



DBHDS  |  **Omni**

Virginia Problem Gambling Annual Report

FY 2025-26

September 2026





Omni Institute Report

Virginia Problem Gambling Annual Report

FY 2025-26

Submitted to:

Virginia Department of Behavioral Health and Developmental Services

For More Information

Projects@omni.org

Acknowledgements

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Virginia's Department of Behavioral Health and Developmental Services (DBHDS) distributes a variety of funds to Community Services Boards (CSBs), including Problem Gambling Treatment and Support (PGTS) funds, to support the planning, implementation, and evaluation of prevention activities that address substance use, mental health concerns, and problem gambling in their communities. CSBs and DBHDS approach problem gambling through a shared risk and protective factor framework established in the 2025–2030 Virginia Substance Use Prevention Strategic Plan. This framework reflects two related patterns: problem gambling frequently co-occurs with substance use and mental and behavioral health concerns, and the underlying factors that drive these outcomes often overlap. Of the eight risk and protective factors prioritized in the Strategic Plan, five have clear and consistent research linking them to problem gaming and gambling outcomes: parent and family management; ease of access; healthy coping skills, emotional regulation, and resilience; perceptions of risk; and strong community partnerships and coalitions.



40

CSBs implemented problem gambling prevention strategies

64

Unique problem
gambling interventions
were implemented

This report summarizes prevention activities addressing problem gambling that were implemented during fiscal year 2026 (July 2025 through June 2026).

Problem Gambling Treatment and Support Advisory Committee (PGTSAC)

The Problem Gambling Treatment and Support Advisory Committee (PGTSAC), a partnership of agencies and professionals with expertise in problem gambling and the gambling industry, continued to share and coordinate across systems to mitigate gambling-related harms and support those in need. The committee met quarterly to discuss gambling trends across the Commonwealth, provide updates on PG and collaborate on solutions through partnerships.



4

New board members in FY 2025-26

Awareness

CSBs across the Commonwealth shared information about problem gambling through digital, print, and other media. This year marked the launch of the *Beyond the Bet* media campaign, with CSBs distributing branded materials to their communities. CSBs also promoted the National Problem Gambling Helpline campaign materials to promote awareness of problem gambling.



28

CSBs shared the *Beyond the Bet* campaign

1,857,130

People reached by the *Beyond the Bet* campaign

11,338,125

Impressions for all problem gambling messaging campaigns

Beyond media messaging, CSBs raised awareness through community events, presentations, and conferences. These in-person formats allowed greater connection with community members and offered opportunities for in-depth learning about the signs and symptoms of problem gambling and how to find support.



28

CSBs completed a problem gambling presentation

297

Problem gambling related presentations

12,878

People reached through a presentation



8

CSBs hosted a problem gambling conference

9

Problem gambling related conferences

1,091

People reached through a conference



38

CSBs completed a problem gambling community event

713

Problem gambling related community events

117,883

People reached through a community event

Community Partnerships

Partnerships were central to addressing gambling-related harms, by connecting CSBs to the communities they serve. CSBs collaborated with nonprofits, schools, and other organizations to share problem gambling prevention messaging and to gather feedback on how best to reach and support their communities. This coalition and partnership work extended the reach of prevention programming and strengthened integrated systems of care. During the past year, prevention staff at select CSBs collaborated with treatment and recovery programs to pilot problem gambling screenings.



25

CSBs had problem gambling specific coalitions

3,189

Problem Gambling Severity Index and the South Oaks Gambling Screen-Adolescents Screenings completed

Education

CSBs introduced the *Virginia Problem Gambling Youth Training Curriculum* in schools and communities across the Commonwealth. Designed for high school-aged youth, the curriculum was delivered as a short in-person presentation and as a self-paced e-learning module covering warning signs of problem gambling, healthy coping skills, media and financial literacy, and how to access support. CSBs also facilitated educational programming that addresses risk and protective factors that drive gambling behavior and related harms, such as parent and family support programs and workshops to build healthy coping skills.



