Maryland Center of Excellence on Problem Gambling

Statewide Gambling Prevalence in Maryland: 2024

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Funding provided by Maryland Department of Health, Behavioral Health Administration

Contents

EXECUTIVE SUMMARY

The 2024 Statewide Gambling Prevalence in Maryland survey was conducted from May to July 2024, with the aim of providing estimates on the prevalence of gambling behavior in the state. This is the sixth iteration of this survey, and the first since the legal availability of online/mobile sports gambling in Maryland, giving the most up-to-date numbers on participation in a quickly evolving gambling landscape in the state.

Over 3,600 Marylanders participated in the survey and were included in the analysis. Respondents were classified as gamblers if they had ever participated in any of nine forms of gambling (i.e., gambling at a casino, online casino-style games [iGaming], gaming machines outside of a casino, gambling on horse races, sports gambling, lottery games, bingo for money, private games, or any other kind of gambling activity). The overall percentage of Marylanders who reported in the 2024 survey that they had ever gambled (90%) was similar to the numbers reported in the 2010-22 surveys.

The most frequently reported gambling types were lottery games and casino betting. Recent sports gambling saw an uptick, with 17% of Marylanders saying that they had placed a bet on sports in the past year, compared to 14% in 2022. Participation in online/mobile sports gambling in the past year jumped from 3% in 2022 to 12% in 2024.

The NORC DSM-IV Screen for Gambling Problems (NODS) was used to characterize respondents' gambling behavior as "low-risk," "at-risk," or "disordered gambling." Within those in the "disordered gambling" group, we further characterized respondents as exhibiting "problem" (less severe) or "probably pathological" gambling behavior (more severe). Following application of weighting to account for the age, gender, and race/ethnicity distribution in the State of Maryland, people with probable pathological gambling behavior made up 3.1% (95% CI: 2.1% to 3.9%) of the sample, and those with problem gambling behavior were 2.7% (95% CI: 2.0% to 3.6%) of the sample. Combining these two categories, 5.7% (95% CI: 4.4% to 6.9%) of all Maryland adults exhibited disordered gambling behavior. A further 9.8% (95% CI: 8.4% to 11.3%) of Maryland adults engaged in at-risk gambling behavior. These proportions are higher than those measured in 2022, when 4.0% of Maryland adults exhibited disordered gambling behavior and a further 6.9% engaged in at-risk gambling behavior.

Executive summary table Estimates of the prevalence of disordered gambling behavior among Maryland adults from 2010 to 2024.

Survey year	Had ever gambled in lifetime	Low-risk gambling^	At-risk gambling^	Problem gambling^	Probable pathological gambling^	Disordered gambling^
2010	89.7%	77.3%	9.0%	1.9%	1.5%	3.4%
2017	87.0%	80.3%	2.5%	0.7%	1.0%	1.7%
2020	92.3%	71.2%	11.5%	3.1%	5.5%	8.4%
2022	90.4%	80.2%	6.9%	2.4%	1.6%	4.0%
2024	89.8%	74.6%	9.8%	2.7%	3.1%	5.7%

Low-risk: NODS score 0
At-risk: NODS score 1 to 2
Disordered: Problem gambling (NODS score 3 to 4) and probable pathological gambling (NODS score 5 or higher) combined.
^Among all Maryland adults

Among Marylanders with disordered gambling behavior, 66.2% were male; 59.6% of people with at-risk gambling behavior were male, and 44.5% of gamblers with low-risk gambling were male. People with disordered gambling behavior were more likely than other Maryland adults to be Black or African American, have Hispanic or Latino ethnicity, have a high school diploma or less, and be unmarried.

These current findings underscore the fact that disordered gambling behavior is a substantial source of hardship for many Marylanders. Some of the sociodemographic groups affected most by disordered gambling behavior in Maryland are also marginalized with respect to economics, substance use, and access to health care. Over the coming years, recent modes of gambling (such as online/mobile sports gambling) may become more entrenched, and new modes (such as online casino-style iGaming) may become legally available. Future prevalence studies will track Marylanders' gambling behavior and its outcomes in this changing landscape.

CHAPTER 1 Introduction

Opportunities for legal gambling have expanded at a rapid pace throughout the United States. In Maryland, casinos, slot machines, table games, fantasy sports and sports betting, have all been legalized within the last fifteen years. Many of these are available to anyone over the age of 21 years. Fantasy sports, along with several long-established forms of gambling such as lottery, horse racing, and bingo at a charity event, have a minimum legal age of 18 years. Gambling is widely viewed as morally acceptable (Gallup, 2018) and for the majority of individuals it is a harmless recreational activity which can satisfy their psychological need for relaxation, excitement, mastery, autonomy, or connection (Parke et al., 2019). However, for a small proportion of individuals, gambling can lead to addictive and destructive behavior.

Disordered gambling is defined as a persistent and recurrent problematic gambling behavior that leads to clinically significant impairment or distress (American Psychiatric Association, 2013). In 2013 it was reclassified from an impulse control disorder to a substance-related and addictive disorder, reflecting evidence that disordered gambling activates a similar neurological reward system and produces similar behaviors as do substance use disorders (Butler et al., 2020 & Fauth-Buhler et al., 2016). Disordered gambling commonly occurs alongside substance use disorders involving alcohol, tobacco, and other drugs (Diaz & Perez, 2021; Leino et al., 2023; Schluterman et al., 2025). As with other addictive behaviors, gamblers can experience withdrawal and build up a tolerance that promotes increasingly intense behavior (Blaszczynski et al., 2008).

Disordered gambling can have a social impact on the individual, their family, and their community. Frequent gamblers are more likely to have a lower rates of productivity (Abbott, 2020), and higher rates of financial distress (Oakes et al., 2020), divorce (Black et al., 2013; Syvertsen et al., 2023), partner violence (Afifi, Brownridge, et al., 2010), and suicide (Hakansson & Karlsson, 2020). People with disordered gambling tend to have more chronic health conditions than do their peers, especially mental health disorders (Erickson et al., 2005; Morasco et al., 2006; Afifi, Cox et al., 2010; Schluterman et al., 2025).

Millions of Americans are estimated to have engaged in disordered gambling behavior in their lifetimes. The Maryland Department of Health conducts periodic gambling prevalence studies to monitor the prevalence of disordered gambling behavior in the state of Maryland. This report provides a review of the epidemiological literature on gambling and the prevalence of both lifetime gambling and disordered gambling in the state (Chapter 2).

A detailed description of the survey and the methodology used are provided in Chapter 3 while Chapter 4 provides an overview of those included in the sample. Chapter 5 compares non-gamblers to those who had ever gambled in their lifetime, while Chapter 6 takes a closer look at those who had ever gambled including the type and frequency of games they have played in the past year, their typical monthly spending on these games, why they have gambled and who they are gambling with. Chapter 7 compares those who are engaged in low-risk, at-risk, and disordered gambling. Chapter 8 provides estimates on the occurrence of sports gambling, which has seen recent expansion in

Maryland, including the legal availability of online/mobile sports gambling, and Chapter 9 reports estimates of help-seeking behavior. A comparison of results from the 2010 through 2024 Maryland gambling prevalence surveys is available in Chapter 10, and a brief summary is shown in Chapter 11.

The terms problem and pathological gambling are often used interchangeably or to report gambling disorder, the term used by the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5; American Psychiatric Association, 2013). In the 2024 survey, the instrument used to classify an individual's gambling behavior uses the terms "probable pathological" and "problem gambling", with problem being the less severe of the two categories. These two categories will often be reported here as a combined group, representing "disordered gambling" behavior (see Chapter 2).

CHAPTER 2 Review of the Epidemiological Literature on Gambling

This chapter summarizes the existing scientific research on gambling behaviors. Epidemiological studies have been conducted across the world for several decades to understand the causes and consequences of problem gambling.

Gambling has been present across cultures and millennia (Hodgins et al., 2011). Over the past few decades, legal gambling options have become more plentiful across many states in the United States (Potenza et al., 2019; Welte et al., 2015). Recently, gambling has expanded into mobile digital spaces, allowing access to sports and casino-style gambling wherever a participant goes.

Epidemiological research on gambling

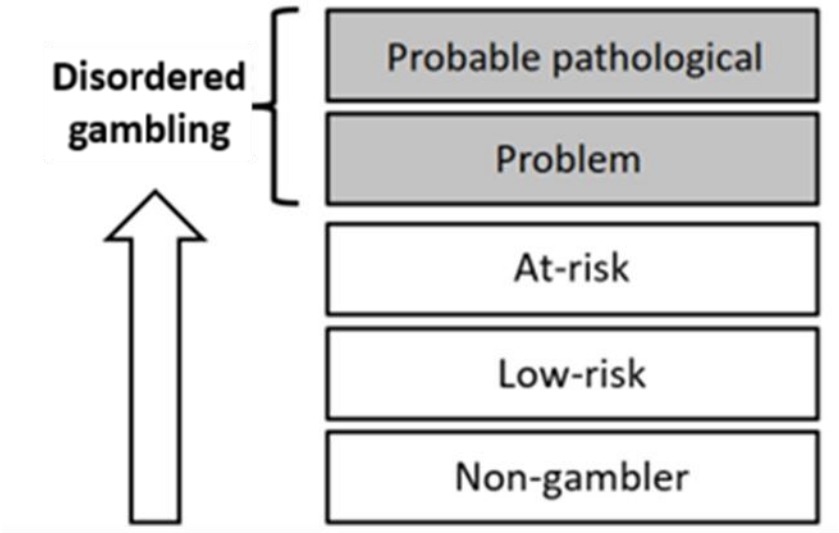
This chapter summarizes the existing literature on each of the following research areas:

1) Prevalence and risk factors for disordered gambling, including sociodemographic, socioeconomic, biological, and behavioral determinants for disordered gambling.
2) Relationships between access/availability of gambling and disordered gambling, including impacts of legalizing casino gambling on gambling behaviors of a population.
3) Individual, familial, economic, and social impacts of disordered gambling, including the effect of gambling on vulnerable populations (e.g., young, elderly, and veterans).
4) Impacts of prevention, harm reduction, responsible gaming programs, and policies on gambling activities.

Prevalence and risk factors of disordered gambling

For comparability of results between studies, this section discusses statewide prevalence studies from around the United States that have used the NORC Diagnostic Screen for Gambling Problems (NODS) (Gerstein et al., 1999) or the South Oaks Gambling Screen (SOGS) (Lesieur & Blume, 1987) as a primary outcome measure. Both the NODS and the SOGS use the high-risk categories of "probable pathological gambler" (highest-risk behavior) and "problem gambler" (next highest risk). Here, we combine these top two risk categories into a "disordered gambling" category (Figure 2.1).

Figure 2.1 Outcome categories of the NORC Diagnostic Screen for Gambling Problems (NODS) or the South Oaks Gambling Screen (SOGS).



Previous results from Maryland

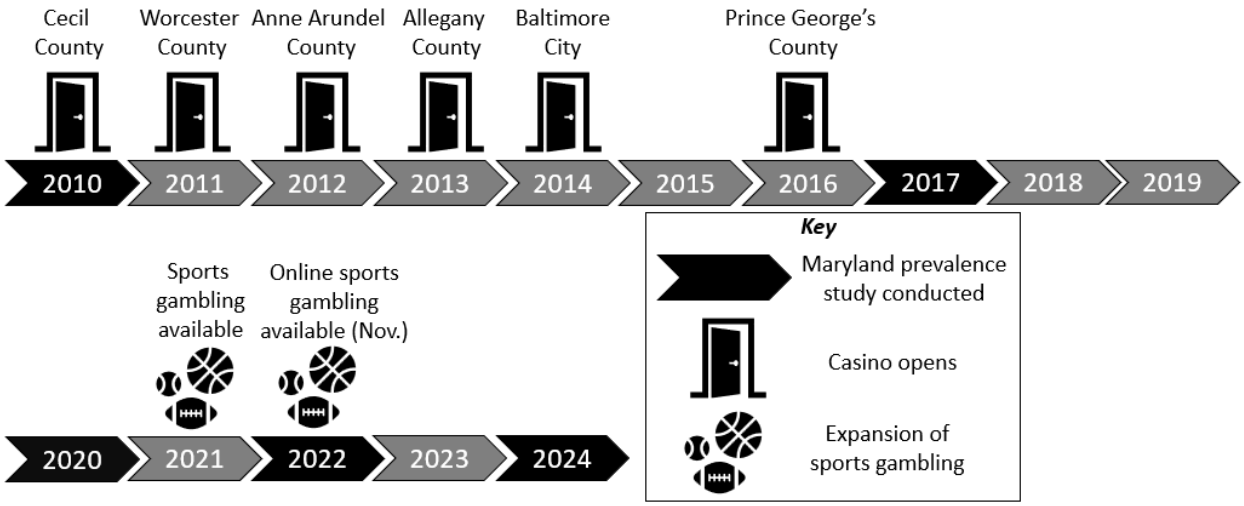
Five modern studies have sought to estimate the occurrence of disordered gambling in Maryland. These were conducted in 1989, 2010, 2017, 2020, and 2022. The findings of these five studies are summarized in Table 2.1.

Table 2.1 Prevalence of disordered gambling among Maryland adults in five surveys from 1989 to 2022.

Year	Lifetime prevalence of...			Screening test used	Sampling strategy used
	Problem gambling	Probable pathological gambling	Disordered gambling		
1989	2.4%	1.5%	3.9%	SOGS	Population-based
2010	1.9%	1.5%	3.4%	NODS	Population-based
2017	0.7%	1.2%	1.9%	NODS	Population-based
2020	3.1%	5.5%	8.6%	NODS	Existing panels, advertisements
2022	2.4%	1.6%	4.0%	NODS	Population-based

Figure 2.2. puts the most recent four of these studies, plus the current study, into the context of the recent expansion of gambling opportunities in Maryland. This period saw the opening of the state's six casinos in 2010-2016 and the legal availability of sports gambling in 2021, as well as online/mobile sports gambling in November 2022.

Figure 2.2 Timeline of studies of disordered gambling and the expansion of gambling opportunities in Maryland, 2010-2024.



"Prevalence Estimates of Pathological Gambling in New Jersey and Maryland," 1989

In Maryland, the first prevalence study on disordered gambling was conducted by the National Institute of Mental Health in 1989. This survey aimed to investigate the experiences of respondents with different types of gambling, gambling-related problems, and demographic characteristics associated with gambling. The sample size of 750 was randomly drawn from a population-based sample frame, and the SOGS was used to assess risky gambling behavior (Volberg & Steadman, 1989).

The survey found that about 89% of Marylanders had ever participated in any form of gambling. The lifetime prevalence of problem and probable pathological gambling was reported as 2.4% and 1.5%, respectively. The rates of lifetime gambling participation and disordered gambling in Maryland were similar to those measured in other East Coast states—New York, Massachusetts, and New Jersey—surveyed by the same group in this effort. The prevalence of problem and pathological gambling was higher among males, non-Whites, and people with a lower education level (Volberg & Steadman, 1989).

"Gambling Prevalence in Maryland: A Baseline Analysis," 2010

The second study to estimate the prevalence of disordered gambling in Maryland—and the first to use the NODS—was conducted in 2010 (Shinogle et al., 2011). The timing of this study was meant to estimate the baseline prevalence before the planned 2010s expansion of casino gambling in the state. The prevalence of problem gambling and probable pathological gambling were 1.9% and 1.5%, respectively. The overall prevalence was similar to that observed in 1989. The identified factors associated with higher likelihood of disordered gambling were also similar to 1989, including younger age, male gender, African American, or other non-White races.

Respondents were asked about their gambling behavior in the past year, 15.3% and 21.9% of respondents reported that they gambled weekly and monthly, respectively. Casino gambling was the

most prevalent form of gambling, played by more than two-thirds of the respondents (67.5%). A sizeable proportion of people also gambled on sporting events (32.9%), private games (30.2%), horse racing (29.5%), "other forms," (e.g., charity gambling; 27.5%), bingo (24.8%), and slot machines outside of casinos (21.3%).

"Statewide Gambling Prevalence in Maryland," 2017

In 2017, a third statewide prevalence study was conducted (Tracy et al., 2019). This was the first report on the estimates of gambling behavior following the 2010s expansion of casino gambling in Maryland. Again, the NODS was used to categorize gambling behavior. The overall results were similar to those observed in the previous two surveys. The prevalence of problem gambling and probable pathological gambling were 0.7% and 1.2%, respectively. Males, African Americans, and Marylanders with low educational attainment had higher likelihood of disordered gambling.

Purchasing lottery tickets and casino gambling were the two most reported forms of gambling, played by 78% and 74% of the respondents, respectively. Horse races (31%), sports (29%), private games (29%), and bingo for money (27%) were other popular forms of gambling.

The impact of expanded gambling was evaluated by trends in income, unemployment rate, bankruptcies, and foreclosure rate in the counties where casinos are located; however, none of these indicators showed that opening casinos negatively impacted the economy.

"Statewide Gambling Prevalence in Maryland," 2020

The next major expansion of gambling opportunities in Maryland was the legal availability of sports gambling in 2021-22. To assess the trends in gambling behavior just before the legal arrival of sports gambling, another statewide survey was conducted in the summer of 2020. This coincided with the first easing of social-distancing restrictions on casino gambling in Maryland during the COVID-19 pandemic.

The 2020 prevalence study differed from others in Maryland in that its sampling frame consisted of respondents found in a combination of consumer lists and voter rolls obtained from political and election-oriented sources; as such, the sampling frame did not necessarily comprise a population-based sample. The resulting sample may have over-represented problem gamblers, which allowed for a more rigorous assessment of the risk factors for and consequences of disordered gambling.

Of this sample, 92.3% reported that they had ever gambled. The lifetime proportions of problem and probable pathological gambling were 3.1% and 5.5%, respectively. As with the other surveys, males, African Americans, and persons with low educational attainment had higher likelihood of disordered gambling. Age also showed a strong relationship with disordered gambling, with much higher proportions measured among the younger adult age groups.

The most common gambling types were the lottery (76.8% of the entire sample reported that they had ever gambled on lottery games), casinos (70.3%), and gaming machines outside of casinos (42.1%). Sports gambling was reported by 35.5% of the sample in their lifetimes, and daily fantasy sports gambling was reported by 13.3%.

"Statewide Gambling Prevalence in Maryland," 2022

The 2022 study (Tracy & Brown, 2022) returned to a population-based sampling design, and was conducted in the summer before the legal availability of online/mobile sports gambling in November 2022.

Similar to the rates seen in previous years, 90.4% of respondents reported that they had ever gambled. The most frequently reported gambling types were lottery games, sports, and casino betting. Among respondents who had ever engaged in any form of gambling in their lives, one-third had gambled on sports in the past year, and one-third of those had gambled on sports using online/mobile platforms in the past year.

The prevalence of problem and probable pathological gambling were 1.6% and 4.0%, respectively. Sociodemographic groups with disproportionately high rates of disordered gambling included males, 35-44 year olds, non-Hispanic and Black/African Americans, and lower-income respondents. The Maryland geographical region with the highest prevalence of disordered gambling was the Eastern Shore.

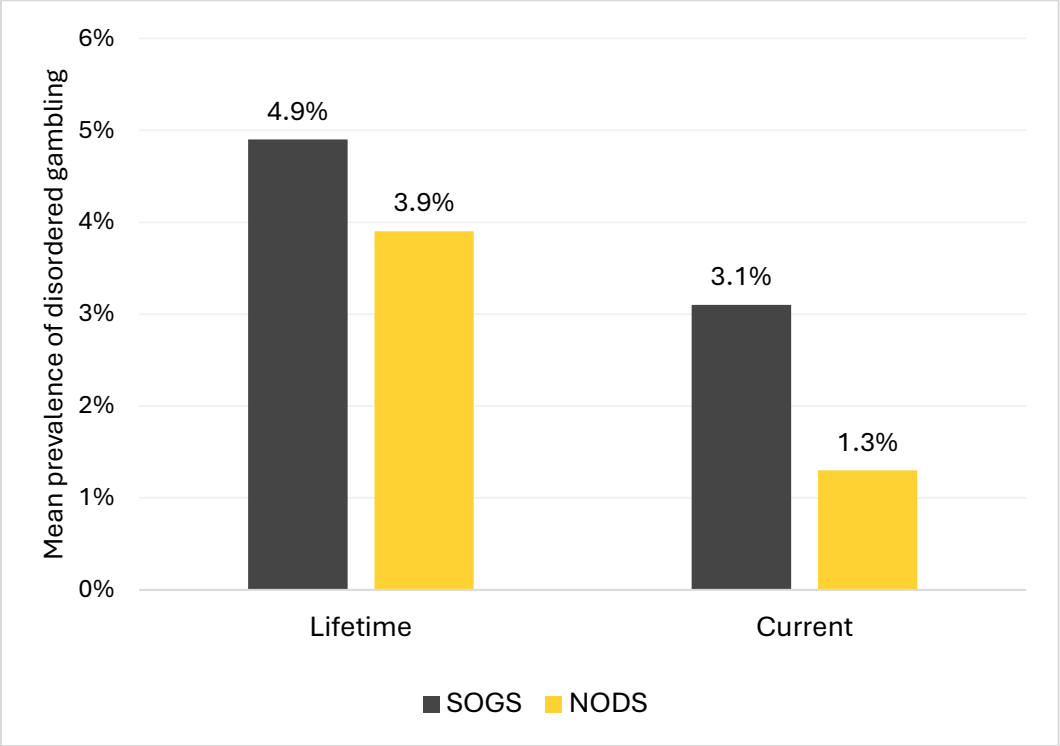
Substance use in the previous year was more frequently reported among gamblers compared to non-gamblers. Gamblers were also more likely to use tobacco products, consume alcohol, including engage in binge drinking, and use illegal drugs.

Prevalence studies from other states

To put the current results and other recent Maryland prevalence surveys into context, a literature review collected reports and journal articles from studies that measured statewide prevalence of disordered gambling in any U.S. state. To maximize comparability between studies, this review focused on studies that used either the NODS (as does the current study and the other three most recent Maryland studies) or the SOGS, which produces comparable categories of problem gambling and probable pathological gambling.

The review collected results from 55 studies from 26 states (listed in Appendix Table A.1), including the five Maryland prevalence studies mentioned above, conducted from 1989 to 2022. Studies that used the SOGS have, on average, yielded higher prevalence estimates for disordered gambling than those that used the NODS (Figure 2.3). Surveys using the SOGS found a mean lifetime prevalence of 4.9%, versus 3.9% for the NODS. For current prevalence of disordered gambling, the mean SOGS prevalence was 3.1%, versus 1.3% for NODS. The current 2024 survey of Maryland uses the NODS, and most analyses in this report emphasizes the lifetime version of the tool.

Figure 2.3 Weighted mean prevalence of disordered gambling measured by the SOGS and NODS, 1988-2024.^



^Analysis compiled 33 studies using lifetime SOGS, 19 using lifetime NODS, 31 using current SOGS, and 15 using current NODS.

