

Adolescent and Young Adult Gambling in the United States

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The CGS at Rutgers University is an International Center for Responsible Gaming (ICRG) Center of Excellence and a multidisciplinary research, policy, and training center, dedicated to driving global decision-making on issues related to gambling, gaming and other interactive technologies. Our mission is to conduct strategic, non-partisan research and inform policymaking to benefit individuals and families adversely affected by problems with interactive technologies through innovative prevention, training, and intervention programs.

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Glossary

The following glossary defines key terms used throughout this report, including gambling activities, patterns of participation, problem gambling classifications, and methodological terminology. Person-first language is used where possible, although abbreviated terms such as “gamblers” and “high-risk gamblers” are occasionally used for brevity when referring to specific participant groups.

Cryptocurrency trading: Buying or selling digital assets, such as Bitcoin, with the expectation of financial gain.

Daily fantasy sports: Contests in which participants assemble virtual teams of athletes and compete based on athletes' performances over a short period, typically a day or single slate of games.

Esports betting: Wagering on the outcomes of competitive video gaming events.

Gambling activity: A specific form of gambling or wagering examined in the survey. The study assessed participation in 21 traditional and emerging gambling and related activities.

Games of skill: This is a catch-all category in the report that allows us to capture games that friends and families may play for money, including non-casino backgammon, mahjong, arcade games, puzzles, word games, trivia, board games, strategy games, bridge, or similar games.

High-risk stock trading: Trading in potentially speculative financial products or strategies, such as options or stocks purchased on margin, that may involve substantial financial risk.

High-frequency gamblers: Participants who reported gambling once a week or more in the past year.

High-risk problem gamblers: Participants who reported past-year gambling and scored eight or higher (8+) on the Problem Gambling Severity Index (PGSI), indicating substantial gambling-related problems. This classification is associated with gambling disorder (addiction) but does not constitute a clinical diagnosis.

Land-based gambling: Gambling that takes place at physical locations, such as casinos, stores, or other in-person settings, rather than online.

Low-frequency gamblers: Participants who reported gambling less than once a month in the past year.

Low-risk problem gamblers: Participants who reported gambling in the past year and scored one (1) or two (2) on the PGSI.

Mixed-venue gamblers: Individuals who indicated they gambled both online and at land-based venues.

Moderate-frequency gamblers: Participants who reported gambling one to three times a month in the past year.

Moderate-risk problem gamblers: Participants who reported gambling in the past year and scored three (3) to seven (7) on the PGSI.

Non-gamblers: Participants who reported they had not gambled on any activity in the past year.

Non-problem gamblers: Participants who reported past-year gambling and endorsed zero (0) on the PGSI.

Non-suicidal self-injury: Engaging in self-mutilation (e.g., cutting, burning) without suicidal intent.

Online gambling: Gambling conducted through internet-connected websites, applications, or other digital platforms.

Probability-based panel: A group of individuals recruited through probability sampling methods, in which eligible members of the population have a known, nonzero probability of selection. This study used NORC's AmeriSpeak panel.

Prediction markets: Platforms that allow participants to trade contracts based on the outcomes of future events, such as elections, sports competitions, or economic developments

Problem Gambling Severity Index (PGSI): A nine-item screening measure used to assess gambling-related problems during the past 12 months. Scores range from 0 to 27, with higher scores indicating greater problem gambling severity. Respondents are classified as non-problem (0), low risk (1–2), moderate risk (3–7), or high risk problem gamblers (8 or higher).

Social casino games: Mobile apps or online platforms that simulate traditional casino games, such as slots, poker, or roulette, and allow users to purchase virtual currency or credits, with opportunities to redeem winnings for real money or cash prizes.

Social sports betting: Mobile apps or online platforms that allow users to make predictions or place wagers on sporting events, often through social competitions or contests, with opportunities to win real money or cash prizes.

Suicidal ideation: Having or expressing thoughts about committing suicide.

U.S. Census Regions: For purposes of this report, states were grouped into nine geographic divisions established by the U.S. Census Bureau:

- **New England:** Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont.
- **Mid-Atlantic:** New Jersey, New York, Pennsylvania.
- **East North Central:** Illinois, Indiana, Michigan, Ohio, Wisconsin.
- **West North Central:** Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota.
- **South Atlantic:** Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia.
- **East South Central:** Alabama, Kentucky, Mississippi, Tennessee.
- **West South Central:** Arkansas, Louisiana, Oklahoma, Texas.
- **Mountain:** Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming.
- **Pacific:** Alaska, California, Hawaii, Oregon, Washington.

Executive Summary

This report presents findings from a national probability-based prevalence study of gambling and related activities among 1,677 U.S. adolescents and young adults ages 13 to 27. Conducted between April and July 2026, the study examined participation in 21 traditional, gambling-like, and emerging gambling activities, including sports betting, casino gambling, lottery games, cryptocurrency trading, high-risk stock trading, social casino games, and prediction markets, among others. The study also assessed gambling frequency, online and land-based gambling participation, problem gambling severity, and associations with substance use, potentially addictive behaviors, and mental health.

Overall, **more than half of respondents (52.5%) reported gambling in the past year, including 42.7% of adolescents ages 13 to 17.** Among those who gambled, nearly 40% reported some level of problem gambling risk, including 10.3% classified as high risk. Across the full sample, approximately one in five respondents (20.8%) experienced some level of problem gambling risk, including 5.4% at high risk. Several notable findings emerged:

- **Gambling participation was common among adolescents.** Nearly 43% of respondents ages 13 to 17 reported past-year gambling, and 10.8% of adolescents who gambled were classified as being at high risk for problem gambling.
- **High-risk problem gambling was comparable among males and females.** Although males were more likely to experience low- and moderate-risk gambling problems, approximately 10% of gamblers of each sex were classified as high risk.
- **Racial and ethnic differences were pronounced.** Black (non-Hispanic) respondents reported the highest prevalence of past-year gambling (63.9%). Among those who gambled, 17.7% of Black respondents and 12.8% of Hispanic respondents were classified as high risk, compared with 6.4% of non-Hispanic White respondents.
- **Lower household income was associated with greater problem gambling severity.** Nearly 30% of those who gambled from households earning less than \$10,000 annually were classified at high risk for problems, as were 22.8% of those from households earning \$10,000 to under \$20,000.
- **Mixed-venue gambling was associated with greater gambling involvement and problem severity.** Among high-risk problem gamblers, 65.4% participated in both online and land-based gambling, and more than half gambled at least weekly.
- **Emerging gambling activities were disproportionately represented among higher-risk problem gamblers.** A small percentage of respondents bet on prediction markets but approximately 40% of those who did, as well as 41% of social casino players, were classified as high-risk problem gamblers, compared with 10.3% of gamblers overall.
- **Family or household gambling was linked to both gambling participation and problem gambling severity.** Among all respondents, 41.1% reported that a family or household member

gambled, including 51.5% of adolescents ages 13 to 17. Those who believed a household member had a gambling problem were more than five times as likely and those who gambled with a family member, more than four times as likely, to be high-risk problem gamblers.

- **Substance use and some excessive behaviors were more prevalent among respondents who gambled.** Compared with non-gamblers, gamblers reported higher rates of alcohol use (44.6% vs. 25.9%), binge drinking (25.6% vs. 10.5%), drug use (26.7% vs 17.6%), excessive social media use (51.0% vs. 38.7%), and excessive shopping (12.6% vs. 7.8%).
- **Mental health symptoms were elevated among high-risk problem gamblers.** More than half (52.8%) reported anxiety, 38.4% reported depression, and 13.1% reported suicidal ideation, although differences in suicidality across problem gambling severity groups were not statistically significant.

Specific findings by section are outlined below.

Geographic Region:

- Past-year gambling participation and venue preferences did not differ significantly across the nine U.S. Census regions.
- The Mid-Atlantic (58.7%) and Pacific (57.9%) regions reported the highest proportions of respondents who gambled in the past year, while the East South Central (41.8%) and Mountain (45.3%) regions reported the lowest.
- Among those who gambled, mixed-venue participation was most prevalent in the East South Central (58.1%), Mid-Atlantic (53.0%), and East North Central (50.5%) regions.
- Gambling frequency and problem gambling severity also did not differ significantly by region, although descriptive variation was observed. High-frequency gambling was most prevalent in the East South Central (24.9%) and Pacific (24.1%) regions.

Sex:

- Rates of past-year gambling were similar between males (54.5%) and females (50.4%), but venue preferences differed significantly.
- Males were substantially more likely than females to gamble in mixed venues, that is, both online and land-based (55.2% vs. 35.3%), while females were more likely to gamble exclusively at land-based venues (52.0% vs. 25.9%).
- Scratch-off tickets were the most popular activity among both males (46.1%) and females (45.4%). Males reported higher participation in sports betting (27.5% vs. 13.1%), season-long fantasy sports (26.7% vs. 9.1%), and cryptocurrency trading (19.1% vs. 9.6%). Females reported higher participation in bingo (42.9% vs. 32.1%) and lottery games (39.9% vs. 34.7%).
- Males were more likely to gamble at moderate frequency (38.6%) than females (22.5%). Although the difference was not statistically significant, nearly 24% of males gambled weekly or more, compared with approximately 15% of females.

- Among those who gambled, males were significantly more likely to be classified as moderate-risk gamblers (17.0% vs. 7.6%), whereas females were significantly more likely to report no problem gambling symptoms (68.6% vs. 53.1%).
- **Notably, high-risk problem gambling rates were comparable between males (9.9%) and females (10.7%),** despite differences in participation patterns.

Age:

- Gambling participation increased with age. **Approximately 42.7% of adolescents ages 13 to 17 reported past-year gambling, compared with 56.6% of those ages 18 to 20 and 57.2% of those ages 21 to 27.**
- Among those who gambled, venue preferences did not differ significantly by age, although mixed-venue participation was highest among those ages 21 to 27 (48.6%).
- Gambling activity preferences varied considerably by age. Adolescents ages 13 to 17 were more likely to participate in bingo and raffles, while those ages 21 to 27 were more likely to purchase scratch-off and lottery tickets and participate in casino gambling.
- **Nearly one in five adolescent gamblers (18.9%) gambled at least weekly, compared with 15.6% of those ages 18 to 20 and 22.1% of those ages 21 to 27;** these differences between groups were not statistically significant.
- Problem gambling severity also did not differ significantly across age groups. Overall, 10.8% of adolescent gamblers ages 13 to 17 were classified as high risk, comparable to 11.3% of those ages 21 to 27 and higher descriptively than the 7.2% among those ages 18 to 20.
- These findings are particularly notable because many respondents reporting gambling participation and associated problems had not yet reached the legal age for most regulated gambling activities.

Race/Ethnicity:

- **Black respondents reported the highest rate of past-year gambling (63.9%), followed by those who identified as Hispanic (56.5%), other/multiracial (50.9%), White (49.6%), and Asian/Pacific Islander (36.4%).**
- Among those who gambled, Black respondents reported the highest proportion of mixed-venue gambling (52.5%) among the larger racial and ethnic groups, while White respondents were significantly less likely to gamble exclusively online.
- Gambling frequency varied by race and ethnicity. White gamblers were significantly more likely to gamble at low frequency (58.0%) and less likely to gamble at high frequency (13.6%). Black gamblers were significantly less likely to gamble at low frequency (27.3%), with 29.6% gambling weekly or more.
- Among gamblers, Black respondents had the highest proportion classified as high risk for problems (17.7%), followed by those who were Hispanic (12.8%), other/multiracial (9.6%), Asian/Pacific Islander (8.6%), and White (6.4%).

- **More than one-third of Blacks who gambled (37.1%) and approximately 30% of Hispanic gamblers (30.3%) were classified as moderate or high risk, compared with 13.5% of Whites.**
- These patterns suggest disproportionate concentrations of gambling-related problems among Black and Hispanic young people, although not all differences across severity categories reached statistical significance.

Household Income:

- Past-year gambling participation and venue preferences did not differ significantly by household income.
- Gambling participation was descriptively highest among respondents from households earning \$75,000 to under \$100,000 (61.2%), followed by those earning \$150,000 or more (57.1%).
- In contrast, problem gambling severity differed substantially across household income groups. **Gamblers from households earning less than \$20,000 annually were significantly overrepresented in the high-risk problem gambling category.**
- Among gamblers reporting household incomes below \$10,000, 29.8% were classified as high risk, as were 22.8% of those earning \$10,000 to under \$20,000.
- High-risk problem gambling was considerably less prevalent among gamblers from households earning \$75,000 to under \$100,000 (2.3%), \$100,000 to under \$150,000 (7.1%), and \$150,000 or more (4.8%).
- These findings suggest that although gambling participation occurs across household income levels, **the burden of gambling-related problems may be disproportionately concentrated among young people from lower-income households.**

Education, School Status, and Employment:

- Gambling participation varied by current school status. Current college undergraduates were significantly more likely to report past-year gambling (61.3%), while middle school students were significantly less likely (31.5%).
- Graduate students reported the highest descriptive prevalence of past-year gambling (68.2%), although they represented a relatively small proportion of the sample.
- Problem gambling severity did not differ significantly by school status. However, **11.4% of high school students and 10.8% of college undergraduates who gambled were classified as high-risk problem gamblers.** The corresponding figure was 22.2% among graduate students, based on a small subgroup.
- Educational attainment among respondents ages 18 to 27 was not significantly associated with past-year gambling participation, venue preferences, or problem gambling severity.
- Among respondents ages 18 to 27, past-year gambling participation was highest among those employed (59.2%) and unemployed or looking for work (57.3%), compared with those not otherwise in the labor force (47.1%), although these differences were not statistically significant.

Gambling Activity and Venue Preferences:

- **More than half of the full sample (52.5%) reported gambling in the past year.**
- Among those who gambled, scratch-off tickets were the most common activity (45.8%), followed by bingo (37.2%), lottery tickets (37.2%), raffle tickets (34.7%), slots (27.9%), and games of skill (26.9%).
- Approximately **one in five gamblers** participated in sports betting (20.7%), while 18.4% participated in season-long fantasy sports.
- Emerging activities were also represented, including cryptocurrency trading (14.6%), high-risk stock trading (12.9%), social casino games (8.5%), esports betting (8.3%), and prediction markets (6.6%).
- **Nearly half of gamblers (45.7%) participated in both online and land-based gambling, a significant risk factor for gambling problems.** Another 39.8% gambled exclusively at land-based venues, while 14.4% gambled exclusively online.
- Gamblers participated in an average of 3.8 different activities. Those gambling in mixed venues participated in significantly more activities (5.6) than those gambling exclusively online or at land-based venues (2.3 each).
- Nearly one-third of mixed-venue gamblers (30.5%) gambled at least weekly, compared with 23.1% of online-only gamblers and 6.9% of land-based-only gamblers.
- Low-frequency gambling was significantly more common among land-based-only gamblers (69.3%), while moderate- and high-frequency gambling were disproportionately represented among mixed-venue gamblers.

Gambling Frequency and Emerging Activities:

- **Among those who gambled, approximately half (49.2%) participated at low frequency, defined as less than once a month. Another 30.9% gambled one to three times per month (moderate frequency), and 19.9% gambled once a week or more (high frequency).**
- Traditional activities such as scratch-off tickets, bingo, lottery games, raffles, slots, and casino table games were predominantly played at low frequency.
- Sports betting and season-long fantasy sports showed relatively frequent participation. Among participants in these activities, 18.4% of sports bettors and 20.1% of season-long fantasy sports participants gambled weekly or more.
- **Prediction markets had the highest proportion of weekly participation among all activities examined (31.7%).** Another 38.9% of prediction-market participants engaged one to three times per month.
- Relatively high proportions of keno players (25.0%), street-game participants (23.0%), and daily fantasy sports participants (20.7%) also reported weekly or more frequent participation.
- **These findings indicate that some emerging and less commonly played activities attract participants who engage at relatively high frequencies.**

Problem Gambling Severity:

- Across the full sample, 47.5% reported no past-year gambling, 31.7% were classified as non-problem gamblers, 8.8% as low risk, 6.6% as moderate risk, and 5.4% as high-risk problem gamblers.
- Among those who gambled, 60.5% reported no problem gambling symptoms, while 16.7% were classified as low risk, 12.6% as moderate risk, and 10.3% as high risk. Overall, 39.5% of gamblers experienced some level of problem gambling risk.
- Gambling frequency was significantly associated with problem severity. Nearly two-thirds of non-problem gamblers (64.9%) gambled less than monthly, while more than half of high-risk gamblers (52.5%) gambled weekly or more.
- The number of gambling activities increased with problem severity. Non-problem gamblers participated in an average of 2.7 activities, compared with 4.5 among low-risk gamblers, 5.4 among moderate-risk gamblers, and 6.7 among high-risk gamblers.
- **Mixed-venue gambling was disproportionately represented among moderate-risk (72.5%) and high-risk (65.4%) gamblers,** compared with 33.4% of non-problem gamblers.
- Among high-risk gamblers, approximately one-quarter (25.2%) gambled exclusively online, and 9.4% gambled exclusively at land-based venues.
- Several less prevalent activities had disproportionately high concentrations of problem gambling risk. More than 40% of keno players (42.4%) and social casino players (41.1%) were classified as high risk.
- High-risk gamblers also accounted for substantial proportions of prediction-market participants (39.8%), street-game participants (38.0%), horse-race bettors (35.3%), esports bettors (34.8%), and video poker players (32.5%).
- **Nearly two-thirds of sports bettors (63.1%) experienced some level of problem gambling risk, including 25.2% at low risk, 23.4% at moderate risk, and 14.5% at high risk.**
- These patterns suggest that gambling involvement across multiple activities and venues is closely associated with problem gambling severity. **The elevated proportions of high-risk participants in emerging gambling activities warrant further investigation,** although the cross-sectional study design does not establish whether participation in particular activities contributes to the development of gambling problems.