8

CSBs conducted the *Virginia Youth Problem Gambling* curriculum

29

Sessions of the *Virginia Youth Problem Gambling* curriculum were implemented

5,310

People reached by the *Virginia Youth Problem Gambling* curriculum

Environmental/Merchant Education

Recorded in CounterTools POST, CSBs engaged merchants about gambling-related sales, such as lottery tickets, providing education on warning signs and the National Problem Gambling Helpline. During these visits, merchants may also agree to remove gambling-related advertisements in locations that are more visible to youth, such as near candy displays or below three feet in height.

36

CSBs conducted Gambling Merchant Education visits

3,451

Merchants were visited

Legal gambling opportunities in Virginia have expanded significantly over the past several decades. Charitable gaming, legalized in 1973, was followed by the creation of the Virginia Lottery in 1987 and the legalization of horse racing in 1989.¹ Expansion accelerated in recent years: the General Assembly authorized historical horse racing machines in 2018, and in 2020 passed legislation permitting online lottery sales, sports betting, and casino gambling. That same legislation established the funding mechanisms that support problem gambling prevention, treatment, and recovery services across the Commonwealth today.²

- **1973** Charitable gaming becomes legal
- **1987** Virginia Lottery created
- **1989** Horse racing legalized
- **2020** Internet lottery, sports betting & casino gambling authorized; problem gambling funding established

Today, legal gambling in Virginia includes the lottery, charitable gaming, pari-mutuel and historical horse racing, fantasy sports contests, online sports betting, and casino gambling at licensed facilities.³ State law permits anyone 18 or older to play the lottery and anyone 21 or older to gamble at a casino or bet on sports. Digital platforms, mobile applications, social media, and the integration of betting into sports coverage have made gambling more visible and accessible than in the past, expanding exposure across the Commonwealth. Young adults may face heightened risk, given ongoing neurological development, frequent exposure through digital and gaming environments, and the normalization of gambling within sports and online media.⁴

“ We continue discussions with the Fairfax County Health Department about providing the Problem Gaming and Gambling training to the Public Health Youth Ambassador program. This program includes youth who have an interest in public health, mental health and substance misuse. We also [engaged] with community partners to discuss and review the link between problem gambling and suicide, including members of the Suicide Alliance of Northern Virginia and members of the Fairfax Prevention Coalition.”

— Fairfax-Falls Church CSB



¹ Virginia Lottery (2026). Laws and Regulations. <https://www.valottery.com/aboutus/lawandregulations>

² Virginia State Legislative Information System. (2026). Bills and Regulations. <https://lis.virginia.gov/bill-search>

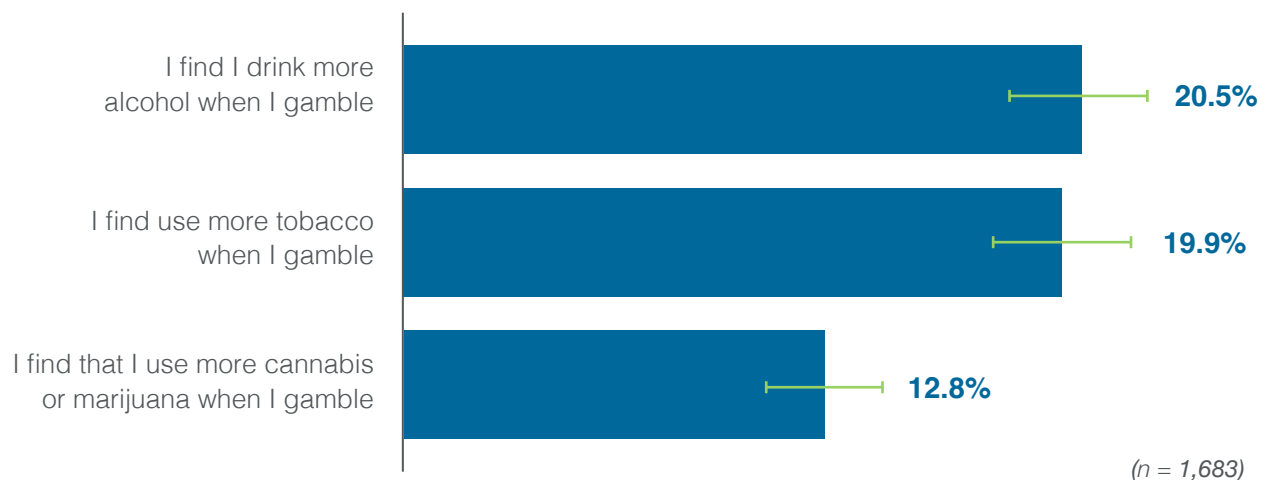
³ Omni Institute. (2022). Virginia Substance Abuse Prevention Block Grant: Gaming and Gambling Environmental Scan Report. <https://www.dropbox.com/scl/fi/psq48w0193vn70l8sf84v/Virginia-Gaming-Gambling-Environmental-Scan-Report.pdf>

