%	19.2%
Southeast	83.4%	12.2%	4.4%	52.3%	22.6%	25.1%

Note: Reported regions are not the same legislative Gaming Zones or the Casino Taskforce Regions.

Figure 27 illustrates the percentage increase of respondents classified as moderate risk (blue bars) and high risk (orange bars) gamblers across the six Kansas lottery regions between 2017 and 2025. The chart indicates a concerning statewide trend of rising gambling risk between 2017 and 2025, with the Southwest region showing the most significant increases, particularly in high-risk gambling. This regional variation may reflect differences in access, exposure, or socioeconomic factors that warrant further investigation.

Figure 27: 2017 to 2025 Increase in the Percentage of Individuals in Moderate and High Risk Gambling Categories per Lottery Region

2017 to 2025 **Increase in the Percentage** of Individuals in Moderate and High Risk Gambling Categories per Lottery Region
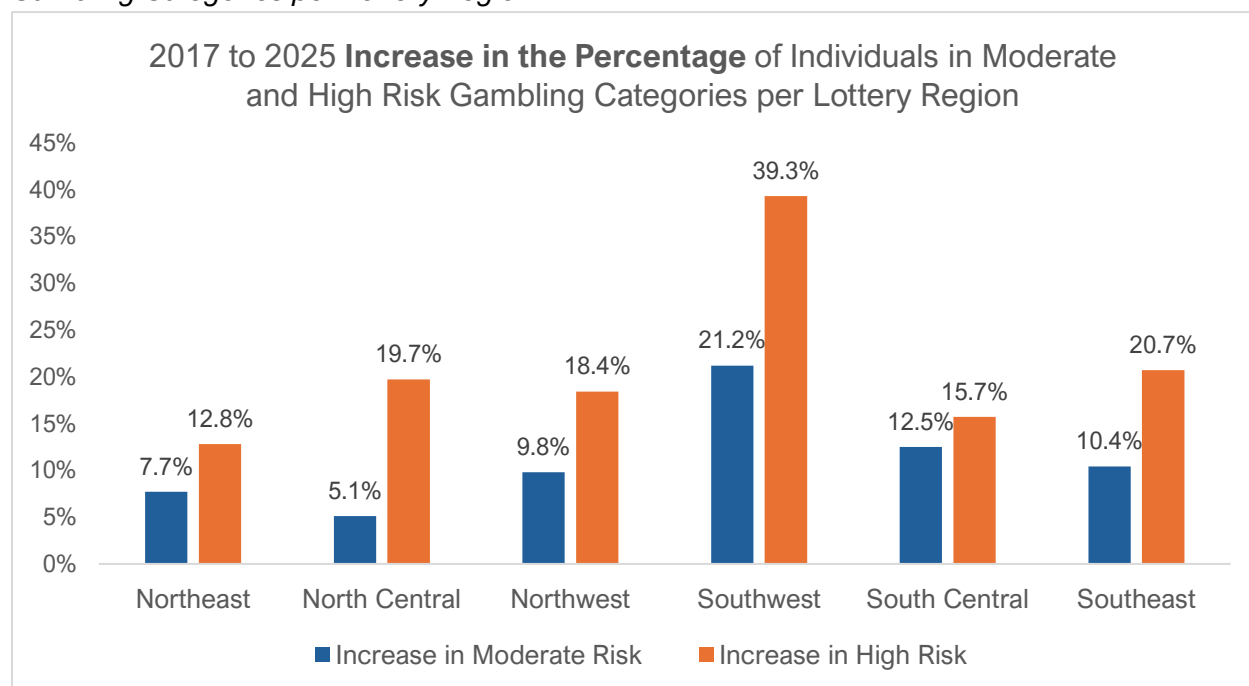
Perception and Knowledge of Treatment by Region

In 2025, awareness of gambling treatment options varied across Kansas regions *(Figures 28, 29 & 30).* The Southwest Region reported the highest awareness at 39.8% yet also had the highest agreement (53.0%) with the statement that convenient treatment locations are lacking, indicating a critical gap between knowledge and access. In contrast, the North Central Region had the lowest awareness at 25.0%, suggesting a need for increased outreach and education. The Northeast Region showed moderate awareness (32.5%) and the lowest concern about access (36.9%), which may reflect relatively better service availability. These regional differences highlight the importance of addressing both access and awareness to meet community needs effectively.

In 2025, awareness of gambling treatment options varied across Kansas regions. In response to the statement, "I know about gambling options in my community," the Southwest Region reported the highest awareness, with 39.8% of respondents saying they *Agree* or *Strongly agree*

with the statement. The lowest awareness was in the North Central Region with 25.0% of respondents saying they *Agree* or *Strongly agree* with the statement, *Figure 28*.

