

# OREGON ADULT GAMBLING ATTITUDES, BEHAVIOR, & HEALTH

## Research Brief

2024





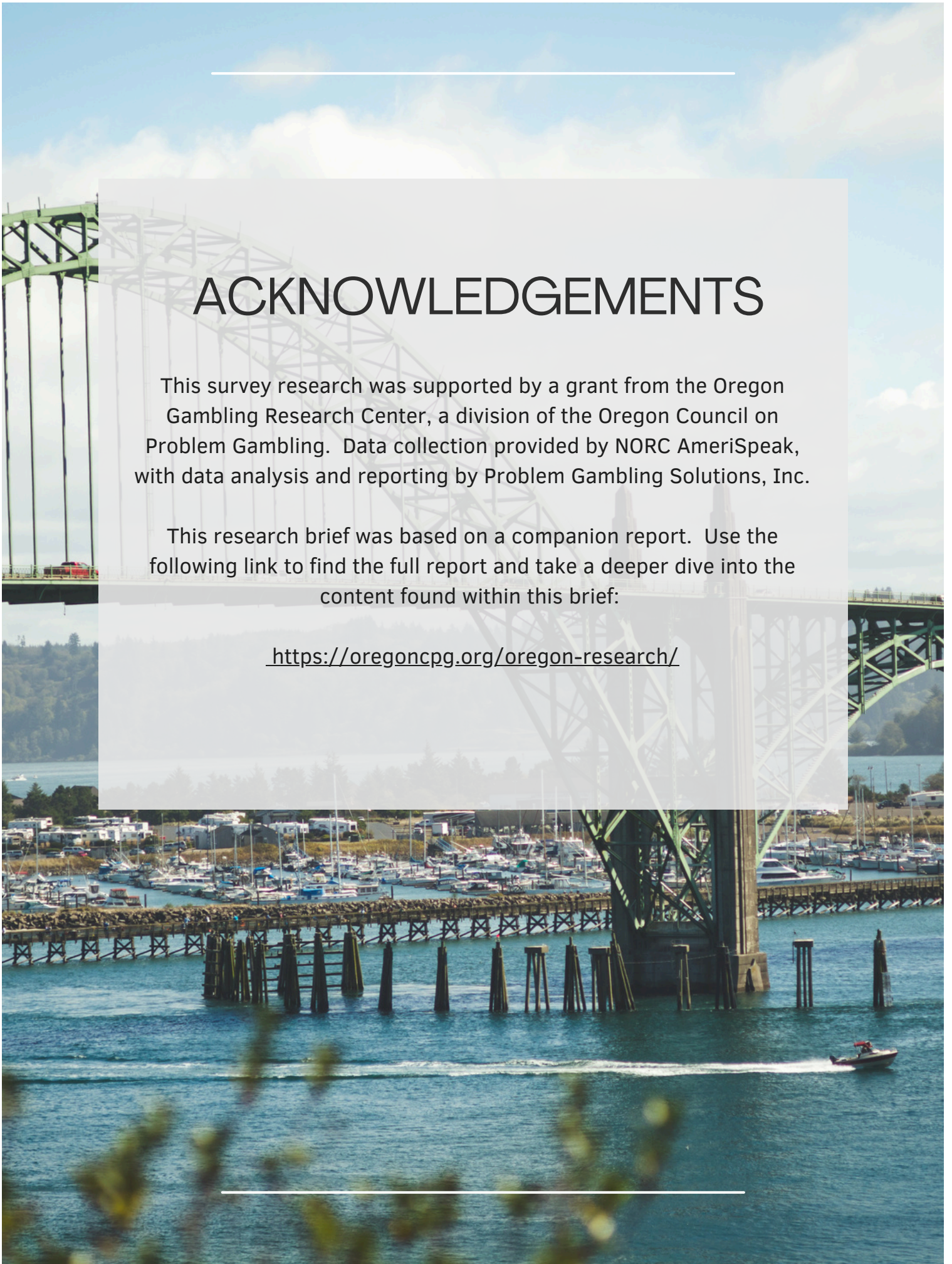
---

# ACKNOWLEDGEMENTS

This survey research was supported by a grant from the Oregon Gambling Research Center, a division of the Oregon Council on Problem Gambling. Data collection provided by NORC AmeriSpeak, with data analysis and reporting by Problem Gambling Solutions, Inc.