Family and Household Gambling Exposure

- Family or household gambling was common and linked to both gambling participation and problem gambling severity. Among all respondents, 41.1% reported that a family or household member gambled, including 51.5% of adolescents ages 13 to 17, the highest of all age categories. Those who witnessed gambling in the home were significantly more likely than other respondents to have gambled in the past year (62.5% vs. 45.5%).
- Among those who gambled in the past year, problem severity differed sharply by exposure. Those who perceived someone in the household had a gambling problem were more than five times as likely to be high-risk problem gamblers (34.8% vs. 6.2%). Those who had gambled

with a family or household member during adolescence were more than four times as likely to be classified as high risk (26.5% vs. 5.8%).

- **Adolescents, ages 13 to 17, who were at high risk for gambling problems endorsed the highest household exposure of any age group:**
 - 75.5% had a family member who gambled
 - 66.3% believed a family member had a gambling problem
 - 61.2% reported gambling with a family member

Substance Use, Potentially Addictive Behaviors, and Mental Health:

- Respondents who gambled were significantly more likely than non-gamblers to report tobacco use (22.0% vs. 10.1%), alcohol use (44.6% vs. 25.9%), binge drinking (25.6% vs. 10.5%), drug use (26.7% vs. 17.6%), and alcohol-related problems (23.6% vs. 9.7%).
- Gamblers were also significantly more likely than non-gamblers to report excessive social media use (51.0% vs. 38.7%) and excessive shopping (12.6% vs. 7.8%). Other potentially addictive behaviors did not differ significantly by gambling status.
- There were no significant differences between gamblers and non-gamblers in overall mental health severity, anxiety, depression, suicidal ideation, suicide attempts, or non-suicidal self-injury.
- Among those who gambled, several health and behavioral indicators varied by problem gambling severity. **High-risk gamblers reported significantly higher rates of tobacco use (57.5%) but significantly lower rates of alcohol use (14.0%), binge drinking (11.0%), and alcohol-related problems (7.9%) than expected across severity groups.**
- High-risk gamblers also reported elevated rates of selected potentially addictive behaviors, including excessive pornography use (18.5%), excessive shopping (25.3%), paying for sex (9.3%), and having sex for money (15.1%).
- Mental health differences were particularly pronounced across problem gambling severity categories. Only 26.0% of high-risk gamblers scored in the normal range for mental health symptoms, compared with 63.0% of non-problem gamblers.
- **High-risk gamblers were significantly more likely to report moderate mental health problems (35.5%), anxiety (52.8%), and depression (38.4%).**
- Suicidal ideation was reported by 13.1% of high-risk gamblers, compared with 4.6% of non-problem gamblers. Although this difference was notable descriptively, differences in suicidal ideation and other suicidality/self-harm indicators across problem gambling severity groups were not statistically significant.
- Taken together, the findings indicate substantial overlap between problem gambling severity and selected mental health and behavioral health concerns, underscoring the importance of screening for gambling-related problems alongside other health risks among adolescents and young adults.

Introduction

The gambling landscape in the United States has undergone significant changes over the past decade, particularly with the expansion of legalized sports wagering, online gambling, and emerging digital products that blur the boundaries between gambling, gaming, and financial speculation. Despite these developments, contemporary national data on gambling participation and problem gambling risk among adolescents and young adults remain limited. This report presents findings from the first national probability-based prevalence study in approximately 25 years to examine gambling behaviors and associated risks across this developmental period.

The study examines participation in 21 traditional and emerging gambling and related activities, including lottery games, casino gambling, sports betting, esports betting, social casino games, cryptocurrency trading, high-risk stock trading, and prediction markets, among others. By examining gambling behaviors across adolescence and young adulthood, including among individuals below the legal age for most regulated gambling activities, the study provides a contemporary national benchmark for understanding gambling participation and risk among young people. Findings are intended to inform future research, prevention and education initiatives, clinical screening, and public policies aimed at reducing gambling-related harm.

Overview of Project and Methods

This report presents weighted findings from a national probability-based survey of 1,677 U.S. adolescents and young adults ages 13 to 27, conducted between April 24 and July 4, 2026. Data were collected through NORC at the University of Chicago's AmeriSpeak panel. The survey assessed gambling participation, frequency, online and land-based gambling involvement, problem gambling severity, participation in behavioral and substance-based addictions, and associations with demographic, mental health, and behavioral health characteristics.

Problem gambling severity was measured using the Problem Gambling Severity Index (PGSI) of the Canadian Problem Gambling Index (Ferris & Wynne, 2001), which classifies respondents into non-problem, low-risk, moderate-risk, and high-risk problem gambling categories. High-risk scores indicate significant gambling-related problems but do not constitute a clinical diagnosis of gambling disorder.

The study was conducted by the Rutgers University Center for Gambling Studies (CGS), under the direction of Dr. Lia Nower, director of the CGS. The study was funded through a Center of Excellence grant from the International Center for Responsible Gaming. NORC conducted data collection under the direction of the CGS.

Methodology

Online Panel Survey

The Center for Gambling Studies (CGS) at Rutgers University conducted a national survey of U.S. teens and young adults aged 13 to 27 using NORC's AmeriSpeak® Panel. AmeriSpeak is a probability-based household panel, designed to be representative of the U.S. household population. Households are randomly selected with a known, non-zero probability of selection using area probability and address-based sampling. The panel provides coverage of approximately 97% of U.S. households.

The survey was self-administered online in English and focused on gambling participation and problems, risky behaviors, family environment, mental health, sports participation, and gaming. Data collection took place between April 24 and July 4, 2026. A soft launch was conducted beginning April 24 to identify potential processing or programming errors before the remaining sample was released on April 28 and April 30. The median survey completion time was 14 minutes.

A total of 4,599 AmeriSpeak panelists were selected for the study, including 3,714 young adults aged 18 to 27 and 885 teens aged 13 to 17 who received parental consent to participate. For the teen sample, all eligible AmeriSpeak panelists aged 13 to 17 were selected for invitation, with only one teen selected per household and younger teens prioritized when multiple eligible teens resided in the same household. Parents of selected teens were contacted first and asked to provide consent for their teen to participate; consenting teens were subsequently invited to complete the survey. All eligible AmeriSpeak panelists aged 18 to 27 were selected for the young adult sample, with multiple young adults from the same household permitted to participate.

The final sample included **1,677 completed interviews**. Based on age at the time of interview, the final analytic sample consisted of 509 teens aged 13 to 17 and 1,168 young adults aged 18 to 27. Seven respondents who were sampled as minors had turned 18 by the time they completed the survey and were therefore classified as young adults in the final data and weighting procedures.

To encourage participation, sampled panelists received email and, where permitted, text-message reminders during the field period. Teen respondents were offered the cash equivalent of \$7 for completing the survey, young adults were offered the cash equivalent of \$5, and parents were offered the cash equivalent of \$1 for completing the parental consent survey.

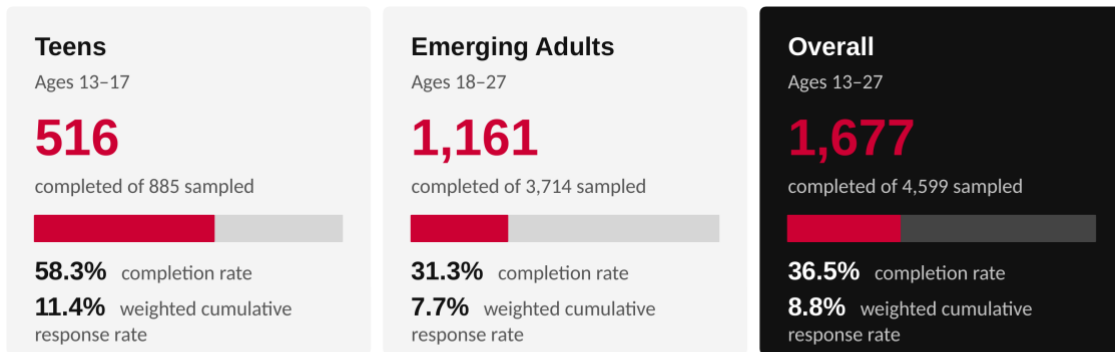
Survey Response Rates

The survey completion rate was 58.3% among teens aged 13 to 17 and 31.3% among young adults ages 18 to 27, for an overall completion rate of 36.5%. Among parents contacted for the teen sample, 78.6% completed the eligibility screener, and 95.3% of eligible parents consented to their teen being invited to participate.

Because AmeriSpeak is a probability-based panel, response rates account for multiple stages of sampling and data collection. The weighted household recruitment rate for the AmeriSpeak Panel was **24.7%**. NORC then calculated weighted cumulative response rates incorporating panel recruitment and survey completion and, for the teen sample, completion of the parental screening process. The

weighted cumulative response rate was 11.4% for teens, 7.7% for young adults, and 8.8% for the combined sample.

Figure 1. Survey Sample and Response Rates



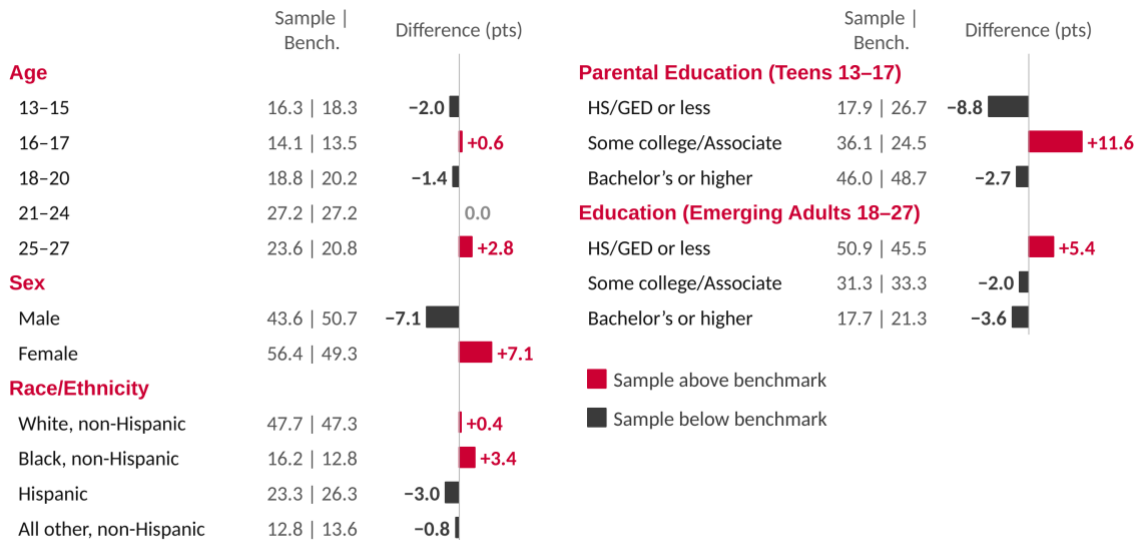
Counts based on age at invitation. Seven respondents invited as teens turned 18 before completing; the final analytic sample included 509 teens and 1,168 young adults.

Data Quality

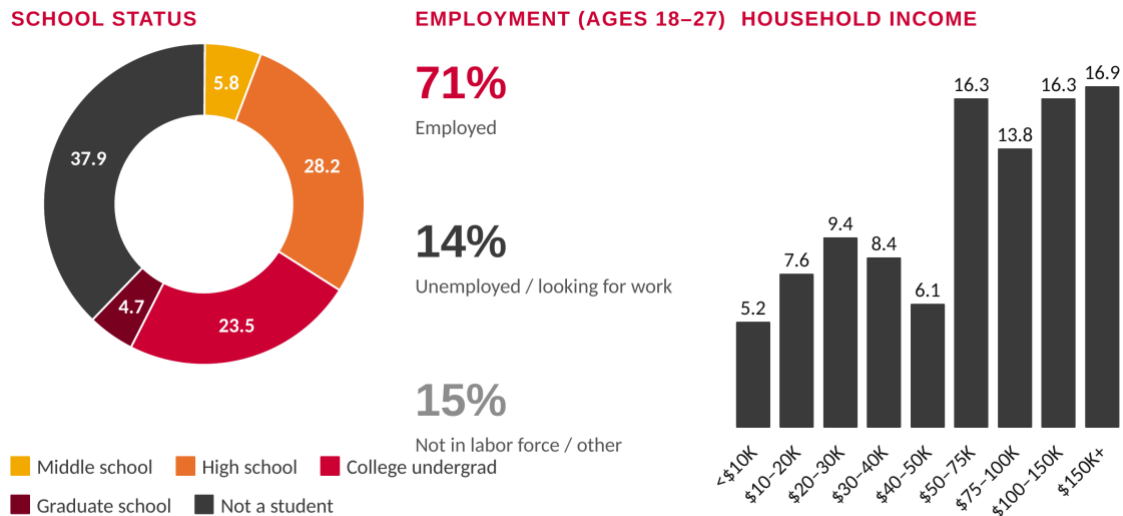
NORC and Rutgers jointly established criteria for determining data quality and eligibility for inclusion in the final analytic sample. Cases were excluded if respondents skipped or refused more than 10% of eligible survey questions, failed to provide complete responses to specified gambling-related item grids, or reported an age that differed by two or more years from the age contained in their AmeriSpeak profile at the time of invitation. A total of 303 cases were removed through these quality-control procedures: 90 for high refusal rates, 123 for incomplete responses to the specified gambling item grids, and 90 for age discrepancies. The final sample of 1,677 excludes these cases.

Statistical Weighting and Analysis

Survey weights were developed to account for unequal probabilities of selection, survey nonresponse, and potential frame coverage error. The final study weight incorporated AmeriSpeak panel weights, study-specific selection probabilities, and study-specific nonresponse adjustments. Nonresponse adjustments were first made using weighting classes defined by age, race/ethnicity, sex, and education. The resulting weights were then raked to known population benchmarks based on age; parental education for teens; education for young adults; age by race/ethnicity; age by Census division; and age by race/ethnicity by sex. Population benchmarks were drawn from the February 2026 Current Population Survey. Extreme weights were subject to trimming to reduce their influence on survey estimates, after which weights were re-raked to the same population totals to produce the final study weights. Figure 2 reflects the demographic makeup of the sample and the discrepancy from established benchmarks. Figure 3 includes additional demographic information.

Figure 2. Survey Sample Demographics Compared with Population Benchmarks


Unweighted sample % compared with population benchmarks; bars show sample minus benchmark (percentage points). Final survey weights align the sample with these benchmarks.

Figure 3. Additional Demographic Characteristics of the Survey Sample


Weighted percentages shown. Employment status assessed among respondents ages 18–27 only.

All analyses used the final survey weights and accounted for the complex survey design. The overall design effect was 1.81, with design effects of 2.00 for teens and 1.72 for young adults. The corresponding maximum margins of sampling error at the 95% confidence level were ± 3.22 percentage points for the full sample, ± 6.14 percentage points for teens, and ± 3.76 percentage points for young adults.

Design-adjusted tests were used to assess overall group differences. Significant omnibus tests ($p < .05$) were followed by category-specific post-hoc comparisons. Throughout the report, * indicates values significantly higher and ^ values significantly lower than respondents outside the indicated category ($p < .01$). Means with different superscripts are significantly different from one another based on Bonferroni-adjusted pairwise comparisons ($p < .01$).