Figure 28: Knowledge of Local Treatment Options
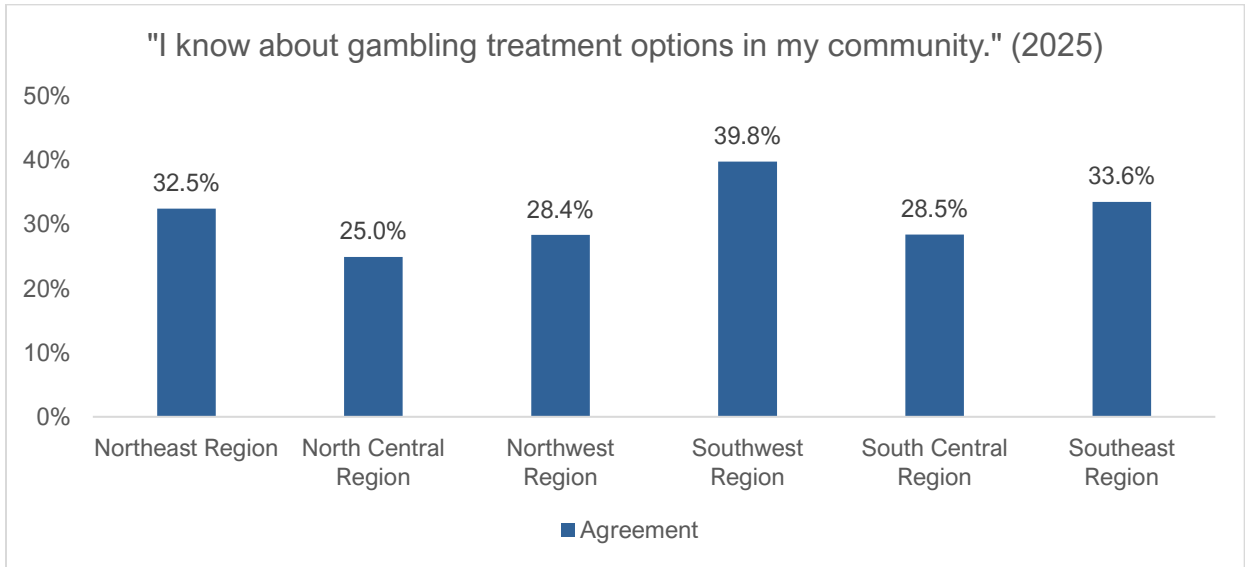
In response to the statement, "There is no convenient place to get treatment for problem gambling in my community," the highest agreement was reported in the Southwest Region (53.0% of respondents *Agree* or *Strongly agree*) and the lowest agreement was in the Northeast Region, where almost 36.9% *Agree* or *Strongly agree*, *Figure 29*.

The relatively low level of agreement may indicate a critical gap between knowledge and access to treatment options and locations, suggesting a need for increased outreach and education. These regional differences highlight the importance of addressing both access and awareness to meet community needs effectively.

Figure 29: Lack of Convenience of Local Treatment
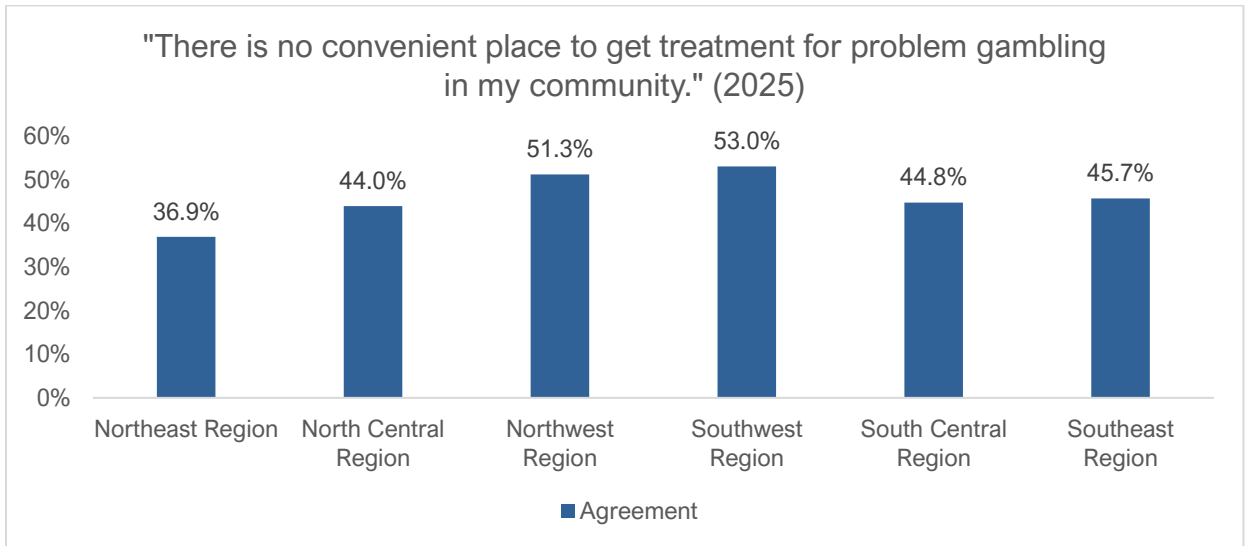
In 2025, most Kansas regions reported relatively low levels of embarrassment about a family member seeking treatment for a gambling problem, suggesting a potential decline in social stigma. However, the Southwest Region stands out, with 38.9% of respondents indicating embarrassment, substantially higher than the state's other regions. In contrast, only 22.0% of respondents in the Southeast Region and 22.6% in the Northeast expressed embarrassment, the two lowest across all regions, signaling possible progress in public attitudes toward gambling treatment (*Figure 30*).

