

Gambling, Mental Health, & Substance Use: An Inquiry into People's Perceptions About Problem Gambling and Gambling Behaviors

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Abstract

Gambling has become a very common pastime. The majority of adults have engaged in one or more forms of gambling. This study was designed to explore gambling behaviors and people's perceptions toward problem gambling, mental health, and use of substances. This study collected data from 726 adults ranging in age from 18 to 82. The vast majority of participant's have gambled during their lifetimes, with the most popular forms being scratchers (71%) and the lottery (62%). Men (11.3%) were more likely to self-report as currently having a problem with gambling than women (4.1%). Over 60% of the respondents stated that they have one or more close family members or friends that currently have a problem with gambling. Certain demographic groups were statistically more likely to report currently having problems with gambling, such as Native Americans and those from the upper class. Participants were generally more likely to believe that problem gambling is associated with mental health problems (e.g., depression, anxiety), trying to escape from personal problems, and use of substances (e.g., alcohol, nicotine). The findings from this study demonstrate that most adults gamble to some extent, that there are connections between problem gambling and other behavioral issues, and that most people gamble to escape personal problems and to try and cope with mental health issues.

Keywords: problem gambling, substance use, mental health, addiction, escape

1. Introduction

Gambling is often thought of as something that is fun and entertaining. It is often viewed as a harmless pastime, something to do on a Saturday night or when on vacation in Las Vegas. For some people this may be the case, and they occasionally enjoy a day at the casino, track, or betting on sports. For others, though, gambling has resulted in creating serious problems across a range of life domains (e.g., financial, occupational, interpersonal, legal). Gambling behaviors have become so problematic that it is formally recognized in the fields of psychiatry and psychology as a diagnosable disorder. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) no longer views problematic gambling as an impulse control disorder, but rather as an addiction disorder (Ghinassi & Casale, 2023; Nilsson & Jonsson, 2023). According to the manual, gambling disorder (GD) is characterized by loss of control, chasing losses, impulsivity, and increased tolerance (Molander et al., 2022). The prevalence of gambling disorder in the population varies across studies, with an inconsistent range appearing to be somewhere between 0.2 to 8 percent (Molander et al., 2022; Qeadan et al., 2024; Stefan et al., 2025). One thing that does appear to be common across studies focusing on problematic gambling behaviors and gambling addiction, is that it very often has a wide range of negative effects on people's lives and overall functioning (e.g., relationships, impact on family, financial debt, mental and physical health deterioration). This study will take a further look at gambling behaviors, attitudes and perceptions toward gambling, as well as connections to mental health and addiction.

2. Literature Review

Similar to substance use disorders, gambling disorder is characterized by a range of unhealthy behaviors and personal distress. Gambling addiction is often characterized by the need to increase the amounts placed on bets, restlessness or irritability when not gambling, chasing, lying, urges, and preoccupation (Medeiros et al., 2016). Ioannidis et al. (2016) further explained that GD is closely associated to impulsivity, cognitive dysfunction, attentional inhibition, and poor decision-making. They attributed these problems largely to dysregulation of frontostriatal brain pathways, which is believed to be at the center of the inhibition tasks deficits, discounting (e.g., negative consequences), and attention inhibition. Similar findings were shown through research utilizing the Gambling Attitudes and Beliefs Survey (GABS-15), whereby it was shown through multidimensional structure and confirmatory factor analysis that gambling addiction is associated with cognitive distortions and dysfunctional beliefs about gambling, gambling fallacies, sensation-seeking, novelty-seeking, and beliefs in the control over outcomes (Bickl et al., 2024; Pino-Guitierrez et al., 2017).