This research brief was based on a companion report. Use the following link to find the full report and take a deeper dive into the content found within this brief:

<https://oregoncpg.org/oregon-research/>



# Introduction

Due to public health risks associated with legalized gambling, entities such as the Oregon Health Authority, the Oregon Lottery, and the Oregon Council on Problem Gambling have been supporting efforts to track gambling behavior, attitudes, and associated harm among Oregon adults. These efforts serve as a surveillance effort to monitor changes and guide prevention and intervention efforts to reduce gambling-related harms.

## Methods

The present study, referred to within this report as the 2024 Panel Survey, is based on survey data collected by NORC at the University of Chicago using its proprietary AmeriSpeak probability-based panel along with additional convenience samples. The AmeriSpeak TrueNorth method was used to calibrate data from the convenience samples with the probability-based panel data, resulting in a dataset designed to generalize to a broad population. Survey participation was limited to English-speaking individuals aged 18 and older residing in Oregon. The survey was conducted in December 2024 and included a sample size of 1,028.

**It is important to recognize that surveys are not perfect. They are not a pinpoint. Instead, they are a compass.** Caution should be taken against treating survey results as the absolute truth. Instead, these survey findings are best used to understand general trends and make more informed strategic decisions. There are inherent limitations and potential for error in any survey.

### WHAT IS A PROBABILITY-BASED PANEL?

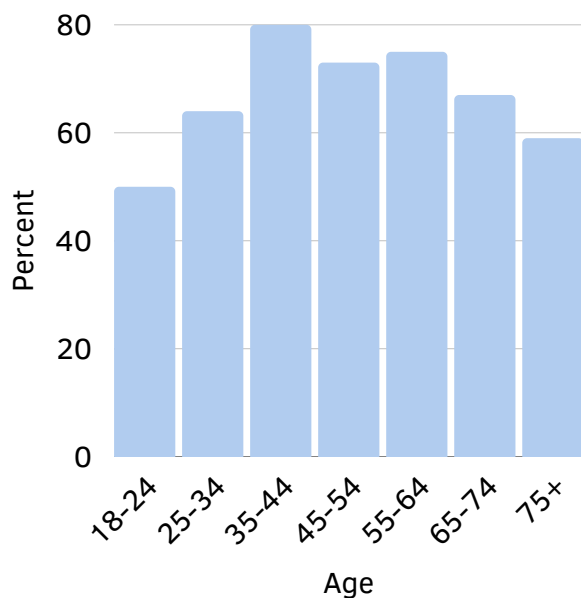
**Probability-based panels** are surveys conducted with individuals who have already been recruited into a standing pool, or “panel,” of potential respondents. Panel participants are randomly selected from an address-based sample, which is crucial for drawing accurate conclusions and making statistical inferences about the larger population, unlike convenience samples, where selection is not random and can introduce bias.

# Gambling Participation Increased Since the Pandemic

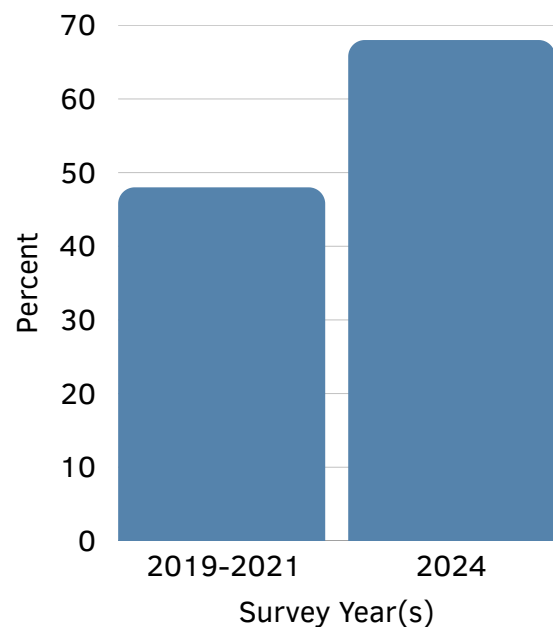
The 2024 Panel Survey revealed that more Oregon adults are gambling compared to the last time a similar gambling behaviors survey was completed. Sixty-eight percent of survey respondents reported that they had gambled in the past 12 months, compared to 46% in 2021. While this increase is large, the scale of the increase could be partially due to the 2021 survey having been conducted during a global pandemic. Survey findings from multiple jurisdictions, including Oregon, found that adult gambling activities decreased during the COVID-19 pandemic due to factors such as avoiding public places, including casinos and video lottery locations, due to concern about infection transmission.