Figure 30: Stigma/Embarrassment by Family in Need of Treatment
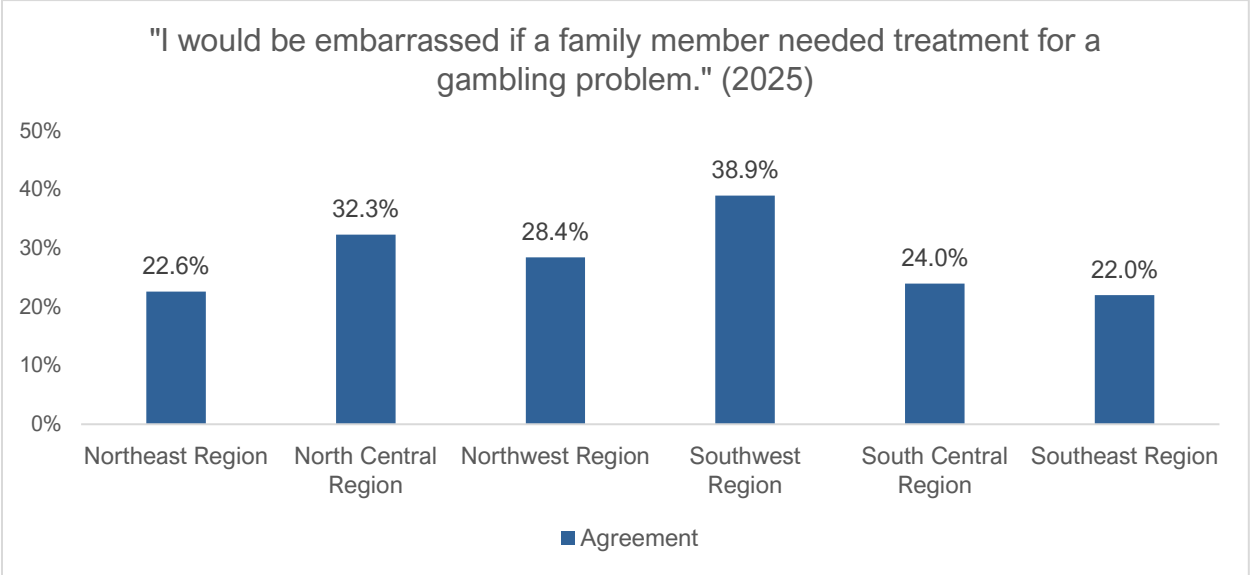
Gambling Prevention by Region:

The next three figures report on the percentage of respondents who remember seeing, hearing, or watching prevention messages and reveal regional differences in the awareness of support resources. The Northeast Region consistently reports the highest levels of exposure and awareness for all three questions. *Figure 31* shows 33.9% of respondents in the Northeast Region reported seeing mobile or digital advertisements about problem gambling, followed closely by 33.5% of respondents in the South Central Region. The North Central Region shows the lowest reported awareness, with 27.0% of respondents exposed to mobile or digital ads, and the Northwest Region closely followed with 27.8%.