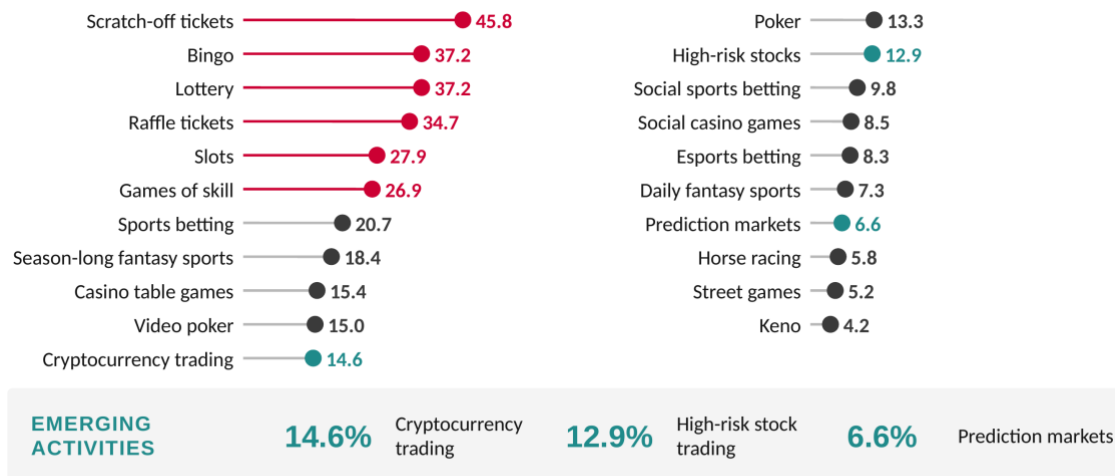
Gambling Participation

Past-Year Gambling: Activity and Venue Preferences, and Demographics

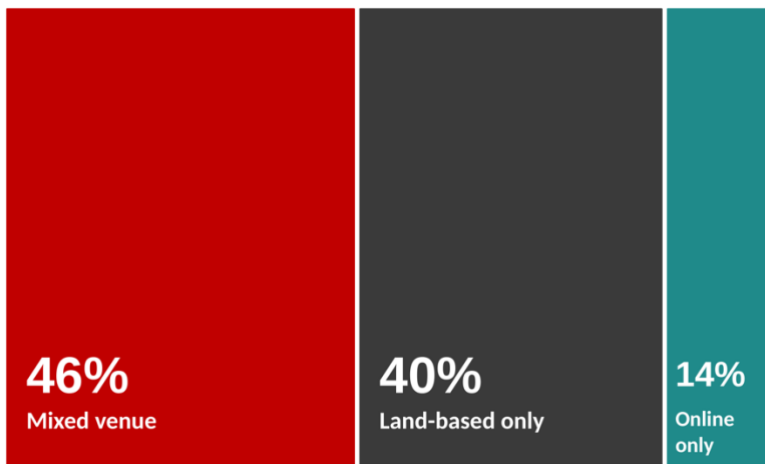
A total of 1,677 participants from NORC's probability-based AmeriSpeak Panel and Teen Panel provided a representative sample of U.S. teens and young adults ages 13 to 27, with final survey weights applied to align the sample with population benchmarks. **A majority of participants gambled in the past 12 months (52.5%).**

Among those who gambled, the most popular activities were scratch-off tickets (45.8%), bingo (37.2%), lottery (37.2%), raffle tickets (34.7%), slots (27.9%), and games of skill (26.9%; Figure 4). A smaller but substantial proportion of those who gambled participated in emerging activities such as cryptocurrency trading (14.6%), high-risk stock trading (12.9%), and prediction markets (6.6%).

Figure 4. Past-Year Gambling Participation by Activity



Weighted % among those who gambled in the past year (unweighted N = 887). Red = six most common activities.

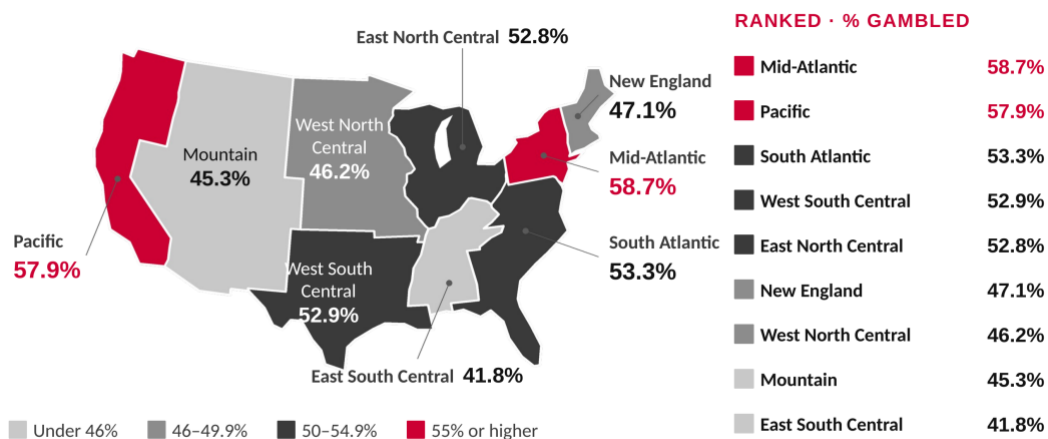
Figure 5. Past-Year Gambling by Venue Type


For each of the 21 activities surveyed, participants were asked to indicate whether they gambled on that activity only at a land-based location, only online, or both at a land-based location and online (i.e., mixed venue; Figure 5). Almost half of all those who gambled did so in mixed venues (45.7%), about 40% gambled only in land-based venues, and about 14% online only.

Venue type among past-year gamblers (weighted %)

Figure 6 shows rates of past-year gambling by region, which did not differ significantly. More than half of respondents in the Mid-Atlantic, East North Central, South Atlantic, West South Central, and Pacific regions reported gambling in the past year compared to less than half, but more than 40%, in the other regions. The Mid-Atlantic (58.7%) and Pacific (57.9%) regions specifically had the highest gambling prevalence.

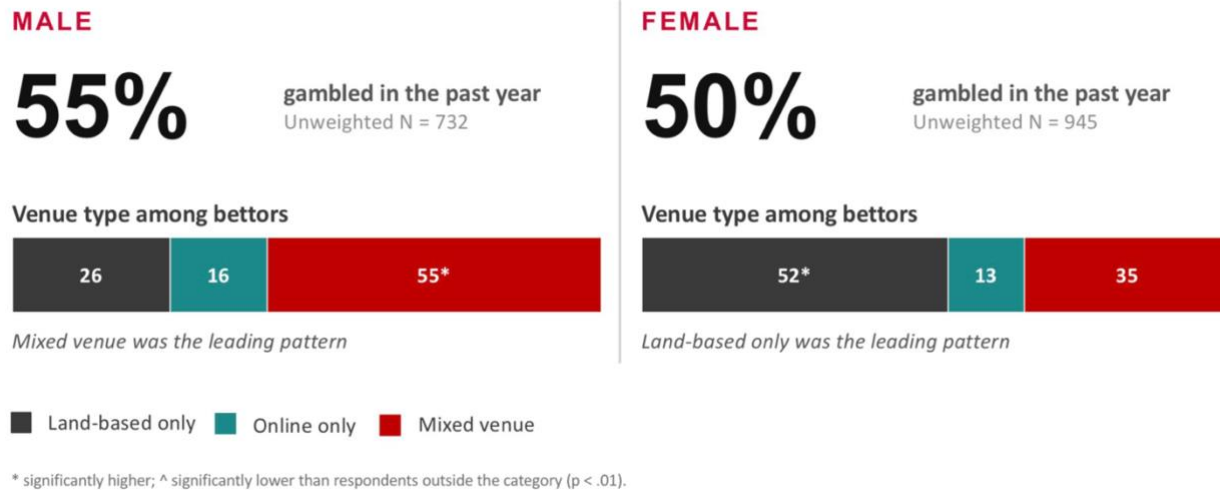
Venue preferences did not differ significantly by region. In all regions, those who gambled were least likely to gamble online only, while gambling in land-based only venues was the main preference in the New England, West North Central, West South Central, and Pacific regions and gambling in mixed venues was preferred in the Mid-Atlantic, East North Central, South Atlantic, East South Central, and Mountain regions.

Figure 6. Past-Year Gambling and Venue Type by Region


U.S. Census divisions; Pacific also includes Alaska and Hawaii. Weighted % of respondents who gambled in the past year.

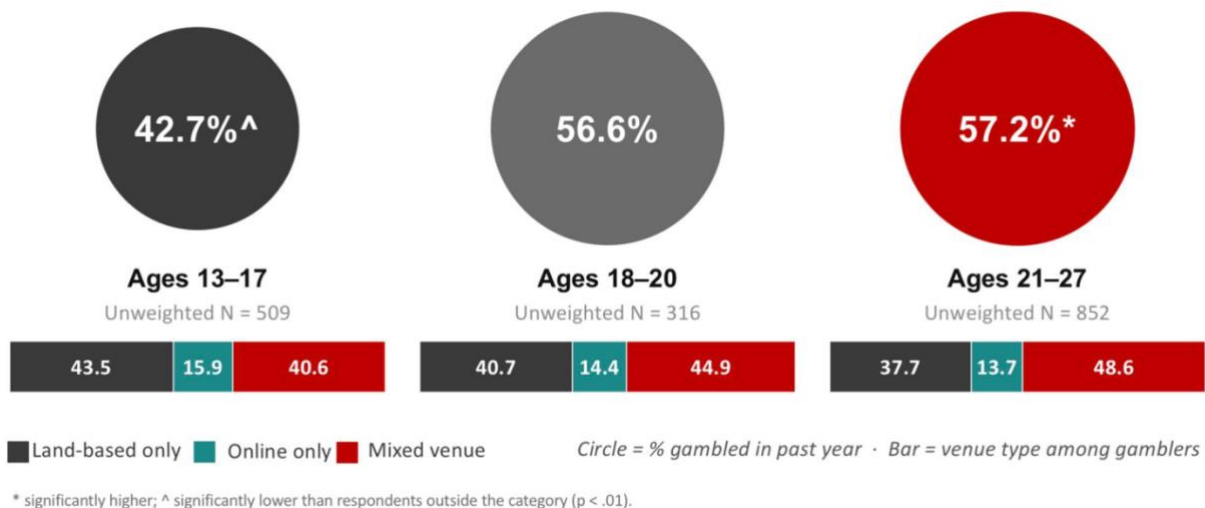
Rates of past-year gambling were similar between males (54.5%) and females (50.4%). However, there were distinct venue preferences by sex: Males were substantially more likely to gamble in mixed venues (55.2%) than females (35.3%), and females preferred land-based gambling only (52.0% vs 25.9%) (Figure 7).

Figure 7. Past-Year Gambling and Venue Type by Sex



Past-year gambling participation varied by age, such that about 43% of 13- to 17-year-olds gambled in the past year compared to about 57% of those 18 and over (Figure 8). Notably, in most states, the age for legal gambling varies from 18 to 21, depending on the jurisdiction and the activity. For that reason, these analyses have classified those who are always underage (13-17), those who may be underage (18-20), and those who are above the legal age (21-27) for gambling into three groups for comparison purposes. Among all three groups, there were no significant differences between age and venue preference (Figure 8).

Figure 8. Past-Year Gambling and Venue Type by Age Group



Among males who gambled, the most popular activities were scratch-off tickets (46.1%), lottery (34.7%), raffle tickets (33.1%), and bingo (32.1%; Table 1). Gambling activity preferences varied by age, such that males ages 21 and older were more likely to purchase scratch-off and lottery tickets and play slots and casino table games, and those ages 13 to 17 were more likely to play bingo and purchase raffle tickets. Notably, about 33% of male gamblers ages 18 to 20 bet on sports, and 25% of those 21 and older traded cryptocurrency.

Table 1. Past-Year Gambling Activity Preference Among Males by Age Group

	Total	13–17 n=108	18–20 n=94	21+ n=205		Total	13–17 n=108	18–20 n=94	21+ n=205
Scratch-off tickets	46.1	20.9 [^]	51.5	56.7*	Video poker	16.4	7.7	19.3	19.6
Lottery	34.7	13.8 [^]	36.3	45.1*	High-risk stocks	16.1	7.4	19.4	19.0
Raffle tickets	33.1	51.1*	28.6	25.9	Social sports betting	13.5	5.7	18.3	15.1
Bingo	32.1	50.5*	27.0	24.9	Esports betting	12.0	8.1	12.9	13.5
Skill games	29.7	39.2	32.0	23.5	Daily fantasy sports	9.7	5.8	6.4	13.6
Slots	28.5	6.2 [^]	22.2	43.5*	Prediction markets	9.4	6.8	6.2	12.5
Sports betting	27.5	19.7	32.9	28.8	Social casino games	8.5	4.2	6.7	11.8
Season-long fantasy	26.7	28.8	32.7	22.6	Street games	6.7	12.7	2.9	5.4
Casino table games	19.8	4.4 [^]	16.7	29.5*	Horse racing	5.8	6.8	3.3	6.6
Cryptocurrency	19.1	14.2	12.6	25.0	Keno	5.3	3.0	5.8	6.2
Poker	17.7	14.5	27.3	14.5					

Participation % 

Weighted % among males who gambled. * significantly higher; [^] significantly lower than respondents outside the category (p < .01).

Among females who gambled, the most popular activities were scratch-off tickets (45.4%), bingo (42.9%), lottery (39.9%), raffle tickets (36.5%), slots (27.2%), and games of skill (23.7%; Table 2). Regarding participation by age, same as males, females ages 21 and older were more likely to purchase scratch-off and lottery tickets and play slots and casino table games, and those ages 13 to 17 were more likely to play bingo. Unique to females, those 21 and older also were more likely to purchase high-risk stocks, while purchasing raffle tickets did not vary significantly by age.

Table 2. Past-Year Gambling Activity Preference Among Females by Age Group

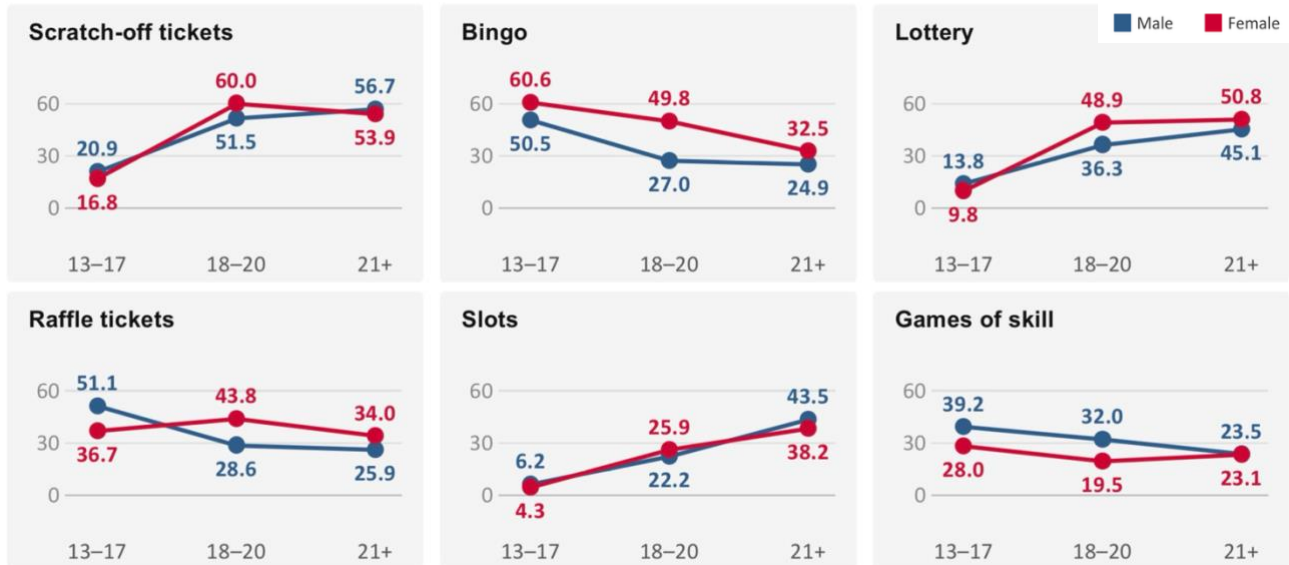
	Total	13–17 n=96	18–20 n=78	21+ n=306		Total	13–17 n=96	18–20 n=78	21+ n=306
Scratch-off tickets	45.4	16.8 [^]	60.0	53.9*	Season-long fantasy	9.1	8.6	5.1	10.5
Bingo	42.9	60.6*	49.8	32.5 [^]	Poker	8.4	11.3	7.0	7.5
Lottery	39.9	9.8 [^]	48.9	50.8*	Social casino games	8.4	9.3	6.3	8.7
Raffle tickets	36.5	36.7	43.8	34.0	Horse racing	5.8	5.1	4.5	6.6
Slots	27.2	4.3 [^]	25.9	38.2*	Social sports betting	5.6	1.7	4.1	7.9
Skill games	23.7	28.0	19.5	23.1	Daily fantasy sports	4.6	1.4	2.4	6.8
Video poker	13.4	10.1	12.8	15.1	Esports betting	4.2	4.0	3.7	4.4
Sports betting	13.1	11.8	6.0	16.1	Prediction markets	3.5	1.4	0.9	5.2
Casino table games	10.4	0.6 [^]	8.8	15.4*	Street games	3.5	5.3	2.1	3.1
Cryptocurrency	9.6	3.6	8.9	12.5	Keno	3.1	3.1	0.9	3.8
High-risk stocks	9.3	3.5	3.8	13.7*					

Participation % 

Weighted % among females who gambled. * significantly higher; [^] significantly lower than respondents outside the category (p < .01).