Further evidence that gambling disorder, as with substance use disorder, involved functional impairment and changes in the brain. Guillou Landreat et al. (2019) showed through fMRI brain imaging that gambling disorder was associated with impaired activity in the prefrontal cortex. Their findings demonstrated a clear pattern of striatal presynaptic dysfunction. This is in alignment with the findings of Ioannidis et al. (2016) whereby it was shown that GD is associated with dysregulation in the pathways between the prefrontal cortex and the striatum. Further research supports the position that brain functioning is highly connected to gambling

addiction. Through resting-state functional MRI (fs-fMRI), BOLD imaging, slice-timing correction, and bias-field correction, it was demonstrated that a pivotal pathway for reward-seeking and gambling addiction was located in the pathway between the striatum and the amygdala (Ishikawa et al., 2025). More specifically, the researchers demonstrated that desires, cravings, and the intense urge to gambling were directly connected to the ventral striatum and the right amygdala. This amygdala-ventral striatum pathway is believed to be directly associated with cue-triggered reward-seeking behavior and stimulus-reward associations. The evidence showing that gambling addiction, impulsivity, and dysregulation is connected to structural and functional brain abnormalities of networks involving reward-processing and top-down control, as well as alterations in neurochemical-neuroendocrine systems, appears to be well established (e.g., Ishikawa et al., 2025; Jimenez-Murcia et al., 2017; Lemon et al., 2021).

Like any other type of behavior (healthy or unhealthy), prevalence rates vary across populations. Males appear to have higher rates of GD than females, college students have overall higher GD rates than average (up to 14%), and the elderly also have higher-than-average gambling rates (up to 85%), with GD rates for the elderly at around 10% (Ghinassi & Casale, 2023; Guillou Landreat et al., 2019; Qeadan et al., 2024). Those with gambling disorder are also at increased risk of committing criminal behaviors. This is believed to be associated with factors such as antisocial tendencies, disinhibition, impulsivity, aggression, and drug use (Widinghoff et al., 2019). It has also been found that those with gambling disorder are at significantly increased risk of suicidal ideation and suicidal attempts. Hakansson and Karlsson (2020) reported that they found that up to 40 percent of those seeking treatment for gambling disorder have attempted suicide at some point. This statistic went up to 50 percent when gambling disorder was co-occurring with both alcohol and drug use. Other researchers have also found that gambling disorder is closely correlated with substance abuse (e.g., Nilsson & Jonsson, 2023; Pino-Guitierrez et al., 2019).

Gambling disorder appears to be linked to substance use/abuse. Leino et al. (2023) found that the co-morbidity between GD and nicotine dependence was around 60%, for alcohol it was around 35%. Overall, the researchers found that over half of those with a gambling addiction were also dealing with one or more substance use disorders. Additional studies have found co-morbidities between GD and alcohol abuse (28 to 73%), substance use disorder (e.g., cocaine, cannabis; 30 to 50%), and use of methamphetamines (45%) for those in treatment (Qeadan et al., 2024; Wang et al., 2023; Widinghoff et al., 2019). Gambling disorder has also been shown to be associated with a range of other problematic behaviors and mental health conditions, such as anxiety disorder, depression, and ADHD (Yamada et al., 2025), eating disorders such as anorexia, binge-eating, bulimia, and food addiction (Jimenez-Murcia et al., 2017; Lemon et al., 2021), somatic, nervous system, and digestive problems (Gronroos et al., 2024), and obsessive-compulsive personality disorder (OCPD; Medeiros & Grant, 2018). The current study will expand on the findings in the relevant literature relating to gambling behavior, addiction, co-morbidities (e.g., substance use/abuse), and mental health issues (e.g., anxiety, depression).

3. Methodology

This study employed a cross-sectional design intended to collect data about gambling behavior, problematic gambling, gambling and mental health, and connections between gambling and use of substances. The study took an exploratory approach in order to better understand gambling behaviors. Data for this study were collected from 726 adults via a quantitative survey instrument. The instrument consisted primarily of closed-ended questions and scaled items. The instrument took participants 5 minutes or less to complete. Data were collected through various methods, such as face-to-face, telephone, and social media/Internet. All respondents for this study were at least 18 years of age. No minors were recruited to participate in this study. Consent was provided by the participants through their willingness to fill out the survey. There was no compensation provided for participating in the study. Information for this study was collected at both the discrete and scaled levels. All surveys included in the final analysis were deemed to have been filled out in a credible and honest manner.

