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The Social Health of Nevada

Leading Indicators and Quality of Life in the Silver State

Gambling Harm & Support Services in Nevada

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Introduction

Gambling occupies a unique place in Nevada. Since casino gambling was legalized in 1931, it has shaped the state's economy, influenced where people live and work, attracted millions of visitors, and become part of Nevada's identity. Few states have been so closely associated with a single industry, and none have lived alongside legalized gambling for so long. Nevada has therefore spent nearly a century experiencing not only the benefits of gambling, but also the consequences of making gambling widely available.

Those consequences extend well beyond the relatively small number of people diagnosed with gambling disorder. Gambling-related harm manifests itself in financial hardship and relationship conflict. It is also asoiated with housing instability, poor mental health, suicide risk, criminal justice involvement, and the well-being of families. These harms do not occur in isolation. They affect healthcare systems, social services, schols, and other institutions central to

Highlights

- The statewide survey conducted in 2022 revealed that 65% of Nevada adults had gambled during the previous year.
- Slot machines remained the most common form of gambling, followed by video poker, table games, lottery products, and sports betting.
- Nearly 50% of problem gamblers work in gambling environments, exhibiting at least some signs of gambling-related harm, with 15% of adults scoring in the highest-risk category.
- In 2025, 15% of outpatient clients and 32% of residential clients in Nevada reported at least one prior suicide attempt.
- Over 90% of clients report gambling less than they had before they received gambling-harm reduction treatment.

How to Cite this Report

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the health of our communities. Understanding gambling through this broader lens shifts the focus from gambling as an individual behavior to gambling as an issue of social health.

A public health approach recognizes that gambling-related harm exists along a continuum. Most people who gamble do so without experiencing serious problems, while others experience disruptions that emerge long before they would meet the diagnostic criteria for gambling disorder. The goal is not simply to treat individuals after severe problems develop, but to pinpoint where harm occurs, who is most affected, and how to reduce those costs. Public policy is focused here on prevention and early identification, treatment and recovery, education and professional training. Individual choices remain important, but they occur within environments shaped by access to gambling and increasingly sophisticated technology, marketing, and regulation.

Gambling has expanded rapidly in recent years, changing both where and how people gamble. One of the most significant developments came in 2018, when the U.S. Supreme Court, in *Murphy v. National Collegiate Athletic Association*, struck down the Professional and Amateur Sports Protection Act (PASPA), allowing states to legalize and regulate sports betting. Sports wagering soon spread across much of the country and, in many jurisdictions, moved directly onto mobile phones. At the same time, prediction markets, loot boxes, cryptocurrency-based wagering, social casino games, and other emerging products have continued to blur the boundaries between gambling, gaming, and investing (Wardle 2021). As more states confront these changes, Nevada's experience offers a unique opportunity to understand both the consequences of widespread gambling and the policies that mitigate gambling-related harm.

Nevada's response to problem gambling has changed substantially over the past several decades. Early efforts focused primarily on establishing specialized treatment services and building the infrastructure to support a statewide response. As those programs matured, the state began investing more broadly in prevention, research, workforce development, public awareness, and recovery support. Research also expanded beyond treatment populations to include statewide surveys, qualitative studies, healthcare settings, college students, and emerging forms of gambling.

This growth has transformed how Nevada approaches gambling-related harm. The state now has more than twenty years of treatment and evaluation data based on a survey of gambling behaviors, including the first system-wide study of gambling among college students – a segment of the Nevada population historically underrepresented in treatment. Healthcare providers in behavioral health settings now routinely screen for gambling disorders. Digital platforms have expanded access to recovery resources. And Nevada has established the nation's first gambling treatment diversion court. These developments reflect an increasing recognition that effective responses depend on evidence-based policies that allow providers to determine whether interventions are making a difference.

This chapter examines the evolution of Nevada service delivery system. It draws on statewide surveys, treatment and evaluation data, qualitative research, and the history of Nevada's problem gambling system to examine how gambling-related harm is

experienced across the state and how Nevada's response has changed over time. Although the chapter focuses on the Silver State, many of the questions it addresses are increasingly relevant nationally and around the globe as gambling expands and more states confront the health and social consequences of widespread gambling.

Historical Overview

To unravel the complex relationship between gambling and health, Nevada mounted state-wide monitoring that showed how widespread access to gambling impacts individual and community health. The survey data showed where gambling-related harms occur and which prevention and treatment strategies work best. As other jurisdictions expand gambling opportunities, they can benefit from our experience.

Gambling Participation in Nevada

To build scientific knowledge of gambling behaviors and harm it may cause, the Nevada Department of Health and Human Services partnered with the University of Nevada, Las Vegas, and the University of Chicago NORC organization to conduct a statewide survey of adults. Conducted in 2022, this study provided the most comprehensive picture of gambling behavior in Nevada over the course of more than two decades. And it furnished a baseline for monitoring future trends.

The previous statewide prevalence study was conducted in 2002 by Rachel Volberg and colleagues. This study is among the most frequently cited assessments of gambling participation rates and problem gambling in the era of a rapid casino expansion. Its findings dramatically increased public awareness of gambling-related harm. For the next twenty years, Nevada lacked comparable statewide data. During that time, the environment changed dramatically, as online gambling grew, mobile sports betting expanded, and new forms of digital gaming and wagering took shape. The 2022 survey provided updated estimates of gambling participation and its harmful consequences, and as such, it furnished a basis for policy decisions affecting Nevada gambling industry.

The survey found that approximately 65% of Nevada adults gambled during the previous year. Slot machines remained the most common form of gambling, followed by video poker, table games, lottery products, and sports betting. While destination casinos continue to play a prominent role, many Nevadans reported gambling most often in local casinos and neighborhood venues, reflecting the extent to which gambling opportunities are integrated into daily life rather than reserved for special occasions.

The survey also highlighted an aspect of Nevada that distinguishes it from nearly every other state: gambling is not just what many residents do, it is something many Nevadans live with every day through their work. Nearly one in four employed respondents reported working in an environment where gambling is a dominant activity. Unique to Nevada, this close connection between employment and gambling increases the chance that individuals working in certain settings would develop gambling-related disorders and require assistance of health service providers.

Gambling-Related Harm

Although gambling participation is widespread, gambling-related harm is concentrated among a smaller proportion of the population. Nearly half of people who gambled experienced at least some degree of gambling-related harm, and approximately 15% of Nevada adults scored in the highest-risk category on the Problem Gambling Severity Index (PGSI). The latter is a validated screening instrument that is used internationally to measure gambling-related harm in population studies (Dassopoulos 2025). These estimates are among the highest reported in U.S. population surveys, even though we need to bear in mind that direct comparisons must be made cautiously because prevalence estimates vary depending on specific measurement techniques.