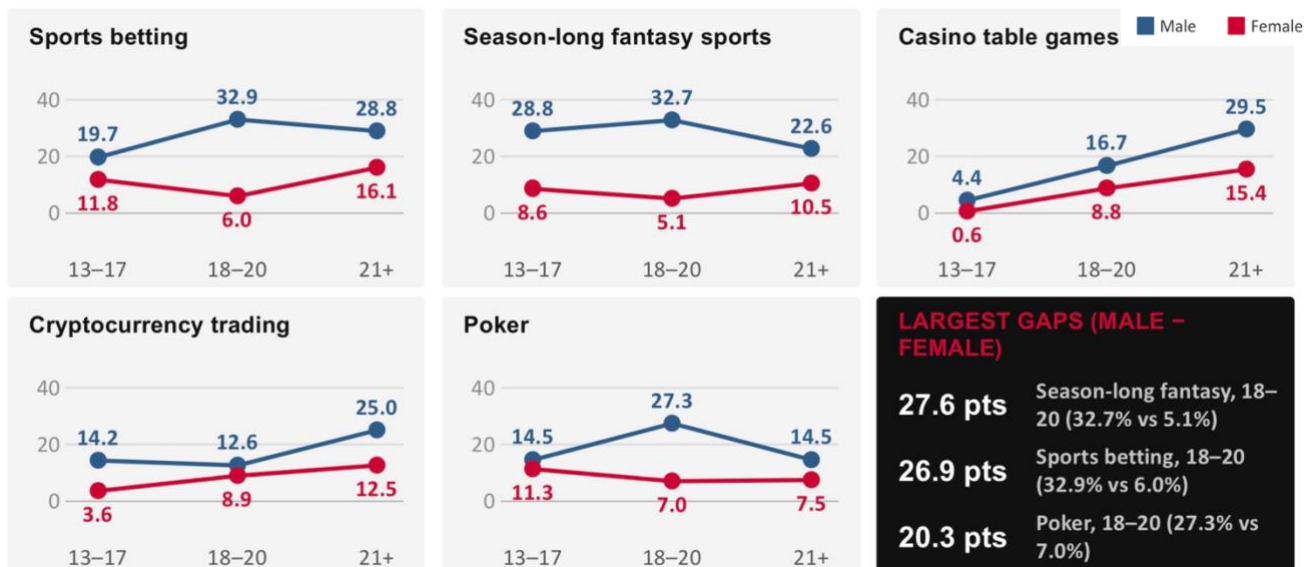
Figure 9 provides a snapshot of popular activities among males and females, with slight variation in preferences by age. For example, bingo peaks in the adolescent group then generally declines, while lottery and slots tend to gain popularity with age. Overall, participation patterns are similar across sexes.

Figure 9. Sex and Age Group Differences Among Common Gambling Activities



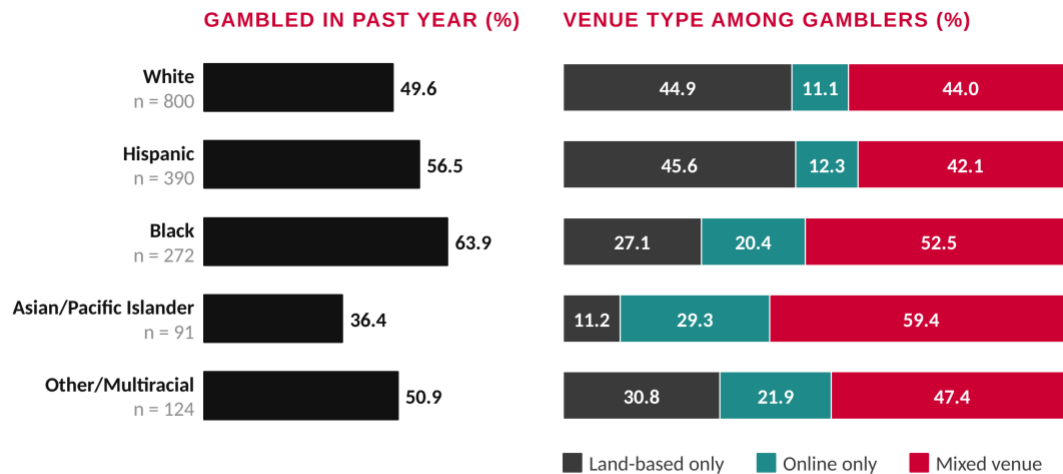
In contrast, Figure 10 features less popular activities with wider variation between sexes. Sports betting and season-long fantasy sports are much more popular among males, however cryptocurrency trading converges in popularity at ages 18 to 20 and poker, at both 13 to 17 and 21+.

Figure 10. Sex and Age Group Differences Among Less Common Gambling Activities



As indicated in Figure 11, respondents who identified as Black (non-Hispanic) reported the highest rates of past-year gambling (63.9%), followed by those identifying as Hispanic (56.5%), then two or more races (51.9%) and White (49.6%). By venue, among those who gambled, White (non-Hispanic) respondents were significantly less likely to report online-only gambling, and Asian/Pacific Islander significantly less likely to report land-based only gambling.

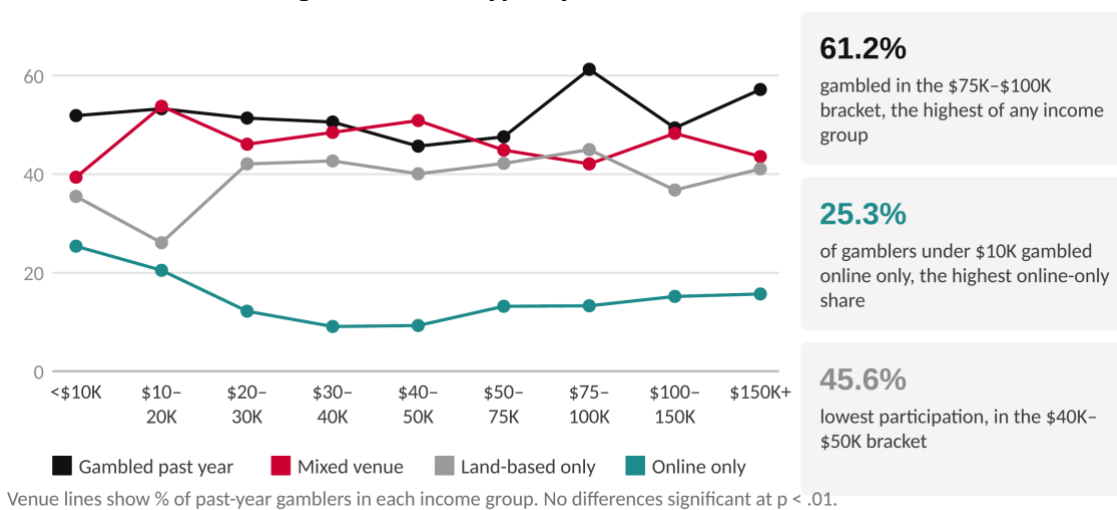
Figure 11. Past-Year Gambling and Venue Type by Race/Ethnicity



Black respondents significantly more likely to gamble; White who gambled were less likely to gamble online only; Asian/PI bettors less likely to gamble land-based only ($p < .01$).

Gambling participation and venue type did not vary significantly by household income (Figure 12). More than half of participants whose household income was less than \$40,000 as well as those who earned \$75,000 to \$100,00 and more than \$150,000 gambled in the past year. Gambling rates were slightly lower in households earning \$40,000 to \$75,000 and \$100,000 to \$150,000.

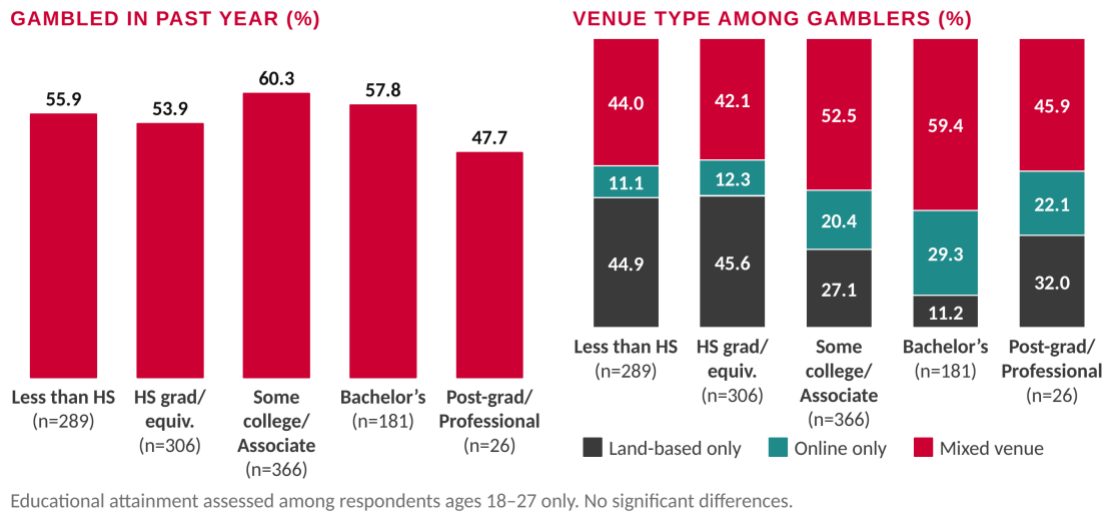
Figure 12. Past-Year Gambling and Venue Type by Household Income



Gambling participation and venue type did not vary by educational attainment, assessed among 18- to 27-year-olds (Figure 13). Rates of past-year gambling and mixed-venue gambling were slightly

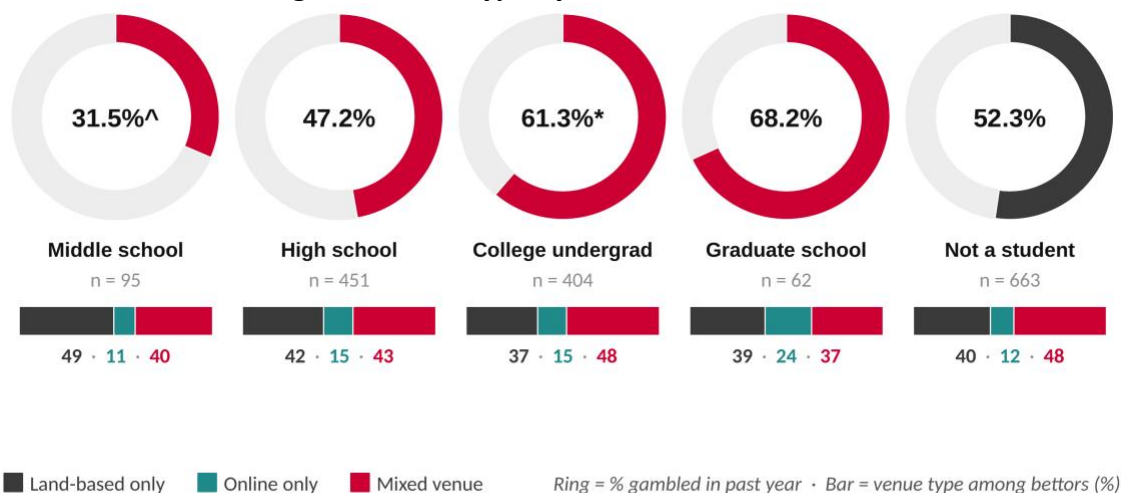
higher among those who had some college/associate degree or bachelor's degree than those with higher and lower levels of education.

Figure 13. Past-Year Gambling and Venue Type by Educational Attainment Among 18 to 27 Year Olds



As indicated in Figure 14, current graduate students reported the highest rates of past-year gambling (68.2%), followed by college undergraduates (61.3%). Statistically, college undergraduates were significantly more likely to report past-year gambling, while middle school students were significantly less likely to report past-year gambling (31.5%). By venue, among those who gambled, no significant differences were observed by current school status.

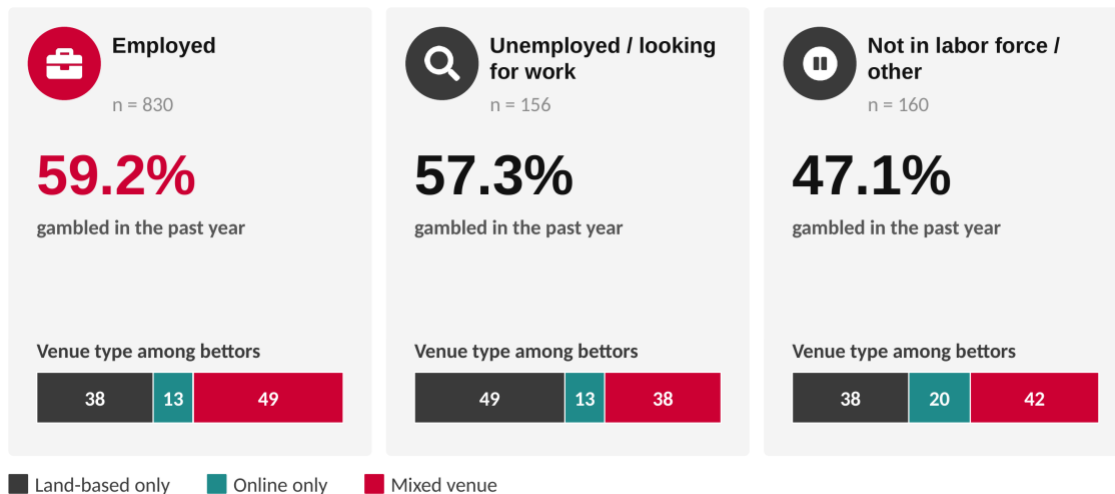
Figure 14. Past-Year Gambling and Venue Type by Current School Status



* significantly higher; ^ significantly lower than respondents outside the category ($p < .01$).

Those who were employed (59.2%) and unemployed or looking for work (57.3%) were slightly but not significantly more likely to report past-year gambling than those not otherwise in the labor force (47.1%; Figure 15). Venue preferences did not statistically vary, but employed respondents had the highest rates of mixed-venue gambling (48.8%) and unemployed/looking for work, the highest rates of land-based (48.7%).

Figure 15. Past-Year Gambling and Venue Type by Employment Status Among 18 to 27 Year Olds

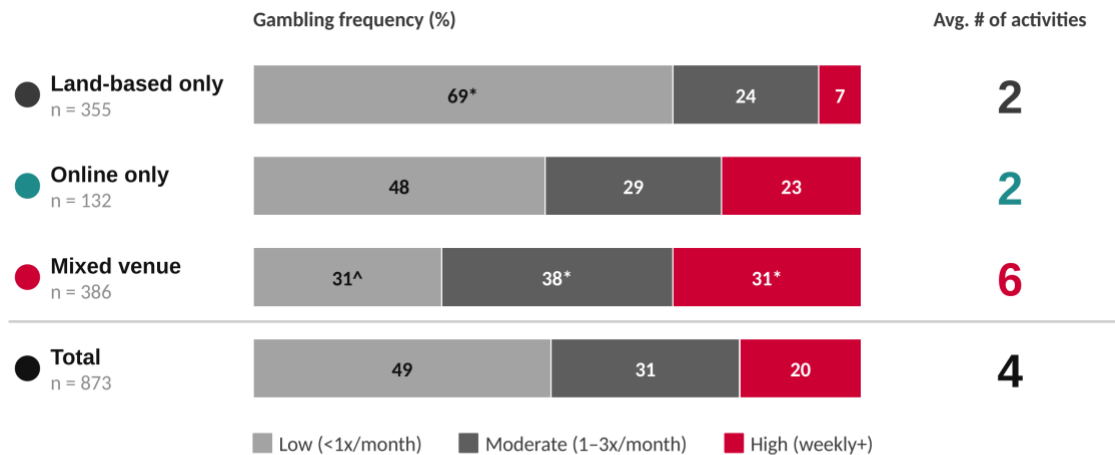


Note. Employment status was assessed among respondents ages 18 to 27 only. “Employed” includes paid employees and self-employed respondents; “unemployed/looking for work” includes respondents on temporary layoff or looking for work; and “not in the labor force/other” includes respondents who were retired, disabled, or not working for another reason.