Demographic information was collected in order to make sense of group differences and to assist with statistical analysis and general findings. Out of the 715 respondents that provided their gender information, 368 (51.5%) were women, 338 (47.3%) were men, and 9 (1.3%) identified as “other.” Eleven respondents from the total sample (1.5% invalid) did not provide information on their gender. The final sample ranged in age from 18 to 82 years. The sample was skewed heavily toward younger respondents, with 61.4% of the respondents that answered this question being between 18 and 29 years of age. See Figure 1 for the age distribution of respondents. Respondents in their 30’s made up 15.8% of the final sample, with those in their 40’s (10.7%), 50’s (7.5%), 60’s (3.1%), 70’s (1.1%), and 80’s (0.4%) making up the remainder of the sample. Six respondents (0.8%) did not provide information on their age. The average age of the total sample of respondents was 31.

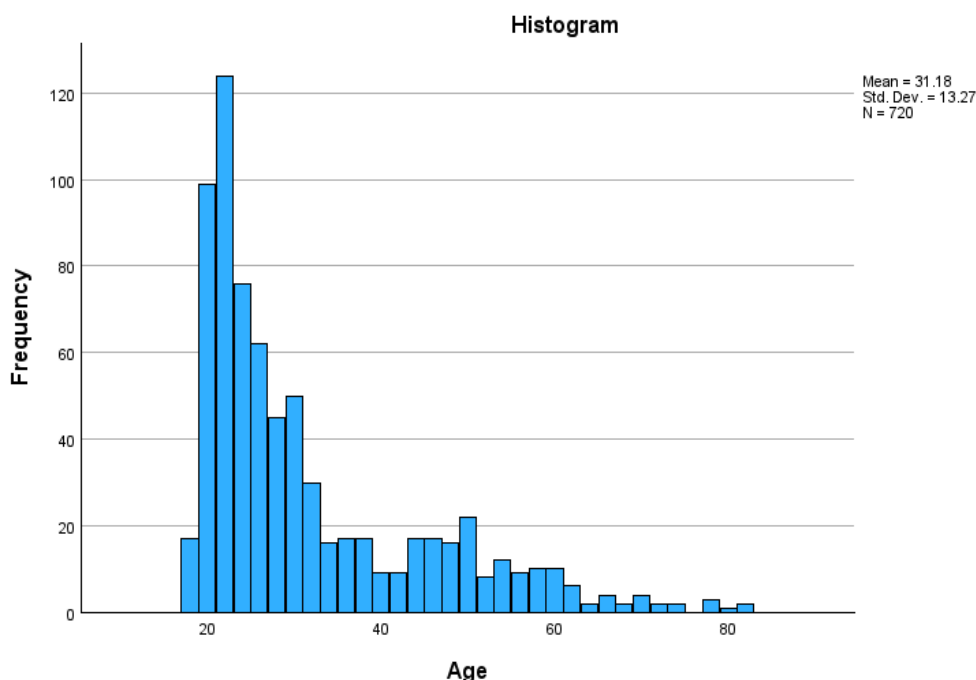


Figure 1.

The majority of respondents identified as Hispanic ($n = 421$, 58%). Hispanics currently constitute the largest percentage of the population where the data were primarily collected (i.e., Southern California). There were 156 White respondents (21.5%), 45 Black respondents (6.2%), 37 Asian respondents (5.1%), 9 Middle Eastern respondents (1.2%), 7 Native American respondents (1.0%), and 1 Indian respondent (0.1%). Twenty-nine of the respondents identified as “multi-racial” (4.0%). Twenty-one respondents (2.9% invalid) did not provide their race/ethnic identity. Concerning social class, 682 respondents (93.9%) answered this question, 44 (6.1%) did not. Out of the respondents that answered this question, 363 (53.2%) stated that they were from the working class, 289 (42.4%) stated that they were from the middle class, and 30 (4.4%) stated that they were from the upper class.