The findings also underscore a shift in how gambling-related harm is conceptualized. Rather than viewing gambling disorder as an all-or-nothing condition, researchers now increasingly recognize that harm manifests itself along a continuum. Some individuals experience occasional financial stress or relationship conflict, while others develop persistent disruptions that affect nearly every aspect of their lives. One of the most important insights of recent research is that tangible harm occurs long before a gambler meets the diagnostic criteria for a related disorder (Langham et al. 2016).

The 2022 Nevada Statewide survey also identified groups facing disproportionately high levels of risk. Younger adults, individuals working in gambling environments, and those who regularly gambled in neighborhood bars and slot parlors experienced substantially higher rates of gambling-related harm than other Nevadans. These findings suggest that exposure, accessibility, and the environment in which gambling occurs may be just as important as the amount of gambling itself.

Health and Social Consequences

The Nevada treatment system offers a holistic perspective on problem gambling. Whereas the statewide survey captures the experiences of the general population, treatment data shows when gambling-related maladaptation becomes severe. Individuals entering treatment rarely suffer exclusively from gambling problems. They often arrive with multiple, overlapping dysfunctions that affect nearly every aspect of their daily lives (Dassopoulos, Xu, and Bernhard 2025).

Financial instability is one of the defining characteristics of people entering treatment. Approximately one-quarter of outpatient clients and more than four out of five residential clients reported being unable to meet their basic financial needs at treatment entry. Housing instability was also common, particularly among residential clients, where most entered treatment without stable housing. These findings demonstrate that gambling-related harm extends beyond money lost through wagering and gambling; it often undermines the basic conditions needed to support health and recovery.

The treatment population also shows how closely gambling-related harm is tied to mental health. Clients often enter care with depression, anxiety, substance use disorders, significant personal losses, and a history of suicidal thoughts or behavior. In 2025, 15% of outpatient clients and 32% of residential clients in Nevada reported at least one prior

suicide attempt. At enrollment, 9% of outpatient clients and 7% of residential clients reported a current desire to end their lives, while many others reported frequent suicidal thoughts during the previous year.

These figures indicate that gambling treatment cannot focus exclusively on gambling behavior. Treatment may begin during a period of profound personal crisis. Addressing gambling remains essential, but recovery may require immediate attention to safety, mental health, substance use, housing, employment, finances, and damaged relationships.

The effects of irresponsible gambling usually extend beyond the specific person. As gambling-related harms accumulate, partners, children, parents, friends, and employers are affected. They may experience financial strain, relationship conflict, emotional distress which impact caregiving responsibilities Although these consequences are more difficult to measure than individual outcomes, they are key to effective delivery of support services focused on prevention, early intervention, and family-centered recovery strategies.

The survey data highlight unique challenges facing Nevada and its residents. Nearly one-quarter of treatment clients work in gambling environments. This means that many pursue recovery while continuing work in settings where gambling is readily accessible. For these individuals, avoiding gambling cues is not simply a matter of changing recreational activities but navigating workplace environments inimical to recovery.

Perhaps the most important lesson from Nevada's research is that gambling-related harm is broader than gambling disorder as such. Financial hardship, housing instability, relationship disruption, workplace difficulties, and poor mental health are not secondary consequences of gambling; they are central features of the health burden associated with gambling-related harm. The 2022 statewide survey shows how broadly these harms are distributed across the population, while treatment data reveal how severe and intertwined the issues become. It is in line with these findings that the Nevada treatment system has evolved over time.

The Evolution of Nevada's Response

The evolution of Nevada's response reflects the changes in how gambling disorder has been framed. Early efforts focused almost exclusively on providing treatment for individuals with severe gambling problems (St. John, Dassopoulos, and Bernhard 2018). Over time, advances in research, changes in public policy, and growing recognition of gambling-related harm led to a more comprehensive approach. Today, Nevada's response extends well beyond treatment to include prevention, workforce development, public awareness, research, evaluation, healthcare integration, and sustained recovery support.

Gambling is central to Nevada's economy, which is why it cannot be treated as a peripheral health concern, why it calls for a comprehensive support and treatment system. Prevention helps people recognize harm earlier and allows healthcare providers

to intervene before a crisis occurs. Counselors must be trained to identify those who need care, families should know where they can turn for help, and researchers require professional training to assess the effectiveness of public investments and their impact on quality of family lives.

History of treatment

Professional treatment for gambling disorder in Nevada began in 1986, when Dr. Robert Custer, widely regarded as the founder of modern gambling disorder treatment, established the state's first specialized treatment program at Charter Hospital in Las Vegas. Working alongside Dr. Robert Hunter, the program introduced clinical approaches that had previously been developed in hospital settings and helped establish Nevada as one of the first jurisdictions to offer specialized treatment services for gambling disorders. Although Charter Hospital eventually closed as mental health care shifted away from large inpatient facilities, its legacy was kept alive through the Las Vegas Problem Gambling Center, which remained under Dr. Hunter's leadership for more than three decades until his death in 2018. The center became a model for gambling treatment programs both nationally and internationally and played an important role in the development of the Reno Problem Gambling Center in 2005.

This evolution reflects a broader shift in gambling-related harm mitigation strategies. Historically, responses focused almost exclusively on individuals with severe gambling disorders. More recently, Nevada reconceptualized its approach to public health delivery, emphasizing early identification, prevention, harm reduction, and integration with existing health and behavioral health systems. This approach recognizes that gambling-related harm often co-occurs with mental health conditions, substance use disorders, financial hardship, and other social determinants of health, making collaboration across healthcare and community systems essential.

Specialized treatment services had been available in Nevada for nearly two decades, but statewide public support for gambling disorder treatment did not emerge until 2005 when the state legislators took decisive steps to address problem gambling.

Legislative milestones

For nearly two decades, Nevada's treatment infrastructure grew without dedicated state support. The Senate Bill 357 fundamentally changed the state's approach to gambling-related harm. The bill created the Revolving Account for the Prevention and Treatment of Problem Gambling and established a dedicated source of funding for an integrated approach to service delivery in Nevada. Instead of relying solely on individual providers, the state began investing in an infrastructure designed to assess, prevent, and respond to gambling-related harm across communities.

Advisory Committee on Problem Gambling

Senate Bill 357 established the Advisory Committee on Problem Gambling (ACPG), creating a mechanism to guide the state's long-term response. More than simply

administering funds, the committee brought together stakeholders from government, healthcare, treatment, research, prevention, and the community to help shape statewide priorities.