Relationship between access/availability and disordered gambling

Many studies have evaluated the impacts of casino opening on gambling behavior (Abbott, 2017; Hodgins et al., 2011; Potenza et al., 2019). The exposure theory has been used to examine this relationship. According to this theory, the availability of the object of an addiction, such as gambling, can increase the risk for disordered behavior (Jacques & Ladouceur, 2006). However, empirical studies have not definitively established a causal relationship between access to gambling and development of problematic gambling behavior (Jacques & Ladouceur, 2006; Latvala et al., 2019).

The "regional exposure model" proposed by Shaffer, Labrie, and LaPlante could also be used to explain this relationship (Shaffer et al., 2004). According to this model, the social adaptation capacity of gamblers following exposure to gambling changes their behavior initially. This model states that although increasing gambling opportunities may increase the incidence and prevalence of disordered gambling initially, the incidence/prevalence may level off after several years (Jacques & Ladouceur, 2006; Shaffer et al., 2004). The leveling off may occur due to social adaptation following gambling's availability.

Following the development of the regional exposure theoretical framework to explain the prevalence of gambling behavior, real-world positive associations between the availability of gambling options

and the prevalence of gambling problems have been found in a variety of settings (LaPlante et al., 2019; Philander et al., 2019).

Impacts of gambling

By any estimate presented above, several million Americans suffer from disordered gambling (Potenza et al., 2019; Skywood Recovery, 2021). Like many other addiction or mental health issues, disordered gambling may be difficult to recognize, as many people are uncomfortable admitting their gambling issues and may not seek treatment (Fong, 2005; Potenza et al., 2019). Many people with disordered gambling assume that they can handle the situation on their own without any treatment, but this denial phase likely prolongs problematic behavior and magnifies the negative consequences of gambling (Braun et al., 2014; Hodgins et al., 2011).

Disordered gambling may have serious adverse effects on individuals, families, and communities. Personal mental health consequences may include depression, anxiety, mood disorders, and suicidal ideation (Becoña et al., 1996; Bergamini et al., 2018; Fong, 2005; Hodgins et al., 2011; Potenza et al., 2019). Comorbid addiction behaviors are also common, as disordered gamblers tend to be more likely than the general population to smoke tobacco, misuse alcohol, or suffer from substance use disorders (Fong, 2005; Potenza et al., 2019). The rates of unemployment, bankruptcy, foreclosures or forced home sales, and crime are higher among people with disordered gambling (Fong, 2005; Potenza et al., 2019). People with disordered gambling also may face relationship problems, including divorce. Children in such families may suffer emotional neglect and abandonment (Gerstein et al., 1999; Hodgins et al., 2011; Potenza et al., 2019) and have higher risks of addictions as well as disordered gambling (Potenza et al., 2019). These findings reflect the wide array of negative consequences that disordered gambling can have on the individual and his/her family.

A study in Maryland, the Prevention and Etiology of Gambling Addiction Study in the U.S. (PEGASUS), from 2015 to 2022, assessed the associations among disordered gambling, chronic health conditions, and substance use in a sample that intentionally overrepresented gamblers (Schluterman et al., 2025). Although the direction of causation could not be determined, study participants with disordered gambling reported a greater number of diagnosed chronic health conditions than did people without disordered gambling. Strong associations were evident between mental health conditions and disordered gambling. Use of illegal drugs, alcohol, and cigarette smoking were also more common among people with disordered gambling than among their peers.

Promoting prevention, harm reduction, and responsible gaming programs

Many public health efforts to reduce the burden of disordered gambling have been proposed or implemented across the world, with varying degrees of evidence for their effectiveness. Governments and public health departments in the United States have seen uneven effectiveness of programs against disordered gambling as they are scaled up to the population level (Yang et al., 2023); however, it is simply too early to determine the long-term benefit of many of these interventions.

Several systematic reviews, including Tanner et al. (2017), Harris & Griffiths (2017), and Yang (2023), have examined the impact of harm reduction interventions for disordered gambling. The harm reduction strategies included flashing warning messages about excess time or money spent at a machine, limiting the maximum bet to reduce the potential amount of money that can be lost, removing, or limiting large note ATMs in the casino, reducing casino operating hours, and banning smoking in the casino. The overall findings were mixed. For instance, gaming revenues appeared to decrease at locations that reduced their opening hours; however, caps on electronic gaming machines had no significant effect on gaming expenditure. Banning smoking inside casinos did not appear to reduce expenditures (Tanner et al., 2017).

McMahon and colleagues (2019) conducted an umbrella review on existing published systematic reviews of different gambling interventions. The authors divided the interventions into several domains: supply reduction, demand reduction, and harm reduction. In general, once gambling options became available, none of the studied interventions were universally effective at substantially mitigating risks. Supply reduction strategies, such as limiting opening hours, tended to reduce gaming expenditures but not the prevalence of disordered gambling. Other strategies, such as smoking bans or removing ATMs from gambling venues, exhibited a mixed track record at reducing disordered gambling behavior, with some studies finding no significant effect and others showing a modest reduction in disordered gambling.

Some states and Canadian provinces have wrapped their gambling harm reduction approaches into a single suite of tools with a consistent brand. GameSense, for instance, was developed by provincial agencies in British Columbia and is currently used in Massachusetts; it is a branded package of interventions that includes in-casino counselors, educational responsible gambling literature, spending limits, and self-exclusions.

In Maryland, most of these tools are available in most casinos and other gambling venues, but without a consistent brand across the state. Some venues use casino-branded materials; others use materials purchased from third-party vendors.

CHAPTER 3 Methods

Ethical review

The research protocol for this study was reviewed and approved by the Institutional Review Board (IRB) of the University of Maryland, Baltimore. This includes the sampling design, survey questionnaire, letter invitations, postcard reminders, and analysis plan. The IRB review process ensured that the selection of subjects was equitable, subject privacy and anonymity was protected, informed consent was obtained, and appropriate safeguards were in place to protect the data provided.

Questionnaire development

In previous years, the gambling prevalence survey has either remained unchanged (Shinogle et al., 2011; Tracy et al., 2019; Tracy & Schluterman, 2021) or received only minor updates (Tracy & Brown, 2023). However, given declining survey response rates (Galea & Tracy 2007) and the changing landscape of gambling in Maryland, the decision was made to more substantially modify the 2024 survey with the goal of reducing the time burden on respondents while simultaneously gathering additional information about sports gambling. The questionnaire was reduced from nineteen to twelve pages through the following changes:

- Combined yes/no and frequency of play questions for each gambling type.
- For each gambling type the question about how much money was spent in a typical month was changed to how much was estimated to have been won or lost in total, and in the past 12 months. Response options were categorized as won more than $100, lost more than $100, roughly broke even (won or lost less than $100).
- Removed individual question about gambling on dog races a:nd instead included dog races as an example in the question which asked about any other kind of gambling activity.
- Removed all questions which asked for further details about location and the exact types of gambling games (casino and lottery) usually played.
- Dedicated section for questions about sports gambling, including type of sports gambling, frequency of play, total won or lost or typical wager, and sports gambling participation prior to legalization.
- Removed all questions relating to favorite gambling activity except for the question about distance traveled. The possible responses to this question were refined from seven to four.
- Removed all questions about first gambling experience.
- Removed questions asking for further details about help with gambling problems.
- Questions about what sources of information for problem gambling/how to gamble responsibly were changed to a simple yes/no question with clarification that it did not include advertisements for casinos, lotteries, sports betting, or other places for gambling.
- Question about use of cigarettes, chewing tobacco, or snuff was expanded to include e-cigarette (vape).

- Questions about typical daily alcohol consumption and frequency of binge drinking were removed.
- Question about illegal drug use was split into two: the first asking about illegal drugs and second asking about marijuana, hashish, or cannabis. The inclusion of cannabis was new to this year as was the inclusion of fentanyl to the illegal drugs question.
- Tranquilizers were removed and stimulants added to the question about use of prescription drugs.
- Questions about seeking help for alcohol or drug use were removed.
- Questions about troubles related to the gambling behavior of others were removed.
- Questions about household debt, sources of money, bankruptcy, arrests, and incarceration were removed.
- Married and living as married were combined into a single response option for the question about marital status.
- Transgender was removed as a response option to the gender question and replaced with "another gender identity."
- Question about sexual identity was removed.
- Questions about working status were refined, removing further questions about details of part-time or not-working status.
- Question about racial or ethnic group was updated to meet the minimum U.S. Office of Management and Budget (OMB) requirements.
- Question about main language spoken in the household was removed.
- Question about participation in armed services was removed.

Questionnaire structure

The general structure of the 2024 questionnaire is outlined in Table 3.1, with details of each section provided below.

Table 3.1 The 2024 gambling prevalence survey question structure

Section	Theme	Outcome
A	Gambling involvement	Respondents detail the types and frequency (Table 3.2) of their gambling behaviors, and the total amount of money they estimate to have won or lost in the past 12 months (Table 3.3) by gambling type.
B	Sports gambling	Respondents detail the type and frequency (Table 3.4) of their sports gambling behavior, and either the total amount of money they estimate to have won or lost in the past 12 months (Table 3.3) or the amount they typically wager on an individual sports bet (Table 3.5). Both frequency and estimates of the total amount won or lost are tailored to suit the mode of sports gambling.

C	General gambling questions	Respondents provide details about their gambling experience, including travel, reasons for gambling, help-seeking behaviors, and feelings about their gambling.
D	Questions for non-gamblers	Respondents who have seldom or never gambled in their lifetime rate the importance of their motivation for not gambling.
E	Attitudes towards gambling	Respondents detail their attitudes towards gambling, awareness of problem gambling resources, alcohol and substance use behaviors, mental health, and household and demographic characteristics.

Section A: Gambling involvement

Respondents were asked how frequently, including never (Table 3.2), they gambled in each of the following ways:

- Casino
- Gaming machine outside of a casino (e.g. slot machines, video poker, keno, video lottery terminal, other games played against a machine at a club, bar, convenience store, racetrack, or other location)
- Lottery games
- Horse races, including racetrack, off-the-track (OTB), online, or using a mobile app.
- Bingo for money outside of a casino, such as at a bingo hall, social club, church, or fundraiser.
- Private games for money, such as cards, dice, or dominoes in someone's home, or on a game of skill such as golf, pool, or bowling. This was not to include NCAA bracket pools, fantasy sports, or other spectator sports pools.
- Online casino-style games
- Any other kind of game (e.g. dog races, raffles, sweepstakes, baby pools, pull-tabs outside casinos, dog fighting, or cockfighting)

Table 3.2 Definitions of gambling frequency

Frequency category	Definition
1 (Least frequent)	Never
2	Yes, but not in the past 12 months
3	Yes, but only a few times (1-5 times in the past 12 months)
4	Yes, once a month or less (6-12 times in the past 12 months)
5 (Most frequent)	Yes, more than once per month in the past 12 months

Respondents were also asked how much they estimated to have won or lost in total in the past 12 months (Table 3.3) on each of these gambling types.

Table 3.3 Definitions of estimated total amount won or lost in 12 months prior to survey

Total spent category	Definition
1	I have not done this type of gambling in the past 12 months
2	Lost more than $100
3	Roughly broke even (won or lost less than $100)
4	Won more than $100

Section B: Sports gambling

Respondents were asked if they had ever participated in sports gambling, including traditional or fantasy sports. Those who responded yes were then asked about their frequency of participation (Table 3.4), the sports they bet on, and their estimated total dollar amount won or lost (Table 3.5) in the 12 months prior to being surveyed.

Respondents were then asked a similar set of questions about the different modes of sports gambling. For each of daily fantasy sports, online, in a casino, and informal sports betting, respondents were asked about their frequency of participation (Table 3.4) and the amount of a typical wager on an individual bet (Table 3.5). Questions about yearly sports betting were tailored to ask about frequency of participation, number of leagues participated in, and the total amount staked in entry fees.

Table 3.4 Definitions of sports gambling frequency

Frequency category	Definition
1 (Least frequent)	Never
2	In the past, but not in the past 12 months
3	Less than once per month, in the past 12 months
4	1-3 times per month, in the past 12 months
5	1-3 times per week, in the past 12 months
6 (Most frequent)	Daily or almost daily, in the past 12 months

Table 3.5 Definitions of typical wager on individual sports bet

Typical wager	Definition
1	Less than $10
2	$10 to $49
3	$50 or more

The final question of this section asked respondents to think about how many days they had ever gambled on any kind of activity and if this was more than five days in their lifetime. Those who indicated that they had gambled five or fewer days were directed to skip ahead to Section D.

Section C: General gambling questions

Respondents who indicated at the end of Section B that they had gambled on 5 or more days in their lifetime were asked additional questions related to their gambling behavior and experience.

In addition to a question about the distance usually travelled to participate in gambling and if they had ever sought help for their gambling, respondents were asked to rate seven possible reasons for gambling as either very important, somewhat important, or not at all important. They were also asked to use the same scale to rate how important gambling is to them compared to other recreational or social activities.

A set of nine questions were asked relating to their gambling experience, including the money spent on gambling and possible financial problems, how they themselves and others felt about their gambling and if their gambling had caused any health problems. Respondents were asked to rate each statement as either never, sometimes, most of the time, and almost always.

Within this section, a single standard screening instrument for the identification of low-risk, at-risk, problem, and probable pathological gambling was administered: the NORC Diagnostic Screen for Gambling Problems (NODS). The NODS is a 17-item questionnaire (Gerstein et al. 1999) based on the clinical diagnostic criteria for pathological gambling listed in the Diagnostic and Statistical Manual for Mental Disorders IV (DSM-IV). The questions are scored to provide a total score between 0 and 10 and a risk group assignment based on this score (Table 3.6).

In 2013, the DSM-5 was released which included several changes to the section on gambling. The most impactful changes in regard to the NODS were the renaming of probable pathological gambling to disordered gambling, dropping the criterion related to illegal acts, and the criterion for persistent and recurrent problematic gambling behavior dropping to four from five criteria being met. To align more closely with the DSM-5 while remaining consistent with the version of the NODS used in previous versions of the Statewide Gambling Prevalence in Maryland report, we have retained the questions relating to illegal acts and have consolidated the problem and probably pathological risk groups into a single group called disordered gambling (Table 3.6).

Table 3.6 Classification Criteria for NODS

NODS Score	NODS Risk Group	Collapsed NODS Risk Group
0	Low-risk	Low-risk
1-2	At-Risk	At-Risk
3-4	Problem	Disordered
5-10	Probable Pathological	

Section D: Questions for non-gamblers

Respondents who indicated in Section B that they had participated in gambling for fewer than 5 days in their lives were asked to rate four reasons for their not gambling as either very important, somewhat important, or not important at all.

Section E: Questions for non-gamblers

Both non-gamblers and gamblers were asked all questions in this section.

Attitudes towards gambling

Participants were asked to rate how strongly they agreed or disagreed with eight statements about gambling.

Awareness of problem gambling resources and help-seeking

Participants were asked about the availability of resources for problem gamblers seeking help in their community, as well as sources of information on responsible gambling. They were also asked about the frequency of their alcohol and substance use.

Mental health

Participants were asked a series of questions about their general and mental health.

Sociodemographics

Participants were asked about their sociodemographics, including marital status, gender, highest level of education, employment status in the two weeks prior to being surveyed, year of birth, race and ethnicity, approximate household income in the prior calendar year, and ZIP code.

Sampling frame

The University of Maryland Baltimore (UMB) Center for Excellence on Problem Gambling contracted with Wilder Research at Amherst H Wilder Foundation to carry out the 2024 gambling prevalence in Maryland survey.

A two-stage sampling strategy was used for obtaining a representative sample of adults aged 18 years or older living in the State of Maryland. For the first stage of sampling, a random, proportionate sample of county residential addresses was purchased from Marketing Systems Group (MSG), a national sampling vendor. Address-based sampling was used to ensure that all households would have an equal chance of being sampled for the survey, regardless of their phone status. MSG obtained the list of addresses from the U.S. Postal Service.

For the second stage of sampling, the "most recent birthday" method of within-household respondent selection was used to specify one adult from each selected household to complete the survey. The purpose of within-household randomization is to ensure a better gender and age balance among the survey respondents.

Inclusion criteria for the survey required that the respondent:

- Had a residential address in the state of Maryland, and
- Was at least 18 years of age.

The total sample contained 40,000 randomly selected addresses in Maryland, which were proportionally selected based on the number of households in the state for each of four sampling areas (strata):

Central: Baltimore City, Baltimore, Harford, and Howard counties (N = 13,683)
Western: Garrett, Allegany, Washington, Frederick, Carroll, and Montgomery counties (N = 11,332)
Southern: Anne Arundel, Prince George's, Calvert, Charles, and St. Mary's counties (N = 11,855)
Eastern: Cecil, Kent, Queen Anne's, Caroline, Talbot, Dorchester, Somerset, Wicomico, and Worcester counties (N = 3,130)

A breakdown of the aggregate sample and response rate is provided in Table 3.7 and similarly by region is provided in Table 3.8

Table 3.7 Aggregate sample and complete totals

Sample released	40,000
Undeliverable	*1,296*
Total eligible	38,704
Refusals	*5*
Returns not included as completes [a]	*100*
Total completes	3,601
Mail completes	*1,141*
Web completes	*2,448*
Phone completes[b]	*12*
Response rate[c]	9.30%
Return rate[d]	9.56%

Response dispositions calculated according to the American Association for Public Opinion Research (AAPOR) Response Rate 1 for mailed surveys.
[a]See Data cleaning and weighting section below for details
[b]Phone completes are grouped with web completes in Chapter 4
[c]Includes only analyzable completes, see Chapter 4 for details
[d]Includes all returned surveys

Table 3.8 Sample and complete totals by reporting strata

Reporting area (strata)	Sample released	Number of eligible addresses	Number of completed surveys[a]	Return rate[b]	Response rate[c]	Margin of error
Central	13,683	13,166	1,287	10.05%	9.78%	±2.7%
Eastern	3,130	3,012	298	10.19%	9.89%	±5.7%
Western	11,332	11,047	1,128	10.46%	10.21%	±2.9%
Southern	11,855	11,479	888	7.97%	7.74%	±3.3%
Total	40,000	38,704	3,601	9.56%	9.30%	±1.6%

Response disposition disaggregated by the four sampling strata.
[a] Combined total of paper, web, and phone completes.
[b] Includes all returned surveys.
[c] Includes all analyzable surveys, see Chapter 4 for details.

Data collection

Wilder Research used a "modified Dillman" method of survey mailing as follows: An initial letter was mailed on April 30, 2024, to the 40,000 sampled households. The letter was printed in English and Spanish. In all mailings, respondents were given information to log in to a web-based system (Qualtrics) or scan a QR code to complete the survey online. A toll-free survey center phone number was also provided in the mailing materials so participants could call in for help completing the survey if needed. All mailings said that people who completed the survey would be offered a $25 gift card to thank them for taking the survey. At the end of the survey, respondents were asked for their email address for Wilder to have the incentive vendor, Tango, contact them to select a specific gift card.

One week after the first survey packets were mailed (May 7, 2024), a postcard was sent to all sampled households, reminding those who had not yet completed a survey to do so, and thanking those who had already responded.

Three and a half to four weeks after the reminder postcards were mailed (May 31-June 4, 2024), a full survey packet was sent to all households that still had not completed the survey. The packet included a reminder letter and a paper survey along with a postage-paid envelope for its return.

The remaining completed surveys were received over the next four and a half weeks. Data collection ended on July 8, 2024.

Completed paper surveys were returned to the scanning vendor, ADAPT, for scanning. After the scanning was completed, the forms were returned to Wilder on July 10, 2024, so that they could be shipped to UMB. Before the shipment, however, the email address on the last page of each form had to be removed to ensure the survey respondents were anonymous to UMB as per the research study IRB protocol.

Data cleaning and weighting

All completed paper surveys were tracked and scanned by ADAPT. Once scanning was complete, a Wilder research analyst used SPSS to create a data file and performed quality tests to ensure accuracy.

Wilder staff combined the responses from the web and paper surveys into one SPSS and one csv data file with variable and value labels. After the data were compiled, the data set was sent to the UMB study statistician to determine which surveys should be used for weighting and which should be eliminated from the data set. As in 2022, in the event of multiple household responses only the first was retained, those who did not answer the final question in Section B (frequency of gambling in lifetime) were excluded, and those who did not complete at least 90% of the NODS questions were excluded.

Wilder's consulting partner, Mansour Fahimi PhD, created the weights. Dr Fahimi used the most recent American Community Survey data available (ACS 2020 5-year aggregate) from the U.S. Census Bureau to develop the weights based on the differential probability of selection, and the select demographic variables: age, gender, ethnicity, race, education, income, marital status, and geographical region.

Data from each of the sampling areas were weighted back to the population of that sampling area using constrained logistic regression. This method produces the same results as iterative proportional fitting ("raking"), the method used in 2022. Survey data for the demographic questions involved in weighting often include some missing values. A hierarchical hot-deck imputation procedure was used to impute the missing demographic values. Finally, adjusted weights were put through a series of quality control checks to detect extreme outliers and to prevent any computational or procedural errors. The final de-identified data file, with all original and created variables, and a data dictionary were provided to UMB in an SPSS format.

Survey weights ensure that the sample of individuals who responded to the survey are representative of the Maryland population with regard to the select demographic variables mentioned above.

Data analysis

All data analyses were carried out using Stata version 18.0.

Unless otherwise stated all presented results are weighted and are therefore representative of the adult population of the state of Maryland. It should be noted that any weighting procedure results in each response accounting for a fraction of the population they represent. The results presented in this report have been rounded to the nearest integer value. This rounding can result in the reported percentages appearing incorrect by approximately a tenth of a fraction.

The term prevalence is used in Chapters 7-10 to describe the proportion of the Maryland adult population estimated to be engaged in low-risk, at-risk, or disordered gambling behavior. This term can be used due to the survey sample being representative of the population via both the sampling method and the subsequent weighting procedure. These prevalence estimates are presented along with their associated 95% confidence intervals (CI) as a measure of uncertainty.