As depicted in the charts below, past-year gambling participation rates varied by age group. When exploring gender differences in gambling participation, the difference was not statistically significant (70% identifying as male, 68% identifying as female).

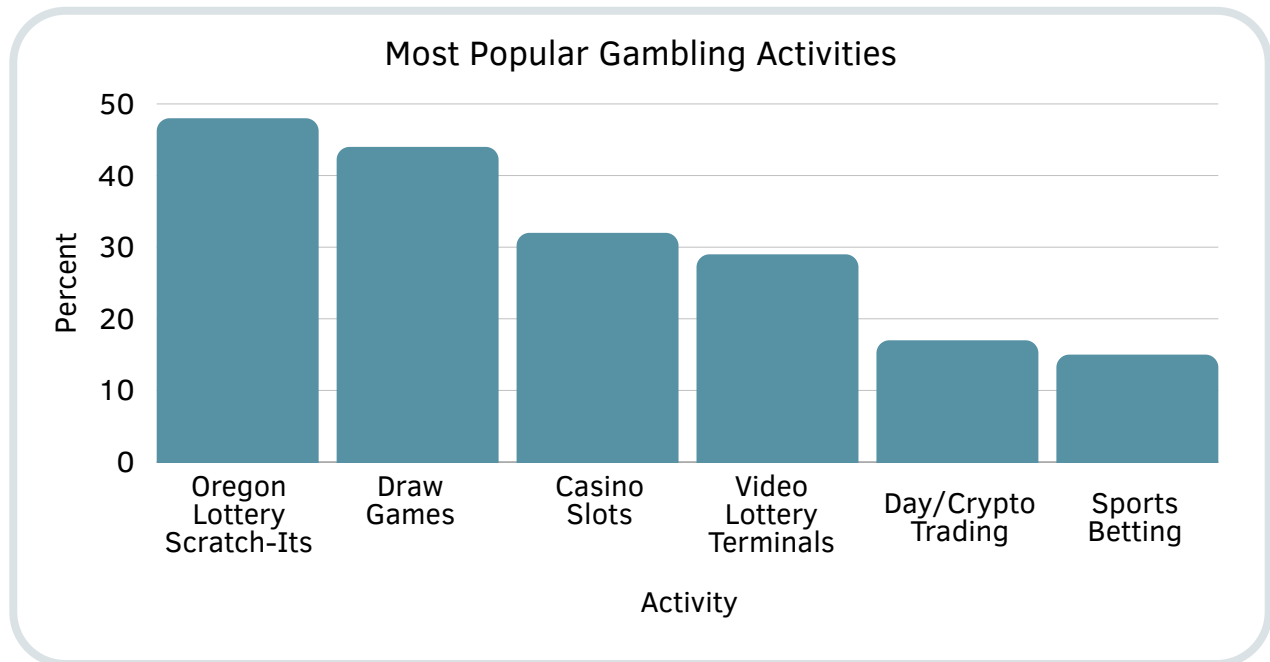
Comparison of Past-year Gambling Rates Across Age Groups



Comparison of Gambling Rates Across Panel Surveys



On average, Oregonians primarily engage in three types of gambling activities, with Oregon Lottery Scratch-its and draw games being the most popular, followed by casino slot machines and Video Lottery Terminals (VLTs). Different types of sports wagering and day/crypto trading also showed high participation rates when combined.