The committee's work helped bring the Nevada response to a new level, ensuring that treatment services were available throughout the state. As the field evolved, so did the committee's focus which expanded to include workforce development, public awareness, prevention, research, and evaluation. In doing so, the ACPG helped move Nevada beyond a reactive model focused on treatment toward a more balanced system designed to reduce gambling-related harm before it reaches the point of crisis. Thus, the most important change in Nevada's response has not been organizational but conceptual, with researchers and policymakers recognizing that harm exists along a continuum, that it affects individuals, families, workplaces, and communities long before someone meets the diagnostic criteria for a gambling disorder (Langham et al. 2016).

This evolution reflects a broader truth that states legalizing and promoting gambling are responsible for mitigating its unintended consequences. Nevada's response continues to evolve, but today it stands as a far more comprehensive system than the one that existed only a generation ago.

Nevada's Problem Gambling System

For generations, the Silver State has been recognized as the nation's laboratory for legalized gambling, for accumulating expertise in operation and regulation of hospitality, tourism, and gaming institutions. Far less attention was paid to those for whom gambling ceased to be entertainment and became a source of significant harm. While Nevada led the nation in building the gambling industry, its public response to gambling-related harm took time to evolve. Early efforts focused almost exclusively on providing treatment for individuals with severe gambling problems (St. John, Dassopoulos, and Bernhard 2018). Advances in research, changes in public policy, and growing recognition of gambling-related harm led to a more comprehensive approach.

Prevention and Public Awareness

In partnership with the Nevada Council on Problem Gambling, the Nevada Department of Health and Human Services oversees community education and outreach efforts in the state. It operates the statewide problem gambling helpline, coordinates youth outreach programs, and trains gaming employees. Among its signature projects are the Problem Gambling Awareness Month and Project Worth, a statewide campaign developed by KPS3 that uses radio, television, digital and social media to increase recognition of gambling-related harm and connect Nevadans with available resources.

Regretfully, the gambling treatment funds envisioned by Nevada strategic plan were eliminated during the Great Recession of 2008, resulting in the loss of much of the state's prevention infrastructure. Gradually rebuilding this capacity, state officials focused on partnering with schools, healthcare organizations, gaming operators, sports

organizations. Nevada's 2022 adult survey offers a mixed picture of how successful these efforts turned out to be.

According to the survey findings, about four out of five adults (78%) share the view that gambling addiction is akin to drug or alcohol addiction and that gambling-related harm is a legitimate health concern. However, only 40% reported knowing where to find treatment in case they personally or someone they knew needed help. Just 9% reported being asked about gambling by a healthcare provider. Approximately 68% agreed that state government should play a leading role in reducing gambling-related harm, while 59% registered an opinion that the gambling industry should help fund prevention, treatment, and research. Next step in addressing harm caused by gambling and delivering effective support to Nevadans requires closing the gap between the growing awareness of the problem and still limited knowledge of the public services available to those in need.

College Students and New Forms of Gambling

More than 4,600 students from every institution in the Nevada System of Higher Education participated in the state's first system-wide student gambling survey. Students recognized casinos and sports betting as forms of gambling, yet they were less certain about cryptocurrency trading, prediction markets, fantasy sports, esports betting, and loot boxes. Students who followed sports closely or placed bets during live games were more likely to screen positive for gambling-related harm using the Brief Biosocial Gambling Screening (BBGS), and many reported difficulties cutting back, financial strain, or hiding their gambling from others (Dassopoulos and Miller 2025).

Sports Interest and Positive BBGS Screening

Interest in Sports	No Positive BBGS Screen	Positive BBGS Screen
No interest	94.8%	**5.2%**
Occasionally follow	95.5%	**4.5%**
Follow regularly	93.3%	**6.7%**
Dedicated fan	91.3%	**8.8%**

Figure 1. Sports Interest and Positive Brief Biosocial Gambling Screening Among Nevada System of Higher Education Students (2025 Student Gambling Survey, N=4,317). Note. Positive screen represents endorsement of one or more BBGS symptoms (urges/restlessness when trying to stop gambling, guilt or criticism about gambling, or financial, relationship, or other life consequences). The association between sports interest and BBGS screening status was statistically significant, $\chi^2(9) = 26.55$, $p = .002$.

These findings suggest that prevention efforts can no longer focus solely on traditional forms of gambling. As gambling intertwines with sports, gaming, social media, and speculative financial activities, it becomes all the more important to help young adults recognize gambling-related risks. Many will join the Nevada workforce, choosing careers in gaming, hospitality, education, finance, and public service, and their views of the harm

irresponsible gambling behavior may cause will affect their long-term wellness and health.

Workforce Development

Every part of Nevada's problem gambling system depends on people with the knowledge and confidence to recognize gambling-related harm and mount an appropriate response. Yet our state has a limited number of certified gambling counselors and clinical supervisors. It is hobbled by limited internship opportunities, insufficient attention to problem gambling in graduate programs, and persistent difficulties in recruiting qualified personnel in rural communities.

The state legislature invested in statewide workforce development through the Center for the Application of Substance Abuse Technologies (CASAT) housed at the University of Nevada, Reno. Under contract with the Nevada Department of Health and Human Services, CASAT administers the state's gambling counselor certification program, coordinates clinical supervision, develops and delivers training, maintains online learning resources, and provides technical assistance to providers. The strategic plan also calls for expanding internship opportunities, strengthening university partnerships, incorporating gambling into behavioral health curricula, and increasing the number of qualified supervisors to support workforce growth. The Nevada Council on Problem Gambling complements these efforts by providing scholarships, continuing education, and professional training for counselors. Special role in the process is accorded to training prevention specialists, peer recovery coaches, and building Nevada's behavioral health workforce.

Building a workforce is only part of the equation. The ultimate goal is to ensure that individuals and families have access to effective care when gambling-related harm occurs. Nevada's treatment and recovery system provides that care through a continuum of specialized services designed to meet people at different stages of need.

Treatment and Recovery Services

Specialty Treatment

Nevada's publicly funded treatment system embodies deliberate policy decisions. Rather than distributing limited resources across a large number of behavioral health providers, the state chose to fund a small network of specialized treatment programs. Such Centers-of-Excellence model recognizes that providers must treat gambling harm melioration as a long term task and resist irregular, ad hoc approaches. Concentrating expertise also creates opportunities for specialized training, quality improvement, and ongoing program evaluation that would have been difficult to achieve through a less specialized provider network.

Nevada's treatment system is organized around the problems clients bring with them, not simply the gambling behavior that brought them into care. Treatment routinely addresses financial recovery, relationship and family functioning, housing and employment needs, co-occurring mental health and substance use disorders, and connections to community resources as part of individualized treatment planning.