Past-Year Gambling: Frequency of Play and Activities

Individuals who gambled in the past year were classified by frequency, that is, how often they gambled: *low frequency* (less than once a month), *moderate frequency* (one to three times per month), or *high frequency* (once a week or more). Those who gambled in land-based venues only were significantly more likely to bet at low frequency (69.3%) and less likely to bet at high frequency (6.9%), while those who gambled in mixed venues were significantly more likely to bet at moderate (38.4%) and high frequency (30.5%).

Overall, individuals who gambled participated in an average of nearly four activities (3.8; Figure 16). Mixed-venue gamblers endorsed the highest average number of gambling activities (5.6), followed by both online gamblers (2.3) and land-based gamblers (2.3).

Figure 16. Gambling Frequency and Number of Activities by Gambling Venue Type


Most participants gambled on activities at low frequency (less than once per month), including approximately two-thirds or more of those who purchased scratch-off tickets, played bingo or the lottery, bought raffle tickets, played slots, casino table games, or poker, and nearly 80% of those who bet on horse racing (Table 3). By comparison, moderate-frequency participation (one to three times per month) was most common for social sports betting, esports betting, and daily fantasy sports. Sports betting and season-long fantasy sports also showed relatively frequent participation: 18.4% of sports bettors and 20.1% of season-long fantasy sports participants engaged once a week or more, while another 31.0% and 36.1%, respectively, participated one to three times per month. Although only a small proportion of the sample bet on prediction markets, they stood out for high-frequency participation, with nearly one-third (31.7%) of prediction market bettors wagering once a week or more; relatively high proportions of those who played keno (25.0%) or street games (23.0%) also participated at high frequency.

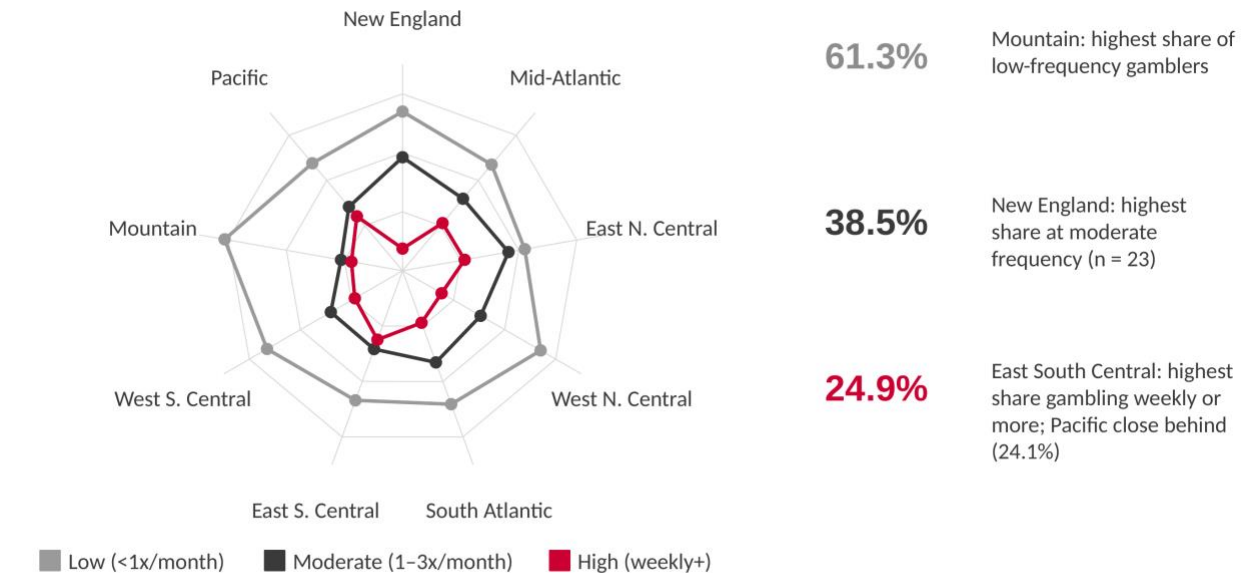
Table 3. Gambling Frequency by Activity

	Weekly+	1-3x/mo	<1x/mo		Weekly+	1-3x/mo	<1x/mo
Prediction markets	31.7	38.9	29.3	Cryptocurrency	9.5	38.5	52.0
Keno	25.0	30.6	44.4	Bingo	9.2	20.9	69.9
Street games	23.0	37.1	39.9	Scratch-off tickets	7.7	26.9	65.4
Daily fantasy sports	20.7	42.2	37.0	Esports betting	7.5	47.3	45.2
Social sports betting	20.1	48.1	31.8	Poker	5.7	26.7	67.6
Season-long fantasy	20.1	36.1	43.8	Video poker (129)	5.7	34.0	60.3
Sports betting	18.4	31.0	50.7	Slots (266)	5.3	20.6	74.1
High-risk stocks	15.9	30.0	54.2	Raffle tickets (314)	3.9	19.1	77.1
Social casino games	15.8	34.6	49.6	Casino table games (149)	3.1	24.5	72.4
Games of skill	11.2	33.2	55.6	Horse racing (62)	1.4	18.8	79.8
Lottery	9.8	25.6	64.7				

Weighted % of participants in each activity; unweighted n in parentheses. Sorted by share gambling weekly or more.

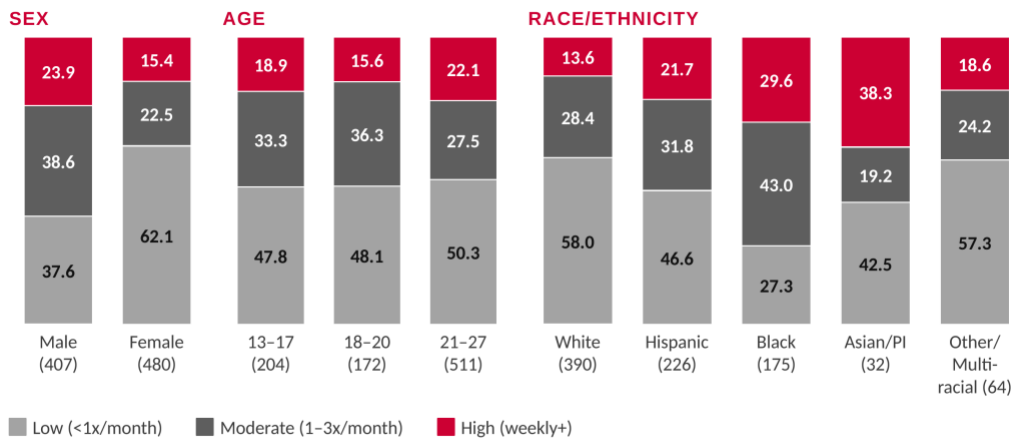
There were no significant differences in gambling frequency across regions (Figure 17). However, more than half of those who gambled did so at moderate or high frequency in the Mid-Atlantic, East North Central, South Atlantic, East South Central, and Pacific regions. Specifically, high-frequency gambling was most prevalent in the East South Central, Pacific, East North Central, and Mid-Atlantic regions.

Figure 17. Gambling Frequency by Region



Weighted % of past-year gamblers in each U.S. Census division. No significant regional differences.

Females were overrepresented among low-frequency gamblers (62.1%) compared to males (37.6%), and males among moderate-frequency gamblers (38.6%) compared to females (22.5%; Figure 18). Though not statistically dissimilar, almost 24% of males gambled at high frequency compared to about 15% of females. There were no significant differences in gambling frequency by age, though slightly more than half of 21- to 27-year-olds gambled at low frequency compared to slightly less than half of those 20 and younger. By race/ethnicity, White respondents were overrepresented among low-frequency gamblers and underrepresented among high-frequency gamblers. Black respondents were under-represented among low-frequency gamblers. More than a third of those identifying as Asian/Pacific Islanders gambled at high frequency.

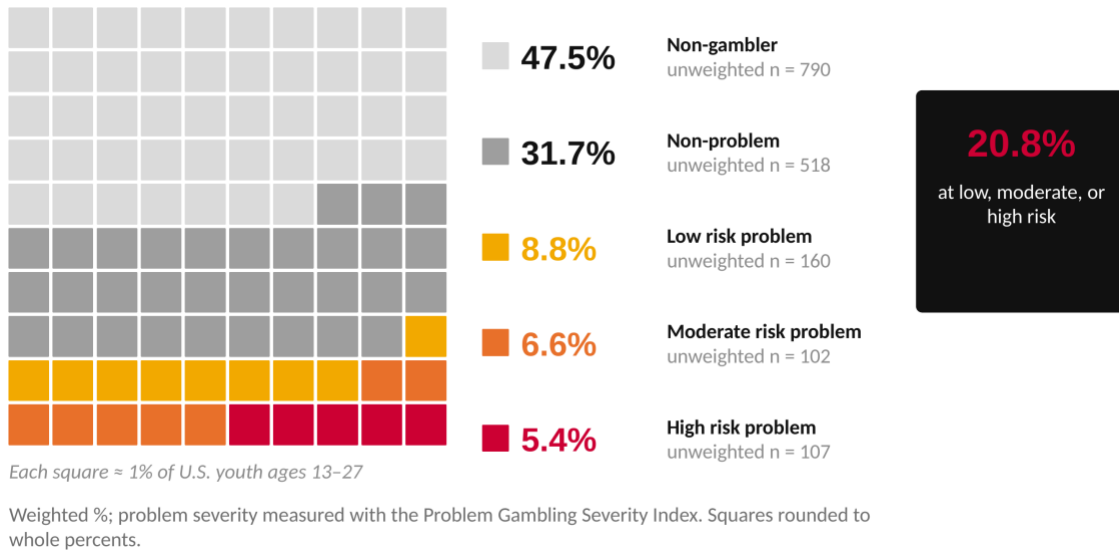
Figure 18. Gambling Frequency by Sex, Age, and Race/Ethnicity


Significant ($p < .01$): females higher in low frequency; males higher in moderate; White bettors higher in low and lower in high frequency; Black gamblers lower in low frequency. Unweighted n in parentheses.

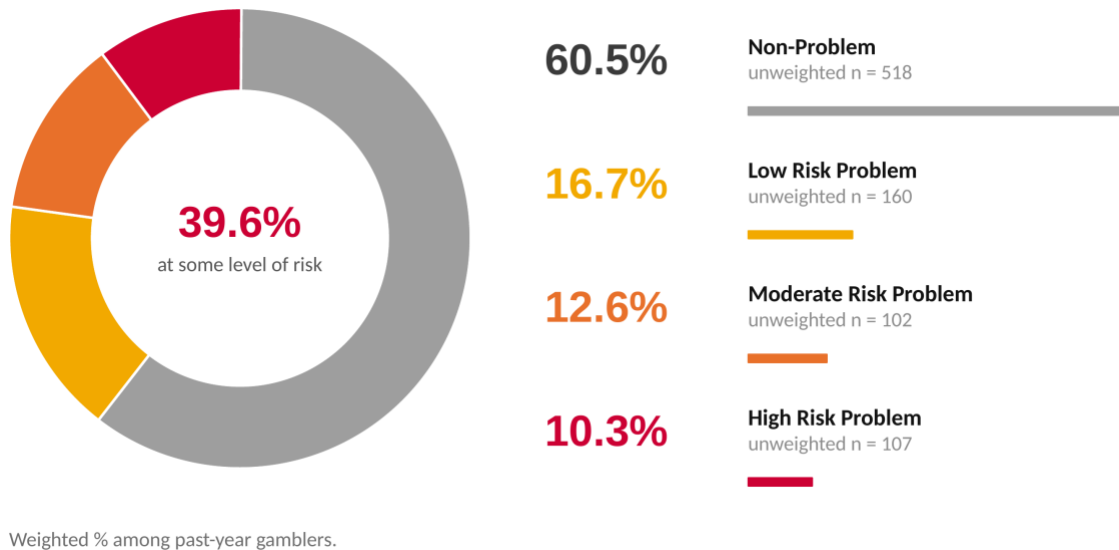
Problem Gambling Severity

Participants in the study who reported past-year gambling completed the Problem Gambling Severity Index (PGSI) of the Canadian Problem Gambling Index (Ferris & Wynne, 2001) and were grouped into mutually exclusive categories based on scores: Non-problem (0), Low Risk (1 to 2), Moderate Risk (3 to 7), and High Risk (8+). The PGSI is a validated and widely used problem severity measure, developed for use in population prevalence studies. The measure does not specifically reference psychiatric disorder; however, in treatment studies, the “high risk” group is typically correlated with Gambling Disorder, and the low and moderate risk groups, in combination, are correlated with sub-clinical problem gambling.

Figure 19 presents gambling problem severity across the full sample, including non-gamblers (47.5%), to provide general population prevalence estimates. Nearly one-third of respondents (31.7%) were classified as non-problem gamblers, while approximately one in five (20.8%) were classified at some level of problem gambling risk. Specifically, 8.8% of the full sample were classified as low risk, 6.6% as moderate risk, and 5.4% as high risk for gambling problems.

Figure 19. Gambling Problem Severity (Full Population)


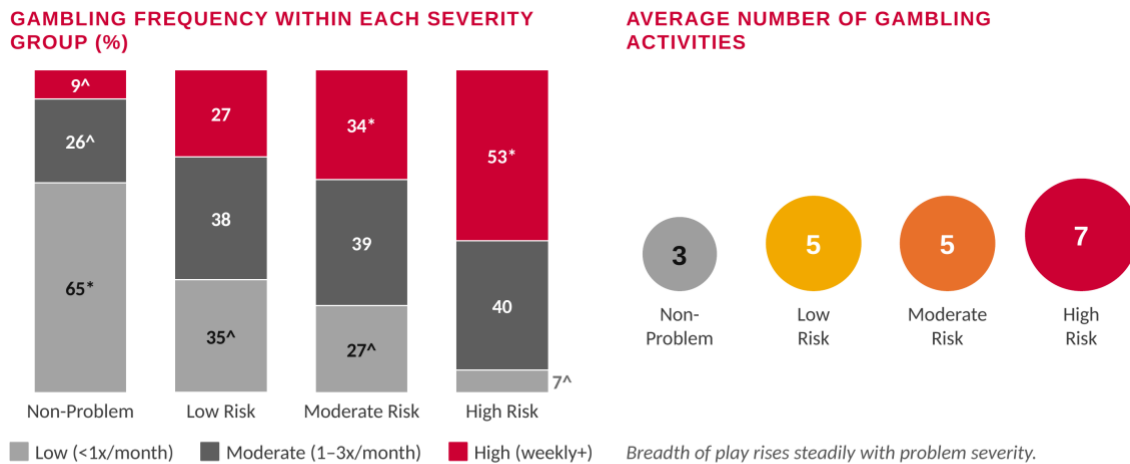
Among those who gambled, nearly 61% did so without experiencing problem gambling symptoms (Figure 20), suggesting 39% of all who gambled did so at some level of risk, including at low risk (16.7%), moderate risk (12.6%), and high risk (10.3%) for problem gambling.

Figure 20. Gambling Problem Severity (Gamblers Only)


Gambling frequency was significantly related to problem gambling severity, such that those who gambled at low frequency were over-represented among non-problem gamblers, and those gambling at high frequency were over-represented among those gambling at moderate and high risk (Figure 21). Additionally notable, between 38% and 40% of individuals in each of the low-, moderate-, and high-risk problem gambling groups were gambling at moderate frequency.

Regarding participation in gambling activities, those gambling with no problems indicated they did so on the fewest number of activities on average (2.7), compared to those gambling at low and moderate risk, who gambled on about five activities, and high-risk problem gamblers, about seven.

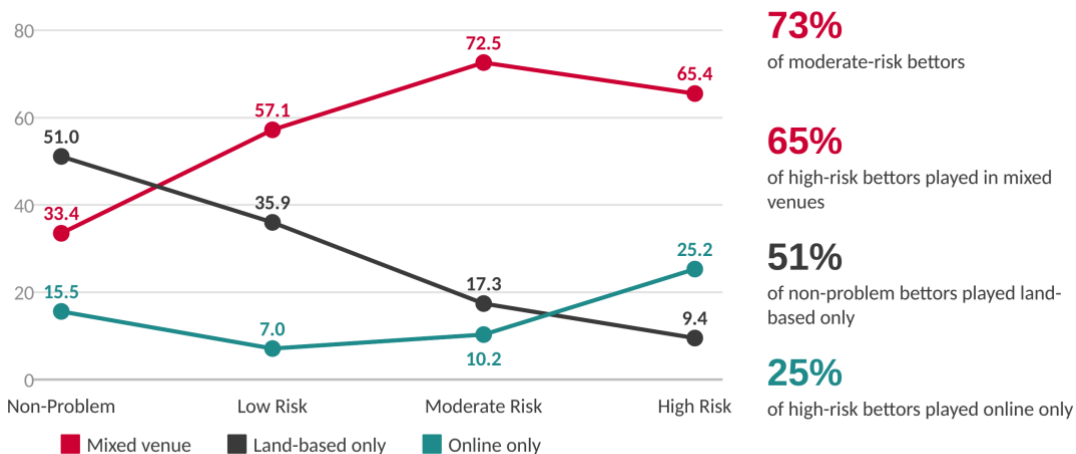
Figure 21. Problem Gambling Severity by Frequency and Number of Gambling Activities



* significantly higher; ^ significantly lower than respondents outside the category ($p < .01$). Means with different letters differ significantly.