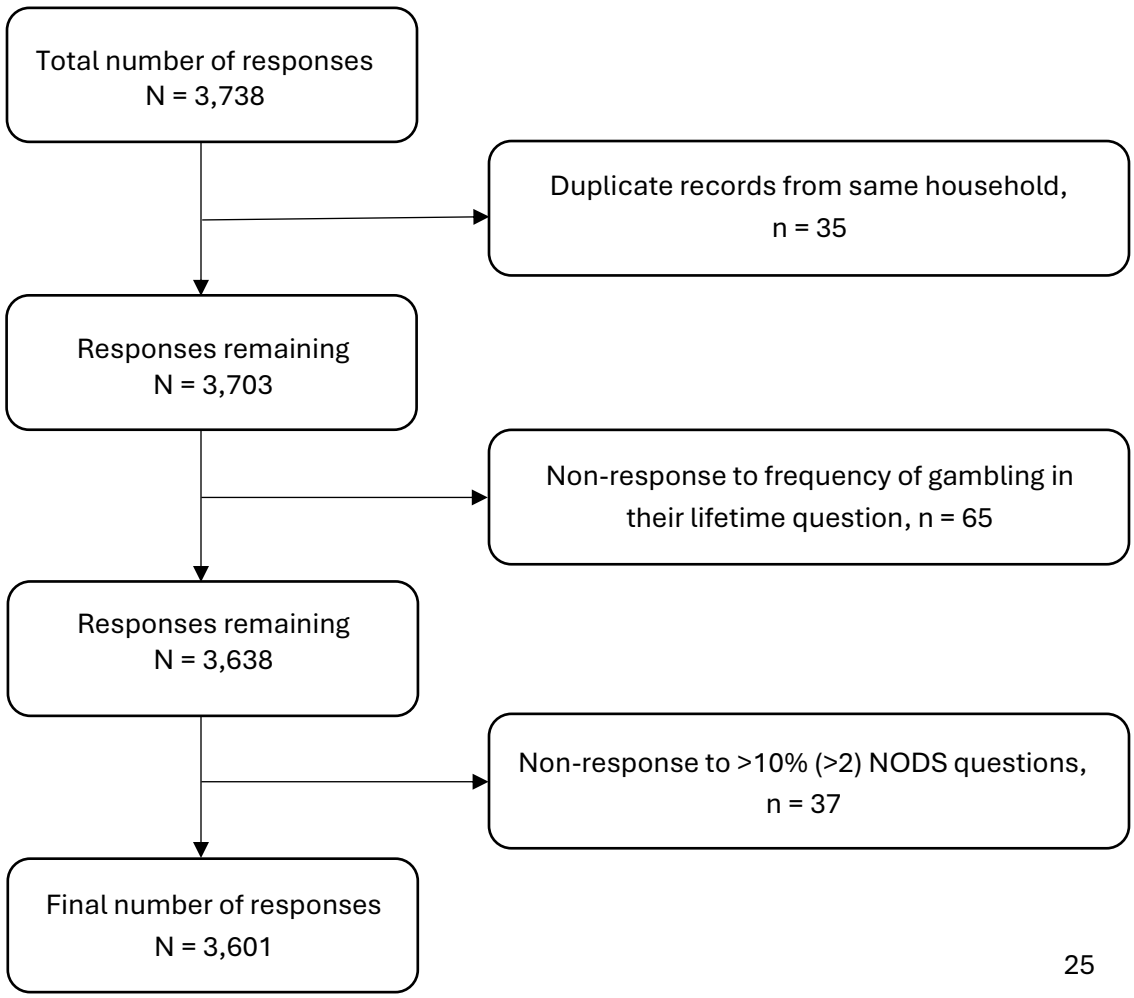
Skip logic was implemented within the survey to not only limit the burden of respondents, but to also ensure respondents are directed to answer the questions most befitting their gambling behavior. Those who indicated that they had gambled 5 or fewer days in their lifetime did not answer the NODS questions. These gamblers were assigned to the low-risk gambling behavior group.

CHAPTER 4 The 2024 Sample

Respondents returned a total of 3,738 responses to the 2024 Statewide Gambling Prevalence in Maryland survey. Two thirds of which were completed via an online portal (66.2%, n = 2,474), with the remaining third completing and returning the paper version of the survey (33.8%, n = 1,264). Responses which had completely missing or conflicting age information were not included in the total number of responses (N = 3,738).

Of the total number of responses, 35 were from households which had previously submitted a response and were therefore excluded. A further 65 were excluded as they did not answer the question about the frequency of gambling in their lifetime, a question which is used to direct them to the next most appropriate section of the survey. Those who indicated that they had gambled at least five times in their lifetime were directed to complete the section of the survey which asked the NODS questions. Responses to these questions are used to determine the respondent's gambling status and at least 14 of the 16 questions need to be answered (i.e., no more than 10% non-response). There were 37 respondents who did not answer at least 14 NODS questions (non-response to >2 NODS questions) and were therefore excluded. The final analytical dataset included 3,601 responses from unique households within the state of Maryland (Figure 4.1).

Figure 4.1 CONSORT diagram of 2024 gambling prevalence in Maryland survey responses



The analytical survey sample was weighted to ensure that the data collected, subsequent analyses and conclusions, accurately reflect the target population of all adults (18 years of age or older) residing in the state of Maryland. Weights were constructed using gender, age, ethnicity, race, highest level of education, marital status, and household income which were benchmarked against the 2022 American Community Survey (ACS) five-year aggregate data.

The unweighted and weighted sociodemographic characteristics of the analytical sample are presented in Table 4.1. Prior to weighting, White respondents were overrepresented (71.6% unweighted vs. 56.8% weighted) and Black or African American respondents were underrepresented (19.2% unweighted vs. 28.4% weighted). Younger Marylanders were underrepresented prior to weighting, particularly those aged 18 to 24 years (3.3% unweighted vs. 8.6% weighted). Consequently, those who had never been married or were not living with a partner were also underrepresented (20.2% unweighted vs 29.3% weighted). Prior to weighting, almost two thirds of respondents had achieved a bachelor's degree or higher education level (65.7%). After weighting this decreased to 44.8% of the sample. Weighting the sample had little impact on the gender and ethnicity distributions of respondents, with slightly more than half being female (53.4% weighted) and almost all non-Hispanic (91.7% weighted). Similarly, post-weighting, almost half of respondents had been working full-time in the week prior to completing the survey (49.8%) and a little over a third had not been working in the week prior (35.2%). Weighting had little impact on the distribution of household income with 30.0% of responses coming from a household with an income of over $150,000.

Table 4.1 Unweighted and weighted sociodemographic characteristics of the analytical sample.

	Unweighted n (%)	**Weighted n (%)**
Gender*		
Male	1,523 (42.3%)	1,677 (46.6%)
Female	2,078 (57.7%)	1,924 (53.4%)
Ethnicity*		
Hispanic/Latino	191 (5.3%)	298 (8.3%)
Non-Hispanic/Non-Latino	3,410 (94.7%)	3,303 (91.7%)
Race*		
White	2,577 (71.6%)	2,046 (56.8%)
Black or African American	693 (19.2%)	1,022 (28.4%)
Asian	236 (6.6%)	244 (6.8%)
Other	95 (2.6%)	289 (8.0%)
Age range (in years)*		
18-24	120 (3.3%)	310 (8.6%)
25-34	436 (12.1%)	602 (16.7%)
35-44	463 (12.9%)	634 (17.6%)
45-54	489 (13.6%)	579 (16.1%)
55-64	662 (18.4%)	650 (18.1%)

65-74	764 (21.2%)	498 (13.8%)
75+	667 (18.5%)	327 (9.1%)
Highest level of education*		
No diploma	48 (1.3%)	186 (5.2%)
High school diploma	406 (11.3%)	844 (23.4%)
Some college	380 (10.6%)	695 (19.3%)
Associate degree or vocational, technical or trade school	402 (11.2%)	264 (7.3%)
Bachelor's degree	1,054 (29.3%)	877 (24.4%)
Master's degree	896 (24.9%)	514 (14.3%)
Postgraduate degree (PhD, MD, or JD)	415 (11.5%)	221 (6.1%)
Work status in the previous week		
Working full-time	1,596 (44.3%)	1,793 (49.8%)
Working part-time	343 (9.5%)	337 (9.4%)
Not working last week	1,499 (41.6%)	1,267 (35.2%)
Prefer not to answer or missing	163 (4.5%)	204 (5.7%)
Total household income*		
Up to $15,000	130 (3.6%)	232 (6.5%)
$15,001 to $25,000	151 (4.2%)	141 (3.9%)
$25,001 to $35,000	192 (5.3%)	154 (4.3%)
$35,001 to $50,000	327 (9.1%)	276 (7.7%)
$50,001 to $75,000	521 (14.5%)	491 (13.6%)
$75,001 to $100,000	529 (14.7%)	497 (13.8%)
$100,001 to $125,000	446 (12.4%)	400 (11.1%)
$125,001 to $150,000	377 (10.5%)	331 (9.2%)
Over $150,000	928 (25.8%)	1,079 (30.0%)
Marital status*		
Married or living with a partner	2,046 (56.8%)	1,861 (51.7%)
Widowed	319 (8.9%)	219 (6.1%)
Divorced	445 (12.4%)	393 (10.9%)
Separated	62 (1.7%)	74 (2.1%)
Never married	729 (20.2%)	1,054 (29.3%)
Maryland region*		
Central	1,287 (35.7%)	1,222 (33.9%)
Western	1,128 (31.3%)	1,017 (28.2%)
Southern	888 (24.7%)	1,095 (30.4%)
Eastern	298 (8.3%)	268 (7.4%)

*Used in weighting procedure. Due to some missingness (between 3% and 20%), these variables were also imputed to ensure a weight could be calculated for all responses.

CHAPTER 5 Gamblers and Non-Gamblers in Maryland

In this report, a gambler is defined as anyone who has ever engaged in any gambling in their lifetime. This could include placing a bet at a casino, either online or in person. Use of gaming machines outside of a casino or at a bar, club, convenience store, racetrack, or other location; lottery games such as scratch-offs, Keno, pick-3, pick-4, pick-5, Powerball, Mega Millions, Racetrax, Multi-Match, Bonus Match 5, or Cash4Life; betting on horse races either at a racetrack, using off track betting, or online; playing bingo for money, such as at a bingo hall, social club, church, or fundraiser; at a private game, such as cards, dice or dominoes in someone's home, or on a game of skill, such as golf, pool, or bowling; betting on sports, including traditional sports gambling or fantasy sports, either online or in person. A non-gambler is defined as anyone who has never engaged in any form of gambling in their lifetime. These definitions are identical to those used in previous versions of the Statewide Gambling Prevalence in Maryland reports (previously referred to as 'ever-gamblers'), although the types of gambling activity included have been modified to reflect the options available at the time of the administration of the survey (see Chapter 3 for details).

In 2024, 89.8% of adults aged 18 years and over and residing in the state of Maryland had gambled in their lifetime, while 10.0% had never gambled (Table 5.1). Of those who gambled in their lifetime, a little more than half (58.2%) had done so more than 5 days in their lifetime, while the rest had gambled on 5 or fewer days in their lifetime. We were unable to determine the gambling status for a small percentage of individuals (<1.0%) as they did not answer any of the relevant questions. These individuals are therefore excluded from any analyses that requires knowledge of their gambling status, namely assessment of lifetime gambling behavior.

Table 5.1 Weighted lifetime gambling prevalence

	n (%)
Have never gambled in their lifetime (non-gamblers)	362 (10.0%)
Have gambled in their lifetime (gamblers)	3,232 (89.8%)
Gambled more than 5 days in their lifetime	*1,880 (58.2%)*
Gambled 5 or fewer days in their lifetime	*1,352 (41.8%)*
Missing	7 (0.2%)

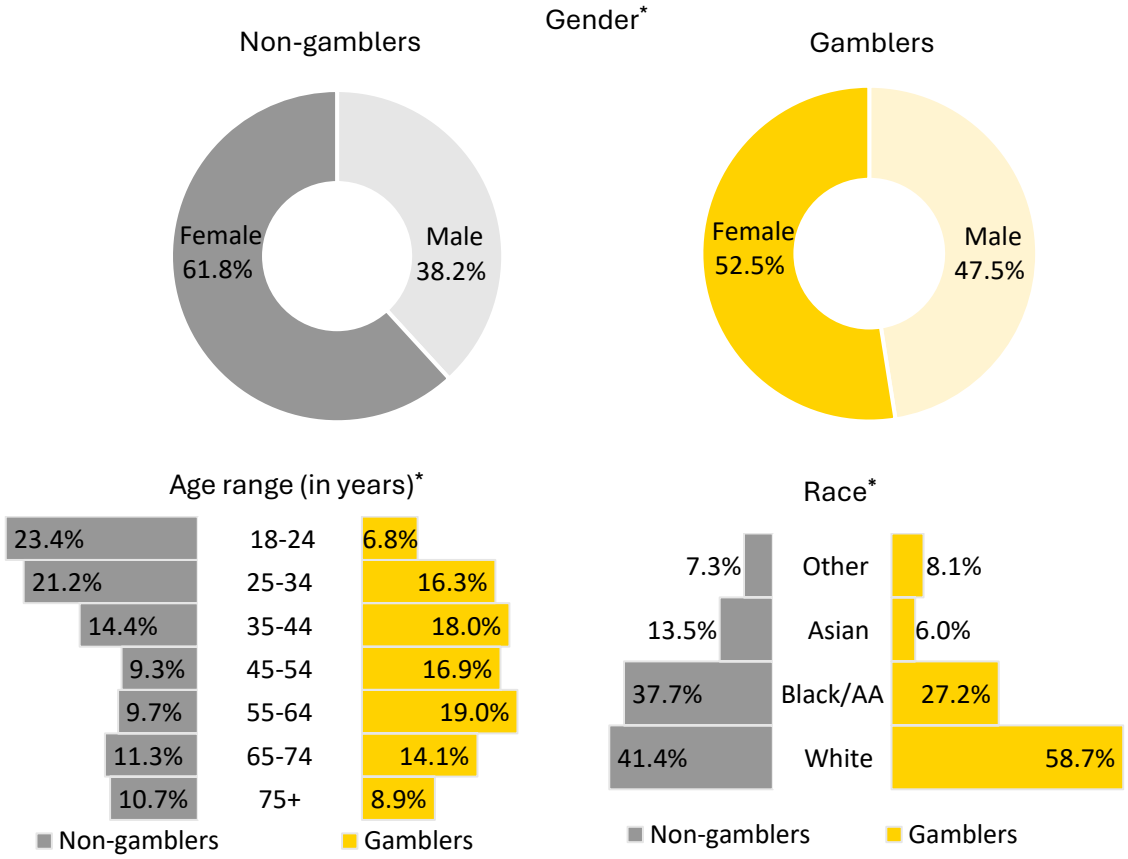
Gamblers vs non-gamblers

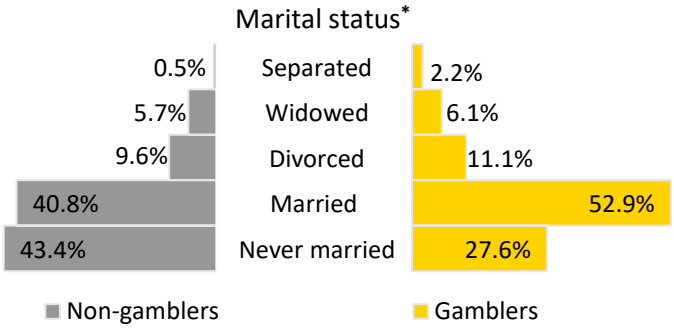
Select sociodemographic characteristics of Maryland gamblers and non-gamblers are presented in Figure 5.1. Compared to non-gamblers, the ratio of male to female gamblers was almost evenly split with 47.5% (vs 38.2% non-gamblers) being male and 52.5% (vs 61.8% non-gamblers) being female. The distribution of gamblers skewed more heavily to White Marylanders (58.7% gamblers vs 41.4% non-gamblers) and those aged between 35 and 74 (68.0% gamblers vs 44.7% non-gamblers). More gamblers were working full-time in the week prior to being surveyed than non-gamblers: 51.4% vs 36.5%, respectively. The subsequent reversal was among those not working the week prior, where the proportion of gamblers was considerably fewer (33.7% gamblers vs 47.3% non-gamblers). A

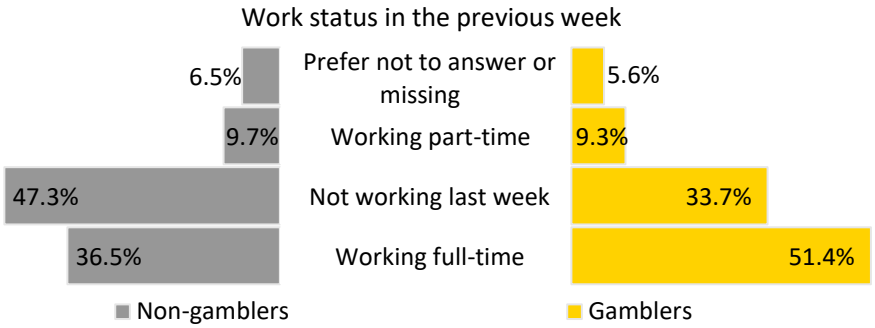
similar proportion were working part-time the week prior or did not answer the question. The distribution of reported household income in 2023 was fairly similar between these two groups of Marylanders, although we do see a slightly larger proportion of gamblers with household incomes above $150,000 (30.9% gamblers vs 22.2% non-gamblers). Over half of Maryland gamblers were married (52.9%) compared to 40.8% of non-gamblers. The ethnicity, highest level of education, and Maryland region of the household was similar between non-gamblers and gamblers. A full table of all sociodemographic characteristics of gamblers and non-gamblers can be found in Appendix B.

Appendix Table B.2 further broke down the sociodemographics of gamblers by days gambled in their lifetime: more frequent gambling (>5 days) and less frequent or rare gambling (≤5 days). Trends remained largely consistent with those displayed in Table B.1, with two notable exceptions. When separated by frequency of gambling we note that just over half (52.8%) of those who had gambled more frequently (in their lifetime) were male, while only 40.2% of those who had rarely gambled (≤5 days in their lifetime) were male. The distribution of age was flattened, with slightly more of those who had rarely gambled at the lower and higher ends of the age range (10.1% were 18-24 years, 18.0% were 25-34 years, and 10.4% were 75+ years).

Figure 5.1 Select sociodemographics of non-gamblers and gamblers







*Imputed and used in weighting procedure (See Chapter 4 for details)

Gambling and substance use

The relationship between gambling and substance use has been well documented in the literature (Fong, 2005, Potenza et al., 2019, Grant & Chamberlain, 2019, Ford & Håkansson, 2020, Schluterman et al., 2025). However, the results presented in Table 5.2 provide an overview specifically for the adult population of Maryland and using the previously defined definitions of a gambler and non-gambler.

Three times more Maryland gamblers than non-gamblers reported using cigarettes, chewing tobacco, snuff, and/or e-cigarettes (vaping) several times per week (12.9% gamblers vs 4.2% of non-gamblers, see Table 5.2). A little over half (56.3%) of non-gamblers reported never consuming alcohol, compared to only one quarter of gamblers (24.6%). Frequency of alcohol consumption was also higher among gamblers than non-gamblers (29.3% gamblers vs 11.8% non-gamblers). Regardless of gambling status, almost all Marylanders reported never using illegal drugs such as cocaine, methamphetamine, club drugs, hallucinogens, heroin, fentanyl, and other opiates, or inhalants (97.3% non-gamblers and 95.0% of gamblers). Similarly, almost all Marylanders (96.4% non-gamblers and 93.5% of gamblers) reported never misusing prescription drugs, whether not as prescribed or when not prescribed to them. However, use of marijuana, hashish, or cannabis was higher among gamblers, with 10.3% using several times per week, compared to only 1.2% of non-gamblers.

When further broken down by days gambled in their lifetime, the overall trends of substance use and consumption were similar to those of all gamblers (Appendix Table B.3). The only discernable difference would be to note that the proportion of those who said they had used or consumed cigarettes or similar substances, a drink containing alcohol, illegal drugs, or marijuana, hashish, or cannabis was slightly higher among those who had gambled more frequently. Conversely, those who gambled less frequently had slightly higher rates of use of prescription drugs than their more frequent gambling counterparts. However, given that the vast majority did not use prescription drugs in a manner other than intended, these numbers are small and should be viewed as such (Appendix Table B.3).

Table 5.2 Frequency of substance use or consumption of gamblers and non-gamblers, in the 12 months prior to being surveyed.

Frequency of use/consumption	Non-gamblers (N = 362) n (%)	Gamblers (N = 3,232) n (%)
Cigarettes, chewing tobacco, snuff, e-cigarette (vape)		
Never	329 (91.1%)	2,560 (79.2%)
Several times a week	15 (4.2%)	417 (12.9%)
Once a month or less	7 (2.0%)	87 (2.7%)
Only a few days all year	5 (1.5%)	122 (3.8%)
Missing	5 (1.2%)	46 (1.4%)
A drink containing alcohol[a]		
Never	204 (56.3%)	794 (24.6%)
Several times a week	43 (11.8%)	947 (29.3%)
Once a month or less	70 (19.4%)	827 (25.6%)
Only a few days all year	41 (11.3%)	609 (18.8%)
Missing	4 (1.2%)	55 (1.7%)
Illegal drugs[b]		
Never	352 (97.3%)	3,069 (95.0%)
Several times a week	0 (0%)	32 (1.0%)
Once a month or less	5 (1.2%)	28 (0.9%)
Only a few days all year	0 (0.0%)	61 (1.9%)
Missing	5 (1.4%)	41 (1.3%)
Marijuana, hashish, or cannabis		
Never	323 (89.3%)	2,426 (75.1%)
Several times a week	4 (1.2%)	333 (10.3%)
Once a month or less	9 (2.5%)	116 (3.6%)
Only a few days all year	20 (5.7%)	315 (9.8%)
Missing	5 (1.4%)	41 (1.3%)
Prescription drugs[c]		
Never	349 (96.4%)	3,023 (93.5%)
Several times a week	1 (0.2%)	36 (1.1%)

Once a month or less	6 (1.6%)	44 (1.4%)
Only a few days all year	1 (0.3%)	76 (2.3%)
Missing	5 (1.4%)	53 (1.6%)

[a]Where a drink was defined as a can or bottle of beer or malt liquor, a 4-oz glass of wine, a mixed drink, or a one-and-one-half oz. shot.
[b]Such as cocaine, methamphetamine, club drugs, hallucinogens, heroin, fentanyl, and other opiates, or inhalants.
[c]Use of prescriptions drugs other than how they were prescribed or prescription drugs that were not prescribed to you. Includes sedatives, stimulants, or painkillers.

Gambling and health

Overall, the distribution of perceived general health was similar between gamblers and non-gamblers. A little over one-third of gamblers and non-gamblers viewed their general health as very good (37.6% gamblers and 36.7% non-gamblers, see Table 5.3). Less than 2% each of non-gamblers and gamblers in Maryland viewed their health as poor (1.7% non-gamblers and 1.5% gamblers).

Individuals who gambled less frequently were more inclined to perceive their health as excellent than those who gambled more frequently (Appendix Table B.4). Overall trends were otherwise similar between the two groups.

Table 5.3 Perceived general health of gamblers and non-gamblers, in the 12 months prior to being surveyed.

Perceived general health	**Non-gamblers (N = 362) n (%)**	**Gamblers (N = 3,232) n (%)**
Excellent	84 (23.2%)	575 (17.8%)
Very good	133 (36.7%)	1,216 (37.6%)
Good	94 (26.1%)	992 (30.7%)
Fair	36 (10.0%)	348 (10.8%)
Poor	6 (1.7%)	50 (1.5%)
Missing	9 (2.4%)	51 (1.6%)

Reasons for gambling choice

Non-gamblers were provided with four possible reasons (see Table 5.4) for why they have never gambled and were asked to select whether that reason was very, somewhat, or not at all important to them as a reason for not gambling.