⁴ Paturel, A. (2014). How do video games affect brain development in children and teens? Brain & Life. <https://www.brainandlife.org/articles/how-do-video-games-affect-the-developing-brains-of-children/>

Increased accessibility has raised concerns about problem gambling and its effects on behavioral health. Data from the National Council on Problem Gambling indicates that Virginians experiencing serious gambling problems frequently report co-occurring behavioral health concerns, including alcohol misuse, drug use, and depression.⁵ Demand for problem gambling services has grown alongside this expansion: calls to the Virginia Problem Gambling Helpline rose 39% between 2024 and 2025. Recognizing that gambling disorders usually co-occur with mental health and substance use challenges, prevention efforts in Virginia continue to align prevention and responsible gambling initiatives with broader behavioral health strategies.

The 2026 Virginia Young Adult Survey (YAS), a statewide survey of 18- to 25-year-olds, offers a Virginia-specific picture of this overlap among young adults who gamble. Among respondents who had gambled in the past 30 days ($n = 1,683$), one in five (20.5% [18.4, 22.6]) reported drinking more alcohol while gambling, 19.9% [17.8, 21.9] reported using more tobacco while gambling, and 12.8% [11.1, 14.5] reported using more cannabis or marijuana products while gambling. This overlap reinforces the rationale for aligning Virginia's problem gambling prevention efforts with broader substance use and behavioral health strategies.

Young Adults who have gambled in the past 30 days find themselves drinking more alcohol when gambling.



Virginia's response to these developments is evident in the expansion of problem gambling prevention activities and funding. In 2025-2026, DBHDS allocated approximately 46% of problem gambling funds to prevention and promotion activities, 48% to treatment and recovery services, and 5% to data collection and evaluation. Thirty-nine CSBs and behavioral health organizations implemented prevention initiatives directly supported by problem gambling revenue. Education strategies accounted for the largest share of these efforts via classroom lessons and community workshops. Education activities focused on raising awareness of warning signs, promoting safer gambling practices, and connecting people to support resources, with an emphasis on youth, young adults, and audiences engaged in sports betting.

⁵ National Council on Problem Gambling. (n.d.). NGAGE Trends Dashboard. <https://www.ncpgambling.org/training/ngage-survey/ngage-dashboard/>

Problem Gambling Treatment and Support (PGTS) Fund data offer a view of service utilization across the continuum of care.

In FY 2025-26,

- ✓ The PGTS Fund **reimbursed \$200,446** for problem gambling treatment services statewide, averaging **\$666 per client** across **301 clients**.
- ✓ The average age of clients receiving PGTS-supported treatment services was **44 years old**.
- ✓ The Fund reimbursed an **additional \$101,254** for individual recovery services, averaging **\$499 across 203 clients**, whose average age was **45**.
- ✓ Group recovery services accounted for **\$13,943** in reimbursements across **78 sessions** statewide.



DBHDS provided CSBs and Omni Institute a total of \$1,878,565 to provide outreach, training, and other prevention related efforts in their communities. Considering that 1,997,481 people were reached via social media, curriculums, community events, and others, the total cost per person for prevention efforts is \$ 0.91 per person, ranging from \$0.03 to \$3.82 per person depending on the strategy.

These prevention and treatment efforts demonstrate Virginia's commitment to addressing the evolving risks associated with expanded gambling. By combining data-driven strategies, broad public outreach, and targeted interventions, the Commonwealth aims to ensure that prevention, treatment, and recovery support reach the individuals and communities most affected or at risk by these changes.