All data were analyzed through the IBM SPSS (version 29) statistical software package. A range of statistical techniques were employed to help make sense of the collected data. Descriptive statistics were calculated to help make sense of demographic data, as well as basic patterns (e.g., mean scores, standard deviations). Inferential statistics were employed to test for group differences, to detect correlations, and to help better discern general patterns in the data. Examples of tests employed include chi-square, ANOVA, independent sample t-test, correlations (e.g., Pearson’s), post hoc tests (e.g., Bonferroni, Tukey HSD, Scheffe), and logistic regression. All tests of inference were two-tailed due to the exploratory nature of the study. The tests were also set at an alpha level of .05, which is standard for social and behavioral research. Any finding that resulted in a probability value that exceeded the .05 threshold was deemed to fall short of statistical significance. Effects sizes were also taken

into consideration (e.g., Cohen's *d*, Hedges' correction). This is in line with contemporary practices in social research to assist in taking the analyses beyond mere statistical significance and to be able to make more practical statements about the findings.

4. Findings

On the scaled items, which ranged from 1 ("strongly disagree") to 5 ("strongly agree"), with 3 being a "neutral" response, respondents were asked about the connections between problem gambling and people being more likely to have certain mental health issues, to be more likely to use substances, and to be more likely to engage in certain forms of gambling. When given the statement that problem gamblers are more likely to consume alcohol, the majority of women (75.2%) and men (76.0%) agreed or strongly agreed. Only 7.8% of women and 8.9% of men disagreed or strongly disagreed. The remainder were neutral on this. None of the respondent that identified as "other" disagreed with this statement. A similar skew toward agreement appeared with respondents and their beliefs about problem gambling and the use of drugs. Concerning beliefs about mental health issues and people being more likely to gamble, 42.5% of the sample agreed or strongly agreed, whereas only 26.2% disagreed or strongly disagreed. The remainder were neutral on this (31.4%). The majority of respondents felt that problem gamblers were more likely to have depression (62.5%). Only 10.8% disagreed or strongly disagreed that problem gamblers are more likely to be depressed. When asked if they believed that people gamble to escape personal problems, 63.6% agreed or strongly agreed. Only 14.2% disagreed or strongly disagreed with this statement.

There were some clear differences between men and women when it came to which types of gambling they participate in. Men (66.6%) were more likely than women (58.7%) to have played the lottery, $X^2(1, N = 706) = 11.537, p = .021$. Men (52.4%) were also more likely to have played blackjack than women (22.3%), $X^2 = 70.361, p < .001$. Men (33.4%) were significantly more likely than women (13.9%) to have gambled while gaming, $X^2 = 47.000, p < .001$. Men (36.1%) were also more likely than women (19.6%) to have played roulette, $X^2 = 25.056, p < .001$. Men (11.8%) were also more likely to have played baccarat than women (2.4%), $X^2 = 25.816, p < .001$. Gender differences were also present when it came to playing craps, with men at 15.7% and women at 8.2%, $X^2 = 47.630, p < .001$. The only form of gambling that women (38.6%) were significantly more likely to have engaged in than men (30.5%) was bingo, $X^2 = 10.136, p = .038$. Overall, men (11.3%) were more likely than women (4.1%) to report that they have a problem with gambling, $X^2(1, N = 706) = 28.655, p < .001$.

When asked about problem gamblers being more likely to consume alcohol, Asian respondents (81.1%) respondents were the most likely to agree, whereas Native American respondents (28.6%) were the most likely to disagree, $X^2(28, N = 705) = 45.138, p = .021$. Concerning whether or not they have even engaged in a certain type of gambling, those that identified as "multi" racial (86.2%) were the most likely to have played scratchers. Other racial/ethnic groups the most likely to have played slots were Black (57.8%), to have played blackjack were Native American (71.4%), to have played roulette were "multi" (48.3%), to have played baccarat were Native American (28.6%), to have played craps were Native

American (28.6%), and to have played poker were Native American (57.1%). Each of these comparisons resulted in significant group differences. Native American respondents (28.6%) were the most likely to report that they have a problem with gambling, $X^2(7, N = 700) = 19.524, p = .007$.