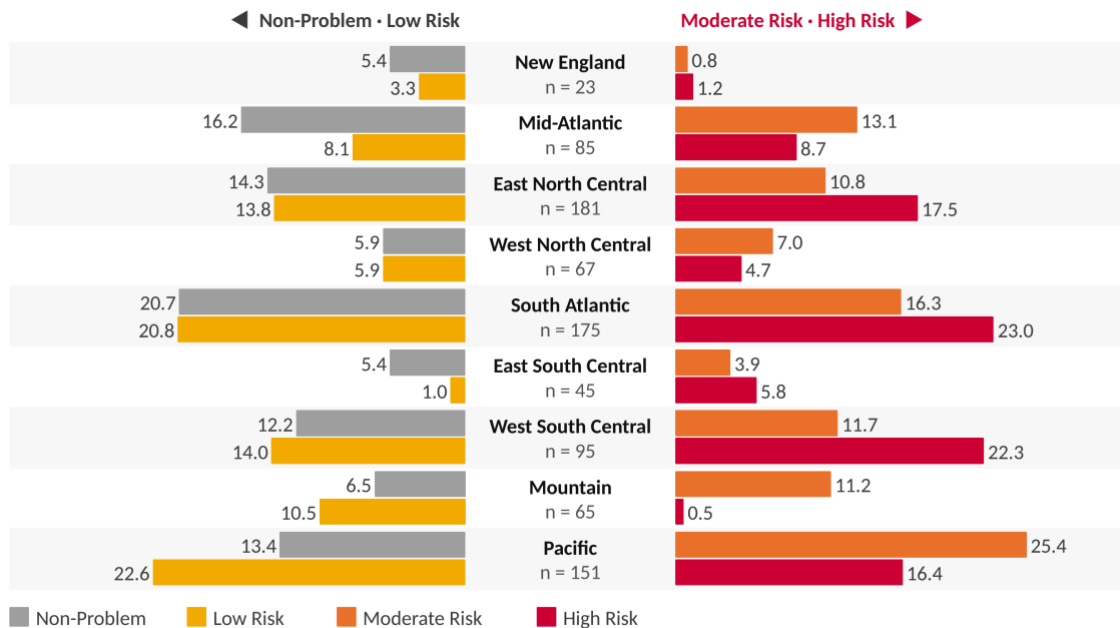
Those who gambled only in land-based venues were disproportionately represented among non-problem gamblers (51.0%), and those who gambled in mixed venues among moderate-risk (72.5%) and high-risk (65.4%) problem gamblers, suggesting gambling in a wider range of venues increases risk for gambling-related problems (Figure 22).

Figure 22. Problem Gambling Severity by Gambling Venue Type



Weighted % of each severity group by venue type (columns sum to 100%).

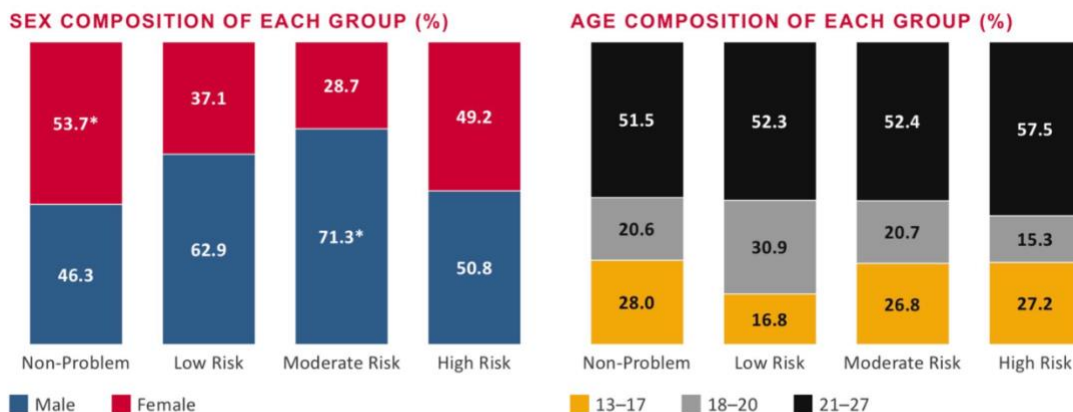
The proportion of gamblers at risk for problems did not vary significantly across regions (Figure 23), though this could be due to uneven sample sizes across regions and those who gamble. Therefore, it is notable that almost two-thirds of all those gambling at high risk were residents of the East North Central, South Atlantic, and West South Central regions combined.

Figure 23. Problem Gambling Severity by Region


Percentages within each severity category (each column sums to 100% across regions). Not statistically significant; small regional cells are unstable.

By sex, females made up a larger proportion of non-problem gamblers (53.7%) compared to males (46.3%), and males made up a larger proportion of those gambling at moderate risk (71.3% vs 28.7%; Figure 24). However, there were no significant differences between women and men among high-risk problem gamblers.

In addition, there were no significant findings across age groups and problem severity classifications, though gamblers ages 21 to 27 made up a larger proportion of the high-risk problem group (57.5%) than they did any other risk classifications. Descriptively, gamblers aged 18 to 20 made up a larger proportion of the low-risk group and those 13 to 17, a larger proportion of the non-problem and high-risk groups.

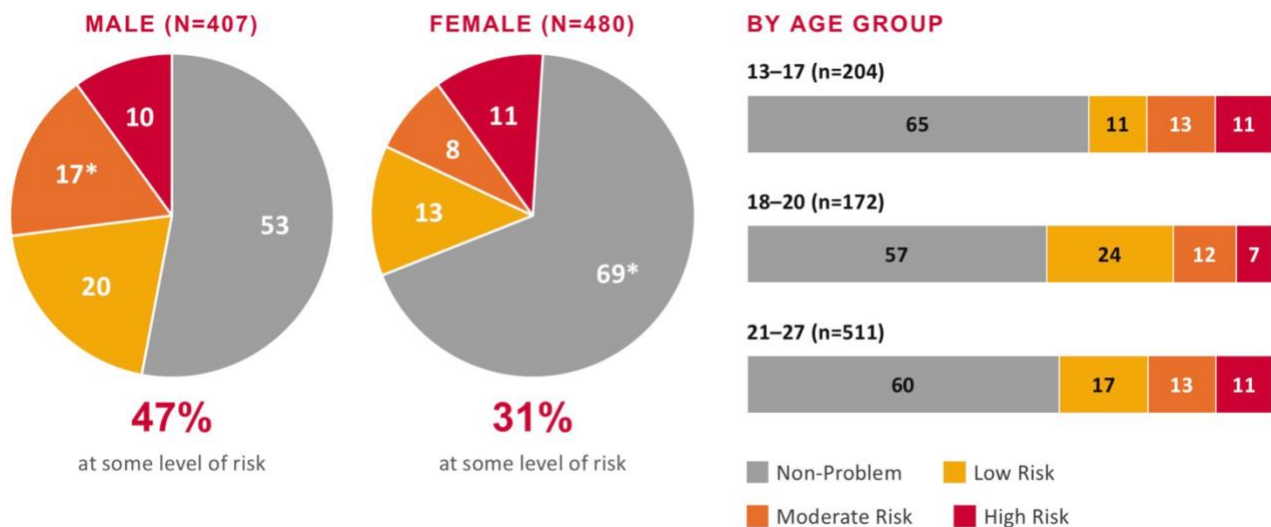
Figure 24. Problem Gambling Severity by Sex and Age Group: Within Problem Severity Categories


Columns sum to 100% within each severity group. Sex differences significant ($p < .01$): males over-represented among moderate risk, females among non-problem.

Figure 25 provides a different but equally compelling snapshot of the problem gambling severity profiles by sex and age, illustrating that about 11% of females and 10% of males who gambled did so at high risk. Given that more than two-thirds of females who gambled endorsed no problems, this might suggest a higher concentration of more severe problems among females. About 47% of males gambled at some level of problem gambling risk, including about 20% at low risk and 17% at moderate risk. Taken together, the progression toward problem severity appears distinct across sexes.

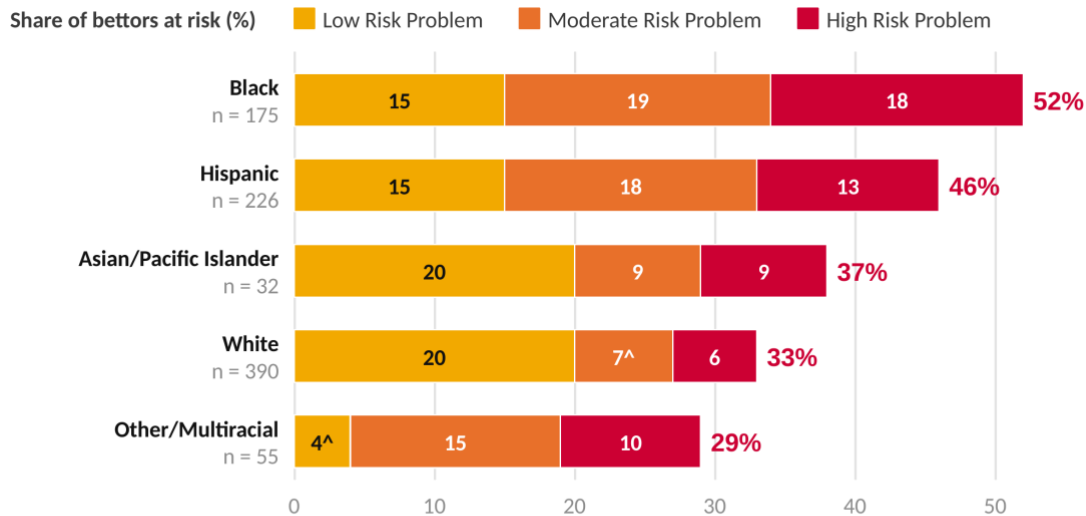
By age, there was a larger concentration of those ages 13 to 17 and those 21 to 27, about 11%, who reported high-risk problems. A smaller proportion of 18- to 20-year-olds reported gambling with no problems, but a larger proportion reported low-risk problems compared to the younger and older age groups.

Figure 25. Problem Gambling Severity by Sex and Age Group: Across Problem Severity Categories



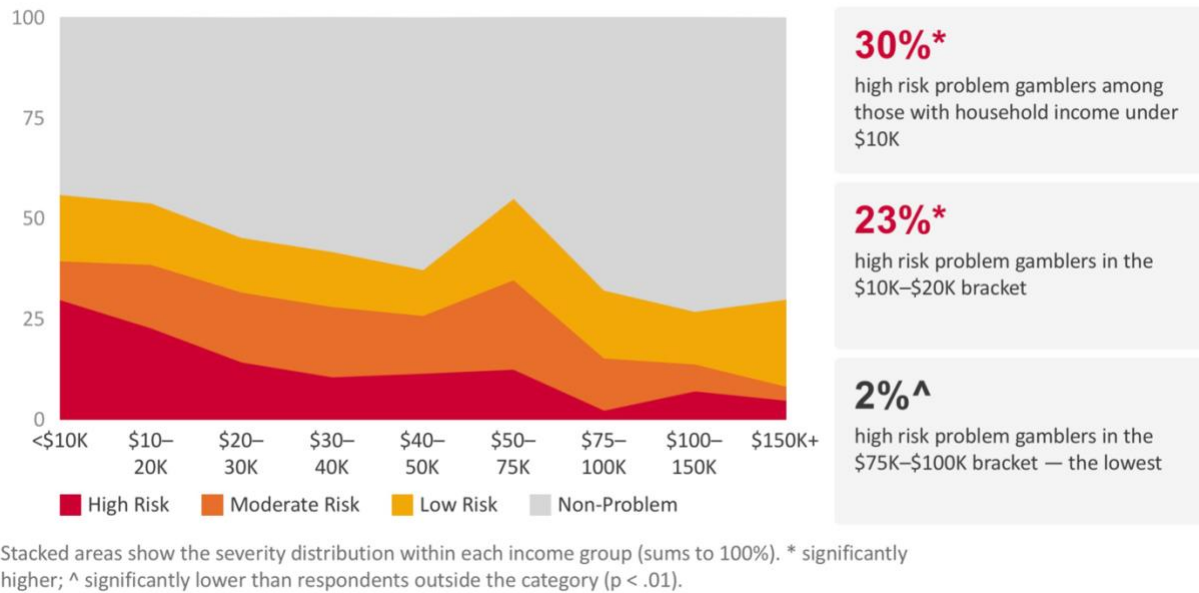
Rows sum to 100% within each sex/age group. Sex differences significant ($p < .01$).

Black and Hispanic respondents who gambled reported the highest rates of high risk (18% and 13%, respectively) and moderate risk (19% and 18%) problem gambling, such that more than a third of each group were in the moderate- or high-risk problem gambling categories (Figure 26). Black and Hispanic respondents who gambled were also substantially less likely than other groups to report having no gambling problem symptoms. White respondents were the least likely to report moderate risk and other/multiracial respondents to report low risk problem gambling.

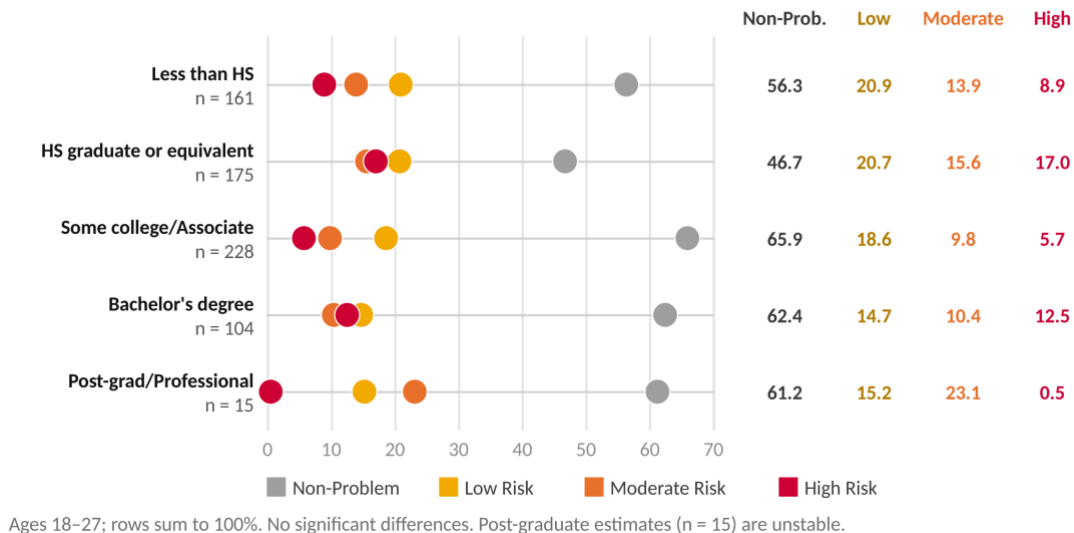
Figure 26. Problem Gambling Severity by Race/Ethnicity


Bars show low, moderate and high risk; the non-problem share completes each row to 100%. * significantly higher; ^ significantly lower than respondents outside the category ($p < .01$).