Average Cost Per Person



\$0.91

Prevention



\$666

Treatment



\$499

Recovery

Problem Gambling Treatment and Support Advisory Committee (PGTSAC)

The PGTSAC held its first meeting in 2023, following Virginia's 2020 legislation establishing the PGTS Fund. PGTSAC meetings take place quarterly, with a virtual attendance option available for those unable to attend in person. PGTSAC funds are used to contract with Omni Institute, map service availability, and provide meeting refreshments.

In FY 2025-26, the PGTSAC added two new members: Dean Hestermann (VP, Issues Management & Strategic Communications, Caesars Digital), and Julie Rutter (Director of Security, Hard Rock Casino Bristol). This year's meetings covered updates from gambling establishments, Virginia's Problem Gambling Helpline, the Voluntary Self Exclusion (VSE) program, and DBHDS's broader prevention, treatment, and recovery efforts.



Hotline data revealed a consistent increase in calls, especially among men. Meetings included updates from Virginia's problem gambling hotline, whether reached directly through Virginia's problem gambling helpline number or routed through the National Problem Gambling Helpline. Notable updates include changes in call volume, referral rates for treatment, and peak calling periods. Information from the Virginia Council on Problem Gambling helps partners understand who is reaching out for support, tailor resources accordingly, and identify gaps in outreach to those who are calling.



Virginia Lottery's VSE program data shows that individuals who initially enroll tend to re-enroll and continue to self-exclude from casinos and other gambling venues.

Reviewed data included average monthly signups by exclusion type (two-year, five-year, and lifetime), as well as breakdowns by gender and age. This information helps partners understand who is enrolling in VSE and how individuals learn about the sign-up process, which could help increase awareness in communities facing hesitancy, stigma, or other barriers to enrollment.



DBHDS funded an evaluation of problem gambling services, leading the way for future work through a data-driven approach. This evaluation examined which services have been provided using treatment and support funding. In addition, DBHDS funded a Problem Gambling Treatment dashboard that shows the population across Virginia that is receiving treatment for gambling diagnoses and any co-occurring conditions. This dashboard helps identify which communities to prioritize and provides a fuller picture of how someone navigates treatment for general mental health and substance use conditions alongside a problem gambling disorder, helping the committee set priorities for future work.



Virginia is also investing in care delivered outside traditional treatment settings, including through mobile applications. Recognizing that stigma and access barriers prevent people from seeking support, DBHDS provides free access to Evive, a problem gambling support platform, to communities across Virginia. The platform is used on average by 30 people in Virginia monthly. Through Evive, users can track their gambling, reflect on their habits, access virtual support, and learn more about problem gambling. Because of Evive's success, PGTSAC has also explored other similar applications this year, such as RecoverMe.



Gambling establishments dedicate part of their efforts to responsible gambling and to raising awareness of treatment. During PGTSAC meetings, casino and racing establishments provide updates on openings, policies, responsible gambling messaging, self-exclusion programs, and other collaborations undertaken to promote responsible gambling in their venues.

The information shared through the PGTSAC highlights the importance of ongoing prevention and mitigation efforts, as well as the value being brought to those efforts through cross-continuum collaboration among prevention, treatment, recovery, and gambling industry professionals. PGTSAC topics of discussion, including rising helpline volume, sustained VSE enrollment, and treatment data showing frequent co-occurrence between problem gambling and other behavioral health conditions, all point to gambling system needs and populations where upstream efforts are most needed. These data help prevention partners direct their work: indicating where awareness of available support is lowest, identifying communities experiencing harms, and illustrating where prevention efforts can reinforce or complement industry practices. Prevention efforts funded through the PGTS Fund draw on these sources to target the shared risk and protective factors most closely linked to problem gambling and align local activities with the patterns emerging statewide.

Pilot Screenings

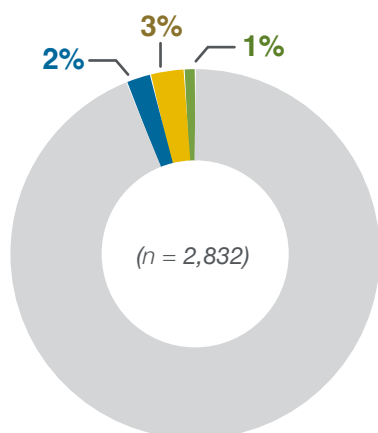
PGTSAC efforts span the entire continuum of care from prevention to screening and recovery. Hanover, Middle Peninsula Northern Neck, Danville-Pittsylvania, Highlands, and Prince William CSBs launched pilots for problem gambling screening in their communities via PGTSAC funding. These CSBs utilized the Problem Gambling Severity Index and the South Oaks Gambling Screen-Adolescents to screen new and existing clients during mental health treatment. Though other CSBs may include brief screenings in their programs, those screenings were not part of this pilot.