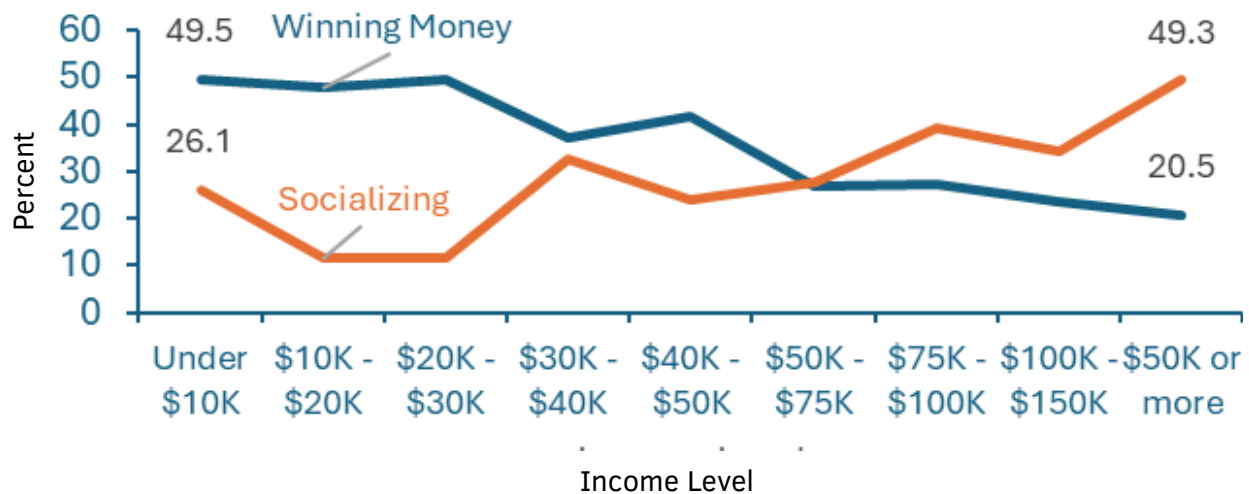


## Young Adults More Often Gamble to Win Money than to Socialize, Unlike Older Adults

Financial incentives motivated 34% of adults to gamble, followed by socializing with family and friends, which motivated 29% of adults. Others gambled as a form of excitement or challenge (22%). Interestingly, as household income increases, motivation shifts from financial gain to social interaction. A similar shift occurs with age: younger adults tend to be more motivated by financial gains, while older adults place greater value on the social aspects of gambling. This suggests that motivations to gamble evolve with life stage and financial stability, reflecting broader changes in priorities as people age.



Shifts in Gambling Motivations by Income Level



## Low Income Oregonians Spend More on Gambling than High Income Oregonians

While most Oregonians report spending no money on gambling activities in a *typical* month, the average monthly amount spent by those **who gamble** is self-reported at about \$130. Gambling spending seems to peak between the ages 25 and 34 and then gradually falls with age. Oregonians with the highest household incomes reported the lowest average monthly gambling spend, including those who do not gamble in a typical month, and the highest amount of spending typically comes from lower income brackets. Lower-income individuals may be more inclined to attempt to earn money through gambling and thus be more negatively impacted by gambling expenses and losses.



The top **10%** of those who gamble make up **86%** of the average amount spent monthly on gambling.

# PROBLEM GAMBLING IN OREGON

## WHAT IS THE DIFFERENCE BETWEEN PROBLEM GAMBLING AND GAMBLING ADDICTION?

Problem gambling is any gambling behavior that causes significant problems in a person's family, financial, legal, or emotional life. Problem gambling occurs on a spectrum from mild to severe. On the severe end, the individual meets criteria for a Gambling Disorder, also referred to as Gambling Addiction. So, all persons with a gambling addiction have a gambling problem, but not all individuals with problem gambling manifest a gambling addiction.

## High Rates of Problem Gambling

To assess problem gambling risk, survey participants completed the Problem Gambling Severity Index (PGSI). The PGSI is a commonly used and validated 9-item self-report measure to estimate the potential risk of problem gambling among larger groups (Ferris & Wynne, 2001; Ipsos, 2023). 9% of Oregonians were classified as Moderate Risk (PGSI = 3-7), meaning they experience a moderate level of problems that lead to some negative consequences. An additional 6% were classified as High Risk (PGSI = 8+), meaning they experience problem gambling with negative consequences and a possible loss of control. This represents a significantly higher rate of problem gambling compared to other North American studies, which found an average adult prevalence of problematic gambling of 1.6% (range of 1.0% to 2.5%; Tran et al., 2024).



The rate of problem gambling in Oregon is an estimated **3.75x higher** than the North American average.

# Certain Groups are High Risk for Gambling Problems

The demographics with the highest rates of problem gambling (PGSI = 8+) were identified as multiracial (15%) or Asian-Pacific Islander (14%), middle-aged (35-44; 14%), at a high school education level (10%), household income between \$10,000 to less than \$20,000 (11%), and males had double the rates of problem gambling (8%) compared to females (4%).

## Certain Beliefs and Attitudes Correlated with Problem Gambling Risk

**16%** of people who agreed or strongly agreed with the statement:

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

were classified as **high risk**.