Treatment begins with a comprehensive clinical assessment that evaluates gambling behavior alongside financial, mental health, substance use, family, legal, employment, and other psychosocial concerns. Based on this assessment, clients are matched with services that reflect the severity and complexity of their needs. Most individuals receive outpatient counseling, including individual, group, couples, and family therapy. Individuals requiring a higher level of care may be referred to residential treatment, where gambling disorder and co-occurring behavioral health conditions can be addressed within a structured therapeutic environment. Crisis services provide immediate assistance for individuals experiencing acute gambling-related distress, while responsible and concerned others can get counseling even if the problem gambler is not engaged in treatment.

That philosophy continues to shape Nevada's treatment system, despite periods of significant disruption. During the Great Recession, Nevada's problem gambling system was subject to deep budget cuts that forced the closure of several treatment programs and significantly reduced overall service capacity. And just as the system began to recover, the COVID-19 pandemic barreled along to create new challenges. Providers rapidly shifted to telehealth, adapted service delivery, and managed care amidst major disruptions to healthcare and behavioral health services. Since 2018, Nevada has fallen from 14th to 18th place in terms of available per capita resources. Still, Nevada managed to maintain a statewide network of specialized gambling treatment services.

Today, state-funded providers offer assessment, outpatient counseling, residential treatment, crisis intervention, peer recovery support, telehealth, and services for concerned others regardless of an individual's ability to pay. In 2025, specialty providers served 247 individuals in outpatient treatment, 31 in residential treatment, and 40 concerned others seeking services because of another person's gambling. Programs also responded to 208 crisis contacts from individuals who did not enroll in formal treatment, illustrating that providers meet a range of needs, from brief crisis intervention to longer-term recovery support.

Recovery Support

Recovery does not end when treatment concludes. Gambling losses may stop quickly, but debt, housing instability, damaged trust, and disrupted employment rarely disappear at the same pace. Nevada's treatment system therefore incorporates aftercare planning, peer recovery support, referrals to community resources, and coordination with mental health, substance use, housing, employment, and financial services.

Family members and other concerned others remain central to this process. Gambling-related harm can reshape household finances, parenting responsibilities, communication, and trust. Supporting those affected by another person's gambling is not secondary to recovery. It is part of repairing the social damage that gambling can leave behind.

Community organizations complement formal care. Gamblers Anonymous and SMART Recovery provide peer-led support outside clinical settings, giving people opportunities to remain connected, practice recovery skills, and seek help during periods of increased

risk. For many people, the continuing presence of others who understand the experience becomes as important as any single treatment episode.

Treatment Capacity and Access

Nevada has invested in a specialized treatment system, yet many individuals experiencing gambling-related harm never receive formal treatment. The gap between need and treatment reflects barriers to access, which in turn point to the unaddressed problems that start before someone walks through the door of a treatment program.

The limited awareness remains a major barrier. Although most Nevadans recognize gambling addiction as a legitimate health concern, only 40% reported knowing where to find treatment if they or someone they knew needed help, and just 9% had ever been asked about gambling by a healthcare provider. Stigma associated with gabling disorders discourages help-seeking, particularly among individuals who view gambling-related harm as a personal failing rather than a health issue. Opportunities for identification and timely referral have been missed.

Services availability is another relevant factor. Nevada's treatment system relies on a relatively small network of specialty providers which makes access more difficult in rural communities and other underserved areas. Telehealth has expanded treatment options for many Nevadans, but inconsistent broadband access limits its reach in parts of rural Nevada. Recent provider closures have further reduced treatment capacity, particularly for residential services.

Gambling treatment reimbursement is another concern, as it remains substantially lower than reimbursement available in other behavioral health specialties. This complicates professional recruitment and retention. The dearth of certified gambling counselors and approved clinical supervisors further constrains the state's ability to expand services.

Improving access means addressing barriers at every stage of care. Public awareness, stigma reduction, workforce development, sustainable reimbursement, and earlier identification through healthcare and behavioral health settings all influence whether individuals ultimately receive treatment.

Culture, Migration, and Treatment Access

The survey data shows that Latino residents are underrepresented in the state's publicly funded gambling treatment system relative to their share of the state's population. Why are so few Latinos looking for gambling services? To better understand the barriers to care, researchers at the UNLV International Gaming Institute conducted in-depth qualitative interviews with Latino adults in Southern Nevada who had experienced gambling-related harm. The study explored how migration, family relationships, work, culture, and lived experience shape gambling behavior, help-seeking, and recovery.

The interviews suggest that treatment availability is not the only barrier to access. Participants described gambling within the context of migration, social isolation, financial pressure, family responsibilities, and the challenge of establishing a sense of belonging in a new country. Many were unaware that specialized gambling treatment

existed in Nevada. The respondents expressed concerns about privacy and stigma, opting for the family network to address the problem rather than seeking formal services. Participants clearly favored information and care services delivered by Spanish speakers and providers familiar with their cultural background and lived experiences.

These findings suggest that expanding access involves more than increasing the number of treatment providers. Services must also be visible, culturally sensitive, and delivered via trusted community and healthcare organizations. As Nevada's population continues to diversify, taking into account how culture, language, and family dynamics shape the perception of gambling-related harm will be essential to delivering effective services.

Healthcare and Behavioral Health Integration

For many years, gambling-related harm was treated as a specialty issue rather than a routine part of healthcare. Individuals were expected to recognize on their own when they developed gambling problems and find out a relevant health outlet. Nevada's statewide survey shows the limitations of that approach. Only a small fraction of adults reported that their healthcare provider had inquired about their gambling habits and counselling needs.

Rather than waiting for individuals to seek specialty gambling services, providers are now instructed to bring up possible problems during routine care for other behavioral health conditions. This approach takes into account the fact that gambling tends to co-occur with mental health conditions and substance use disorders, that individuals suffering from gambling-related harm might be already connected with healthcare services.

One example is the Gambling Resources and Support Program (GRASP). This initiative integrates gambling screening, referral practice, and digital intervention with programs specializing in substance use and opioid treatment. The question GRASP raises is how many people in behavioral treatment are experiencing gambling-related harm.

More than 600 clients have been screened for gambling-related harm in Nevada's substance use programs. Nearly one in four (23%) screened positive for moderate or severe gambling-related harm, identifying 145 individuals who may not otherwise have been recognized. Nevada has expanded GRASP into opioid treatment programs. By early 2026, seven of the state's 15 opioid treatment programs were participating in the initiative.

Among the first 510 patients screened in opioid treatment programs, 20% met the threshold for problem gambling, 14% were classified as moderate risk, and an additional 15% were judged to be low risk. Nearly half of those screened experienced at least some level of gambling-related risk.