The majority (86.7%) of non-gamblers felt that the inconvenience or the distance needed to travel to gamble was not at all important in their decision not to gamble. However, a little over half (52.3%) of non-gamblers moral or ethical concerns were very important in their reasoning for not gambling. The

possibility of losing money was very important to 68.6% of non-gamblers and 75.3% said that their just not being interested in gambling was a very important reason as to why they did not gamble.

Table 5.4 Importance of possible reasons for why **non-gamblers** had never gambled in their lifetime.

	Non-gamblers (N = 362)			
	Inconvenient or live too far away	**Moral or ethical concerns**	**Possibility of losing money**	**Just not interested**
	n (%)	**n (%)**	**n (%)**	**n (%)**
Very important	16 (4.7%)	182 (52.3%)	238 (68.6%)	267 (75.3%)
Somewhat important	30 (8.6%)	55 (15.8%)	60 (17.4%)	35 (9.7%)
Not at all important	298 (86.7%)	111 (31.8%)	49 (14.0%)	51 (14.5%)
Missing/Ambiguous[a]	18 (5.0%)	14 (3.8%)	15 (4.2%)	9 (2.5%)

[a]Ambiguous refers to individuals who completed the paper survey and selected more than one response for the question.

Similarly, more frequent gamblers were provided with seven possible reasons (see Table 5.5) for why they have gambled and were asked to indicate whether that reason was somewhat, very, or not at all important to them as a reason for gambling. Those who indicated they had gambled less frequently (<5 days in their lifetime) were not prompted to answer questions about their reasons for gambling.

Approximately half of Maryland frequent gamblers reported that winning money (50.4%) and the fun or entertainment (52.9%) of gambling were very important reasons for gambling. The excitement and challenge of gambling was important for most gamblers (73.9%) however it was only very important for 30.9%. The convenience or ease and the inexpensive entertainment value of gambling were both seen as somewhat important by approximately 40% of gamblers (39.6% and 42.2% respectively), but also not at all important by approximately 40% of gamblers (40.6% and 38.9%). Gambling as a distraction from everyday problems or to be around or with other people were viewed as not at all important, 72.2% and 60.9% respectively.

One final question in this area asked about the importance of gambling as it related to other recreational or social activities. Almost all more frequent gamblers (80.2%) reported that it was not important at all, while 16.1% reported that it was somewhat important when compared to other activities.

Table 5.5 Importance of possible reasons for why more frequent gamblers had gambled in their lifetime

	Gambled >5 days (N = 1,880)						
	To be around or with other people n (%)	Convenient or easy to do n (%)	To win money n (%)	For entertainment or fun n (%)	Exciting and challenging n (%)	Inexpensive entertainment n (%)	Distraction from everyday problems n (%)
Very important	258 (13.7%)	353 (18.8%)	948 (50.4%)	995 (52.9%)	580 (30.9%)	348 (18.5%)	170 (9.1%)
Somewhat important	470 (25.0%)	744 (39.6%)	646 (34.4%)	691 (36.8%)	808 (43.0%)	793 (42.2%)	340 (18.1%)
Not at all important	1,145 (60.9%)	764 (40.6%)	273 (14.5%)	187 (9.9%)	481 (25.6%)	732 (38.9%)	1,358 (72.2%)
Missing/Ambiguous*	7 (0.4%)	19 (1.0%)	13 (0.7%)	7 (0.4%)	11 (0.6%)	8 (0.4%)	12 (0.6%)

*Ambiguous refers to individuals who completed the paper survey and selected more than one response for the question.

CHAPTER 6 Gambling in Maryland

In this chapter we take a closer look at the gambling activity of the Marylanders previously identified as gamblers in Chapter 5 (89.8%, n = 3,232).

Type and frequency of gambling

The nine different types of gambling asked about in the Statewide Gambling Prevalence in Maryland 2024 survey was provided in Chapters 3 and 5. In addition to being asked whether a respondent had taken part in each of the gambling types, they were also asked how frequently they had taken part in this activity in the 12 months prior to being surveyed. Those who had played in the last 12 months were also asked to estimate how much they had won or lost, in total, on that gambling activity.

Figure 6.1 shows the distribution of the total number of gambling types in which Maryland gamblers had participated during their lifetime. A little over a tenth of gamblers (12.5%) had participated in only one type of gambling activity in their lifetime. The proportion of gamblers participating in more than one type of gambling increased steadily and peaked at 18.3% of gamblers who had participated in three different types of gambling activity. After this we see a steady decline, with a larger drop off for seven or more types of gambling. Only 2.7% of gamblers indicated that they had participated in all nine forms of gambling activity.

Figure 6.1 Proportion of MD gamblers playing one or more type of gambling in their lifetime.

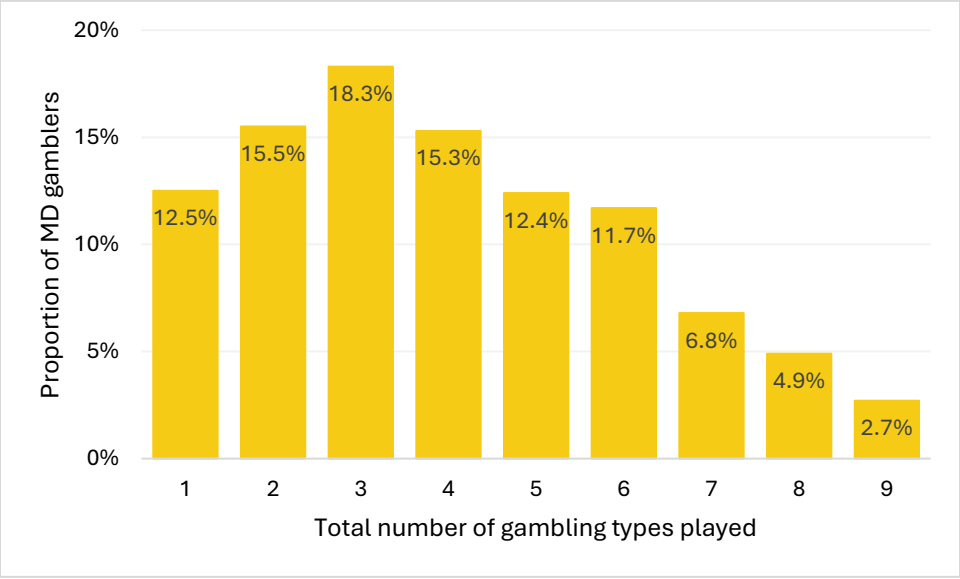


Table 6.1 summarizes the types and frequency of gambling ever utilized by Maryland gamblers. Almost all gamblers (89.8%) reported having participated in the lottery while 72.8% had gambled in person at a casino. Almost half of all gamblers (47.2%) used gaming machines outside of a casino, and 41.6% had played bingo for money outside of a casino setting. The other types of gambling asked about: online casino style games, horse races, sports gambling, private games for money, or any

other kind of game not previously asked about, were reported by fewer MD gamblers (between 24% and 37% of gamblers).

The majority of Marylanders who had ever played the lottery had also played in the 12 months prior to being surveyed (72.9%, Table 6.1), with 56.4% playing only a few times all year (1-5 times) and 24.0% playing more than once per month. However, fewer than half (33.7%) of those who had ever gambled in person at a casino had done so in the year prior to being surveyed and almost all (75.3%) had played only a few times (1-5 times) or once a month or less (11.3%). Similarly, among those who had ever played bingo for money, only 26.1% had played in the past 12 months, with 67.4% of those playing a few times per year and 16.2% playing once per month or less. Conversely, more than half (52.7%) of those who had ever gambled on online casino style games did so in the 12 months prior to being surveyed, and 33.4% of those had done so more than once per month. Of the Marylanders who had ever gambled on sports, 64.6% had done so in the past 12 months. Details of the frequency of play in that period are provided in Chapter 7. For gaming machines outside of a casino, horse races, private games for money, and any other kind of game, we see rates of play in the past 12 months which are similar to the rates of having ever participated in that type of gambling and with the majority of play occurring only a few times all year.

Estimated losses or winnings

Regardless of gambling type, only a small proportion of Maryland gamblers estimated that they had won more than one hundred dollars in the 12 months prior to being surveyed (between 7.5% and 16.1% of those who had gambled in the past 12 months, Table 6.2). The types of gambling with the highest proportion of individuals reporting a loss of more than one hundred dollars in the past 12 months were in person casino gambling (37.4%), bingo for money (29.3%), and lottery games (29.1%). Those who had played private games for money in the past 12 months were the least likely to report losing (13.9%), with the majority (70.8%) estimating that they had broken even, won or lost no more than one hundred dollars, in that period.

Table 6.1 Gambler participation by gambling type, including participation in 12 months prior to being surveyed and frequency of play in that same time period.

	Ever participated (N = 3,232)	Participated in 12 months prior to survey[a]	Frequency of play in 12 months prior to survey[b]		
			Only a few times (1-5 times)	Once a month or less (6-12 times)	More than once per month
	n (%)	n (%)	n (%)	n (%)	n (%)
Casino (in person)	2,353 (72.8%)	794 (33.7%)	598 (75.3%)	90 (11.3%)	106 (13.3%)
Casino (online casino style games)	761 (23.6%)	401 (52.7%)	198 (49.4%)	69 (17.2%)	134 (33.4%)
Gaming machines outside a casino	1,525 (47.2%)	619 (40.6%)	382 (61.7%)	104 (16.8%)	133 (21.5%)
Horse races	844 (26.1%)	215 (25.4%)	149 (69.5%)	25 (11.6%)	40 (18.9%)
Sports	936 (29.0%)	605 (64.6%)	See Chapter 7 for details		
Lottery games	2,901 (89.8%)	2,114 (72.9%)	1,192 (56.4%)	414 (19.6%)	508 (24.0%)
Bingo for money	1,345 (41.6%)	351 (26.1%)	236 (67.4%)	57 (16.2%)	58 (16.4%)
Private game for money	1,187 (36.7%)	387 (32.6%)	244 (63.1%)	62 (15.9%)	81 (21.0%)
Any other kind of game	1,155 (35.7%)	410 (35.5%)	336 (82.1%)	42 (10.3%)	31 (7.6%)

[a]Denominator is the number in the preceding column, ever participated.
[b]Denominator is the number in the preceding column, participated in 12 months prior to survey.

Table 6.2 Gambling losses or winnings in the 12 months prior to being surveyed by gambling type			
	Total $ estimated to have been won or lost in 12 months prior to survey[a]		
	Lost more than $100 n (%)	Roughly broke even (won or lost less than $100) n (%)	Won more than $100 n (%)
Casino (in person)	286 (37.4%)	357 (46.5%)	123 (16.1%)
Casino (online casino style games)	82 (23.0%)	219 (61.7%)	54 (15.2%)
Gaming machines outside a casino	134 (24.7%)	356 (65.5%)	53 (9.8%)
Horse races	41 (19.9%)	138 (66.6%)	28 (13.6%)
Sports	See Chapter 7 for details		
Lottery games	571 (29.1%)	1,244 (63.4%)	147 (7.5%)
Bingo for money	93 (29.3%)	180 (56.2%)	46 (14.5%)
Private game for money	51 (13.9%)	260 (70.8%)	56 (15.3%)
Note that respondents who had gambled on “any other kind of game” were not asked about how much they had won or lost in the past 12 months.			

CHAPTER 7 Disordered Gambling in Maryland

In this chapter, the NODS was used to characterize the prevalence of lifetime gambling behavior of adults in the state of Maryland. Gamblers were categorized into one of four categories: people with low-risk, people with at-risk, people with problem, or people with probable pathological gambling behavior. The two highest categories, problem and probable pathological, were then combined into a single category of people with disordered gambling (Table 3.6), this term is reflective of the most recent classification of gambling behavior outlined in the DSM-5 (American Psychiatric Association, 2013). Non-gamblers, as previously defined in Chapter 5, are anyone who has never engaged in any form of gambling in their lifetime.

Prevalence of lifetime gambling behavior

Table 7.1 shows the estimated prevalence (and 95% confidence intervals) of lifetime gambling behavior, including non-gamblers, in the state of Maryland. The majority (74.4%, 95% CI: 72.4%, 76.7%) of the adult population in MD are estimated to be engaged in low-risk gambling, while 9.8% (95% CI: 8.4%, 11.3%) are estimated to be at-risk gamblers. Individuals with disordered gambling are estimated to comprise 5.7% (95% CI: 4.4%, 6.9%) of the adult population in MD.

Table 7.1 Estimated prevalence (95% confidence intervals) of lifetime gambling behavior in Maryland, including non-gamblers.

	n	% (95% CI)
Non-gambling	362	10.1% (8.7%, 11.7%)
Low-risk gambling	2,674	74.4% (72.2%, 76.5%)
At-risk gambling	351	9.8% (8.4%, 11.3%)
Disordered gambling	207	5.7% (4.6%, 7.1%)
Problem gambling	*97*	*2.7% (2.0%, 3.7%)*
Probable pathological gambling	*110*	*3.1% (2.2%, 4.2%)*

Non-gambler: Has not participated in any gambling activity in their lifetime.
Low-risk: NODS score 0
At-risk: NODS score of 1 – 2
Disordered gambler: Problem gambler (NODS score 3 - 4) and probable pathological gambler (NODS score 5 or higher) combined.

Gambling behavior by sociodemographic characteristics

A comparison of the sociodemographic characteristics of non-gamblers and gamblers was previously presented in Chapter 5. In this chapter, we focus on examining the characteristics of Marylanders with low-risk, at-risk, or disordered gambling behavior (Table 7.2).

Moving from low-risk to disordered gambling we see the ratio of male to female shift, with less than half (44.5%) of Marylanders with low-risk gambling behavior being male while 66.2% of those with disordered gambling behavior are male. Whereas the pattern is reversed for females such that more

than half (55.5%) the proportion of Marylanders with low-risk gambling behavior are female and a third (33.8%) of those who scored in the disordered gambling range are female. A slightly higher proportion (10.1%) of individuals with disordered gambling are Hispanic or Latino compared to low-risk or at-risk individuals (7.8% and 8.1% respectively), while Black or African American individuals comprise more than half (53.3%) of all individuals with disordered gambling compared to only a quarter (24.2%) of those with low-risk gambling behavior. Almost half (47.4%) of Marylanders with disordered gambling behavior had achieved a high school diploma as their highest level of education, more than double that of low-risk and at-risk individuals (21.2% each). A considerably higher proportion of individuals with disordered gambling behavior had a total household income below $25,000 than those who had low-risk or at-risk gambling behavior (30.0% compared to 8.6% of low-risk individuals and 9.6% of at-risk individuals). The proportion of Marylanders with disordered gambling who are separated (8.3%) or have never been married (41.6%) is considerably higher than among those with low-risk (1.8% separated and 25.4% never married) or at-risk (2.4% separated and 35.7% never married) gambling behavior. Almost half (45.0%) of individuals with disordered gambling behavior live in a household located in Central Maryland, compared to 43.4% of at-risk and 31.9% of low-risk individuals. Trends in age and working status in the week prior to being surveyed were similar among the three groups of gamblers.

Table 7.2 Comparison of individuals with lifetime low-risk, at-risk, and disordered gambling by sociodemographic characteristics and Maryland region.

	Low-risk gambling (N = 2,674) n (%)	**At-risk gambling (N = 351) n (%)**	**Disordered gambling (N = 207) n (%)**
Gender*			
Male	1,190 (44.5%)	209 (59.6%)	137 (66.2%)
Female	1,485 (55.5%)	142 (40.4%)	70 (33.8%)
Ethnicity*			
Hispanic/Latino	209 (7.8%)	28 (8.1%)	26 (12.7%)
Non-Hispanic/Non-Latino	2,466 (92.2%)	323 (91.9%)	180 (87.3%)
Race*			
White	1,640 (61.3%)	182 (51.8%)	74 (36.0%)
Black or African American	647 (24.2%)	124 (35.3%)	107 (51.9%)
Asian	174 (6.5%)	17 (4.8%)	5 (2.2%)
Other	213 (8.0%)	28 (8.1%)	20 (9.9%)
Age range (in years)*			
18-24	180 (6.7%)	20 (5.8%)	21 (10.2%)
25-34	419 (15.7%)	69 (19.6%)	38 (18.2%)
35-44	461 (17.2%)	83 (23.6%)	38 (18.6%)
45-54	462 (17.3%)	57 (16.2%)	27 (12.9%)
55-64	501 (18.7%)	64 (18.3%)	50 (24.3%)
65-74	394 (14.7%)	38 (10.7%)	22 (10.7%)

75+	257 (9.6%)	20 (5.8%)	10 (5.1%)
Highest level of education*			
No diploma	124 (4.6%)	29 (8.1%)	20 (9.5%)
High school diploma	568 (21.2%)	74 (21.2%)	95 (45.9%)
Some college	536 (20.1%)	69 (19.6%)	29 (14.0%)
Associate degree or vocational, technical or trade school	198 (7.4%)	27 (7.6%)	15 (7.1%)
Bachelor's degree	653 (24.4%)	108 (30.8%)	37 (17.7%)
Master's degree	412 (15.4%)	32 (9.1%)	12 (5.8%)
Postgraduate degree (PhD, MD, or JD)	183 (6.8%)	12 (3.5%)	0 (0.0%)
Work status in the previous week			
Working full-time	1,363 (51.0%)	199 (56.6%)	100 (48.4%)
Working part-time	246 (9.2%)	35 (10.0%)	20 (9.9%)
Not working last week	909 (34.0%)	104 (29.5%)	75 (36.3%)
Prefer not to answer or missing	156 (5.8%)	13 (3.8%)	11 (5.5%)
Total household income in 2023*			
Up to $15,000	128 (4.8%)	24 (6.9%)	44 (21.5%)
$15,001 to $25,000	101 (3.8%)	9 (2.7%)	15 (7.5%)
$25,001 to $35,000	99 (3.7%)	25 (7.1%)	15 (7.0%)
$35,001 to $50,000	185 (6.9%)	37 (10.6%)	20 (9.5%)
$50,001 to $75,000	373 (13.9%)	27 (7.8%)	29 (14.2%)
$75,001 to $100,000	366 (13.7%)	54 (15.5%)	16 (7.9%)
$100,001 to $125,000	317 (11.9%)	41 (11.8%)	17 (8.2%)
$125,001 to $150,000	241 (9.0%)	31 (8.8%)	16 (7.9%)
Over $150,000	864 (32.3%)	102 (28.9%)	33 (16.2%)
Marital status*			
Married or living with a partner	1,468 (54.9%)	172 (48.9%)	72 (34.6%)
Widowed	170 (6.4%)	19 (5.3%)	9 (4.4%)
Divorced	310 (11.6%)	27 (7.7%)	22 (10.7%)
Separated	48 (1.8%)	8 (2.4%)	16 (8.0%)
Never married	680 (25.4%)	125 (35.7%)	87 (42.3%)
Maryland region of household*			
Central	854 (31.9%)	152 (43.4%)	93 (45.0%)
Western	813 (30.4%)	68 (19.4%)	28 (13.8%)
Southern	792 (29.6%)	113 (32.2%)	68 (33.1%)
Eastern	216 (8.1%)	17 (5.0%)	17 (8.2%)

*Imputed and used in weighting procedure (See Chapter 4 for details)

CHAPTER 8 Sports Gambling in Maryland

Online/mobile sports gambling became legally available in November 2022 (Maryland Lottery, 2022), months after data collection for the 2022 Maryland gambling prevalence survey had been completed. At the time of the 2022 survey, online sports gambling was, however, legally available in the nearby states of Virginia, Pennsylvania, New Jersey, and New York, as well as the District of Columbia.

The 2024 Maryland gambling prevalence survey added questions about casino-based sports gambling and informal sports gambling; also, the 2024 survey bolstered existing content on online/mobile sports gambling and fantasy sports gambling. For both fantasy and non-fantasy sports gambling, respondents were asked to consider only bets that were for money or something of value.

Fantasy sports are contests in which participants create custom teams consisting of real professional or college athletes. Participants' fantasy teams are scored according to the real-world performance of their individual athletes. Competitions often occur between pairs of participants or among closed leagues, although some fantasy sports bets may be placed against a casino or sportsbook. Fantasy sports contests can take place over the course of a single day or round of games (daily fantasy sports), or across an entire season or longer (yearly fantasy sports). Due to the need to do complex scoring in a short amount of time, daily fantasy sports tend to be an online-only activity. Yearly fantasy sports leagues are usually organized on mobile or online platforms as well in the modern era, although scoring by hand is still present in some leagues.

At the time of the 2024 survey, the following sports gambling modes were legally available in Maryland: online/mobile, casino, and daily fantasy (Table 8.1). Informal sports betting and yearly fantasy sports betting were not explicitly legal because they do not use licensed operators (Maryland Lottery, 2025), but enforcement against these modes was not generally pursued. Furthermore, unlicensed online sites are harder to monitor and an individual may not even be aware they are using an unlicensed site for their online gambling activity.

Table 8.1 Modes of sports gambling included in the 2022 and 2022 Maryland gambling prevalence surveys.

Mode of sports gambling	Questionnaire description	Legally available in Maryland in...		Data collected in...	
		2022	2024	2022	2024
Online/ mobile	*Online sports gambling, using an online or mobile sportsbook. This includes any traditional sports bets that use a computer or mobile device. This does not include fantasy sports.*	No	✓	✓	✓
Casino	*Sports gambling in a casino, at a physical sportsbook, or with a bookie. This does not include online bets or fantasy sports.*	✓	✓	No	✓
Informal	*Informal sports bets with friends, family, or acquaintances? This includes NCAA basketball tournament pools, Super Bowl pools, or bets on outcomes of specific sports contests or seasons, and do not involve a casino, sportsbook, or bookie. This does not include fantasy sports.*	No	No	No	✓
Yearly fantasy	*Fantasy sports are a type of sports gambling in which you select real athletes to create your own custom teams. Yearly fantasy sports are conducted for an entire season or longer. For the purpose of this survey, we are only asking about fantasy sports contests in which you were playing for money or something of value.*	No	No	✓	✓
Daily fantasy	*Daily fantasy sports are a specific type of fantasy sports game conducted over short time periods such as a single week or day of competition, rather than played over the course of an entire season.*	✓	✓	✓	✓

Sociodemographics of sports gamblers

Approximately one out of six (16.8%) of Maryland adults reported that they have gambled on sports in the past year (Table 8.2). More than one in four (26.0%) reported that they had ever gambled on sports. A quarter of adult male Marylanders (24.7%) reported that they have gambled on sports in the past year, compared to 10.6% of adult female Marylanders (10.6%). Sports gambling was most common in the age groups from 25 to 54 years old. The racial group with the highest prevalence of sports gambling activity was non-Hispanic Whites; among income groups, respondents with higher

incomes reported sports gambling more often. Marylanders who worked full-time were more likely to gamble on sports than those who did not. The Maryland regions where adults were most likely to report sports gambling in the past year were Central Maryland and Southern Maryland.