Across the five pilot sites, CSBs screened 3,819 individuals. Of those screened, 5% of adults ($n = 180$) and 4% of adolescents ($n = 15$) reported indicators of problem gambling risk. Beyond identifying individual need, these screenings provide general education about problem gambling, and when risk is identified, a more direct connection to treatment and recovery supports. The pilot establishes infrastructure for future problem gambling work across the continuum of care.

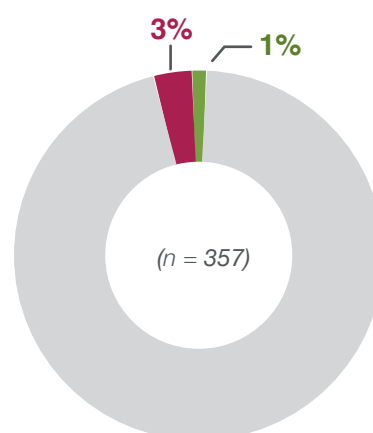


Harrisonburg Rockingham CSB Brief Biosocial Gambling Screen Flyer

Low Level Risk, Moderate, and Problem Gamblers made up 5% of all screenings



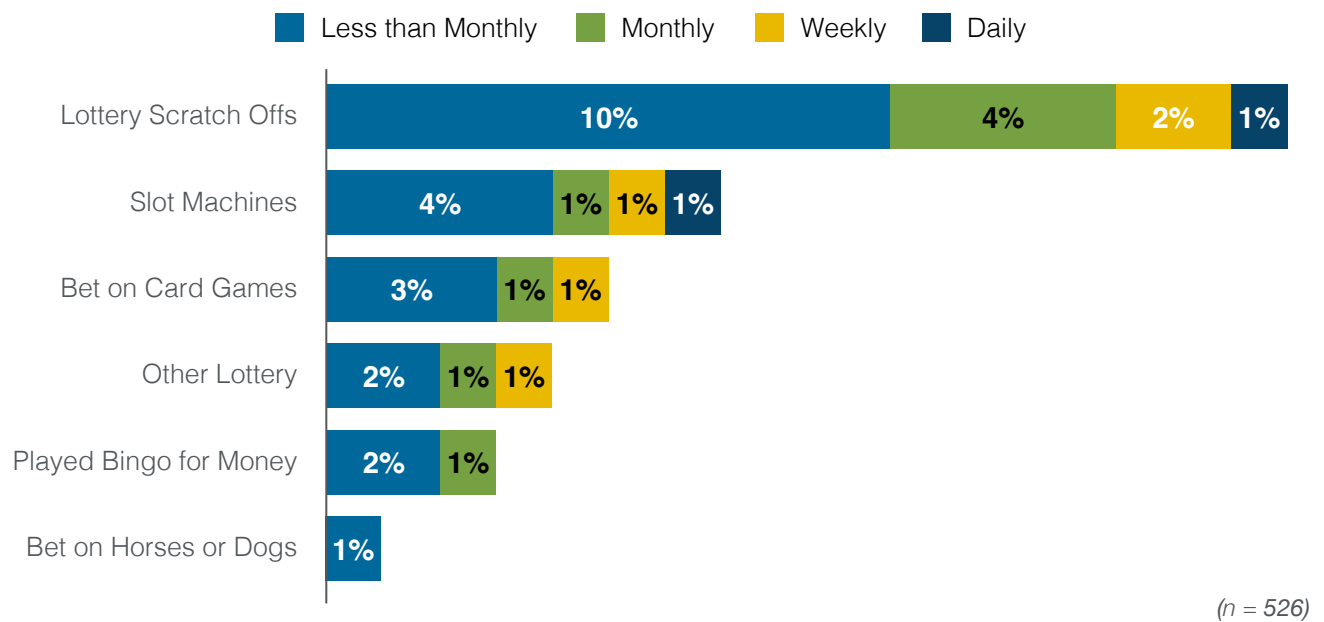
At Risk and Problem Gamblers made up 4% of adolescent positive screens