These findings show that many people with gambling-related issues remain invisible, even though they are already enrolled in Nevada's behavioral health system. It is important to note that GRASP does not rely on patients identifying gambling as their primary concern. Instead, it equips providers with knowledge necessary to identify gambling-related disorders through routine screening. The way providers conduct an

entry interview matters as well. Their skills affect recovery, providing patients with on the spot education, connecting patients with proper treatment, and incorporate gambling into ongoing treatment planning.

Building Gambling into Routine Care

Identifying gambling-related harm is only the first step. The greater challenge is making gambling part of routine behavioral healthcare.

The GRASP evaluation identified several barriers to implementation, such as limited staff time, competing clinical priorities, technology limitations, and difficulty incorporating gambling screening and referral into existing clinical workflows. The challenges extend beyond logistics. Behavioral health professionals need to master new clinical routines and documentation practices as well as explore alternative referral pathways. Adding another screening tool will not be effective, however, unless providers learn to make gambling a standard part of care.

The early experience with GRASP suggests that integrating gambling into healthcare is as much an organizational change as a clinical one. Success depends not only on identifying gambling-related harm, but on empowering providers to navigate confidently the healthcare system and addressing the realities of everyday practice.

Digital Supports

Nevada has recently begun investing in digital supports to extend help beyond specialty treatment programs. These services are a valuable tool in a state with long travel distances, limited provider availability, and stigma attached to enrolment into formal treatment programs.

Telehealth is one way to reduce some of those barriers by allowing people to receive counseling at home and benefit from follow-up care. This is especially useful for residents in rural and frontier communities, where specialty services are limited and travel requires significant time and financial commitments. According to the Nevada treatment report, most clients do not complain about travel distance, but they single out transportation costs, limited local options, family responsibilities, and work schedules as chief barriers to healthcare access.

Our state has also invested in free self-directed digital support. In 2025, Nevada offered all residents access to Evive – a mobile, web-based platform that provides users with education, self-monitoring tools, professional guidance, and links to other resources. The platform gives residents an informal option that may be attractive to people who are not ready to enter care and prefer to begin privately.

Digital tools can expand choice, but they do not eliminate access problems. Some Nevadans lack reliable broadband, smartphones, private space, or confidence using technology. Having encountered such problems, GRASP responded by adding web-based and printed materials for patients without access to mobile platforms. Thus, digital support supplements Nevada's treatment and recovery system rather than provides a

substitute for it. Its value lies in giving people more ways to seek information, stay connected, and begin addressing gambling-related harm.

Legal and Regulatory Responses

Nevada's response to gambling-related harm extends beyond prevention, treatment, and recovery services. The state has developed legal and regulatory framework to address the link between problem gambling and criminal behavior. These efforts reflect an important shift in how gambling-related harm is understood. This framework is grounded in the notion that laws, regulations, and gaming policies can reduce as well as reinforce problem gambling behavior.

Player Protection and Self-Exclusion

Among the most effective strategies facilitating responsible gambling is self-exclusion. In this approach, individuals voluntarily restrict their access to gambling for a specified period during which they seek treatment, stabilize their finances, and disrupt harmful gambling patterns. Research suggests that well-designed self-exclusion programs reduce gambling-related harm, provided they are easy to use and efficiently enforced.

Nevada administers self-exclusion programs differently than many other jurisdictions. While it operates the nation's largest commercial gaming market, it declined to maintain centralized self-exclusion program for land-based gambling. State regulations require operators that provide gaming credit, check-cashing, or direct gaming marketing to allow patrons to limit their own access to those services. Some casino companies have gone further by creating voluntary property-specific self-exclusion programs which operate independently and apply to properties owned by the company. As a result, a person seeking help have to enroll separately with multiple operators; exclusion from one property does not extend to other establishments.

This approach reflects Nevada's unique gaming environment. Unlike many states, gambling is not concentrated in a relatively small number of casinos. It is available through thousands of restricted gaming locations, including taverns, grocery stores, convenience stores, and other businesses. With millions of visitors traveling to the Silver State, a statewide exclusion program would be harder to administer than in other jurisdictions. This approach places the responsibility on the individual to identify operators, complete multiple enrollment processes, and navigate separate exclusion systems. More recent work has indicated that Nevada could strengthen player protections by establishing a centralized statewide registry, integrating land-based and interactive gaming, and creating more consistent standards across operators.

Gambling Diversion Court

Harmful gambling behavior sometimes comes to the attention of the criminal justice system. People with severe gambling disorder are known to steal from employers, misuse family funds, write fraudulent checks, or commit other financial crimes to obtain money for gambling or repay gambling debts. Such offenses have real victims and consequences.

Without excusing this crime, the Nevada system recognizes that treating the gambling disorder may reduce future harm.

The Nevada gambling diversion law reflects the experience and advocacy of clinicians, researchers, attorneys, and judges, as well as research and analysis by the Nevada Council on Problem Gambling. Underlying the Nevada system is the following observation: while drug and mental health courts recognized the role that behavioral health plays in criminal behavior, no pathway existed for people whose crimes were driven by gambling disorder. The collective efforts culminated in the Assembly Bill 102 that was passed during the 2009 legislative session and that put in place NRS 458A.200 through 458A.260, which authorized Nevada courts to establish treatment diversion programs for eligible individuals with gambling disorder.

Under NRS 458A.200–458A.260, a court may assign an eligible defendant to treatment before sentencing if it determines that the individual has a gambling disorder and committed the offense because of such disorder. The treatment is authorized when it is deemed likely to produce successful outcomes. Participants remain under court supervision for one to three years. Dring this period, they must remain in treatment administered by a qualified mental health professional, submit regular progress reports, and pay restitution to victims. Individuals who successfully complete the program may have their conviction set aside, while those who do not complete treatment return to the traditional sentencing process.

While this legislation created a legal framework, nearly a decade had passed before it was put into practice. In 2018, the Eighth Judicial District Court launched the Gambling Treatment Diversion Court under the leadership of Judge Cheryl Moss, making Nevada the first jurisdiction in the United States to set up a specialty court devoted to gambling-related crime. Modeled after drug courts, the program combines judicial supervision, specialized treatment, restitution, and regular court review hearings while holding participants accountable for both their recovery and the harm caused by their offenses. Judge Moss, a long-time advocate for integrating gambling into the justice system, was instrumental in introducing gambling assessments into family court proceedings.

Research, Evaluation, and Information Management

Nevada's problem gambling system was built to do more than fund services. It was also built to learn from them. Since 2006, the UNLV International Gaming Institute has served as the state's research and evaluation partner, managing the statewide information system, evaluating publicly funded services, conducting long-term follow-up studies, and producing research that informs the state's response to gambling-related harm.