Tests looking at group differences between social class, resulted in several significant findings. Examples of this include upper-class respondents (60%) being more likely than working-class (34%) and middle-class (36.7%) to have played blackjack, $X^2(2, N = 681) = 8.152, p = .017$, as well as those from the upper-class (26.7%) being more likely than those from the working-class (3%) and middle-class (9.3%) to have played baccarat, $X^2(2, N = 681) = 29.894, p < .001$. Out of the entire sample, approximately 8% of the respondents stated that they have a problem with gambling, while approximately 92% stated that they did not have a problem with gambling. Sixty percent of the respondents stated that they have at least one or more family members or friends that currently have a gambling problem. Forty percent of the respondents stated that they did not have any close family or friends that are dealing with a gambling problem. Table 1 breaks down the basic numbers and percentages concerning which forms of gambling the participants have engaged in. As can be seen in the table below, scratchers and the lottery are by far the two most common forms of gambling.

Table 1. Type of gambling ever engaged in

Type	Yes	%	No	%	Type	Yes	%	No	%
Lottery	452	(62.3)	274	(37.7)	Scratchers	515	(70.9)	211	(29.1)
Bingo	253	(34.9)	472	(65.1)	Sports	241	(33.2)	484	(66.8)
Horse	75	(10.3)	650	(89.7)	Slots	330	(45.5)	396	(54.5)
Blackjack	265	(36.6)	460	(63.4)	Gaming	172	(23.7)	553	(76.3)
Roulette	196	(27.0)	529	(73.0)	Baccarat	51	(7.0)	674	(73.0)
Craps	83	(11.4)	642	(88.6)	Poker	227	(31.3)	498	(68.7)
Keno	38	(5.2)	686	(94.8)	Raffles	289	(39.1)	436	(60.1)
Other	12	(1.7)	712	(98.3)					

A number of social class group comparisons resulted in statistical significance. When asked how much money they have ever lost while gambling, middle-class respondents ($M = 1037.29$) differed from working-class respondents ($M = 549.06$) as a group, $t(371) = -2.304, p = .022, d = -.200$. Participants from the working class were more likely than those from the upper class to believe that people gamble to escape personal problems, $t(388) = 3.023, p = .003, d = .574$. Those from the middle class were also more likely than those from the upper class to believe that people gambling to escape personal problems, $t(316) = 2.485, p = .013, d = .477$. Participants from the working class were more likely than those from the upper class to state that problem gamblers are more likely to have depression, $t(388) = 1.734, p = .042, d = .335$. Middle-class respondents were more likely than upper-class respondents to hold these same thoughts about problem gamblers and being more likely to have depression, $t(315) =$

2.187, $p = .029$, $d = .426$.

ANOVA results resulted in a gender difference concerning using gambling as a form of escape, $F(2, 708) = 6.812$, $p = .001$, $\eta^2 = .019$. Women were more likely than men to believe that people gamble to escape personal problems (Tukey HSD = .003, Scheffé = .005). There were no group differences between those that identified their gender as “other” and gambling to escape personal problems. ANOVA also demonstrated a group difference concerning beliefs about people having mental health issues and being more likely to gamble, $F(2, 708) = 8.572$, $p < .001$, $\eta^2 = .021$. Women were more likely than men to feel that people with mental health issues are more likely to gamble (Bonferroni $< .001$, LSD $< .001$). No group differences were found concerning respondents that identified as “other” and beliefs about gambling and mental health.

Older participants were more likely to spend (have lost) more money gambling. A significant (but weak) correlation was detected, indicating that the older people get the more they tend to spend when gambling ($r = .083$, $p = .031$). Significant correlations were detected across all core variables in the study and how respondents felt about gambling, substances, and mental health. Some examples include alcohol and drug use ($r = .512$, $p < .001$), smoking ($r = .395$, $p < .001$), and depression ($r = .316$, $p < .001$). Additional notable correlations involve depression and anxiety ($r = .446$, $p < .001$), anxiety and ADHD ($r = .308$, $p < .001$), obsessive-compulsive disorder (OCD) and ADHD ($r = .601$, $p < .001$), and drugs and depression ($r = .347$, $p < .001$). Across the board, respondents that felt that gambling behavior was more likely to be associated with substance use and mental health issues, were more likely to see the interconnections across factors.