**33%** of people who agreed or strongly agreed with the statement:

*“When you almost win, it’s a good sign that you are due to win soon.”*

were classified as **high risk**.

Those who agreed with common gambling-related cognitive distortions and misconceptions showed the highest risk rates for problem gambling. Cognitive distortions are defined as inaccurate thought patterns that can lead to negative behaviors (Yurica et al., 2005). Furthermore, individuals who perceive problem gambling as stigmatizing or have been personally affected by someone else's gambling behavior also report high-risk rates that are higher than the average. In contrast, those who demonstrate a greater factual understanding and awareness of problem gambling and its treatment report fewer gambling-related harm rates. Thus, educational campaigns to dispel myths and reduce stigma associated with gambling problems may be critical to reducing problem gambling rates.

## Engaging in Multiple Sports Betting Activities Increases Risk

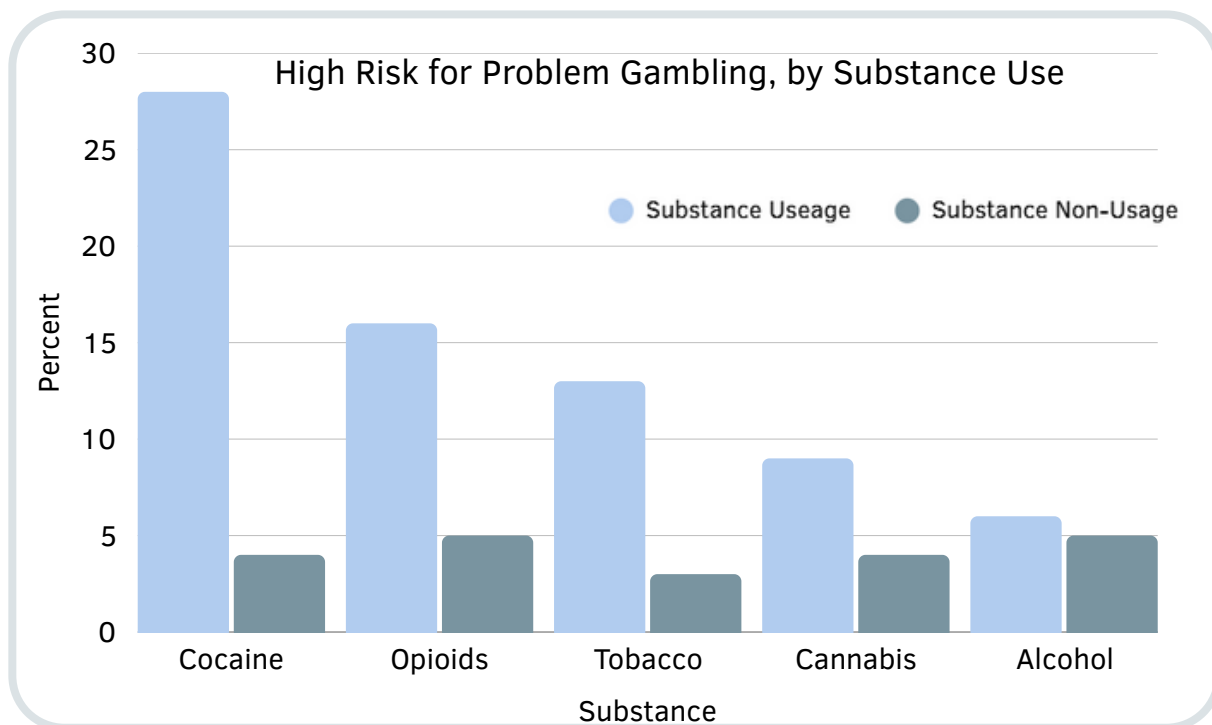
The gambling activity with one of the most pronounced associations with problem gambling was sports betting. As the number of sports betting activities an individual engages in increases, so does the risk level for problem gambling as measured by the PGSI.



## Substance Use Increases Problem Gambling Risk

Rates of problem gambling were significantly higher among those who use tobacco/nicotine, cannabis, opioids, and stimulants. Within the survey, respondents who reported consuming alcohol were not at significantly higher risk for problem gambling compared to those reporting not drinking alcohol. This finding suggests that regular alcohol consumption does not necessarily increase engagement in harmful gambling behaviors. This aligns with other research in Oregon that suggests that the amount of alcohol consumed is more related to problem gambling rather than how often people consume alcohol (Yamagata et al., 2024).