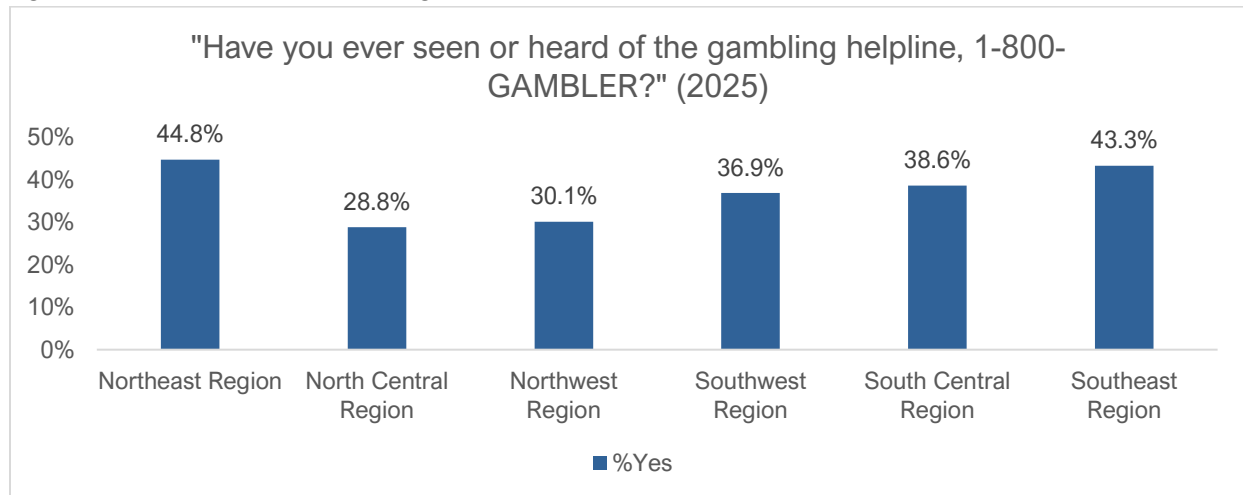*Figure 31: Recall of Mobile or Digital Prevention Advertisements*
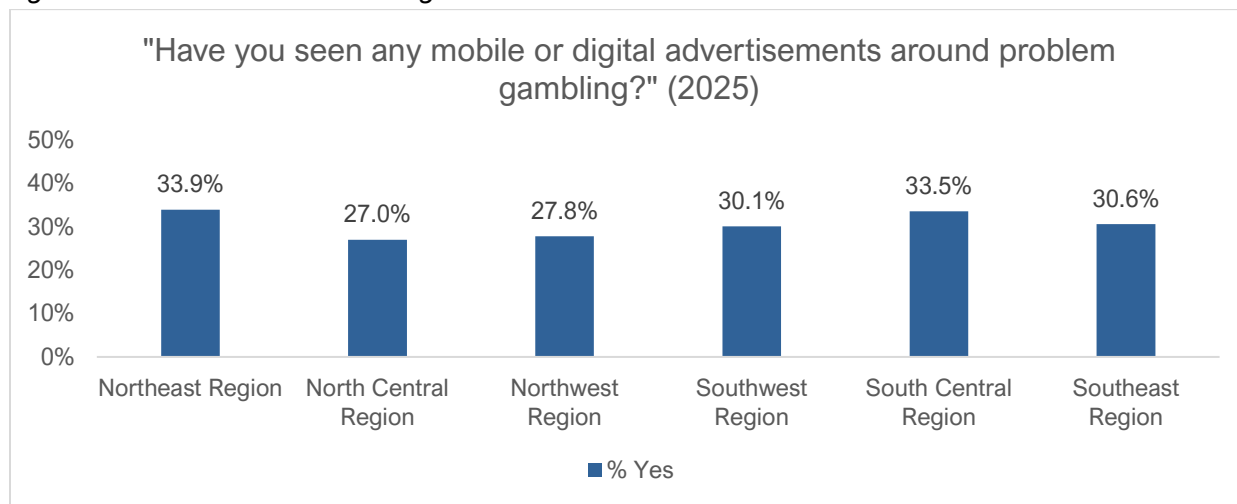
The Northeast Region had the highest percentage of respondents reporting recall of information about help for problem gamblers and their families (46.2%), and the Southwest region had the lowest recall, with 32.1% of respondents reporting they have seen or heard information regarding assistance for problem gamblers or their families, *Figure 32*.