Table 8.2 Sociodemographic patterns in sports gambling.^

	Gambled on sports (past year)	Gambled on sports (ever)
Total	**16.8%**	**26.0%[a]**
Gender*		
Male	403 (24.1%)	601 (35.6%)
Female	202 (10.5%)	335 (17.4%)
Ethnicity*		
Hispanic/Latino	43 (14.4%)	66 (22.1%)
Non-Hispanic/Non-Latino	562 (17.0%)	870 (26.4%)
Race*		
White	368 (18.0%)	580 (28.4%)
Black or African American	159 (15.6%)	253 (24.7%)
Asian	24 (10.0%)	40 (16.3%)
Other	53 (18.3%)	63 (21.9%)
Age range (in years)*		
Age 18-24	52 (16.9%)	72 (23.4%)
25-34	155 (25.7%)	198 (32.9%)
35-44	149 (23.5%)	227 (35.8%)
45-54	117 (20.1%)	195 (33.6%)
55-64	75 (11.5%)	138 (21.3%)
65-74	47 (9.5%)	80 (16.0%)
75+	10 (3.2%)	26 (8.1%)
Highest level of education*		
High school or less	153 (14.9%)	234 (22.8%)
Some college	166 (17.4%)	251 (26.2%)
Bachelor's degree	175 (20.0%)	264 (30.1%)
Master's degree or higher	110 (14.9%)	186 (25.3%)
Work status in the previous week		
Working full-time	419 (23.4%)	601 (33.5%)
Part-time/Not working	168 (10.5%)	298 (18.6%)
Total household income in 2023*		
Up to $50,000	91 (13.6%)	145 (21.8%)
$50,001-$100,000	153 (19.5%)	222 (28.5%)
$100,001-$150,000	99 (18.6%)	148 (27.9%)

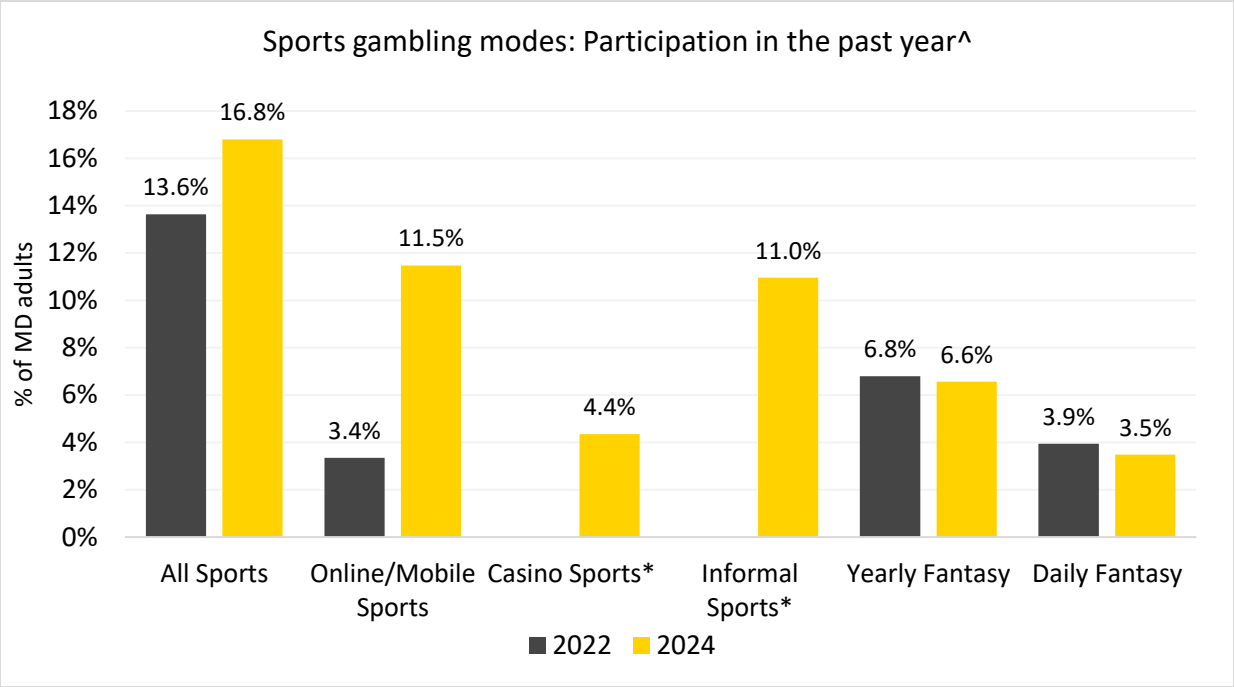
Over $150,001	186 (21.8%)	286 (33.5%)
Marital status		
Married/Living with partner	321 (18.1%)	499 (28.2%)
Not married or living with partner	266 (16.2%)	393 (24.0%)
Maryland region*		
Central	242 (19.8%)	352 (28.8%)
Western	117 (11.5%)	230 (22.6%)
Southern	210 (19.2%)	281 (25.7%)
Eastern	37 (13.6%)	73 (27.3%)

Some variable categories were combined due to small cell sizes.
*Imputed and used in weighting procedure (See Chapter 4 for details).
^Among all Maryland adults. For example, 24.1% of male Maryland adults participated in sports gambling in the past year.
[a]Among Maryland adults who had ever gambled, 29.0% had ever gambled on sports (see Chapter 6).

Comparison of sports gambling in Maryland, 2022 to 2024

Participation in sports gambling was higher in 2024 than in 2022 (Figure 8.1); 16.8% of Maryland adults reported in 2024 that they had gambled on sports in the past year, compared to 13.6% in 2022. Among individual modes, the largest jump was seen for online/mobile sports gambling, from 3.4% in 2022 to 11.5% in 2024. For both modes of fantasy sports gambling, participation was consistent from 2022 to 2024.

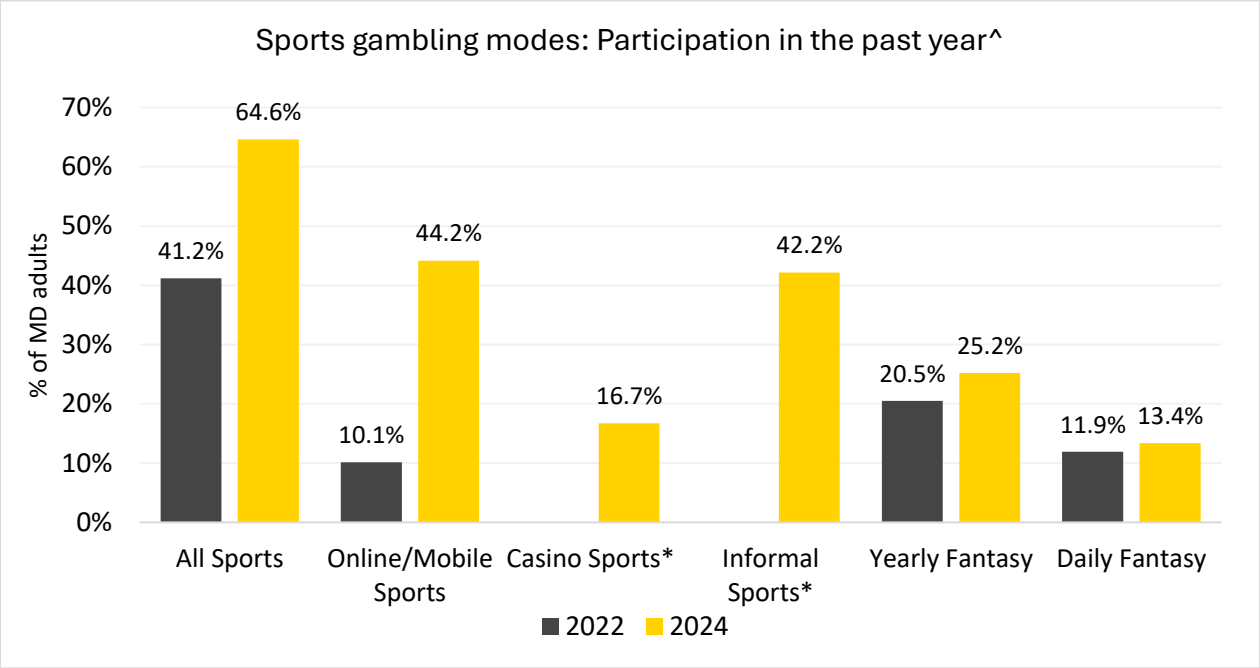
Figure 8.1 Participation in sports gambling in the past year by mode, among all Maryland adults, 2022 vs 2024.



^Among all Maryland adults.
*The 2022 survey did not include questions specifically about casino sports and informal sports gambling.

Among Maryland adults who had ever gambled on sports (Figure 8.2), 64.6% of Maryland adults reported in 2024 that they gambled on sports in the past year, compared to 41.2% in 2022. Participation in online/mobile sports gambling in the past year among Maryland adults who had ever gambled on sports rose from 10.1% to 44.2%. Participation in yearly and daily fantasy sports rose slightly from 2022 to 2024 among this same group.

Figure 8.2 Participation in sports gambling in the past year by mode, among Maryland adults who had ever gambled on sports, 2022 vs 2024.^



^Among Maryland adults who had ever gambled on sports.

*The 2022 survey did not include questions specifically about casino sports and informal sports gambling.

Modes and sociodemographics of sports gambling

In 2024, online/mobile sports gambling was most commonly reported by men, age groups up to 44 years, and full-time workers (Table 8.3). At least 10% of participants of each region except for Western Maryland reported that they had gambled on sports on online/mobile platforms in the past year. These were also the sociodemographic groups that most commonly reported that they had participated in casino sports, yearly fantasy, and daily fantasy sports.

Table 8.3 Participation in sports gambling in the past year by mode and sociodemographic group, 2024.

	Participated in past year, among sociodemographic group, n (% of sociodemographic group)^				
	Online/mobile sports	**Casino sports**	**Informal sports**	**Yearly fantasy**	**Daily fantasy**
Total	413 (11.5%)	157 (4.4%)	395 (11.0%)	236 (6.6%)	125 (3.5%)
Gender*					
Male	277 (16.5%)	123 (7.4%)	261 (15.6%)	190 (11.3%)	88 (5.2%)
Female	136 (7.1%)	33 (1.7%)	134 (6.9%)	46 (2.4%)	38 (2.0%)

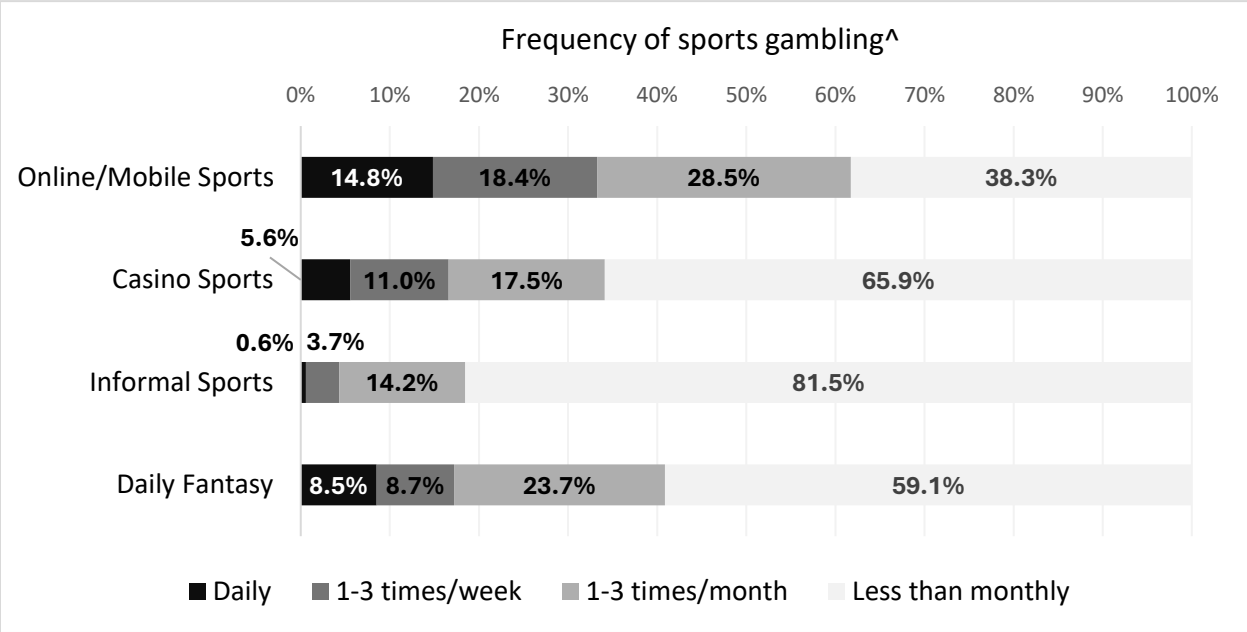
Ethnicity*					
Hispanic or Latino	34 (11.5%)	21 (6.9%)	35 (11.7%)	12 (4.1%)	12 (3.9%)
Non-Hispanic or Latino	379 (11.5%)	136 (4.1%)	360 (10.9%)	224 (6.8%)	114 (3.4%)
Race*					
White	234 (11.4%)	84 (4.1%)	257 (12.6%)	164 (8.0%)	69 (3.4%)
Black or African American	124 (12.1%)	54 (5.3%)	78 (7.6%)	41 (4.0%)	38 (3.7%)
Asian	15 (6.2%)	2 (0.8%)	16 (6.5%)	12 (4.8%)	5 (2.0%)
Other	41 (14.2%)	17 (5.8%)	44 (15.4%)	20 (6.8%)	14 (4.7%)
Age range (in years)*					
18-24	38 (12.3%)	20 (6.4%)	37 (11.8%)	19 (6.1%)	23 (7.2%)
25-34	118 (19.7%)	23 (3.8%)	79 (13.2%)	71 (11.8%)	19 (3.1%)
35-44	115 (18.2%)	48 (7.5%)	112 (17.7%)	62 (9.8%)	41 (6.5%)
45-54	74 (12.8%)	27 (4.7%)	55 (9.5%)	42 (7.3%)	19 (2.9%)
55-64	44 (6.8%)	25 (3.9%)	70 (10.7%)	27 (4.1%)	17 (2.5%)
65+	23 (2.8%)	14 (1.7%)	42 (5.1%)	15 (1.8%)	9 (1.2%)
Highest level of education*					
High school or less	123 (11.9%)	62 (6.1%)	88 (8.5%)	41 (4.0%)	59 (5.7%)
Some college	106 (11.0%)	46 (4.8%)	90 (9.4%)	46 (4.8%)	25 (2.6%)
Bachelor's degree	123 (14.0%)	33 (3.8%)	136 (15.5%)	105 (12.0%)	26 (2.9%)
Master's degree or higher	62 (8.4%)	15 (2.0%)	80 (10.9%)	44 (6.0%)	16 (2.2%)
Work status in the previous week					
Working full-time	299 (16.7%)	95 (5.3%	261 (14.6%	178 (10.0%	80 (4.4%)
Part-time/Not working	97 (6.1%)	53 (3.3%	124 (7.7%	52 (3.2%	40 (2.5%)
Total household income in 2023*					
$50,000 or less	78 (9.7%)	34 (4.2%)	53 (6.6%)	29 (3.6%)	39 (4.9%)
$50,001 to $100,000	123 (12.5%)	36 (3.7%)	92 (9.4%)	55 (5.6%)	35 (3.6%)
$100,001 to $150,000	79 (10.8%)	38 (5.2%)	84 (11.5%)	49 (6.7%)	24 (3.3%)
Over $150,000	133 (12.4%)	49 (4.6%)	165 (15.3%)	104 (9.6%)	26 (2.4%)
Marital status*					
Married/Living with partner	200 (10.7%)	72 (3.9%)	218 (11.7%)	149 (8.0%)	49 (2.6%)
Not married or living with partner	214 (12.3%)	85 (4.9%)	176 (10.1%)	87 (5.0%)	77 (4.4%)
Maryland region of household*					
Central	177 (14.5%)	59 (4.8%)	150 (12.3%)	110 (9.0%)	67 (5.5%)
Western	75 (7.3%)	25 (2.4%)	105 (10.3%)	56 (5.6%)	15 (1.5%)
Southern	133 (12.1%)	66 (6.0%)	122 (11.2%)	61 (5.6%)	32 (2.9%)
Eastern	29 (10.9%)	7 (2.7%)	17 (6.4%)	9 (3.4%)	12 (4.4%)

Some variable categories were combined due to small cell sizes.
*Imputed and used in weighting procedure (See Chapter 4 for details).
^Among participants in sociodemographic group. For example, 16.5% of male Maryland adults participated in online/mobile sports gambling in the past 12 months.

Frequency and typical stakes of sports gambling

Figure 8.3 shows the frequency of sports gambling among people who had participated in each mode in the past year. Online/mobile sports gambling saw the most frequent play, with 14.8% of participants saying they had placed such a wager daily. Daily fantasy and casino sports gambling had less frequent play than online/mobile sports, but more frequent play than informal sports gambling.

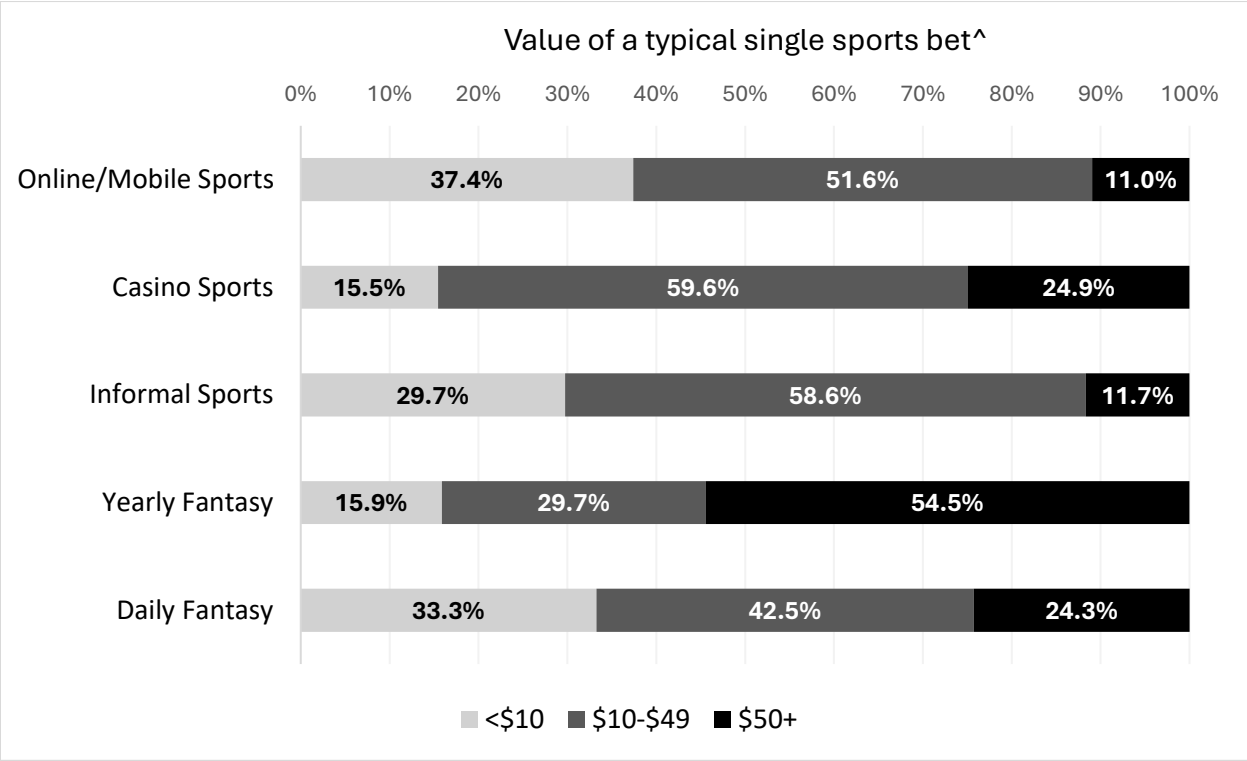
Figure 8.3 Frequency of sports gambling by mode, among Maryland adults who participated in each mode in the past year, 2024.



^Among Maryland adults who participated in each mode in the past year.

Yearly fantasy bets, which are placed once per season and are, by definition, infrequent, tended to have the highest monetary value; 54.5% of Marylanders reported that a typical yearly fantasy bet was at least $50. The next highest typical betting amounts were for casino sports, for which 24.9% of Marylanders reported that a typical bet was $50+ and only 15.5% reported a typical bet of less than $10. Online/mobile sports bets had a relatively low typical value, with only 11% of participants reporting that their typical bet was $50 or greater.

Figure 8.4 Monetary value of a typical sports bet, among Maryland adults who participated in each mode in the past year, 2024.

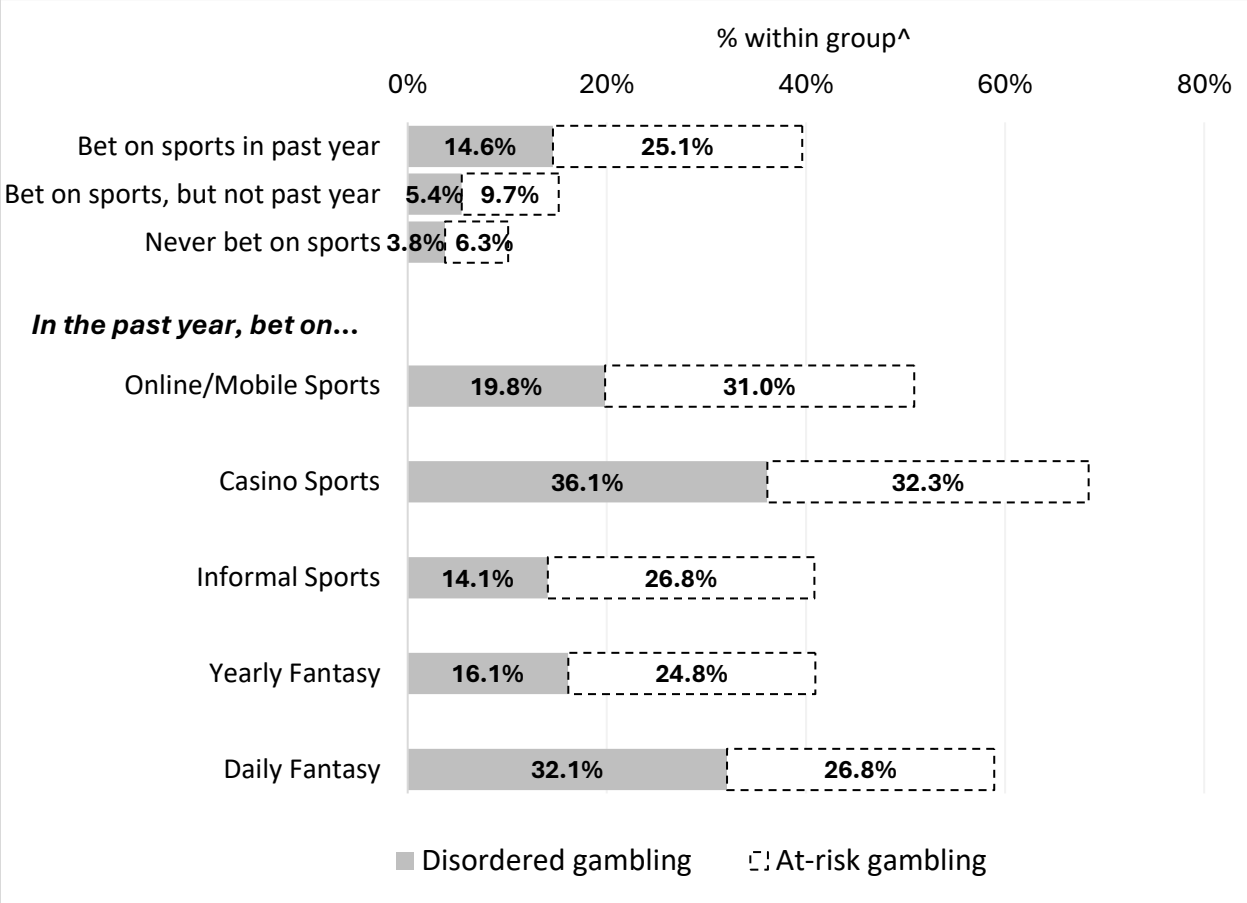


^Among Maryland adults who participated in each mode in the past year.