Interestingly, though not surprisingly, both alcohol and cannabis use were higher during the pandemic than in the post-pandemic period. Alcohol consumption was reported by 74% of adult Oregonians during the pandemic, compared to 59% in 2024, while cannabis use was endorsed by 44% of the 2021 sample compared to 34% of the 2024 sample.



*Note: High Risk for problem gambling is defined by a PGSI score of 8 or higher*

## Poor Physical and Mental Health are Related to Problem Gambling

The survey also reveals a strong connection between physical and mental well-being and problem gambling. Individuals who rate their physical health as poor have more than double the high-risk problem gambling rate compared to those with more positive health assessments. Similarly, frequent sleep problems are associated with an increased risk of gambling harm. Regarding diagnosed conditions, liver disease and ADHD were associated with substantially higher problem gambling rates. Similarly, impulsivity is a key symptom of ADHD and also a risk factor for problem gambling, which may explain why individuals with ADHD have a greater risk.



People who perceive their health as poor are more **2x more likely** to struggle with gambling.

## Those Struggling with Gambling Most Often Reach out to Friends

Among those classified as high risk for problem gambling, the most common resource used in the past year was a friend or peer (48%). Some also reached out to a family member (29%). Only 29% reached out to a mental health provider, and even fewer reached out to a healthcare provider (11%). These findings highlight that individuals often reach out to those close to them rather than professionals, who, as a group, are expected to be better informed and equipped to address gambling problems.



# Conclusion

The 2024 Panel Survey offers critical insights into the interconnectedness of gambling with various facets of health and well-being, and highlights specific risk factors for gambling-related harms for adult Oregonians. Key findings indicate that gambling behaviors have increased since the pandemic, and younger and lower-income individuals are most negatively impacted by the amount spent on gambling. Concerningly, this survey observed a rate of problem gambling in Oregon that was 3.75x higher than the North American average, calling attention to the need for additional prevention and intervention services. Identified risk factors for problem gambling include specific demographic characteristics, sports betting engagement, endorsement of misconceptions and stigma, frequent substance use, and poor health.

These findings have important implications for public health, policy, and treatment. Oregon may benefit from directly focusing on prevention and intervention efforts for young adults, those from lower socioeconomic backgrounds, and individuals who engage in multiple sports betting activities, to intervene before significant damage occurs. Furthermore, public health campaigns that directly focus on gambling myths, misconceptions, and stigma, while further emphasizing available resources, should be a priority. Because many people experiencing gambling harm turn to friends and loved ones, prioritizing public education on the importance of nonjudgment and seeking professional help may assist the pipeline of care and direct people to the appropriate services. Finally, further integration of behavioral health systems is crucial to address co-occurring health problems, as those who are experiencing gambling-related harms are also more likely to be experiencing other health, mental health, and substance use issues.



# References

Ferris, J. A., & Wynne, H. J. (2001). The Canadian Problem Gambling Index (pp. 1–59). Canadian Centre on Substance Abuse.

Ipsos (2023). Problem Gambling Severity Index: Extended Summary Report. GambleAware. <https://www.gambleaware.org/media/3lspydgk/pgsi-extended-summary.pdf> ).

Marotta, J., Yamagata, G., Irrgang, M., & Reohr, P. (2021). COVID-19 Impact Survey of Adult Oregonians Gambling, Gaming, Alcohol, and Cannabis Use. Salem, OR: Oregon Health Authority.

Oregon Gambling Attitudes, Behaviors, Health, and Risk Survey. (2025). Oregon Council on Problem Gambling.

Tran, L. T., Wardle, H., Colledge-Frisby, S., Taylor, S., Lynch, M., Rehm, J., Volberg, R., Marionneau, V., Saxena, S., Bunn, C., Farrell, N., & Degenhardt, L. (2024). The prevalence of gambling and problematic gambling: a systematic review and meta-analysis. *The Lancet Public Health*, 9(8), E594-E613.

Yurica, C. L., & DiTomaso, R. A. (2005). Cognitive distortions. *Encyclopedia of Cognitive Behavior Therapy*, 117-122.

Yamagata, G., Marotta, J. & Vazquez, P., (2024). 2023 Oregon Adult Health Survey: Special Report on Gambling. Oregon Health Authority, Problem Gambling Services. Salem, OR: Oregon Health Authority.