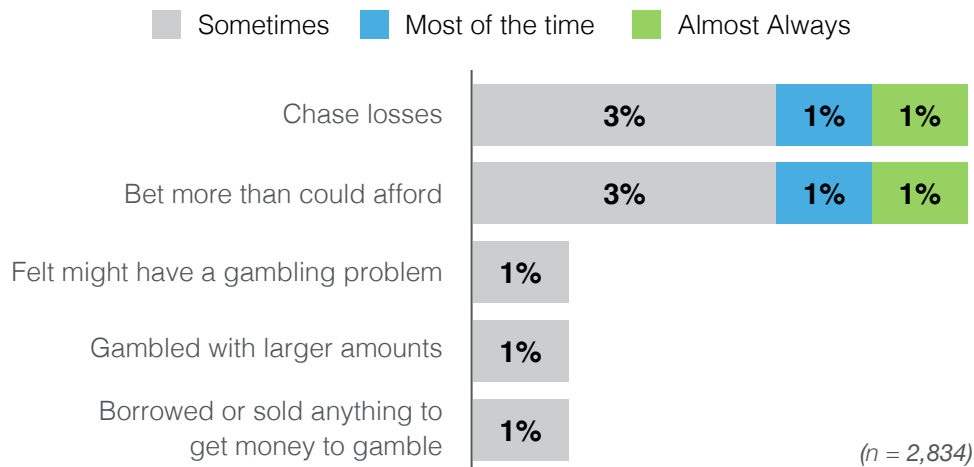
These screenings also offer insight into how participants gamble. Among adults screened, scratch-off lottery tickets were the most commonly reported activity, followed by slot machines — likely reflecting that both are among the most accessible forms of gambling for those of legal age. No adults reported using “gray” or “skill” machines. Because these machines occupy an uncertain legal position in Virginia, self-reported use may be affected by limited awareness of which devices fall into this category.

Adults who shared they had problems gambling were likely to chase losses and bet more than they could afford. These data suggest a pattern of escalating wagers within a single session, where losses prompt further betting in an attempt to recoup them. Adolescents reported chasing losses at a higher rate than adults, which may reflect susceptibility to common gambling fallacies, such as the belief that losses can be recovered through continued play, or that a win becomes more likely after a series of losses.

Lottery Scratch Offs were the most common forms of gambling among adults screened.

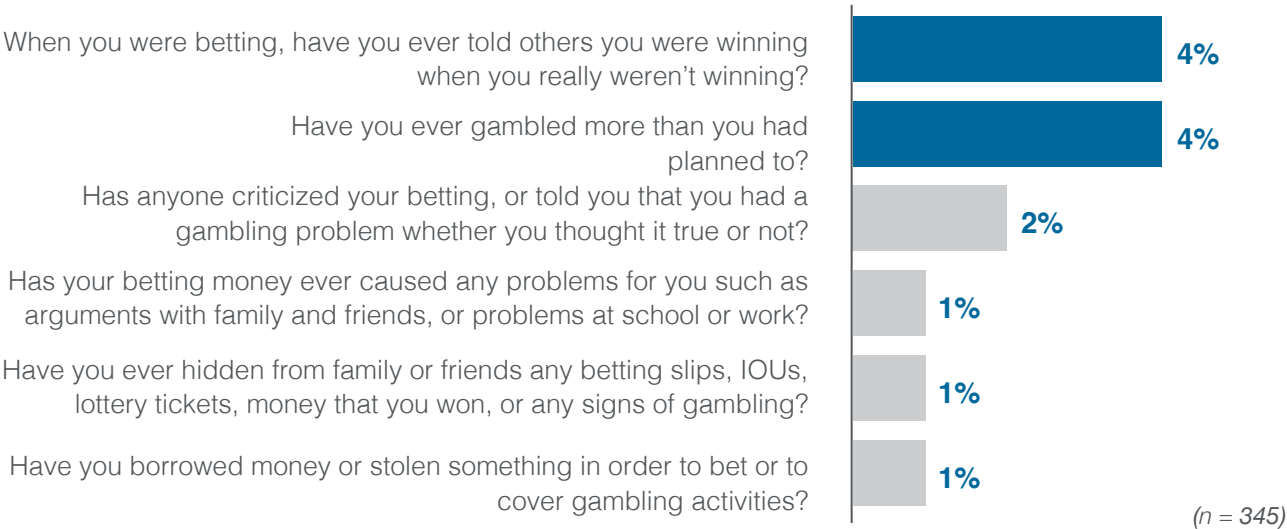


Chasing losses and betting more than someone could afford were the most common problematic behaviors seen among adults that were screened.