This commitment survived periods of severe budget pressure. During the state fiscal crisis, Nevada reduced or eliminated funding for several problem gambling activities, redirecting most available resources toward treatment. Research and evaluation had to do with a smaller share in line with the state leaders' conviction that scarce public funds should be allocated according to the demonstrated need and confirmed effectiveness.

That decision gave Nevada service systems the ability to assess who enters treatment, what challenges patients face, which services they receive, and how they fare after treatment ends.

During intake, service providers collect information about gambling behavior, financial and legal problems, health, housing, employment, family relationships, and other conditions that influence recovery. They also keep track of the services clients receive and the circumstances under which they leave treatment. UNLV researchers then conduct confidential follow-up interviews 30 days, 90 days, and one year after enrollment. Rather than simply counting the number of people served, Nevada measures what changes after treatment.

The findings have been remarkably consistent. In the most recent evaluation, more than 90% of clients reported gambling less than they had before entering treatment, and nearly half reported remaining gamble-free one year later. Across all follow-up periods, 96% reported reducing their gambling from its most severe level, and most reported achieving their goal of stopping or controlling their gambling. These findings demonstrate that publicly funded gambling treatment is associated with meaningful and sustained reductions in gambling behavior.

The evaluation also demonstrates that recovery extends well beyond gambling itself. One year after entering treatment, 88% of clients reported improved relationships with their families, and 88% reported doing better at work or school. Clients also described greater confidence managing everyday problems, responding to crises, and regaining control of their lives. Financial recovery generally occurred more slowly than improvements in gambling behavior, reflecting the time required to rebuild savings, reduce debt, restore housing stability, and repair damaged relationships. Recovery from gambling-related harm is therefore measured not only by whether someone gambles, but by whether they are rebuilding the social, financial, and personal foundations of their lives.

Clients' reports on treatment they received offer additional insight into what those improvements looked like in practice. Many tie the recovery process to the increased ability to handle emotional, psychological, and financial issues contributing to their gambling disorder rather than simply to ditching gambling habit. As one client explained:

> *"Learning a lot of how to be vulnerable and how to resolve my trauma and taking an inventory of my life weather, it is financial or personal relationships and learning about brain chemistry"*

For others, the program represented a turning point after years of unsuccessful attempts to stop gambling. Here is another client's reflectioned:

> *"I had tried everything else to quit gambling, but nothing worked. This program saved my life."*

The feedback from the patients also identifies where the system fell short. Not everyone entering treatment could be reached to fill in a follow-up survey. Most outcome measures

rely on client self-reports, which are not always reliable indicators of progress. These limitations are important, but they do not obviate the broader pattern. Over nearly two decades of evaluation, Nevada has found that people who receive treatment report meaningful improvements in gambling behavior, relationships, employment, and daily functioning.

The larger challenge is reaching more people. Nevada's statewide survey estimated that approximately 15% of adults met the threshold for problem gambling, yet only a few hundred individuals receive publicly funded specialty treatment each year. Many people experiencing gambling-related harm never seek care because of stigma, limited awareness of available services, workforce shortages, transportation challenges, financial concerns, or a belief that they should handle the problem on their own. The evidence suggests that improving Nevada's response depends not only on providing effective treatment, but also on reducing the barriers that prevent people from accessing it.

Nevada scholars have extended their research beyond treatment evaluation. Statewide prevalence studies, college student surveys, healthcare integration evaluations, qualitative studies, and competitive research mini-grants have expanded understanding of gambling-related harm across the population. Together, these efforts provide perspectives that no single data source can offer. Treatment findings describe the experiences of people who seek help. Population surveys identify harm among people who never enter treatment. Program evaluations measure the effectiveness of new initiatives, while qualitative research helps explain why people seek help, delay treatment, or never access services at all.

Recognizing the value of these efforts, Nevada's strategic plan identifies research and information management as core components of the state's problem gambling system alongside prevention, treatment, workforce development, and administration. The plan calls for stronger surveillance, expanded data sharing, greater use of qualitative research, evaluation of prevention initiatives, and a coordinated research agenda to identify emerging needs and guide future investments.

Funding and Sustainability

Nevada's problem gambling system depends on a dedicated public investment that supports more than specialty treatment. State funding is key to prevention, public awareness, workforce development, research and evaluation, healthcare integration, recovery services, and system administration. Unlike many other areas of behavioral health, problem gambling receives little dedicated federal funding, making Nevada's response largely dependent on state resources.

In fiscal year 2025, Nevada invested approximately $2 million ($0.61 per resident) in problem gambling services, ranking 18 nationally in per-capita public funding. Although this represents one of the larger state investments in the United States, it remains a small fraction of the revenue generated by Nevada's gaming industry. These resources support

a comprehensive statewide system rather than a single treatment program, funding activities that range from prevention and public awareness to treatment, research, workforce development, healthcare integration, and recovery services.