There were detected gender differences when it came to respondents identifying as having a problem with gambling. Those that identified as “other” had odds of 18.67:1 ($p < .001$) to women for self-reporting a problem with gambling. Men had odds of 2.98:1 ($p < .001$) to women on this same matter. Those that identified as “other” had odds of 6.29:1 to men when it came to self-reporting a problem with gambling. Several additional gender differences were detected concerning types of gambling. Men were more likely to play the lottery than women (OR = 1.39, $p = .037$), but the reverse held for those identifying as “other,” whereby women were more likely to have played the lottery (OR = 5.03, $p = .046$). Men had higher odds to have bet on sports than women (OR = 5.13, $p = .017$), to have played blackjack (OR = 4.35, $p = .031$), and to have gambled on gaming (OR = 12.35, $p < .001$). Women had higher odds than those identifying as “other” to have played bingo (OR = 4.57, $p = .034$).

There were many significant findings when it came to ethnicity (race) and respondents declaring that they had a problem with gambling. To highlight this, Black respondents had higher odds of declaring this than Hispanic respondents (OR = 3.63, $p = .006$), as did Asian respondents (OR = 4.23, $p = .002$) and Native American respondents (OR = 7.26, $p = .022$). Upper-class respondents had higher odds than working-class respondents to declare that they had a problem with gambling (OR = 3.11, $p = .039$). Table 2 breaks down some of the statistically significant findings concerning social class and forms of gambling played. For each binary comparison, the social class group on the left had higher odds than the group

listed to its right.

Table 2. Logistic regression for social class and gambling forms played

Game	Social Class	B	S.E.	Wald	df	Sig.	Exp(B)
Lottery	Working-Middle	-.322	.162	3.96	1	.047	1.38
Blackjack	Upper-Working	1.07	.389	7.67	1	.006	2.92
Blackjack	Upper-Middle	-.952	.392	5.89	1	.015	2.59
Roulette	Middle-Working	.388	.178	4.77	1	.029	1.47
Baccarat	Upper-Working	2.451	.514	22.74	1	.001	11.60
Baccarat	Upper-Middle	-1.261	.460	7.52	1	.006	3.53
Baccarat	Middle-Working	1.190	.367	10.53	1	.001	3.29

5. Discussion: Conclusion, Limitations, and Recommendations

The findings of the study appear to support the extant literature when it comes to connections between gambling, substance use, and mental health issues (e.g., Leino et al., 2023; Qeadan et al., 20224; Yamada et al., 2025). The clear majority of participants in the study believed that problem gambling was associated with use of alcohol, drug use, depression, and anxiety. Men were more likely (almost 3 to 1) to report having problems with gambling behaviors than women. Men had higher rates of engaging in every form of gambling (e.g., craps, poker, sports) than women, with the only exception being bingo. These findings are also in line with the relevant literature (e.g., Ghinassi & Casale, 2023; Wang et al., 2023). By far, playing the lottery and scratchers were the two most popular forms of gambling. This makes sense seeing how readily accessible and convenient both of these are (e.g., gas stations, grocery stores). Forms of gambling that are typically only found in casinos were among the least likely to have been played, such as baccarat and craps. Participants from the upper class were the most likely to have played these less popular types of games, which may be due to the costs associated with them.

Mental health issues were also broadly viewed as being associated with gambling behaviors. The clear majority of participants stated that problem gambling is associated with depression and anxiety (as well as with ADHD and OCD, but to a lesser extent). These findings are also in alignment with the standing literature (e.g., Ishikawa et al., 2025; Medeiros & Grant, 2018). Working-class and middle-class respondents were more likely than upper-class respondents to see gambling as an escape from personal problems and as a coping response to mental health issues (e.g., depression). It may the case that those struggling financially view gambling as a potential pathway out of poverty or debt. It may also be the case that those from the working and middle classes employ gambling as a relatively inexpensive way to escape life stressors and entertain themselves for the day (e.g., slot machines). With this stated, those from the upper class were significantly more likely to self-report problem gambling behavior. In fact, one upper-class male respondent reported losing over half a million dollars due to gambling. Financial losses and debt are widely believed to be at the

root of why so many with gambling disorder attempt suicide, or at least seriously contemplate it, at some point (Hakansson & Karlsson, 2020; Ioannidis et al., 2019).