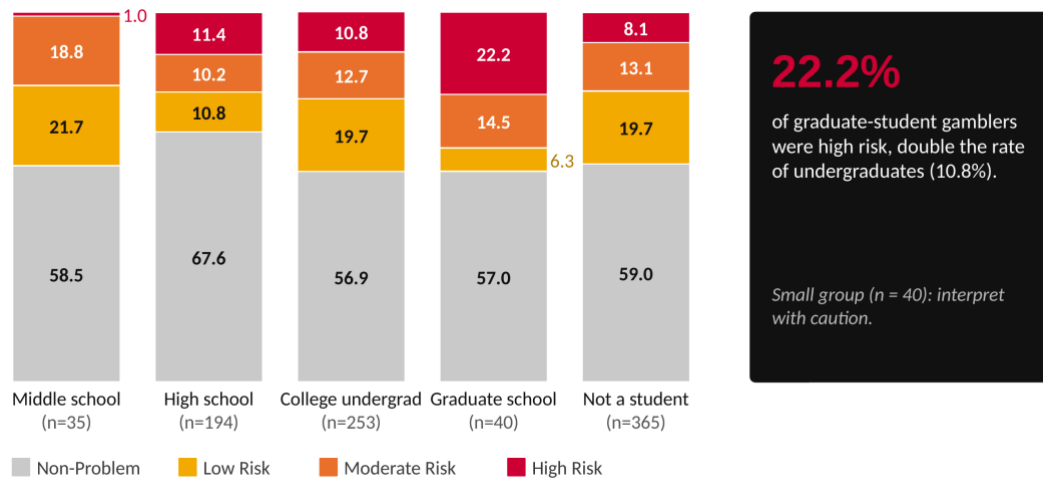
There are notable variations in problem severity across household income categories (Figure 27). Gamblers who reported a household income of less than \$20,000 were overrepresented among high-risk problem gamblers, with about 30% of gamblers with household incomes under \$10,000 and about 23% of those earning \$10,000 to \$20,000 reporting high-risk problem gambling. Meanwhile, those who made \$50,000 to \$75,000 were under-represented among non-problem gamblers, suggesting a disproportionate percentage of those in this income group had some level of problems. Those whose households earned \$75,000 to \$100,000 were under-represented among high-risk problem gamblers and those earning \$100,000 to \$150,000 were under-represented among moderate-risk gamblers.

Figure 27. Problem Gambling Severity by Household Income


There were no statistically significant differences between educational attainment and problem gambling severity, though those with a high school education or equivalent had the highest rates of high-risk problems and were least likely to be in the non-problem group (Figure 28).

Figure 28. Problem Gambling Severity by Educational Attainment


There also were no significant differences by current school status and problem gambling, although this could be an artifact of uneven cell sizes (Figure 29). Current high school students who gambled were most likely to report no problem symptoms (67.6%), however a substantial proportion reported high-risk problems (11.4%), as did college undergraduates (10.8%). Current graduate students had the highest rates of high-risk problem gambling (22.2%), though they represented a small subsample.

Figure 29. Problem Gambling Severity by Current School Status


In order to better understand the relationship of problem gambling and specific gambling activities, we analyzed participant responses both within categories (i.e., the percentage of those in each problem gambling category who engaged in each activity) as well as across categories (i.e., the percentage of those gambling on each activity who were in each problem category). Table 4 provides results within problem gambling severity categories. Across most activities, non-problem gamblers reported lower participation than gamblers experiencing some level of problem gambling risk. Moderate-risk gamblers were significantly more likely to participate in games of skill (51.0%) and sports betting (38.5%), while both moderate- and high-risk gamblers were significantly more likely to participate in casino table games, social casino games, and daily fantasy sports. High-risk gamblers were also significantly more likely to participate in a range of other activities, including video poker (47.3%), cryptocurrency trading (28.5%), esports betting (28.1%), social sports betting (26.0%), prediction markets (25.5%), horse racing (20.0%), street games (19.1%), and keno (17.4%). Overall, the findings indicate that engaging in more gambling activities equates to experiencing higher levels of problem gambling risk.

Table 4. Participation in Activities by Level of Problem Gambling Severity: Within Problem Severity Categories

	Non-Prob.	Low	Moderate	High		Non-Prob.	Low	Moderate	High
Scratch-off tickets	40.0 [^]	56.8	53.8	52.1	Poker	7.7 [^]	21.1	21.6	23.7
Bingo	33.4	32.3	49.2	53.1	High-risk stocks	8.6 [^]	19.3	15.5	24.2
Lottery	33.9	40.0	48.5	38.0	Social sports betting	4.2 [^]	14.6	16.8	26.0*
Raffle tickets	29.5 [^]	42.6	37.2	49.3*	Social casino games	1.9 [^]	7.8	20.0*	33.8*
Slots	21.7 [^]	36.7	36.8	39.0	Esports betting	3.2 [^]	10.3	14.2	28.1*
Games of skill	18.8 [^]	30.5	51.0*	39.1	Daily fantasy sports	3.6 [^]	7.7	15.1*	19.2*
Sports betting	12.6 [^]	31.2*	38.5*	29.2	Prediction markets	2.7 [^]	6.9	9.3	25.5*
Season-long fantasy	12.9 [^]	27.5	26.0	26.3	Horse racing	3.5 [^]	5.8	5.4	20.0*
Casino table games	9.9 [^]	19.1	26.7*	27.6*	Street games	2.4 [^]	3.8	9.1	19.1*
Video poker	8.1 [^]	14.8	22.0	47.3*	Keno	0.9 [^]	5.3	8.0	17.4*
Cryptocurrency	10.9 [^]	16.1	18.8	28.5*					

Weighted % of each severity group participating in each activity; shading intensity proportional to %. * significantly higher; ^ significantly lower than respondents outside the category ($p < .01$).

Table 5 examines the distribution of problem gambling severity within each gambling activity, with patterns of significant over- and underrepresentation mirroring those observed within problem severity categories. High-risk problem gamblers accounted for more than 40% of those who played keno (42.4%) or social casino games (41.1%), and approximately one-third or more of those who participated in prediction markets (39.8%), street games (38.0%), horse racing (35.3%), esports betting (34.8%), or video poker (32.5%). Moderate-risk gamblers were significantly overrepresented among those who played social casino games (29.7%), daily fantasy sports (25.9%), games of skill (23.8%), sports betting (23.4%), and casino table games (21.9%). Low-risk gamblers were significantly overrepresented only among sports bettors, accounting for 25.2% of participants. Notably, almost two-thirds of sports bettors were classified at some level of problem gambling risk, including 25.2% at low risk, 23.4% at moderate risk, and 14.5% at high risk.

The distribution across activities suggests that those at higher levels of problem gambling severity risk are more involved in less popular activities like keno or horse racing or in gambling-like or emerging forms of gambling, such as social casino games, prediction markets, and esports betting. This could be because gambling risk escalates with the number of endorsed gambling activities; alternatively, these findings could suggest that these types of activities, compared to others, are more likely to initiate or exacerbate problem gambling patterns. Evaluating changes in these patterns over time would better inform whether particular gambling activities are associated with movement across levels of problem gambling severity.

Table 5. Participation in Activities by Level of Problem Gambling Severity: Across Problem Severity Categories

	Non-Prob.	Low	Moderate	High		Non-Prob.	Low	Moderate	High
Keno (55)	13.0	20.8	23.8	42.4	Casino table games (149)	38.9	20.8	21.9	18.5
Social casino games (84)	13.9	15.4	29.7	41.1	Poker (112)	34.8	26.5	20.4	18.3
Prediction markets (58)	25.0	17.5	17.7	39.8	Games of skill (225)	42.3	19.0	23.8	15.0
Street games (54)	27.6	12.3	22.1	38.0	Season-long fantasy (143)	42.5	25.1	17.8	14.7
Horse racing (62)	36.5	16.7	11.7	35.3	Bingo (324)	54.3	14.5	16.6	14.7
Esports betting (79)	23.0	20.7	21.5	34.8	Raffle tickets (314)	51.4	20.5	13.5	14.6
Video poker (129)	32.6	16.5	18.4	32.5	Sports betting (177)	36.9	25.2	23.4	14.5
Social sports betting (81)	26.1	24.9	21.6	27.4	Slots (266)	47.0	22.0	16.6	14.4
Daily fantasy sports (83)	29.6	17.5	25.9	27.0	Scratch-off tickets (430)	52.8	20.7	14.8	11.7
Cryptocurrency (137)	45.2	18.4	16.2	20.1	Lottery (344)	55.1	18.0	16.4	10.5
High-risk stocks (111)	40.5	25.0	15.1	19.4					

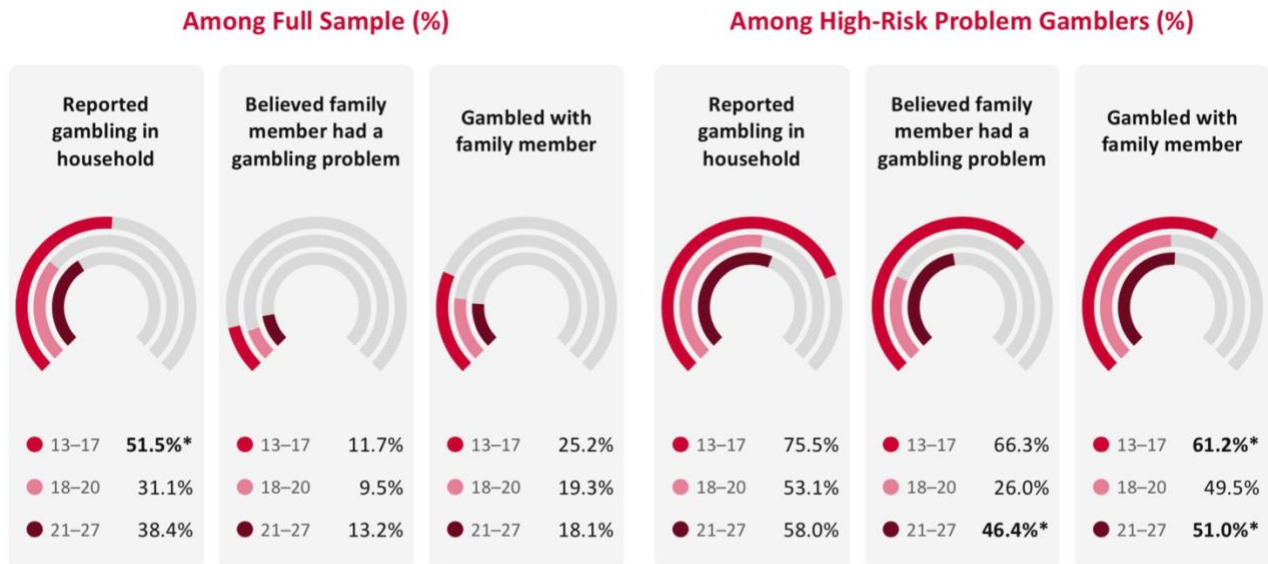
Severity distribution among participants in each activity (rows sum to 100%); sorted by high-risk share. Unweighted n in parentheses.

The Influence of Family and Household Exposure to Gambling

Family and household gambling were common and linked to both gambling participation and problem gambling severity (Figure 30). Among all respondents, 41.1% reported that a family or household member gambled, including 51.5% of adolescents ages 13 to 17, the highest of all age categories. Those who reported gambling in the home were significantly more likely than other respondents to have gambled in the past year (62.5% vs. 45.5%).

Among those who gambled in the past year, problem severity differed significantly by exposure. Those who perceived someone in the household had a gambling problem were more than five times as likely to be high-risk problem gamblers (34.8% vs. 6.2%). Those who had gambled with a family or household member during adolescence were more than four times as likely to be classified as high risk (26.5% vs. 5.8%). Adolescents, ages 13 to 17, who were at high risk for gambling problems endorsed the highest household exposure of any age group: 75.5% had a family member who gambled; 66.3% believed a family member had a problem; 61.2% reported gambling with a family member.

Figure 30. Family and Household Gambling Exposure by Past-Year Gambling and Problem Gambling Severity



Rings (outer to inner) show 13-17, 18-20 and 21-27 year olds; a full circle sweep = 100%. * significantly higher than respondents outside the category ($p < .01$).

Substance Use, Potentially Addictive Behaviors, and Other Mental Health Issues

Problem gambling is commonly associated with a range of adverse health and mental health consequences, including comorbid addictive behaviors and mental health problems. The next section of the study examines the relationship of gambling status to substance use, potentially addictive behaviors, mental health problems, and suicidality/self-harm in the overall sample. For purposes of this section, morbid thinking is distinguished from suicidal ideation in that morbid thinking involves wishing or fantasizing about being dead rather than thinking specifically about suicide. Non-suicidal self-injury was characterized by self-mutilation (e.g., cutting, burning) with no suicidal intent (see Glossary for all terms).

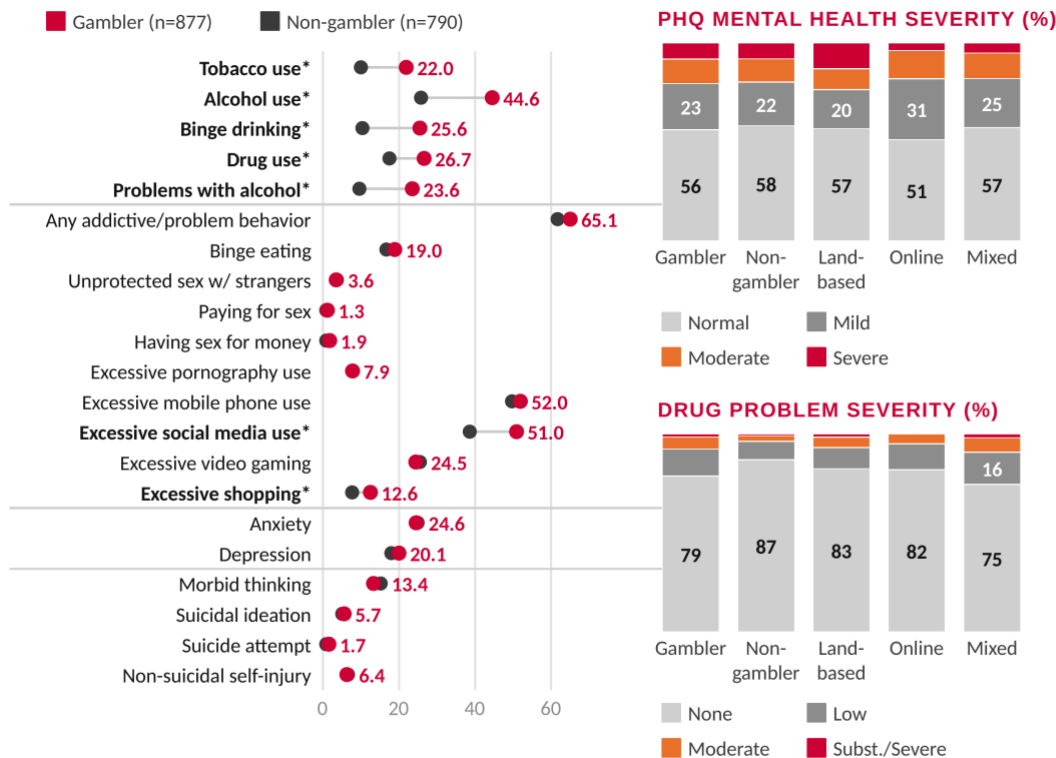
As indicated in Figure 31, differences between gamblers and non-gamblers were most apparent for substance use. Those who gambled were significantly more likely than non-gamblers to report tobacco use (22.0% vs. 10.1%), alcohol use (44.6% vs. 25.9%), binge drinking (25.6% vs. 10.5%), drug use (26.7% vs. 17.6%), and problems with alcohol (23.6% vs. 9.7%). Gamblers were also significantly less likely to report not having drug-related problems (78.7% vs. 87.0%). However, differences in the individual levels of drug problem severity did not reach statistical significance. Differences in potentially addictive behaviors were less consistent. Gamblers were significantly more likely than non-gamblers to report excessive social media use (51.0% vs. 38.7%) and excessive shopping (12.6% vs. 7.8%) but had comparable rates of all other behaviors. Gambling status was not significantly associated with mental

health severity, anxiety, or depression. Similarly, there were no significant differences between gamblers and non-gamblers in morbid thinking, suicidal ideation, suicide attempts, or non-suicidal self-injury.

There were few significant differences according to gambling venue. Mixed-venue gamblers reported significantly higher rates of excessive pornography use (10.6%), while land-based gamblers reported significantly lower rates (3.4%). Otherwise, although some descriptive variation was evident across land-based, online-only, and mixed-venue gamblers, differences did not reach the threshold for statistical significance. Additionally, no significant differences emerged for mental health or suicidality/self-harm measures across venue preferences.

Overall, the clearest differences associated with gambling status were concentrated in substance use and selected potentially addictive behaviors.

Figure 31. Substance Use, Potentially Addictive Behaviors, Mental Health, & Suicidality/Self-Harm by Gambling and Venue



* Gamblers significantly higher than non-gamblers ($p < .01$). Venue-type differences for each item are shown in the report table.