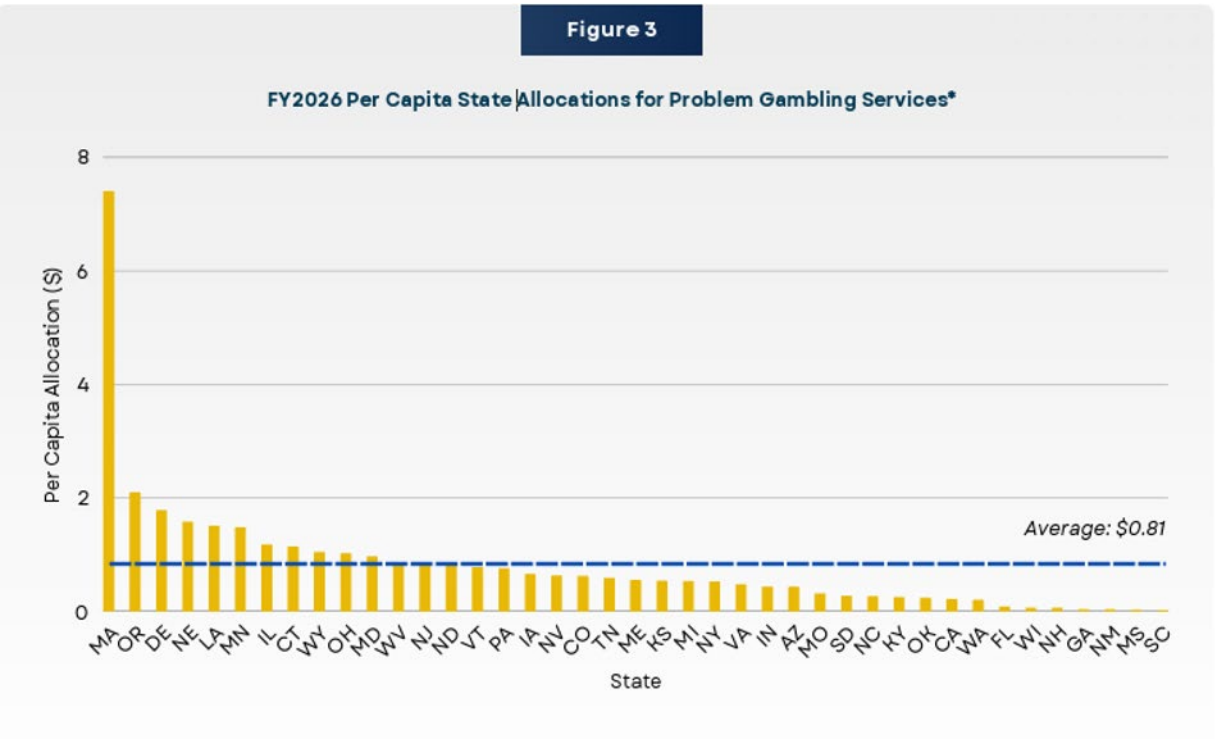


Figure 2. FY2026 per capita state allocations for publicly funded problem gambling services among states with dedicated funding. Nevada allocated approximately $0.61 per resident, compared with a national average of $0.81. Source: Marotta, Vazquez, and Yamagata (2026).

The importance of sustained investment became clear during the Great Recession. As Nevada confronted one of the most severe fiscal crises in its history, funding for problem gambling services was substantially reduced. Several treatment providers closed or withdrew from the state-funded system, prevention activities were curtailed, and workforce development slowed. Core research and evaluation programs were preserved, but much of the state's treatment infrastructure contracted. The effects were felt well beyond the normal budget cycle. Rebuilding provider networks, restoring treatment capacity, and training new clinicians required years of continued investment.

The COVID-19 pandemic presented a different challenge, disrupting how services could be delivered. Providers rapidly adopted telehealth, modified clinical practices, and continued serving clients despite widespread disruption across the healthcare system. At the same time, workforce shortages, changing patterns of gambling, and increasing demand for behavioral health services placed additional pressure on an already limited treatment network.

Today, Nevada's problem gambling system supports a broader range of activities than at any point in its history. In addition to specialty treatment, state funding promotes healthcare integration, statewide public awareness campaigns, workforce development, research and evaluation, digital recovery supports, and initiatives designed to reach rural and underserved communities. The strategic plan also identifies new priorities, including expanding residential treatment capacity, strengthening prevention, improving data systems, and increasing research on emerging forms of gambling.

As the system has expanded, so have the demands placed upon it. Workforce shortages, reimbursement rates that remain below many other behavioral health specialties, geographic barriers, and the rapid evolution of gambling products all require continued investment. Nevada's strategic plan recognizes that maintaining an effective response depends not only on funding treatment, but also on sustaining the prevention, workforce, research, and information systems that support it.

Nevada's experience demonstrates that funding decisions have lasting consequences. Specialized treatment programs, trained clinicians, and prevention infrastructure can be lost quickly but require years to rebuild. The state's current system reflects more than two decades of sustained investment, adaptation, and collaboration. Sustainability means protecting that capacity before the next crisis tests it.

The Measure of Nevada's Response

Nevada no longer needs to decide whether gambling-related harm deserves a response. It has built an effective system. Nevada no longer has to wonder whether treatment helps. Our evaluations have shown that many clients reduce their excessive gambling, improve family relationships, and function better at work or school after entering care. Some stop gambling altogether, while others regain control after years of losses, secrecy, and instability. Among the outstanding challenges is reaching to a large population that needs services and offering treatment before the consequences become overwhelming.

Building services and reaching people are not the same task. A program may be free and effective and still remain geographically, culturally, and socially inaccessible. Rural residents may face long travel distances or unreliable internet access. Latino residents remain underrepresented in treatment despite representing a substantial share of Nevada's population. College students may participate in gambling-like activities without recognizing them as gambling. People already receiving care for substance use or mental health conditions may never be asked whether gambling is affecting their recovery. The common thread is not a lack of services but our ability to connect them in a timely fashion with people who need them.

Much of Nevada's recent work reflects a shift in the underlying philosophy. Historically, the system depended on individuals recognizing that gambling had become a problem and then seeking help on their own. Now we recognize that responsibility also lies with the state. Healthcare providers are being trained to ask about patient gambling habits.

Prevention efforts are expanding into schools and universities. Self-exclusion allows people to interrupt gambling before greater harm occurs. Diversion court proceed on the assumption that treatment may reduce future offending while preserving accountability for criminal behavior. Each of these approaches acknowledges that individual willpower is not always sufficient to break harmful gambling habits. Families, healthcare systems, schools, employers, gaming operators, and the legal system all influence whether harm is recognized early or allowed to progress.

That shift will become increasingly important as gambling continues to evolve. Sports betting, prediction markets, loot boxes, cryptocurrency speculation, and other products increasingly blur the boundaries between gambling, gaming, investing, and entertainment. Whether an activity is labeled gambling matters less than how people experience it. Prevention, regulation, and treatment must therefore respond to behavior rather than definitions alone. Nevada's student survey demonstrates how quickly these changes are occurring and why prevention efforts must continue to adapt.