Eight percent of the sample reported having a problem with gambling. This is within range with what other researchers have found in the general population (e.g., Molander et al., 2022; Stefan et al., 2025). To note, self-reporting is not always the most reliable way to determine rates of mental and behavioral disorders, as many may attempt to hide what they are doing, they may be in denial about their problems/behaviors, or they may not be fully aware of the criteria needed to meet a diagnosis. Not surprisingly, far more respondents (60%) stated that they have one or more family members and/or one or more friends that currently have a problem with gambling. Men (11.3%) were much more likely than women (4.1%) to report having a gambling problem.

Native Americans were the racial/ethnic group to report having the highest rates of problem gambling. Native Americans were also the group that were the most likely to play the widest range of gambling games (e.g., poker, blackjack, craps). This may be due, in part, to local casinos and living on reservations. Future studies could collect information from a larger sample of Native Americans to help better capture certain ongoing issues within this population. Native Americans have been found in numerous studies to have relatively high rates of issues with mental health, alcohol, and gambling (e.g., Oddo et al., 2019), so this should be further studied with a larger sample.

Collecting more data from older respondents would also help to make better sense of certain relevant issues. The sample for this study was skewed toward younger adults; therefore, it would stand to reason that the findings would be significantly altered if the sample consisted of people mostly over 40, or even over 65 years of age. This would obviously have a notable impact on the overall percentages (e.g., how many have ever played any particular type of game). For instance, the longer people live the more likely they will have (on average) played slot machines, or played poker, or been to a casino, etc. It would stand to reason that the overall numbers of lifetime engagement with various forms of gambling would increase if the mean age of the sample was older. It may be useful to conduct future studies with middle-aged and older adults (e.g., 50+, 65+) to capture better lifetime rates of gambling.

This study was exploratory in its approach and was not designed to make definitive causal statements. Based on the nature of gambling behaviors (as well as gambling addiction) and looking at certain behavior over people's lifetimes (i.e., gambling), it made more sense to use self-reporting as the basis of data collection. Future studies may utilize brain imaging techniques in order to better understand the physiological basis of gambling disorder (e.g., fMRI, PET). This would help us to better understand the biological basis of tolerance and addiction. Making valid causal claims would still be very challenging, as gambling behaviors and addiction are not limited to any single factor and generally cannot be directly observed or controlled. Future studies could also integrate relevant psychological theories to help make better sense of gambling behaviors and addiction (e.g., social learning theory, cognitive theory, operant conditioning). Better understanding the harmful effects and consequences of gambling disorder is important for a range of reasons (e.g., financial debt, suicide and

suicidal ideation, connections to alcohol and drug abuse, interpersonal conflict).

This study was conducted to help capture gambling behaviors, perceptions about gambling, prevalence, and connections to substance use and mental health. The study found that most people, by far, have gambled at some point in their lives. The study also found that most people have engaged in multiple forms of gambling (e.g., slots, lottery, blackjack). The findings also show that most people do believe that problem gambling is associated with alcohol and drug use, as well as mental health issues (e.g., depression, anxiety). The majority of people stated that they personally know others (e.g., family) that do have problems with gambling, but most stated that they themselves do not have a problem with this.

Gambling has become more prevalent over time, largely due to accessibility and ease of use. People are now gambling on their phones, gambling in real-time watching sports, and gambling while online gaming (e.g., video games, esports). As technology continues to advance and become more integrated into people's daily lives, we can expect online gambling to become even more common. This will also come with more problematic behaviors and issues (e.g., financial, educational, occupational). Either way, gambling is a very common part of modern society. The better we understand it, the better we will be able to manage it. With this, will also be better equipped to properly treat it when it becomes a clear problem for an individual or when it reaches the level of being a formally diagnosable addiction.

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