Disordered Gambling Behavior Among Marylanders Who Have Bet On Sports

Nearly two out of five Marylanders who bet on sports in the past year exhibited either disordered gambling (14.3%) or at-risk gambling behavior (25.1%) in their lifetime, which was more than double the proportions seen for previous sports gamblers (Figure 8.5). Among sports gambling modes, casino sports and daily fantasy participants had the highest proportions of disordered or at-risk gambling, followed by online/mobile sports. The individual sports gambling modes shown in Figure 8.5 each showed higher rates of disordered and at-risk gambling than did overall sports participation, mostly because participants who reported multiple modes of sports gambling participation had higher rates of disordered or at-risk gambling than did participants who selected exactly one mode.

Figure 8.5 NODS lifetime gambling behavior categories among Maryland adults by sports gambling mode, 2024.



^Among Maryland adults who participated in each mode in the past year.

CHAPTER 9 Help-Seeking, Resources, and Attitudes to Gambling

This chapter examines the help-seeking behavior of Maryland gamblers, the knowledge of available resources in the community, and attitudes towards gambling.

Help-seeking behavior

Gamblers (see Chapter 5 for definition) who had gambled more than 5 days in their lifetime were asked if they had ever sought help for their gambling behavior. Almost all (98.0%) said that they had not sought any help (Table 9.1). When broken out by gambling behavior risk types (see Chapters 3 and 7 for definitions), none of those who engaged in low-risk gambling had sought help and 1.2% of those engaged in at-risk gambling had sought help. Individuals with disordered gambling behavior were more inclined to have sought help, with 13.2% saying they had done so. However, this still leaves 86.8% of people with disordered gambling behavior who had not sought help.

Table 9.1 Help seeking behavior of gamblers who had gambled on more than 5 days in their lifetime.

	Low-risk gambler (N = 1,323) n (%)	At-risk gambler (N = 351) n (%)	Disordered Gambler (N = 207) n (%)	Overall (N = 1,880) n (%)
Have you ever sought help for a gambling problem				
Yes	0 (0%)	4 (1.2%)	27 (13.2%)	32 (1.7%)
No	1,318 (99.7%)	346 (98.5%)	179 (86.8%)	1,843 (98.0%)
Missing	4 (0.3%)	1 (0.3%)	0 (0%)	5 (0.3%)

Awareness of problem gambling resources

All respondents, non-gamblers and gamblers, were asked about their awareness of problem gambling resources.

Awareness of the availability of problem gambling resources in their community was lowest among non-gamblers and highest among individuals with disordered gambling behavior (Table 9.2). A quarter of non-gamblers (25.2%) were aware of a toll-free helpline for crisis help or referral to problem gamblers and others. Individuals engaged in low-risk gambling were twice as likely (50.1%) to be aware of a toll-free helpline, while 63.4% of those engaged in at-risk gambling and 67.1% of individuals with disordered gambling were aware of a toll-free helpline. Only 13.6% of non-gamblers were aware of Gamblers Anonymous services in their community compared to 29.7% of low-risk, 46.5% of at-risk, and 54.7% of disordered gambling individuals. Outpatient services for problem gambling were the least well known, with 15.8% of non-gamblers being aware of such services in their community and between 25.4% and 38.4% of gamblers.

Respondents were asked if they had seen or heard any information on problem gambling or how to gamble responsibly either on billboards, TV, radio, online, posters, flyers, or in newspapers. They were specifically told that this would not include advertisements for casinos, lotteries, sports betting,

or other places for gambling. Almost half of non-gamblers (44.7%) had seen or heard information on problem gambling or how to gamble responsibly. This increased to 66.5% among individuals engaged in low-risk gambling, 78.8% of those engaged in at-risk gambling, and almost all (80.7%) of individuals with disordered gambling behavior.

Table 9.2 Awareness of problem gambling resources.

	Non-gambler (N = 362) n (%)	Low-risk gambler (N = 2,674) n (%)	At-risk gambler (N = 351) n (%)	Disordered Gambler (N = 207) n (%)	Overall (N = 3,594) n (%)
Toll-free helpline for crisis help or referral to problem gamblers and others					
Yes	90 (25.2%)	1,328 (50.1%)	220 (63.4%)	134 (67.1%)	1,773 (49.8%)
No	25 (7.0%)	95 (3.6%)	12 (3.4%)	15 (7.5%)	147 (4.1%)
Don't know	243 (67.8%)	1,227 (46.3%)	115 (33.2%)	51 (25.4%)	1,636 (46.0%)
Missing	0 (0%)	2 (0.1%)	0 (0%)	0 (0%)	2 (0%)
Gamblers Anonymous					
Yes	49 (13.6%)	787 (29.7%)	162 (46.5%)	109 (54.7%)	1,107 (31.1%)
No	29 (8.1%)	109 (4.1%)	12 (3.5%)	19 (9.5%)	169 (4.7%)
Don't know	276 (77.1%)	1,755 (66.2%)	174 (49.9%)	72 (35.9%)	2,277 (64.0%)
Missing	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Outpatient services for problem gambling, such as private counseling					
Yes	57 (15.8%)	674 (25.4%)	132 (38.4%)	76 (38.2%)	939 (26.4%)
No	23 (6.3%)	86 (3.3%)	15 (4.2%)	29 (14.3%)	152 (4.3%)
Don't know	279 (77.8%)	1,891 (71.3%)	197 (57.4%)	95 (47.4%)	2,461 (69.3%)
Missing	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Seen or heard information on problem gambling or how to gamble responsibly					
Yes	162 (44.7%)	1,779 (66.5%)	277 (78.9%)	167 (80.7%)	2,384 (66.3%)
No	193 (53.2%)	859 (32.1%)	65 (18.6%)	33 (15.9%)	1,149 (32.0%)
Missing	7 (2.1%)	37 (1.4%)	9 (2.5%)	7 (3.4%)	61 (1.7%)

Attitudes toward gambling

Through a series of eight statements non-gamblers and gamblers were asked about their attitudes toward gambling. Each statement portrayed gambling as either a negative or positive. The negative statements were:

- There are too many opportunities for gambling nowadays.
- Gambling should be discouraged.
- Gambling is dangerous for family life.
- It would be better if gambling were banned altogether.

The positive statements were:

- People should have the right to gamble whenever they want.
- Most people who gamble do so sensibly.
- On balance, gambling is good for society.
- Gambling livens up life.

Respondents could either strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each statement.

The negative statements about discouraging gambling and gambling being dangerous for family life had similar trends with more non-gamblers than gamblers agreeing or strongly agreeing with these statements (Table 9.3). Specifically, two thirds of non-gamblers (69.9%) agreed or strongly agreed that gambling should be discouraged, compared to approximately one third of low-risk (37.5%) and disordered (35.6%) gamblers. Slightly fewer (24.6%) of those at-risk strongly agreed or agreed with this statement. Most non-gamblers (80.5%) agreed or strongly agreed that gambling was dangerous for family life. Among gamblers this proportion was considerably less with only 57.0% of low-risk, 41.0% of at-risk, and 55.7% of disordered gambling individuals agreeing or strongly agreeing. Between 9.3% and 13.4% of gamblers disagreed or strongly disagreed that gambling was dangerous for family life compared to only 1.9% of non-gamblers.

Trends for the remaining two negative statements did not follow the same pattern. Both non-gamblers (77.7%) and gamblers (low-risk: 65%, at-risk 64.6%, disordered: 83.3%) agreed or strongly agreed that there were too many opportunities for gambling. Only 40.5% of non-gamblers agreed or strongly agreed that it would be better if gambling were banned altogether while 47.5% of low-risk gambling individuals disagreed or strongly disagreed with this. More than half of at-risk (67.1%) and disordered (60.0%) gamblers disagreed or strongly disagreed with gambling being banned.

There were no obvious trends found among the four positive gambling statements. Approximately a third of non-gamblers (34.2%) strongly agreed or agreed that people should have the right to gamble whenever they want. This was substantially lower than the proportion of gamblers who strongly agreed or agreed with this statement: 52.6% of low-risk, 65.1% of at-risk, and 66.5% of disordered gambling individuals. Note that 41.1% of disordered gamblers strongly agreed with this statement. Over half of non-gamblers (52.9%) disagreed or strongly disagreed that most people gamble sensibly, compared to between 35.2% and 39.3% of gamblers.

When asked if gambling is good for society on balance, we see high levels of disagreement among non-gamblers (65.6%), to almost an even split of agreement and disagreement among at-risk (26.6% disagree or strongly disagree compared to 27.8% agree or strongly agree) and those with disordered gambling behavior (27.2% disagree or strongly disagree compared to 29.6% strongly agree or agree). Individuals engaged in low-risk gambling bridged the gap between non-gamblers and individuals with at-risk of disordered gambling, with high rates of disagreement (45.2%) but also increasing rates of agreement (10.8%).

We again see high levels of disagreement among non-gamblers (58.6%) when asked if gambling livens up life. However, unlike the statement about gambling being good for society, we see high rates of agreement among at-risk (47.6%) and disordered (44.8%) gamblers. Again, individuals engaged in low-risk gambling appeared to bridge the differences between non-gamblers and their higher risk gambling behavior counterparts, with high rates of disagreement (36.7%) but increasing rates of agreement (18.1%).

Table 9.3 Attitudes toward gambling.

	Non-gambler (N = 362) n (%)	Low-risk gambler (N = 2,674) n (%)	At-risk gambler (N = 351) n (%)	Disordered Gambler (N = 207) n (%)	Overall (N = 3,594) n (%)
There are too many opportunities for gambling nowadays					
Strongly agree	170 (46.9%)	909 (34.0%)	111 (31.6%)	119 (57.6%)	1,308 (36.4%)
Agree	111 (30.8%)	830 (31.0%)	116 (33.0%)	53 (25.7%)	1,110 (30.9%)
Neither agree nor disagree	66 (18.2%)	747 (27.9%)	94 (26.7%)	25 (12.2%)	932 (25.9%)
Disagree	8 (2.1%)	111 (4.1%)	14 (3.9%)	4 (1.8%)	136 (3.8%)
Strongly disagree	2 (0.5%)	54 (2.0%)	14 (4.0%)	5 (2.4%)	75 (2.1%)
Missing/Ambiguous[a]	5 (1.5%)	24 (0.9%)	3 (0.9%)	1 (0.3%)	34 (0.9%)
Gambling should be discouraged					
Strongly agree	132 (36.4%)	329 (12.3%)	24 (6.8%)	29 (13.8%)	513 (14.3%)
Agree	121 (33.5%)	675 (25.2%)	62 (17.8%)	45 (21.8%)	903 (25.1%)
Neither agree nor disagree	80 (22.2%)	1,236 (46.2%)	174 (49.7%)	89 (42.9%)	1,579 (43.9%)
Disagree	15 (4.1%)	324 (12.1%)	64 (18.2%)	34 (16.3%)	437 (12.2%)
Strongly disagree	3 (0.8%)	89 (3.3%)	23 (6.6%)	9 (4.3%)	124 (3.4%)
Missing/Ambiguous[a]	11 (3.0%)	22 (0.8%)	3 (0.9%)	2 (0.8%)	38 (1.1%)
Gambling is dangerous for family life					
Strongly agree	185 (51.2%)	547 (20.5%)	39 (11.1%)	58 (27.9%)	829 (23.1%)
Agree	106 (29.3%)	976 (36.5%)	105 (29.9%)	57 (27.8%)	1,244 (34.6%)
Neither agree nor disagree	53 (14.6%)	884 (33.0%)	157 (44.6%)	62 (30%)	1,155 (32.1%)
Disagree	6 (1.7%)	183 (6.8%)	41 (11.7%)	22 (10.6%)	252 (7.0%)
Strongly disagree	1 (0.2%)	68 (2.5%)	6 (1.6%)	6 (2.8%)	80 (2.2%)
Missing/Ambiguous[a]	11 (3.1%)	17 (0.6%)	3 (0.9%)	2 (0.9%)	33 (0.9%)

It would be better if gambling were banned altogether					
Strongly agree	73 (20.3%)	138 (5.2%)	15 (4.3%)	22 (10.7%)	248 (6.9%)
Agree	73 (20.2%)	206 (7.7%)	17 (4.9%)	10 (5.0%)	307 (8.5%)
Neither agree nor disagree	123 (34.0%)	1,044 (39.0%)	80 (22.8%)	49 (23.9%)	1,297 (36.1%)
Disagree	66 (18.2%)	870 (32.5%)	151 (42.9%)	62 (29.9%)	1,148 (31.9%)
Strongly disagree	20 (5.5%)	402 (15.0%)	85 (24.2%)	62 (30.1%)	569 (15.8%)
Missing/Ambiguous[a]	7 (1.8%)	15 (0.6%)	3 (0.9%)	1 (0.3%)	26 (0.7%)
People should have the right to gamble whenever they want					
Strongly agree	41 (11.2%)	380 (14.2%)	72 (20.6%)	85 (41.1%)	577 (16.1%)
Agree	83 (23.0%)	1,027 (38.4%)	156 (44.5%)	52 (25.4%)	1,319 (36.7%)
Neither agree nor disagree	124 (34.4%)	854 (31.9%)	81 (23.0%)	56 (27.0%)	1,115 (31.0%)
Disagree	69 (19.1%)	287 (10.7%)	30 (8.6%)	5 (2.3%)	391 (10.9%)
Strongly disagree	33 (9.2%)	108 (4.0%)	8 (2.4%)	8 (3.9%)	158 (4.4%)
Missing/Ambiguous[a]	11 (3.1%)	19 (0.7%)	3 (0.9%)	1 (0.3%)	34 (1.0%)
Most people who gamble do so sensibly					
Strongly agree	12 (3.3%)	66 (2.5%)	30 (8.4%)	33 (16.0%)	141 (3.9%)
Agree	29 (8.1%)	457 (17.1%)	68 (19.4%)	35 (16.9%)	589 (16.4%)
Neither agree nor disagree	123 (33.9%)	1,089 (40.7%)	127 (36.1%)	57 (27.5%)	1,395 (38.8%)
Disagree	106 (29.3%)	826 (30.9%)	107 (30.6%)	68 (32.8%)	1,107 (30.8%)
Strongly disagree	85 (23.6%)	211 (7.9%)	16 (4.6%)	13 (6.5%)	325 (9.1%)
Missing/Ambiguous[a]	7 (1.8%)	25 (0.9%)	3 (0.9%)	1 (0.3%)	36 (1.0%)
On balance, gambling is good for society					
Strongly agree	5 (1.4%)	21 (0.8%)	10 (2.9%)	22 (10.8%)	58 (1.6%)
Agree	15 (4.2%)	268 (10%)	87 (24.9%)	39 (18.8%)	409 (11.4%)
Neither agree nor disagree	96 (26.6%)	1,157 (43.3%)	157 (44.7%)	87 (42.3%)	1,497 (41.7%)
Disagree	120 (33.1%)	846 (31.6%)	73 (20.7%)	29 (14.2%)	1,067 (29.7%)
Strongly disagree	118 (32.5%)	363 (13.6%)	21 (5.9%)	27 (13.0%)	528 (14.7%)
Missing/Ambiguous[a]	8 (2.2%)	20 (0.8%)	3 (0.9%)	2 (0.8%)	33 (0.9%)
Gambling livens up life					
Strongly agree	9 (2.5%)	34 (1.3%)	15 (4.3%)	24 (11.8%)	83 (2.3%)
Agree	40 (10.9%)	449 (16.8%)	152 (43.3%)	70 (34.0%)	711 (19.8%)
Neither agree nor disagree	91 (25.1%)	1,192 (44.6%)	111 (31.6%)	79 (38.3%)	1,472 (41.0%)

Disagree	101 (28.1%)	688 (25.7%)	43 (12.2%)	18 (8.7%)	851 (23.7%)
Strongly disagree	110 (30.5%)	294 (11.0%)	26 (7.5%)	14 (6.8%)	445 (12.4%)
Missing/Ambiguous[a]	10 (2.9%)	18 (0.7%)	3 (0.9%)	1 (0.3%)	32 (0.9%)

[a]Ambiguous refers to individuals who completed the paper survey and selected more than one response for the question.

CHAPTER 10 Gambling in Maryland from 2010 to 2024

This chapter compiles highlights of five reports from 2010 to 2024. It should be noted that each of these surveys had some differences in methodology, including how the sample was obtained and the weighting procedures used. Therefore, direct comparisons should be made with caution. For details of the methods used, please refer to each of the relevant reports.

Gamblers in Maryland

In 2024, 89.8% of adult Marylanders reported that that they had ever gambled in their lifetime (Table 10.1). This is similar to the rate found in 2022, and a very slight decrease from 2020, where 92.3% of Marylanders were found to had ever gambled in their lifetime and a slight increase from those of 2010 and 2017 (89.7% and 87.0% respectively, Table 10.1).

Table 10.1 Prevalence of lifetime gambling across survey years.^

Survey year	Had ever gambled in lifetime
2010	89.7%
2017	87.0%
2020	92.3%
2022	90.4%
2024	89.8%

^Among all Maryland adults.

For consistent comparisons with data from 2010-2022, the remaining tables in Chapter 10 report percentages among Maryland adults who had ever gambled.

Type of gambling activity

From 2010 to 2024 the most frequently reported gambling types were lottery games and casino betting; for both types in each survey year, at least two-thirds of adult Marylanders reported ever having participated (Table 10.2). The lifetime participation rate in sports gambling dipped slightly in 2024, to 29.0% from 30.1% in 2022 and 35.5% in 2020, although it should be noted that the 2024 survey reorganized the sports gambling questions to collect more detailed information on modes of sports gambling. The biggest change in participation rates across gambling types was for online casino-style games, for which the lifetime participation rate rose to 23.6% in 2024 from 6.6% in 2022.

Table 10.2 Lifetime prevalence of having ever gambled by gambling type, 2010-2024.^					
Gambling type	**% of Maryland adults who had ever participated in each type of gambling^**				
	2010	**2017**	**2020**	**2022**	**2024**
Lottery	67.5%	77.6%	76.8%	82.7%	89.8%
Casino	67.5%	73.9%	70.3%	74.1%	72.8%
Sports	32.9%	29.2%	35.5%	30.1%	29.0%
Private games	30.2%	28.8%	29.9%	27.7%	36.7%
Horse races	29.5%	31.3%	27.6%	19.5%	26.1%
Other	27.5%	25.4%	31.6%	36.9%	35.7%
Bingo	24.8%	26.7%	36.2%	27.5%	41.6%
Gaming machines outside casinos	21.3%	23.6%	42.1%	33.4%	47.2%
Online casino-style games	3.6%	3.4%	10.3%	6.6%	23.6%
^Among Maryland adults who had ever gambled.					

Casino gambling

Each report examined the frequency of the different gambling types, consistently collecting information about the frequency of casino gambling. Among respondents who had ever gambled in casinos, the 4.5% who reported that they gambled in casinos more than once per month in the 2024 survey was in line with historical norms. As in 2022, approximately two-thirds (66.1%) of respondents who had ever gambled in a casino did not do so in the past year, which was higher than the proportions seen in 2010-20.

Table 10.3 Prevalence of frequency of casino gambling in the past 12 months, across survey years.					
Gambling frequency	**Frequency of casino gambling^**				
	2010	**2017**	**2020**	**2022**	**2024**
Not at all in the past year	59.5%	58.9%	48.5%	68.5%	66.1%
Only a few days all year	32.1%	31.0%	30.1%	23.2%	25.4%
Once a month or less	3.6%	4.6%	9.7%	3.7%	3.8%
More than once a month	4.9%	5.4%	11.7%	3.4%	4.5%
^Frequency of play in the last 12 months among those who had ever participated in casino gambling in their lifetime.					

Gambling behavior

Fluctuations have occurred in Maryland over the survey years in the prevalence of low-risk, at-risk, and disordered gambling behavior among Maryland gamblers. Among Marylanders who had ever gambled, 6.1% of respondents in 2024 had ever engaged in disordered gambling behavior according to the NODS, which was higher than in every other survey year except for 2020. Also in 2024, 10.9%

have engaged in at-risk gambling behavior, again higher than in every other survey year except for 2020.

Table 10.4 Prevalence of lifetime at-risk and disordered gambling among those who had ever gambled, 2010-2024.

Survey year	Low-risk gambling^	At-risk gambling^	Disordered gambling^
2010	87.6%	9.0%	3.4%
2017	95.5%	2.6%	1.9%
2020	80.0%	11.6%	8.4%
2022	87.4%	8.0%	4.6%
2024	83.0%	10.9%	6.1%

Low-risk: NODS score 0
At-risk: NODS score 1 to 2
Disordered: Problem gambling (NODS score 3 to 4) and probable pathological gambling (NODS score 5 or higher) combined.
^Among Maryland adults who had ever gambled. See Chapter 7 for 2024 numbers among all Maryland adults.

As in previous years, disordered gambling behavior was more common among men and among non-Hispanic Black/African American Marylanders (Table 10.5). The age group with the lowest rate of disordered gambling behavior was the 75+ year old age group, which was consistent with most previous surveys. The proportions of Marylanders reporting disordered gambling behavior was higher for every race/ethnic group in 2024 than in 2022, except for Asian/Pacific Islander respondents.

Table 10.5 Prevalence of lifetime at-risk and disordered gambling by sociodemographics, 2010-2024.