Figure 32: Recall of Assistance for Problem Gamblers and Their Families
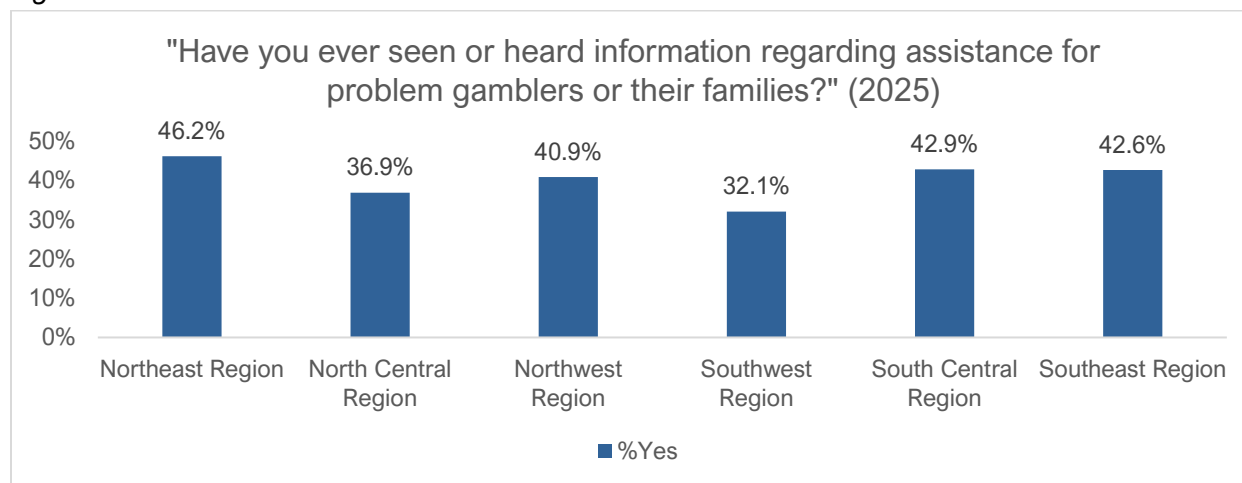
The third question was about familiarity with the 1-800-GAMBLER helpline. The Northeast Region shows the highest awareness, with 44.8% of respondents hearing or seeing the 1-800-GAMBLER helpline. The lowest awareness was reported by respondents in the North Central Region, with 28.8%, *Figure 33.*

Figure 33: Recall of the Gambling Helpline

"Have you ever seen or heard of the gambling helpline, 1-800-GAMBLER?" (2025)

- Northeast Region: 44.8%
- North Central Region: 28.8%
- Northwest Region: 30.1%
- Southwest Region: 36.9%
- South Central Region: 38.6%
- Southeast Region: 43.3%

■ %Yes

These findings indicate that outreach and public education efforts around gambling risks and resources are not evenly distributed across regions, with certain areas—particularly the Northeast—demonstrating greater engagement or visibility.

Strengths and Limitations:

As with all the survey-based data collection efforts, the 2025 Kansas Gambling Survey has both strengths and limitations. These should be kept in mind when using the results to guide public health efforts, policy decisions, and program planning.

Strengths:

The 2025 survey supplies a much needed update to information about gambling in Kansas for the first time in eight years. This data is valuable for state and local leaders working on problem gambling prevention, treatment programs, and public awareness campaigns.

One of the main strengths of the current survey is that it can be compared to the *2017 Kansas Gambling Survey*. This allows us to see how gambling behaviors have changed over time. The 2025 survey also includes new questions about recent changes in gambling options, such as legal sports betting, historical horse racing machines, and online lottery sales. These additions help paint a clearer and more current picture of gambling in Kansas.

The survey also provides useful information about people who may be at low, moderate, or high risk for developing gambling problems. This helps leaders advocate for player health for Kansans at all risk levels.

To make sure the results reflect the Kansas population, the data were weighted based on key factors like age, race, ethnicity, education, and region. These adjustments were also made to the 2017 data to make comparisons between the two surveys more accurate.

Limitations:

Despite strong planning, the survey has a few limitations. Because participation was voluntary, there may be bias in the results. The sample of people who responded may not fully represent the diversity of the Kansas population. However, with a 95% confidence interval, the margin of error was ± 2.4 percentage points, demonstrating high reliability and accuracy.

Also, while the 2025 survey was designed to be similar to the 2017 survey, the methods used to collect data were different. The 2017 survey was mailed to households, which may be biased against college students, homeless individuals, or groups with high mobility. The 2025 survey was administered online and was conducted with incentives for completion, which may be biased against individuals without internet access and in favor of people who are more comfortable using computers, have higher education, or are highly motivated by incentives. The differences in how people were contacted and answered the questions may affect how directly the results from both years can be compared.

Lastly, the large increases in gambling activity and risk seen from 2017 to 2025 are likely linked to greater access to gambling and changing public views. While these changes reflect real shifts in society, they also make it harder to say exactly why certain results occurred. For these reasons, the results should be interpreted with care.

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