The next set of analyses examined substance use, potentially addictive behaviors, mental health, and suicidality/self-harm by level of problem gambling severity (Table 6). Substance use patterns varied considerably across problem gambling severity groups. High-risk problem gamblers had significantly higher rates of tobacco use (57.5%), while non-problem gamblers had significantly lower rates (14.4%). In contrast, high-risk problem gamblers reported significantly *lower* rates of alcohol use (14.0%), binge drinking (11.0%), and problems with alcohol (7.9%). Low-risk gamblers had the highest rate of binge

drinking (37.0%) and were significantly more likely to report binge drinking than other groups. Given that a substantial proportion of the sample is under the legal age to drink alcohol, this may suggest it is easier to access gambling activities and platforms — and potentially develop problems — than alcohol. It also might suggest that adolescents and young adults who gamble at high frequency lack the funds to engage in excessive substance use. Drug use and levels of drug problem severity did not differ significantly across problem gambling severity groups.

Several potentially addictive behaviors also differed by problem gambling severity. High-risk problem gamblers reported significantly higher rates of paying for sex (9.3%), having sex for money (15.1%), excessive pornography use (18.5%), and excessive shopping (25.3%) however were significantly less likely to report excessive mobile phone use (29.0%). The co-occurrence of problem gambling and sex-related behaviors is notable and should be the focus of further research and incorporated into prevention and treatment efforts with this age cohort.

Table 6. Addictive Behaviors and Substance Use by Problem Gambling Severity

Potentially Addictive Behaviors	Non-Prob.	Low	Moderate	High	Substance Use	Non-Prob.	Low	Moderate	High
Any addictive/problem behavior	64.4	62.9	73.6	62.4	Tobacco use	14.4 [^]	23.9	26.9	57.5*
Binge eating	17.4	18.2	29.1	17.0	Alcohol use	48.6	52.3	40.0	14.0 [^]
Unprotected sex w/ strangers	2.6	4.0	3.7	9.4	Binge drinking	25.6	37.0*	22.5	11.0 [^]
Paying for sex	0.1 [^]	0.9	0.5	9.3*	Drug use	25.0	31.0	28.8	27.6
Having sex for money	0.2 [^]	0.9	0.3	15.1*	Problems with alcohol	24.2	33.5	21.2	7.9 [^]
Excessive pornography	5.3 [^]	9.6	9.3	18.5*	Drug problems: none	81.0	75.7	74.4	75.4
Excessive mobile phone	53.3	51.4	65.4	29.0 [^]	Drug problems: low	13.6	15.9	16.4	8.1
Excessive social media	50.4	47.2	65.9	41.9	Drug problems: moderate	4.8	6.5	5.7	12.9
Excessive video gaming	20.4 [^]	27.9	39.2	24.8	Drug problems: subst./severe	0.6	2.0	3.6	3.7
Excessive shopping	10.0	10.1	17.7	25.3*					

Weighted % within each problem gambling severity group. * significantly higher; [^] significantly lower than respondents outside the category (p < .01).

Mental health showed clearer differences by problem gambling severity. Nearly three-quarters of high-risk problem gamblers reported some level of mental health symptoms, with only 26.0% falling within the normal range. More than one-third (35.5%) reported moderate mental health problems, significantly higher than other severity groups. High-risk problem gamblers also had significantly higher rates of anxiety (52.8%) and depression (38.4%). By comparison, non-problem gamblers were significantly more likely to have mental health scores in the normal range (63.0%).

Although rates of suicidal ideation and suicide attempts were descriptively highest among high-risk problem gamblers (13.1% and 3.6%, respectively), differences in morbid thinking, suicidal ideation, suicide attempts, and non-suicidal self-injury did not reach statistical significance across problem gambling severity groups (Table 7).

Table 7. Addictive Behaviors and Substance Use by Problem Gambling Severity

PHQ Mental Health	Non-Prob.	Low	Moderate	High	Suicidality / Self-Harm	Non-Prob.	Low	Moderate	High
Normal	63.0*	56.0	47.9	26.0^	Morbid thinking	13.1	11.6	15.3	16.1
Mild	19.1^	26.0	33.9	30.8	Suicidal ideation	4.6	5.4	6.4	13.1
Moderate	9.5^	9.9	11.1^	35.5*	Suicide attempt	1.4	1.4	2.2	3.6
Severe	8.4	8.1	7.1	7.7	Non-suicidal self-injury	7.0	4.5	2.9	10.4
Anxiety	21.4	22.6	19.8	52.8*					
Depression	16.7	15.8	27.1	38.4*					

Weighted % within each problem gambling severity group. * significantly higher; ^ significantly lower than respondents outside the category (p < .01).

Summary and Recommendations

Findings from this study provide the first contemporary national benchmark for gambling participation and problem gambling risk among adolescents and young adults in the United States in about 25 years. More than half (52.5%) of respondents ages 13 to 27 reported gambling in the past year, and approximately one in five (20.8%) of all respondents were classified at some level of problem gambling risk, including 5.4% at high risk for problem gambling. Among those who gambled, nearly 40% experienced some level of gambling-related problems and 10.3% were classified as high risk, a level associated with gambling disorder. These findings are particularly concerning given the rapid expansion of gambling opportunities and the increasing availability of digital gaming and financial products that share characteristics with traditional gambling.

One of the most significant findings is the prevalence of gambling among adolescents who are below the legal age for most regulated gambling activities. Nearly 43% of respondents ages 13 to 17 reported gambling in the past year, and approximately 11% of those who gambled were classified as high risk. Although gambling participation increased with age, problem gambling severity did not differ significantly across age groups. Indeed, the proportion of adolescent gamblers classified as high risk was comparable to that of young adults ages 21 to 27. These findings suggest that gambling-related problems can emerge in middle school and that prevention efforts initiated in college or adulthood may be reaching some individuals with entrenched gambling patterns and problems.

It is important to recognize that many of the activities reported by adolescents, including raffles, bingo, and games of skill, may occur in informal or socially sanctioned settings with family and friends, rather than through regulated gambling operators. The study did not establish whether underage respondents accessed regulated platforms, participated in unregulated or offshore gambling, or gambled informally at home or school. Nevertheless, the prevalence of gambling and associated problems among minors underscores the need to better understand the environments in which adolescents are introduced to gambling, the pathways through which participation progresses, and the extent to which existing age restrictions and consumer protections are effective.

The findings also challenge conventional assumptions about demographic patterns of problem gambling. Although males were more likely than females to participate in certain activities,

particularly sports betting and fantasy sports, and were more likely to experience moderate-risk gambling problems, high-risk gambling rates were comparable between males and females. Approximately 10% of those who gamble of each sex were classified as high risk. This suggests that prevention, screening, and treatment initiatives focused primarily on males may overlook a substantial proportion of young women experiencing serious gambling-related problems.

Family and household exposure is an especially actionable finding. Gambling may be treated as an ordinary family activity, including informal wagers linked to sports, yet participation with family or household members was associated with a substantially higher prevalence of high-risk gambling among young people who gambled. Parents and caregivers who would be cautious about involving children in alcohol or drug use should exercise comparable caution about involving them in gambling. Gambling carries a recognized potential for addiction and financial and psychosocial harms, even when the activity is presented as entertainment or shared sports fandom. These data do not show that adults caused subsequent problems, nor do they identify the specific proportion of parents who bet on sports with children. Nonetheless, they support clear guidance to avoid encouraging, facilitating, or normalizing wagering by minors, including informal sports bets, and to model responsible boundaries around gambling.

Racial, ethnic, and socioeconomic patterns also warrant attention. Non-Hispanic Black respondents reported the highest prevalence of past-year gambling, and Blacks and Hispanics who gambled had higher descriptive rates of moderate- and high-risk problem gambling than Whites. Particularly notable were differences by household income. Nearly 30% of gamblers from households earning less than \$10,000 annually and approximately 23% of those from households earning \$10,000 to under \$20,000 were classified as high risk. By comparison, high-risk gambling was considerably less prevalent among several higher-income groups. Although household income was not significantly associated with gambling participation itself, these findings suggest that gambling-related problems may be concentrated disproportionately among young people from households with fewer financial resources. Such differences could have particularly consequential effects when gambling-related losses compound existing economic vulnerability.

Another important finding concerns the relationship between problem gambling severity and the breadth of gambling involvement. Nearly half of young people who gambled participated in both online and land-based gambling. These mixed-venue gamblers engaged in significantly more gambling activities than those who gambled exclusively online or at land-based venues and were substantially more likely to gamble weekly or more frequently. Among high-risk gamblers, approximately two-thirds participated in mixed venues, and more than half gambled at least weekly. Similarly, the average number of gambling activities increased from fewer than three among non-problem gamblers to nearly seven among high-risk gamblers.

Together, these findings suggest that gambling involvement should be assessed beyond participation in any single activity or gambling frequency alone. The number of activities in which individuals participate and the range of environments through which they gamble may provide additional indicators of risk. However, these associations should not be interpreted as evidence that engaging in more activities or venues independently causes gambling-related problems. Individuals already

experiencing problems may be more likely to seek additional gambling opportunities, and other factors may contribute to both broader gambling involvement and greater problem severity. Therefore, it is likely that there is an additive effect to developing higher levels of problem gambling risk: The number of activities + the frequency of wagering + the type of venue = higher levels of risk.

The emergence of gambling-like products outside conventional gambling environments presents an additional challenge. Although participation in prediction markets, cryptocurrency trading, high-risk stock trading, and social casino games was less prevalent than participation in traditional gambling activities, several of these products attracted disproportionate concentrations of individuals experiencing gambling problems. Nearly 40% of prediction-market participants and more than 40% of social casino players were classified as high risk, as were approximately 35% of esports bettors. Notably, prediction markets also had the highest proportion of weekly participation among the 21 activities examined.

These findings are especially notable because emerging products may differ substantially in their legal classification, regulatory oversight, advertising practices, and consumer protections. Some are marketed as financial opportunities, entertainment, or gaming rather than gambling, potentially obscuring their similarities to traditional wagering activities. The elevated rates of problem gambling risk among participants do not establish that these activities cause gambling problems; individuals experiencing greater gambling-related problems may be more likely to participate in multiple traditional and emerging activities. Nevertheless, the findings raise important questions about whether existing definitions of gambling and consumer protection frameworks adequately address products that involve financial risk, uncertain outcomes, and gambling-like behavioral features.

The study also identified substantial associations between gambling and other behavioral health concerns. Compared with non-gamblers, respondents who gambled reported significantly higher rates of tobacco use, alcohol use, binge drinking, drug use, and alcohol-related problems, as well as excessive social media use and shopping. Although gambling participation itself was not significantly associated with mental health symptoms or suicidality, important differences emerged when examining problem gambling severity. Among high-risk gamblers, more than half reported anxiety, approximately 38% reported depression, and only 26% scored within the normal range for mental health symptoms. In addition, although differences in suicidality across problem gambling severity groups were not statistically significant, 13.1% reported suicidal ideation.

These findings reinforce the importance of distinguishing gambling participation from gambling-related problems when assessing behavioral health risk. Not all young people who gamble experience elevated mental health symptoms, but those reporting severe gambling-related problems may have substantial co-occurring needs. Gambling-related problems can also be difficult to recognize, particularly when participation occurs privately through mobile devices or online platforms. Consequently, clinicians and other professionals who routinely assess substance use, anxiety, depression, and related concerns may fail to identify gambling problems unless they specifically ask about them.

Overall, the study findings support a coordinated national public health approach to gambling prevention, regulation, screening, and treatment. Such an approach should recognize that gambling-related risk can emerge during adolescence, affect young people across demographic groups, and extend beyond traditional gambling activities and regulated venues.

Based on these findings, we offer the following recommendations.

1. Introduce developmentally appropriate gambling prevention education in middle school.

Prevention initiatives should address gambling well before young people reach the legal age for most regulated activities. Educational programming should provide students with information about gambling risks, the signs of gambling-related problems, and the potential financial and behavioral consequences of participation. Programs should address traditional gambling as well as online sports betting, social casino games, prediction markets, and other emerging activities. Parents, teachers, school counselors, coaches, and other adults who work with young people should receive education and resources to recognize gambling-related concerns and communicate effectively about risk. Gambling prevention should be integrated into existing school-based substance use and behavioral health education rather than treated solely as an issue for college students or adults. Most importantly, parents should be educated that gambling in any form with their children – whether through raffles or lottery tickets or sports wagering together – could inadvertently prime their children for future gambling problems.

2. Equip parents and caregivers to prevent gambling exposure in childhood. Public health campaigns, schools, pediatric practices, and youth sports organizations should explain that gambling can be addictive and that betting with children, even informal wagers on sports, should not be treated as risk-free family entertainment. Adults should avoid facilitating underage wagering, set clear household boundaries, and seek support when their own gambling creates problems. These recommendations are precautionary; the observed associations do not establish causation.

3. Establish national minimum standards for gambling regulation and consumer protection. The fragmented regulatory environment in the United States creates substantial variation in gambling oversight, responsible gambling requirements, and consumer protections across states and activities. Establishing a federal gambling regulatory agency could provide a mechanism for developing and enforcing national minimum standards while allowing states to maintain appropriate regulatory authority. Such standards should include consistent age-verification requirements, advertising and marketing restrictions, accessible limit-setting tools, and coordinated self-exclusion protections across gambling operators and jurisdictions. A national self-exclusion framework, in particular, could reduce the burden on individuals who currently must navigate separate systems across multiple platforms, activities, and states.

4. Strengthen oversight of emerging gambling-like products and activities. Regulatory and policymaking bodies should examine whether existing consumer protections adequately address prediction markets, social casino games, cryptocurrency-related speculation, and other products with gambling-like characteristics. Particular attention should be given to youth accessibility, marketing

practices, financial risk disclosures, and the availability of safeguards for individuals experiencing gambling-related problems. Because these activities may fall under different regulatory authorities or outside traditional gambling classifications, greater coordination across gambling, financial, and consumer protection agencies is warranted. In addition, future research should examine participation in these products longitudinally to determine whether they contribute independently to gambling-related harm or primarily attract individuals who already engage in higher-risk gambling behaviors.

5. Expand routine screening for gambling problems across healthcare, mental health, and other youth-serving systems. Gambling screening should be incorporated into routine assessments in pediatric and adolescent healthcare, primary care, mental health treatment, substance use treatment, and college counseling services. Particular attention should be given to young people presenting with anxiety, depression, substance use concerns, financial difficulties, or other potentially addictive behaviors. Screening tools and clinical protocols should assess participation across multiple gambling activities and venues rather than focusing exclusively on sports betting or casino gambling. Healthcare providers, school counselors, social workers, and other professionals should receive training in recognizing gambling-related problems among adolescents and young adults, conducting appropriate assessments, and referring individuals for specialized care when necessary.

6. Direct prevention and treatment resources toward populations experiencing disproportionate gambling-related risk. Findings suggest a need for targeted outreach and culturally responsive services in communities where gambling-related problems are more prevalent, particularly among Black and Hispanic young people and those from lower-income households. Prevention and treatment strategies should be developed in partnership with community organizations, schools, healthcare providers, and individuals with lived experience. Efforts should also address barriers to accessing services, including cost, availability, stigma, and a lack of providers trained to treat gambling problems among adolescents and young adults. Given the comparable prevalence of high-risk gambling among males and females, outreach and treatment resources should be designed to reach young people of all sexes.

7. Establish dedicated federal infrastructure and funding for gambling research, prevention, and treatment. The magnitude of gambling-related risk identified in this study highlights the need for sustained federal investment in gambling-related public health initiatives. Establishing an Office for Problem Gambling within the National Institutes of Health could support coordinated research funding, national surveillance, prevention development, treatment evaluation, and workforce training. Dedicated federal resources could also facilitate partnerships with community organizations and support the development and evaluation of evidence-based interventions for adolescents and young adults. Such infrastructure would help ensure that gambling receives attention commensurate with other behavioral health and addiction-related concerns.

8. Expand longitudinal research and ongoing national surveillance of gambling among young people. This study provides a national benchmark, but its cross-sectional design limits conclusions about causality, developmental trajectories, and changes in gambling behavior over time. Longitudinal studies are needed to examine the age at which gambling begins, pathways from informal or occasional participation to more serious problems, and the influence of emerging

gambling products and changing regulatory environments. Research should also investigate how adolescents access gambling opportunities, including the role of family members, peers, online platforms, and unregulated markets. Repeated national prevalence surveys would allow researchers and policymakers to monitor trends, identify emerging risks, and evaluate the effects of prevention and regulatory initiatives.

Ultimately, the findings underscore the importance of recognizing gambling as a public health issue that extends into adolescence and young adulthood. The expansion of legal gambling and the proliferation of digital products with gambling-like features have created an environment in which young people may encounter gambling opportunities through a wide range of activities, often before they are legally permitted to participate in regulated gambling. Although many young people gamble without reporting problems, a substantial proportion already experience symptoms associated with gambling-related harm. Addressing these risks will require prevention efforts that begin earlier, consumer protections that extend across activities and jurisdictions, broader integration of gambling screening into behavioral healthcare, and sustained research to understand how gambling behaviors and associated problems develop over time.