Demographics	At-risk gambling^					Disordered gambling^				
	2010	2017	2020	2022	2024	2010	2017	2020	2022	2024
Gender										
Male	11.8%	3.8%	12.8%	9.9%	14.1%	5.3%	2.9%	10.6%	7.2%	8.7%
Female	6.3%	2.3%	10.4%	6.6%	8.1%	1.5%	1.2%	6.9%	2.6%	3.7%
Age (in years)										
18-29	13.2%	3.6%	10.9%	6.0%	9.0%	6.8%	0.6%	14.6%	1.7%	8.2%
30-44	9.0%	4.1%	12.6%	8.8%	15.8%	2.7%	3.2%	14.2%	7.1%	6.7%
45-54	7.3%	3.9%	14.2%	11.4%	10.2%	2.8%	2.8%	6.2%	5.6%	4.9%
55-64	7.9%	3.0%	10.5%	6.4%	10.7%	2.8%	2.8%	4.5%	4.9%	8.4%
65-74	6.3%	1.4%	10.5%	5.7%	8.4%	1.0%	1.0%	1.7%	4.5%	4.3%
75+*		2.3%	8.2%	5.1%	6.7%		1.0%	2.0%	0.3%	3.0%
Race and ethnicity										
White	8.2%	2.3%	11.1%	6.9%	9.7%	2.0%	0.8%	5.6%	3.1%	3.4%
Black or African American	12.5%	5.8%	12.2%	9.4%	14.3%	4.9%	3.7%	10.7%	8.7%	12.7%
Hispanic		4.5%	13.1%	11.6%	11.5%		6.8%	18.4%	0.2%	8.2%
Asian or Pacific Islander	N/R	0.0%	9.3%	7.1%	9.2%	N/R	6.1%	10.4%	3.3%	1.2%
American Indian		3.2%	15.0%	N/R	N/R		16.5%	7.9%	N/R	N/R

^Among Maryland adults who had ever gambled.

*65-74 and 75+ year old age groups were combined in 2010 report.

N/R = Not reported. Data not collected in that survey year or the results included a small number of individual respondents.

CHAPTER 11 Summary, Limitations, and Direction for the Future

Major findings and trends

The 2024 Statewide Gambling Prevalence in Maryland offered the latest in a series of snapshots of gambling behavior among Maryland adults. The primary change in methods from previous studies was to add content on sports gambling, which has seen recent expansion in the state.

In 2024, approximately 9 out of every 10 Maryland adults had ever gambled, similar to rates in other recent surveys. Among those who have gambled in their lifetime, the most popular types of gambling were lottery games and casinos, just as was seen in the 2022 survey. Sports gambling was more prevalent in 2024 than in previous surveys; a particularly large increase was evident for online/mobile sports gambling, which first became legally available in the state in November 2022.

The riskiness of gambling behavior was characterized using the NORC Diagnostic and Screening tool (NODS) (Gerstein et al., 1999), which classifies gambling behavior as either low-risk, at-risk, or disordered. In 2024, the prevalence of disordered gambling was 5.7%, slightly elevated from the 4.0% of Maryland adults who exhibited disordered gambling in the 2022 survey. Disordered gambling was more prevalent among males, people aged 35-44 years, people who identified as non-Hispanic Black or African American, people with lower levels of education, and people with lower levels of income. These sociodemographic patterns were similar to those seen in the 2022 survey (Tracy & Brown, 2023).

Study limitations

Problem gambling is a sensitive issue for many, and despite the anonymous nature of this study, social desirability response bias may be present in responses. Furthermore, the NODS screening instrument is not a definitive diagnostic tool and does not have perfect sensitivity and specificity. This could result in some individuals who reported disordered gambling behavior on this survey not actually having a diagnosable gambling problem, while others may have fallen into lesser gambling risk categories but do have a gambling problem. Only a clinical evaluation could distinguish and diagnose a gambling problem.

For each Maryland gambling prevalence survey, improvements have been made to questionnaire, the sampling and response methods, and the analytical approach. In 2024, the questionnaire was shortened overall to reduce respondent burden, and detailed content on sports gambling was added to capture data about behavior that only recently became legally available in Maryland. While this continuous revision process ensures that the study is capturing the most relevant and accurate data, it limits some of the comparisons that can be made across survey years.

Directions for the future

Based on the present findings, we propose the following recommendations:

- Continue to conduct statewide gambling prevalence studies to monitor and evaluate the prevalence and patterns of disordered gambling behavior in Maryland.
- Track the prevalence of sports gambling, which became fully available online in the past few years and may become more firmly established in future years.
- Identify barriers to help-seeking and design interventions to address those barriers.
- Evaluate the impact of messaging on problem gambling and responsible gambling.
- Conduct longitudinal studies to allow for an examination of the risk factors for transitioning from a non-gambler to a low-risk gambler, a low-risk gambler to an at-risk gambler, and an at-risk gambler to a disordered gambler.
- Highlight comorbid chronic health conditions and substance use patterns that commonly occur alongside disordered gambling, allowing health professionals to identify problems at an early and more treatable stage.

References

Abbott, M. W. (2020). The changing epidemiology of gambling disorder and gambling-related harm: public health implications. *Public Health*, *184*, 41-45. https://doi.org/10.1016/j.puhe.2020.04.003

Abott, M. W. (2017). *The epidemiology and impact of gambling disorder and other gambling related harm*. World Health Organization.

Afifi, T. O., Brownridge, D. A., MacMillan, H., & Sareen, J. (2010). The relationship of gambling to intimate partner violence and child maltreatment in a nationally representative sample. *J Psychiatr Res*, *44*(5), 331-337. https://doi.org/10.1016/j.jpsychires.2009.07.010

Afifi, T. O., Cox, B. J., Martens, P. J., Sareen, J., & Enns, M. W. (2010). The relationship between problem gambling and mental and physical health correlates among a nationally representative sample of Canadian women. *Can J Public Health*, *101*(2), 171-175. https://doi.org/10.1007/BF03404366

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Becona, E., Del Carmen Lorenzo, M., & Fuentes, M. J. (1996). Pathological gambling and depression. *Psychol Rep*, *78*(2), 635-640. https://doi.org/10.2466/pr0.1996.78.2.635

Bergamini, A., Turrina, C., Bettini, F., Toccagni, A., Valsecchi, P., Sacchetti, E., & Vita, A. (2018). At-risk gambling in patients with severe mental illness: Prevalence and associated features. *J Behav Addict*, *7*(2), 348-354. https://doi.org/10.1556/2006.7.2018.47

Biggar, R., Esters, I., Dick, S. J., Chen, J., Burstein, K., Bergeron, M., Cooper, R., & Zeanah, P. (2017). *The Impact of Gambling in Louisiana*. U. o. L. a. L. Cecil J Picard Center for Childhood Development.

Black, D. W., Shaw, M., McCormick, B., & Allen, J. (2013). Pathological gambling: relationship to obesity, self-reported chronic medical conditions, poor lifestyle choices, and impaired quality of life. *Comprehensive Psychiatry*, *54*(2), 97-104. https://doi.org/https://doi.org/10.1016/j.comppsych.2012.07.001

Black, D. W., Shaw, M. C., McCormick, B. A., & Allen, J. (2012). Marital status, childhood maltreatment, and family dysfunction: a controlled study of pathological gambling. *J Clin Psychiatry*, *73*(10), 1293-1297. https://doi.org/10.4088/JCP.12m07800

Blaszczynski, A., Walker, M., Sharpe, L., & Nower, L. (2008). Withdrawal and Tolerance Phenomenon in Problem Gambling. *International Gambling Studies*, *8*(2), 179-192. https://doi.org/10.1080/14459790802140007

Braun, B., Ludwig, M., Sleczka, P., Buhringer, G., & Kraus, L. (2014). Gamblers seeking treatment: Who does and who doesn't? *J Behav Addict*, *3*(3), 189-198. https://doi.org/10.1556/JBA.3.2014.3.7

Diaz, A., & Perez, L. (2021). Gambling and substance use: A cross-consumption analysis of tobacco smoking, alcohol drinking and gambling. *Subst Abus*, *42*(4), 1016-1021. https://doi.org/10.1080/08897077.2021.1903657

Erickson, L., Molina, C. A., Ladd, G. T., Pietrzak, R. H., & Petry, N. M. (2005). Problem and pathological gambling are associated with poorer mental and physical health in older adults. *Int J Geriatr Psychiatry*, *20*(8), 754-759. https://doi.org/10.1002/gps.1357

Fauth-Buhler, M., Mann, K., & Potenza, M. N. (2017). Pathological gambling: a review of the neurobiological evidence relevant for its classification as an addictive disorder. *Addict Biol*, *22*(4), 885-897. https://doi.org/10.1111/adb.12378

Fong, T. W. (2005). The biopsychosocial consequences of pathological gambling. *Psychiatry (Edgmont)*, *2*(3), 22-30. https://www.ncbi.nlm.nih.gov/pubmed/21179626

Ford, M., & Håkansson, A. (2020). Problem gambling, associations with comorbid health conditions, substance use, and behavioral addictions: Opportunities for pathways to treatment. *PLoS ONE*, 15(1): e0227644. https://doi. org/10.1371/journal.pone.0227644

Galea, S., & Tracy, M. (2007). Participation Rates in Epidemiologic Studies. *Annals of Epidemiology*, 17(9), 643-53. https://doi.org/10.1016/j.annepidem.2007.03.013

Gallup. (2018). *Acceptance of gambling reaches new heights*. Retrieved 6/28/2023 from https://news.gallup.com/poll/235379/acceptance-gambling-reaches-new-heights.aspx

Gerstein, D., Volberg, R. A., Toce, M. T., Harwood, H., Christiansen, E. M., & Hoffman, J. (1999). *Gambling Impact and Behavior Study*.

Grant, J. E., & Chamberlain, S. R. (2020). Gambling and substance use: Comorbidity and treatment implications. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 99, 109852. https://doi.org/10.1016/j.pnpbp.2019.109852

Hakansson, A., & Karlsson, A. (2020). Suicide Attempt in Patients With Gambling Disorder-Associations With Comorbidity Including Substance Use Disorders. *Front Psychiatry*, *11*, 593533. https://doi.org/10.3389/fpsyt.2020.593533

Harris, A., & Griffiths, M. D. (2017). A Critical Review of the Harm-Minimisation Tools Available for Electronic Gambling. *J Gambl Stud*, *33*(1), 187-221. https://doi.org/10.1007/s10899-016-9624-8

Hodgins, D. C., Stea, J. N., & Grant, J. E. (2011). Gambling disorders. *Lancet*, *378*(9806), 1874-1884. https://doi.org/10.1016/S0140-6736(10)62185-X

Jacques, C., & Ladouceur, R. (2006). A prospective study of the impact of opening a casino on gambling behaviours: 2- and 4-year follow-ups. *Can J Psychiatry*, *51*(12), 764-773. https://doi.org/10.1177/070674370605101206

LaPlante, D. A., & Shaffer, H. J. (2007). Understanding the influence of gambling opportunities: expanding exposure models to include adaptation. *Am J Orthopsychiatry*, *77*(4), 616-623. https://doi.org/10.1037/0002-9432.77.4.616

Latvala, T., Lintonen, T., & Konu, A. (2019). Public health effects of gambling - debate on a conceptual model. *BMC Public Health*, *19*(1), 1077. https://doi.org/10.1186/s12889-019-7391-z

Leino, T., Torsheim, T., Griffiths, M. D., & Pallesen, S. (2023). The relationship between substance use disorder and gambling disorder: A nationwide longitudinal health registry study. *Scand J Public Health*, *51*(1), 28-34. https://doi.org/10.1177/14034948211042249

Lesieur H. R. & Blume S. B. (1987). The South Oaks Gambling Screen (SOGS): a new instrument for the identification of pathological gamblers. *Am J Psychiatry*, 144(9), 1184-8. https://doi.org/10.1176/ajp.144.9.1184

Lugo, A., Stival, C., Paroni, L., Amerio, A., Carreras, G., Gorini, G., Mastrobattista, L., Minutillo, A., Mortali, C., Odone, A., Pacifici, R., Tinghino, B., & Gallus, S. (2021). The impact of COVID-19 lockdown on gambling habit: A cross-sectional study from Italy. *J Behav Addict*, *10*(3), 711-721. https://doi.org/10.1556/2006.2021.00033

Maryland Lottery (2025). Legal vs. Illegal Online Gaming. https://www.mdgaming.com/legal-vs-illegal-online-gaming/

Maryland Lottery (2022). Maryland Sports Wagering Operators. https://www.mdgaming.com/wp-content/uploads/2022/10/SW-Operator-List.pdf

McMahon, N., Thomson, K., Kaner, E., & Bambra, C. (2019). Effects of prevention and harm reduction interventions on gambling behaviours and gambling related harm: An umbrella review. *Addict Behav*, *90*, 380-388. https://doi.org/10.1016/j.addbeh.2018.11.048

Morasco, B. J., Vom Eigen, K. A., & Petry, N. M. (2006). Severity of gambling is associated with physical and emotional health in urban primary care patients. *Gen Hosp Psychiatry*, *28*(2), 94-100. https://doi.org/10.1016/j.genhosppsych.2005.09.004

Oakes, J., Pols, R., & Lawn, S. (2020). The Frantic Seeking of Credit during Poker Machine Problem Gambling: A Public Health Perspective. *Int J Environ Res Public Health*, *17*(14). https://doi.org/10.3390/ijerph17145216

Otis, E., Kim, A. J., Stewart, S. H., Sherry, S. B., & Yakovenko, I. (2022). Changes in sports gambling behavior during the COVID-19 pandemic in Canada. *Front Psychiatry*, *13*, 1018234. https://doi.org/10.3389/fpsyt.2022.1018234

Parke, J., Williams, R. J., & Schofield, P. (2019). Exploring psychological need satisfaction from gambling participation and the moderating influence of game preferences. *International Gambling Studies*, *19*(3), 508-531. https://doi.org/10.1080/14459795.2019.1633381

Potenza, M. N., Balodis, I. M., Derevensky, J., Grant, J. E., Petry, N. M., Verdejo-Garcia, A., & Yip, S. W. (2019). Gambling disorder. *Nat Rev Dis Primers*, *5*(1), 51. https://doi.org/10.1038/s41572-019-0099-7

Schluterman, N. H., Billioux, V. G., Brown, J. P., Al-Hadidi, A., Tracy, J. K. (2025). The Relationship Between Gambling Disorder, Physical and Mental Health, and Substance Use in Maryland. *J Gambl Stud*. Published online ahead of print, March 2025. https://link.springer.com/article/10.1007/s10899-025-10382-2

Shaffer, H. J. (2005). From disabling to enabling the public interest: natural transitions from gambling exposure to adaptation and self-regulation. *Addiction*, *100*(9), 1227-1230; discussion 1235. https://doi.org/10.1111/j.1360-0443.2005.01200.x

Shaffer, H. J., LaBrie, R. A., & LaPlante, D. (2004). Laying the Foundation for Quantifying Regional Exposure to Social Phenomena: Considering the Case of Legalized Gambling as a Public Health Toxin. *Psychology of Addictive Behaviors*, *18*(1), 40-48. https://doi.org/10.1037/0893-164X.18.1.40

Shinogle, J., Norris, D. F., Park, D., Volverg, R., Haynes, D., & Stokam, E. (2011). *Gambling Prevalence in Maryland: A Basline Analysis*. I. f. P. A. a. Research.

Skywood Recovery. (2021). *Gambling Addiction Statistics*. Retrieved 6/28/2023 from https://skywoodrecovery.com/gambling-addiction/negative-effects-of-gambling-addiction/statistics/

Spectrum Gaming Group. (2009). *Gambling in Connecticut: Analyzing the Economic and Social Impacts*. C. D. o. S. Revenue.

Stedman, R. C., Connelly, N. A., Heberlein, T. A., Decker, D. J., & Allred, S. B. (2019). The End of the (Research) World As We Know It? Understanding and Coping With Declining Response Rates to Mail Surveys. *Society & Natural Resources*, *32*(10), 1139-1154. https://doi.org/10.1080/08941920.2019.1587127

Syvertsen, A., Leino, T., Pallesen, S., Smith, O. R. F., Sivertsen, B., Griffiths, M. D., & Mentzoni, R. A. (2023). Marital status and gambling disorder: a longitudinal study based on national registry data. *BMC Psychiatry*, *23*(1), 199. https://doi.org/10.1186/s12888-023-04697-w

Tanner, J., Drawson, A. S., Mushquash, C. J., Mushquash, A. R., & Mazmanian, D. (2017). Harm reduction in gambling: a systematic review of industry strategies. *Addiction Research & Theory*, *25*(6), 485-494. https://doi.org/10.1080/16066359.2017.1310204

Tracy, J. K., Maranda, L., & Scheele, C. (2019). *Statewide Gambling Prevalence in Maryland: 2017*. M. C. o. E. o. P. Gambling. https://bha.health.maryland.gov/Documents/2017-Gambling-Prevalence-Report-Final-.pdf

Tracy, J. K., & Brown, J. (2023). *Statewide Gambling Prevalence in Maryland: 2022*. Maryland Center of Excellence on Problem Gambling.

Tracy, J. K., & Schluterman, N. (2021). *Statewide Gambling Prevalence in Maryland: 2020*. Maryland Center of Excellence on Problem Gambling.

Volberg, R. A., & Steadman, H. J. (1989). Prevalence estimates of pathological gambling in New Jersey and Maryland. *Am J Psychiatry*, *146*(12), 1618-1619. https://doi.org/10.1176/ajp.146.12.1618

Welte, J. W., Barnes, G. M., Tidwell, M. C., Hoffman, J. H., & Wieczorek, W. F. (2015). Gambling and Problem Gambling in the United States: Changes Between 1999 and 2013. *J Gambl Stud*, *31*(3), 695-715. https://doi.org/10.1007/s10899-014-9471-4

Yang, Z., Deal, B.E., Carcioppolo, N. *et al.* A Content Analysis of Problematic Gambling Prevention Interventions in the United States. *J Gambl Stud,* 40, 51–64 (2024). https://doi.org/10.1007/s10899-023-10237-8

Appendix A

Table A.1 List of statewide studies of the prevalence of disordered gambling across the United States, using the NODS or SOGS, 1989-2023.

State	Year	Mode*	Sampling Technique **	Sample size	Lifetime prevalence				Past year prevalence			
					NODS†		SOGS		NODS		SOGS	
					Path. ‡	Prob.	Path.	Prob.	Path.	Prob.	Path.	Prob.
AZ[1]	2003	P	Other	2,750	0.5%	1.6%	1.9%	3.6%	0.3%	0.7%	1.9%	3.6%
CA[2]	2006	P	RDD	7,121	1.5%	2.2%			0.4%	0.9%		
CO[3]	1997	P	RDD	1,810	1.8%	4.4%					0.7%	1.8%
CT[4]	1996	P	RDD	1,000			1.2%				0.6%	2.2%
CT[5]	2008	P	RDD	2,298	1.2%	2.1%	1.5%	2.2%	0.6%	0.8%	0.7%	0.9%
CT[5]	2008	O	OP	801	2.9%	5.0%	4.5%	4.5%	2.1%	3.4%	3.8%	3.5%
DE[6]	1997	P	RDD	3,395	1.1%	3.5%						
FL[7]	2001	P	RDD	1,504	0.8%	1.3%	1.1%	2.5%	0.1%	0.4%	0.6%	1.4%
FL[8]	2011	P	RDD	2,500	0.6%	1.4%	2.2%	2.7%	0.5%	0.5%		
GA[9]	1994	P	RDD	1,550			1.6%	2.8%			0.8%	1.5%
GA[10]	2007	P	C	1,602	1.4%	2.6%			0.4%	1.1%		
IN[11]	2021	O+M	ABS	495							3.4%	3.3%
IA[12]	1989	P	RDD	750			0.1%	1.6%				
IA[12]	1995	P	RDD	1,500			1.9%	3.5%			1.0%	2.3%
IA[13]	2008	P	RDD	356			1.4%	2.2%				
IA[14]	2011	M+P+O	ABS	1,700	0.6%	0.6%			0.3%	0.2%		
IA[15]	2013	P	RDD	1,826	0.9%	1.5%			0.4%	0.6%		
KY[16]	2003	P	RDD	1,253					0.5%	1.2%		
KY[17]	2008	P	RDD	846	0.3%	1.7%						
LA[18]	1995	P	SRS	1,819			1.4%	3.4%				
LA[18]	1998	P	SRS	1,800			1.6%	2.3%				
LA[19]	2002	P	SRS	1,353			1.6%	3.0%				
LA[20]	2008	P	C+SRS	2,400			1.4%	1.7%				
LA[21]	2016	P	RDD	2,402			2.9%	5.4%				
MD[22]	**1989**	**P**	**SRS**	**750**			**1.5%**	**2.4%**				
MD[23]	**2010**	**P**	**RDD**	**5,975**	**1.5%**	**1.9%**						
MD[24]	**2017**	**P**	**SRS**	**3,761**	**1.2%**	**0.7%**						
MD[25]	**2020**	**M+P+O**	**C+SRS**	**6,000**	**5.5%**	**3.1%**						
MD[26]	**2022**	**M+O**	**ABS**	**4,355**	**2.4%**	**1.6%**						
MI[27]	1997	P	RDD	3,810			2.2%	3.5%			1.5%	2.4%
MI[28]	1999	P	RDD	871			1.8%	3.1%			1.2%	2.0%
MI[29]	2001	P	RDD	1,177			1.7%	2.8%			1.0%	1.8%
MI[30]	2006	P	RDD	938			1.4%	2.7%			0.9%	1.1%
MN[31]	1990	P	SRS	1,251							0.9%	1.6%
MN[31]	1994	P	SRS	1,028							1.2%	3.2%

MS[32]	1996	P	SRS	1,014			3.1%	3.7%			2.1%	2.8%
MT[33]	1998	P	RDD	1,227			2.8%	2.9%			1.6%	2.0%
NV[34]	2002	P	SRS	2,217	2.1%	3.0%			0.3%	1.8%	3.5%	2.9%
NJ[22]	1989	P	SRS	1,000			1.4%	2.8%				
NM[35]	2006	P	RDD	2,850	1.1%	1.1%			0.6%	0.7%		
NY[36]	1996	P	SRS	1,829			2.6%	4.7%			1.4%	2.2%
NY[37]	2006	P	RDD	5,100					0.4%	0.5%		
ND[38]	1992	P	SRS	1,517			1.0%	2.5%			0.7%	1.3%
ND[38]	2000	P	SRS	1,609	0.8%	0.7%	1.8%	2.0%	0.7%	0.5%	1.4%	0.7%
OR[39]	1997	P	SRS	1,502			1.8%	3.1%			1.4%	1.9%
OR[39]	2000	P	SRS	1,500			1.9%	2.7%			0.9%	2.3%
OR[40]	2006	P	RDD	1,554							1.0%	1.7%
SD[41]	1991	P	SRS	1,560			1.0%	1.8%			0.6%	0.8%
SD[42]	1994	P	SRS	1,767			0.9%	1.4%			0.5%	0.7%
TX[43]	1992	P	SRS	6,308			1.3%	3.5%			0.8%	1.7%
TX[44]	1995	P	SRS	7,015			1.8%	3.6%			0.8%	2.2%
WA[45]	1992	P	SRS	1,502			1.6%	3.6%			0.9%	1.9%
WA[45]	1998	P	SRS	1,501			1.3%	3.7%			0.5%	1.8%
WA[46]	2003	P	SRS	6,713					0.5%	0.7%		
WI[47]	1995	P	RDD	1,000							0.2%	0.7%

Year refers to year that saw the most data collection, which may be earlier than the year of publication.