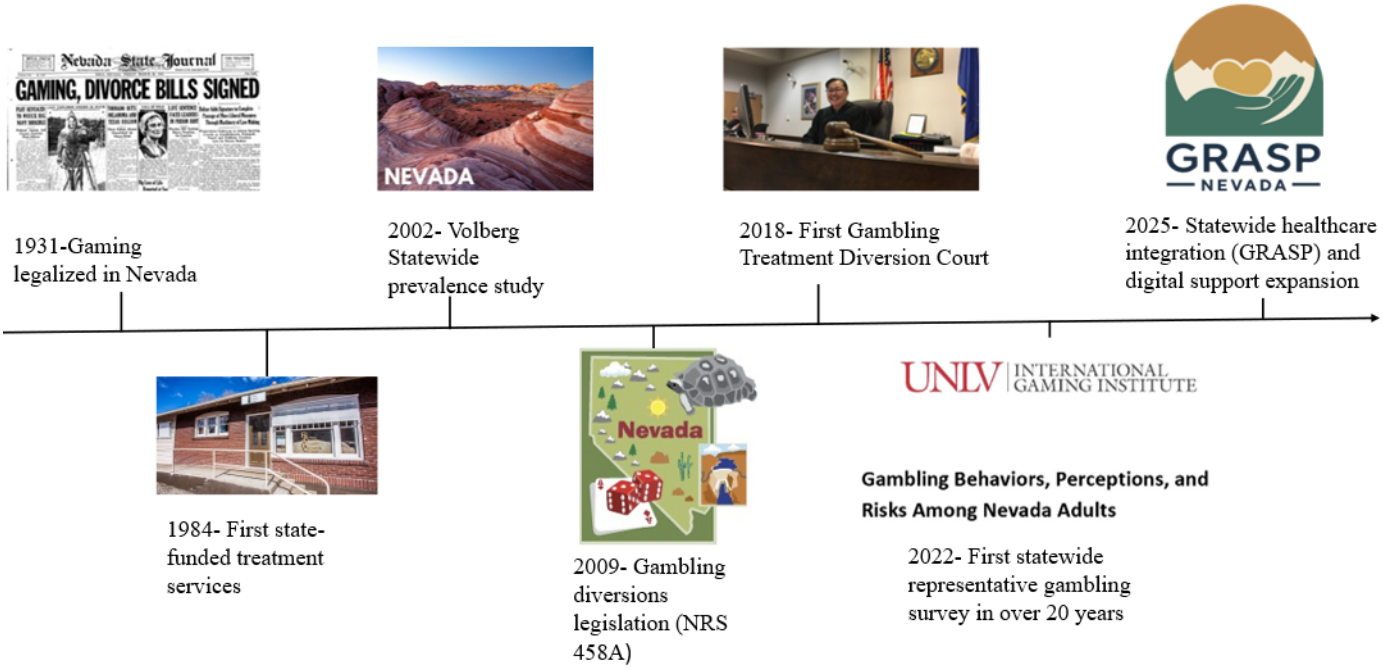
The Silver State investment in research and evaluation bodes well for the future. Population surveys are a powerful tool for assessing the trends among people who never seek treatment. Student research provides an early look at changing patterns of gambling, while qualitative studies help explain why some communities remain underserved despite the availability of services. Together they allow Nevada to adjust its response as gambling, technology, and the population continue to change.

The state's history offers an important lesson. During the Great Recession, treatment programs closed, prevention efforts were reduced, and much of the workforce that had taken years to develop was lost in only a few years. Rebuilding that capacity has required sustained investment. The COVID-19 pandemic exposed new vulnerabilities, but it also reinforced the old lesson: specialized systems dismantled during difficult times cannot be rebuilt overnight. Training treatment providers, building prevention partnerships, and funding research is an investment in Nevada's long-term social health.

No institution can reduce gambling-related harm by itself. Government, the gaming industry, healthcare systems, universities, community organizations, and treatment providers each have different responsibilities, but none can succeed without collaboration with communities and related organizations. Nevada residents increasingly recognize this shared responsibility. Most support state government taking a leading role and many agree that the gaming industry must share the burden of prevention, treatment, and research.

Appendix 1

Key Milestones in Nevada's Response to Gambling-Related Harm



Appendix 2

Nevada Gambling Resources

If you or someone you know is experiencing gambling-related harm, help is available.

Statewide Information & Resource Locator

Project Worth Nevada
Nevada's statewide public awareness campaign for problem gambling. Project Worth helps individuals and families understand gambling-related harm and connects them with treatment, recovery, financial counseling, and other support services throughout the state.
Website: https://www.projectworthnv.org

Nevada Council on Problem Gambling
Provides prevention and educational programs, workforce development, public awareness initiatives, and referrals to treatment and recovery resources.
Phone: 702-369-9740

24-Hour Problem Gambling Helpline: 1-800-GAMBLER (1-800-426-2537)
Website: https://www.nevadacouncil.org

988 Suicide & Crisis Lifeline
Provides free, confidential support 24 hours a day, 7 days a week for anyone experiencing emotional distress, a mental health crisis, substance use concerns, or thoughts of suicide.
Call or Text: 988
Website: https://988lifeline.org

Treatment & Counseling

Dr. Robert Hunter International Problem Gambling Center
Provides outpatient treatment, individual counseling, and support services for individuals experiencing gambling-related problems, as well as counseling for affected family members.
Las Vegas: 702-363-0290
Reno: 775-451-5955
Website: https://gamblingproblems.org/

Birches Health
Provides specialized telehealth counseling for problem gambling and sports betting throughout Nevada. Treatment may be covered by insurance or funded through the Nevada Division of Public and Behavioral Health.
Phone: 833-483-3838
Website: https://bircheshealth.com/locations/nevada

Mental Health Counseling & Consulting
Provides outpatient treatment and individual counseling for problem gambling, with services available for affected family members.
Phone: 702-400-6413
Website: https://www.mhcc.biz

UNLV Student Counseling and Psychological Services (CAPS)
Provides counseling and support services for UNLV undergraduate students, including assistance for problem gambling.
Phone: 702-895-3627
Website: https://www.unlv.edu/caps

Recovery & Self-Help

Gamblers Anonymous
A free, 12-step fellowship that provides peer support for individuals seeking recovery from gambling problems.
Carson City: 775-882-8222
Reno: 775-356-8070
Las Vegas: 855-222-5542
Website: https://www.gamblersanonymous.org

SMART Recovery
A free, evidence-based mutual support program that uses cognitive and behavioral strategies and is not based on the 12-step model.
Phone: 866-951-5357
Website: https://smartrecovery.org

Evive
A free, confidential digital program that helps individuals understand their gambling, set goals, build healthy habits, and access evidence-based tools to reduce or stop gambling. Available to Nevada residents through the Nevada Division of Public and Behavioral Health.
Website: https://www.getevive.com/ivelife.com

BetBlocker
A free app that blocks access to thousands of gambling websites and apps across multiple devices. BetBlocker is available worldwide and is designed to support individuals who want to reduce or stop gambling.
Website: https://betblocker.org

Appendix 3

Education, Research & Professional Resources
Center for the Application of Substance Abuse Technologies (CASAT)
Based at the University of Nevada, Reno, CASAT provides workforce development, education, training, technical assistance, and resources for behavioral health professionals, including training related to problem gambling prevention, treatment, and recovery.
Phone: 775-784-6265
Website: https://casat.org

UNLV International Gaming Institute
Conducts research and develops educational programs focused on gambling, responsible gambling, and gambling-related harm.
Phone: 702-895-2008
Website: https://www.unlv.edu/igi

UNLV Center for Gaming Research
Located in Lied Library, the Center curates one of the world's most comprehensive collections of gambling research and hosts public events, lectures, and podcasts on gambling.
Phone: 702-895-2244
Website: https://www.unlv.edu/gaming

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