*Modes: M (mail), O (online), and P (phone)

**Sampling techniques: ABS (address-based sampling), C (commercial lists), OP (online panel), RDD (random-digit dialing), and SRS (stratified random sampling)

†NODS and SOGS are two comparable assessment instruments for disordered gambling behaviors
NODS: NORC Diagnostic Screen for Gambling Disorders
SOGS: South Oaks Gambling Screen

‡Path: Prevalence of pathological gambling behavior, the riskiest gambling behavior category for both the NODS and SOGS
Prob: Prevalence of problem gambling behavior, the second-riskiest gambling behavior category for both the NODS and SOGS

Studies included in this analysis and listed in Appendix A

[1]Volberg RA. Gambling and problem gambling in Arizona: Report to the Arizona Lottery. 2003; Arizona Lottery. http://hdl.handle.net/1880/48467

[2]Volberg RA, Nysse-Carris KL, Dean R. 2006 California Problem Gambling Prevalence Survey. 2006; National Opinion Research Center (NORC). http://hdl.handle.net/1880/49227

[3]Volberg RA, Gemini Research. Gambling and Problem Gambling in Colorado. 1997; Colorado Department of Revenue.

[4]Lesluer H, Thompson W. A Study Concerning the Effects of Legalized Gambling on the Citizen of the State of Connecticut. 1997; WEFA Group, ICR Survey Research Group.

[5]Spectrum Gaming Group. Gambling in Connecticut: Analyzing the Economic and Social Impacts. 2009; Connecticut Division of Special Revenue. https://portal.ct.gov/-/media/DMHAS/PGS/GamblingImpactStudypdf.pdf

[6]Mateja W, Wilson R, Ableman B, Health Services Policy Research Group, University of Delaware. A Survey of Gambling in Delaware. 1998; University of Delaware. http://hdl.handle.net/1880/49235

[7]Shapira N, Ferguson MA, Frost-Pineda K, Gold MS. Gambling and Problem Gambling Prevalence Among Adults in Florida: A Report to the Florida Council on Compulsive Gambling, Inc 2002; Florida Council on Compulsive Gambling, Inc http://hdl.handle.net/1880/49230

[8]Rotunda RJ, Schell TL, Beckman R, Estrada CF, Letson LM, Smith R, Wolfe E. Gambling and Problem Gambling Prevalence among Adults in Florida: A 2011 Replication. 2012; Florida Council on Compulsive Gambling, Inc https://gamblinghelp.org/assets/research_pdfs/Gambling_and_Problem_Gambling_Prevalence_Among_Adults_in_Florida_August_10_2011.pdf

[9]Volberg, RA, Boles, J. Gambling and Problem Gambling in Georgia. 1995; Gemini Research. http://hdl.handle.net/1880/48482

[10]Emshoff J, Anthony E, Lippy C, Valentine L. Gambling Report for the Georgia Department of Human Resources. 2007; Georgia State University. http://hdl.handle.net/1880/48484

[11]Jun M, Lay M, King R, Agley J, Lee J. Report on Adult Gambling Behaviors in Indiana. 2021; Indiana Council on Problem Gambling. https://ipgap.indiana.edu/documents/2021_Adult_Gambling_Behaviors_in_Indiana.pdf

[12]Volberg RA, Iowa Department of Human Services. Gambling and problem gambling in Iowa: a replication survey / report to the Iowa Department of Human Services. 1995; Gemini Research. http://hdl.handle.net/1880/49226

[13]Black DW, McCormick B, Losch ME, Shaw M, Lutz G, Allen J. Prevalence of problem gambling in Iowa: Revisiting Shaffer's adaptation hypothesis. 2012; Ann Clin Psychiatry 2012 November ; 24(4): 279–284

[14]Gonnerman ME, Lutz GE. Gambling Attitudes and Behaviors: A 2011 Survey of Adult Iowans. 2011; University of Northern Iowa. http://hdl.handle.net/1880/49231

[15]Center for Social and Behavioral Research, University of Northern Iowa Prevalence of Gambling. Gambling Attitudes and Behaviors: A 2013 Survey of Adult Iowans. 2014; Iowa Department of Public Health. https://publications.iowa.gov/31774/1/2013_summary_adult_iowans_survey.pdf

[16]Kentucky Legislative Research Commission. Compulsive Gambling in Kentucky. 2003; Kentucky General Assembly. https://apps.legislature.ky.gov/lrc/publications/ResearchReports/RR316.pdf

[17]Hunt S. Gambling in Kentucky: A Research Report on the Prevalence of Gambling among Kentucky Residents. 2009; Kentucky Council on Problem Gambling. http://hdl.handle.net/1880/49228

[18]Volberg, RA, Moore WL. Gambling and problem gambling in Louisiana: a replication study, 1995 to 1998. 1999; Gemini Research. http://hdl.handle.net/1880/49266

[19]Vogel RJ, Adroi P. Gambling in Louisiana: 2002 Louisiana Study of Problem Gambling. 2002; Southern University. http://hdl.handle.net/1880/49267

[20]Esters I, Biggar R, Lacou Jr, Reyes M. 2008 Louisiana Study on Problem Gambling. 2008; Cecil J Picard Center for Childhood Development, University of Louisiana at Lafayette. https://picardcenter.louisiana.edu/sites/picardcenter/files/2008_Louisiana_Study_on_Problem_Gambling.pdf

[21]Biggar R, Esters I, Dick SJ, Chen J, Burstein K, Bergeron M, Cooper R, Zeanah P. The Impact of Gambling in Louisiana. 2017; Cecil J Picard Center for Childhood Development, University of Louisiana at Lafayette. https://ldh.la.gov/assets/docs/BehavioralHealth/LA_Study_Gambling.pdf

[22]Volberg RA, Steadman HJ. Prevalence estimates of pathological gambling in New Jersey and Maryland. 1989; Am J Psychiatry. 1989 Dec;146(12):1618-9.

[23]Shinogle J, Norris DF, Park D, Volberg R, Haynes D, Stokam E. Gambling Prevalence in Maryland: A Baseline Analysis. 2011; Institute for Policy Analysis and Research https://www.medschool.umaryland.edu/media/SOM/Departments/EpidemiologyandPublicHealth/MD-Problem-Gambling/Docs/GamblingPrevalenceinMD-May2011.pdf

[24]Tracy JK, Maranda L, Scheele C. Statewide Gambling Prevalence in Maryland: 2017. 2019; Maryland Center of Excellence on Problem Gambling. https://bha.health.maryland.gov/Documents/2017-Gambling-Prevalence-Report-Final-.pdf

[25]Tracy JK, Schluterman N. Statewide Gambling Prevalence in Maryland: 2020. 2021; Maryland Center of Excellence on Problem Gambling. https://www.mdproblemgambling.com/wp-content/uploads/2022/07/Gambling-Prevalence-study-2020-FINAL.pdf

[26]Tracy, J. K., & Brown, J. (2023). Statewide Gambling Prevalence in Maryland: 2022. Maryland Center of Excellence on Problem Gambling. https://www.mdproblemgambling.com/wp-content/uploads/2023/11/Prevalence-2022_06NOV23_Updated.pdf

[27]Gullickson AR, Hartmann D. Compulsive gambling in Michigan: Final Report. 1997; Michigan Department of Community Health. http://hdl.handle.net/1880/48523

[28]Michigan Dept of Community Health. A survey of gambling behaviors in Michigan, 1999. 1999; Michigan Department of Community Health. http://hdl.handle.net/1880/48520

[29]Gullickson AR, Hartmann D. A survey of gambling behaviors in Michigan, 2001. 2001; Western Michigan University. http://hdl.handle.net/1880/48519

[30]Hartmann DJ. A Survey of Gambling Behaviors in Michigan, 2006. 2007; Kercher Center for Social Research at the Western Michigan University. http://hdl.handle.net/1880/48518

[31]Emerson MO, Laundergan JC, Schaefer JM. Adult Survey of Minnesota Problem Gambling Behavior. A Needs Assessment: Changes 1990 to 1994. 1996; Center for Addiction Studies. University of Minnesota, Duluth. https://www.lrl.mn.gov/docs/2010/mandated/101576.pdf

[32]Volberg RA. Gambling and Problem Gambling in Mississippi: A Report to the Mississippi Council on Compulsive Gambling. 1997; Mississippi Council on Compulsive Gambling. http://hdl.handle.net/1880/49229.

[33]Montana Gambling Study Commission. The 1998 Montana Gambling Study. 1997; Montana Legislative Council. https://ia800504.us.archive.org/7/items/1998montanagambl1998mont/1998montanagambl1998mont.pdf.

[34]Volberg RA. Gambling and problem gambling in Nevada: report to the Nevada Department of Human Resources. 2002; Nevada Department of Human Resources. http://hdl.handle.net/1880/49238.

[35]Volberg RA, Bernhard B. The 2006 Study of Gambling and Problem Gambling in New Mexico: Report to the Responsible Gaming Association of New Mexico. 2006; Gemini Research. http://hdl.handle.net/1880/44211.

[36]Volberg RA. Gambling and Problem Gambling in New York: A 10-Year Replication Survey, 1986 to 1996. 1996; New York Council on Problem Gambling. http://hdl.handle.net/1880/49244.

[37]Rainone R, Marel R, Gallati RJ, Gargon N. Gambling Behaviors and Problem Gambling Among Adults in New York State: Initial Findings from the 2006 OASAS Household Survey. 2007; NYS Office of Alcoholism and Substance Abuse Services. https://prism.ucalgary.ca/handle/1880/49270.

[38]Volberg RA. Gambling and Problem Gambling in North Dakota: A Replication Study, 1992 to 2000. Report to the North Dakota Office of the Governor. 2001; Office of the Governor of North Dakota. http://hdl.handle.net/1880/49264.

[39]Volberg RA. Changes in Gambling and Problem Gambling in Oregon: Results from a Replication Study, 1997 to 2000. 2001; Gemini Research. https://oregoncpg.org/wp-content/uploads/2018/01/OGATF-Report-2001-Volberg-final-.pdf.

[40]Moore TL. The Prevalence of Disordered Gambling among Adults in Oregon: A Replication Study. 2006; Oregon Gambling Addiction Treatment Foundation. http://hdl.handle.net/1880/49240.

[41]Volberg RA, Stuefen RM, Madden MK. Gaming in South Dakota: a study of gambling participation and problem gambling and a statistical description and analysis of its socioeconomic impacts. 1991; Business Research Bureau, University of South Dakota. http://hdl.handle.net/1880/47803.

[42]Volberg RA, Stuefen RM. Gambling and problem gambling in South Dakota: a follow-up survey. 1994; Gemini Research. http://hdl.handle.net/1880/451

[43]Wallisch LS. 1992 Texas survey of adult gambling behavior. 1993; Texas Commission on Alcohol and Drug Abuse. http://hdl.handle.net/1880/49251

[44]Wallisch LS. Gambling in Texas: 1995 Surveys of Adult and Adolescent Gambling Behavior. 1996; Texas Commission on Alcohol and Drug Abuse. https://files.eric.ed.gov/fulltext/ED423470.pdf

[45]Volberg RA. Gambling and Problem Gambling in Washington State: A Replication Study, 1992 to 1998. 1999; Gemini Research. https://www.evergreencpg.org/wp-content/uploads/2021/03/wa_adult_report_19991-1.pdf

[46]Mancuso D, Gilson M, Felver B. The 2003 Washington State Needs Assessment Household Survey. 2005; The Washington State Alcohol/Drug Clearinghouse. https://www.dshs.wa.gov/sites/default/files/rda/reports/research-4.52-state-FullReport.pdf

[47]Thompson WN, Gazel R, Rickman D. The social costs of gambling in Wisconsin. 1995; Wisconsin Policy Research Institute. http://hdl.handle.net/1880/49232

Appendix B

Table B.1 Weighted sociodemographic characteristics of non-gamblers and gamblers.

	Non-gamblers (N = 362)	Gamblers (N = 3,232)
	n (%)	n (%)
Gender*		
Male	138 (38.2%)	1,536 (47.5%)
Female	224 (61.8%)	1,696 (52.5%)
Ethnicity*		
Hispanic	35 (9.7%)	263 (8.1%)
Non-Hispanic	327 (90.3%)	2,969 (91.9%)
Race*		
White	150 (41.4%)	1,896 (58.7%)
Black or African American	136 (37.7%)	878 (27.2%)
Asian	49 (13.5%)	195 (6.0%)
Other	27 (7.3%)	262 (8.1%)
Age range (in years)*		
18-24	85 (23.4%)	221 (6.8%)
25-34	77 (21.2%)	525 (16.3%)
35-44	52 (14.4%)	582 (18.0%)
45-54	34 (9.3%)	546 (16.9%)
55-64	35 (9.7%)	615 (19.0%)
65-74	41 (11.3%)	454 (14.1%)
75+	39 (10.7%)	288 (8.9%)
Highest level of education*		
No diploma	14 (3.8%)	172 (5.3%)
High school diploma	105 (28.9%)	737 (22.8%)
Some college	56 (15.6%)	634 (19.6%)
Associate degree or vocational, technical or trade school	25 (6.9%)	239 (7.4%)
Bachelor's degree	79 (21.9%)	798 (24.7%)
Master's degree	57 (15.8%)	456 (14.1%)
Postgraduate degree (PhD, MD, or JD)	26 (7.1%)	195 (6.0%)
Work status in the previous week		
Working full-time	132 (36.5%)	1,661 (51.4%)
Working part-time	35 (9.7%)	302 (9.3%)
Not working last week	171 (47.3%)	1,088 (33.7%)
Prefer not to answer or missing	23 (6.5%)	181 (5.6%)
Total household income in 2023*		
Up to $15,000	36 (9.9%)	197 (6.1%)

$15,001 to $25,000	15 (4.2%)	126 (3.9%)
$25,001 to $35,000	15 (4.3%)	139 (4.3%)
$35,001 to $50,000	34 (9.5%)	242 (7.5%)
$50,001 to $75,000	54 (15.0%)	429 (13.3%)
$75,001 to $100,000	60 (16.5%)	437 (13.5%)
$100,001 to $125,000	25 (6.8%)	375 (11.6%)
$125,001 to $150,000	43 (11.8%)	288 (8.9%)
Over $150,000	80 (22.2%)	999 (30.9%)
Marital status*		
Married or living with a partner	147 (40.8%)	1,711 (52.9%)
Widowed	21 (5.7%)	198 (6.1%)
Divorced	35 (9.6%)	359 (11.1%)
Separated	2 (0.5%)	72 (2.2%)
Never married	157 (43.4%)	892 (27.6%)
Maryland region of household*		
Central	119 (33.0%)	1,099 (34.0%)
Western	103 (28.5%)	909 (28.1%)
Southern	122 (33.6%)	973 (30.1%)
Eastern	18 (4.9%)	250 (7.7%)

*Imputed and used in weighting procedure (See Chapter 4 for details)

Table B.2 Weighted sociodemographic characteristics of gamblers and infrequent gamblers.

	Gamblers (N = 3,232) n (%)	**Gamblers**	
		Gambled >5 days (N = 1,880) n (%)	**Gambled ≤5 days (N = 1,352)** n (%)
Gender*			
Male	1,536 (47.5%)	993 (52.8%)	543 (40.2%)
Female	1,696 (52.5%)	888 (47.2%)	809 (59.8%)
Ethnicity*			
Hispanic	263 (8.1%)	139 (7.4%)	124 (9.2%)
Non-Hispanic	2,969 (91.9%)	1,741 (92.6%)	1,227 (90.8%)
Race*			
White	1,896 (58.7%)	1,126 (59.9%)	770 (57.0%)
Black or African American	878 (27.2%)	545 (29.0%)	333 (24.6%)
Asian	195 (6.0%)	62 (3.3%)	133 (9.8%)
Other	262 (8.1%)	147 (7.8%)	115 (8.5%)
Age range (in years)*			
18-24	221 (6.8%)	85 (4.5%)	136 (10.1%)
25-34	525 (16.3%)	282 (15.0%)	243 (18.0%)

35-44	582 (18.0%)	352 (18.7%)	231 (17.1%)
45-54	546 (16.9%)	354 (18.8%)	191 (14.2%)
55-64	615 (19.0%)	387 (20.6%)	228 (16.9%)
65-74	454 (14.1%)	273 (14.5%)	181 (13.4%)
75+	288 (8.9%)	148 (7.9%)	140 (10.4%)
Highest level of education*			
No diploma	172 (5.3%)	80 (4.2%)	92 (6.8%)
High school diploma	737 (22.8%)	446 (23.7%)	291 (21.6%)
Some college	634 (19.6%)	364 (19.4%)	270 (20.0%)
Associate degree or vocational, technical or trade school	239 (7.4%)	153 (8.1%)	86 (6.4%)
Bachelor's degree	798 (24.7%)	495 (26.3%)	303 (22.5%)
Master's degree	456 (14.1%)	253 (13.4%)	204 (15.1%)
Postgraduate degree (PhD, MD, or JD)	195 (6.0%)	91 (4.8%)	105 (7.8%)
Work status in the previous week			
Working full-time	1,661 (51.4%)	1,005 (53.4%)	657 (48.6%)
Working part-time	302 (9.3%)	166 (8.9%)	135 (10.0%)
Not working last week	1,088 (33.7%)	618 (32.9%)	470 (34.8%)
Prefer not to answer or missing	181 (5.6%)	91 (4.8%)	90 (6.6%)
Total household income in 2023*			
Up to $15,000	197 (6.1%)	105 (5.6%)	92 (6.8%)
$15,001 to $25,000	126 (3.9%)	48 (2.5%)	78 (5.8%)
$25,001 to $35,000	139 (4.3%)	76 (4.0%)	63 (4.7%)
$35,001 to $50,000	242 (7.5%)	138 (7.3%)	104 (7.7%)
$50,001 to $75,000	429 (13.3%)	229 (12.2%)	200 (14.8%)
$75,001 to $100,000	437 (13.5%)	251 (13.4%)	186 (13.7%)
$100,001 to $125,000	375 (11.6%)	221 (11.7%)	154 (11.4%)
$125,001 to $150,000	288 (8.9%)	168 (8.9%)	120 (8.9%)
Over $150,000	999 (30.9%)	645 (34.3%)	354 (26.2%)
Marital status*			
Married or living with a partner	1,711 (52.9%)	1,048 (55.8%)	662 (49.0%)
Widowed	198 (6.1%)	91 (4.8%)	107 (7.9%)
Divorced	359 (11.1%)	231 (12.3%)	128 (9.5%)
Separated	72 (2.2%)	46 (2.5%)	26 (1.9%)
Never married	892 (27.6%)	464 (24.7%)	428 (31.7%)
Maryland region of household*			
Central	1,099 (34.0%)	653 (34.7%)	446 (33.0%)
Western	909 (28.1%)	464 (24.7%)	445 (32.9%)
Southern	973 (30.1%)	620 (33.0%)	353 (26.1%)
Eastern	250 (7.7%)	143 (7.6%)	107 (7.9%)

*Imputed and used in weighting procedure (See Chapter 4 for details)

Table B.3 Frequency of substance use or consumption of gamblers and infrequent gamblers, in the 12 months prior to being surveyed.

Frequency of use/consumption	Gamblers (N = 3,232) n (%)	Gamblers	
		Gambled >5 days (N = 1,880) n (%)	Gambled ≤5 days (N = 1,352) n (%)
Cigarettes, chewing tobacco, snuff, e-cigarette (vape)			
Never	2,560 (79.2%)	1,427 (75.9%)	1,133 (83.9%)
Several times a week	417 (12.9%)	281 (15.0%)	135 (10.0%)
Once a month or less	87 (2.7%)	52 (2.8%)	35 (2.6%)
Only a few days all year	122 (3.8%)	88 (4.7%)	34 (2.5%)
Missing	46 (1.4%)	32 (1.7%)	13 (1.0%)
A drink containing alcohol[a]			
Never	794 (24.6%)	396 (21.0%)	398 (29.5%)
Several times a week	947 (29.3%)	635 (33.8%)	312 (23.1%)
Once a month or less	827 (25.6%)	488 (26.0%)	339 (25.1%)
Only a few days all year	609 (18.8%)	326 (17.4%)	283 (20.9%)
Missing	55 (1.7%)	36 (1.9%)	19 (1.4%)
Illegal drugs[b]			
Never	3,069 (95.0%)	1,766 (93.9%)	1,303 (96.4%)
Several times a week	32 (1.0%)	25 (1.3%)	7 (0.5%)
Once a month or less	28 (0.9%)	20 (1.0%)	9 (0.6%)
Only a few days all year	61 (1.9%)	38 (2.0%)	23 (1.7%)
Missing	41 (1.3%)	32 (1.7%)	9 (0.7%)
Marijuana, hashish, or cannabis			
Never	2,426 (75.1%)	1,364 (72.5%)	1,062 (78.6%)
Several times a week	333 (10.3%)	225 (12.0%)	108 (8.0%)
Once a month or less	116 (3.6%)	64 (3.4%)	52 (3.8%)
Only a few days all year	315 (9.8%)	195 (10.4%)	120 (8.9%)
Missing	41 (1.3%)	32 (1.7%)	9 (0.7%)
Prescription drugs[c]			
Never	3,023 (93.5%)	1,770 (94.1%)	1,253 (92.7%)
Several times a week	36 (1.1%)	16 (0.8%)	20 (1.5%)
Once a month or less	44 (1.4%)	10 (0.5%)	34 (2.5%)
Only a few days all year	76 (2.3%)	47 (2.5%)	29 (2.1%)
Missing	53 (1.6%)	37 (2.0%)	16 (1.2%)

[a]Where a drink was defined as a can or bottle of beer or malt liquor, a 4-oz glass of wine, a mixed drink, or a one-and-one-half oz. shot.
[b]Such as cocaine, methamphetamine, club drugs, hallucinogens, heroin, fentanyl, and other opiates, or inhalants.
[c]Use of prescriptions drugs other than how they were prescribed or prescription drugs that were not prescribed to you. Includes sedatives, stimulants, or painkillers.

Table B.4 Perceived general health of gamblers and infrequent gamblers, in the 12 months prior to being surveyed.

Perceived general health	**Gamblers (N = 3,232)** n (%)	**Gamblers**	
		Gambled >5 days (N = 1,880) n (%)	**Gambled ≤5 days (N = 1,352)** n (%)
Excellent	575 (17.8%)	304 (16.1%)	271 (20.1%)
Very good	1,216 (37.6%)	711 (37.8%)	506 (37.4%)
Good	992 (30.7%)	602 (32.0%)	390 (28.8%)
Fair	348 (10.8%)	208 (11.0%)	140 (10.4%)
Poor	50 (1.5%)	24 (1.3%)	26 (1.9%)
Missing	51 (1.6%)	32 (1.7%)	19 (1.4%)