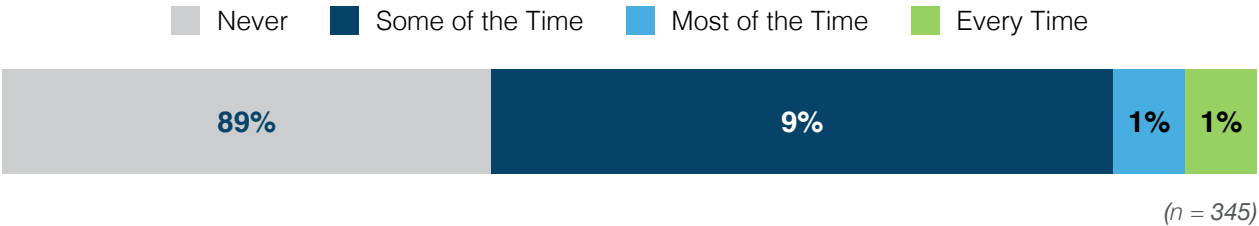


Adolescents screened were asked about their problematic gambling behaviors. Four percent of the sample ($n = 13$) indicated they have lied about their earnings and gamble more than they intended. This could signify problematic gambling behaviors starting to develop in these adolescents where they hide significant impacts of their gambling and continue to bet to chase their losses. These adolescent screenings signify the need to educate youth early in their gambling behaviors to provide awareness of problem gambling and prevent these concerns from developing or worsening.

Among adolescents screened, the most commonly reported signs of problem gambling were **lying about winning and gambling more than intended** – though both occurred at low percentages.



11% of screened adolescents had chased a loss.



Awareness

The inaugural *Beyond the Bet* media campaign launched across Virginia’s communities through social media, websites, billboards, rack cards, and bus boards, spreading responsible sports gambling messaging among young adults and the general public.



28
CSBs disseminated the *Beyond the Bet* campaign

1,857,130
Impressions from CSB campaign promotion

10,280
views from DBHDS campaign promotions

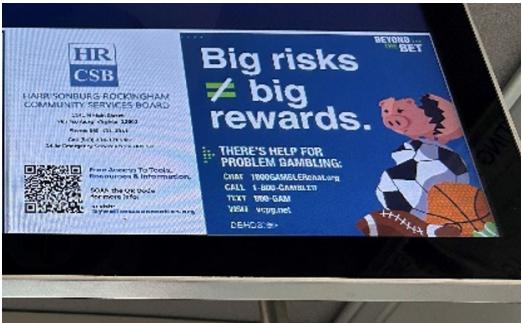
The campaign was developed during FY 2024-25, when CSBs participated in a series of work sessions to shape messaging, imagery, and dissemination strategies for the rollout. With guidance from Omni and DBHDS, CSBs drew on their experience with other campaigns and their knowledge of their communities to inform the campaign's direction.

Targeting young adults ages 18-25, *Beyond the Bet* offers responsible gambling tips for sports betting and other forms of gambling and promotes the National Problem Gambling Helpline. The campaign is offered throughout Virginia in English, Spanish, Arabic, and Chinese. Omni Institute received the Corporate Culturally Responsive Communications Award at the 2026 National Conference on Gambling Addiction and Responsible Gambling for their work in designing this campaign on behalf of DBHDS.

This year, beyond disseminating the original materials, CSBs and DBHDS expanded their reach by developing other campaign resources, such as short animations and movie theater ads. This expansion reflects continued momentum and demand for the campaign's messaging. Building on this initial rollout, the goal for the next fiscal year is to conduct focus groups with Virginia community members to identify new messages, formats, or languages needed to expand the campaign reach.

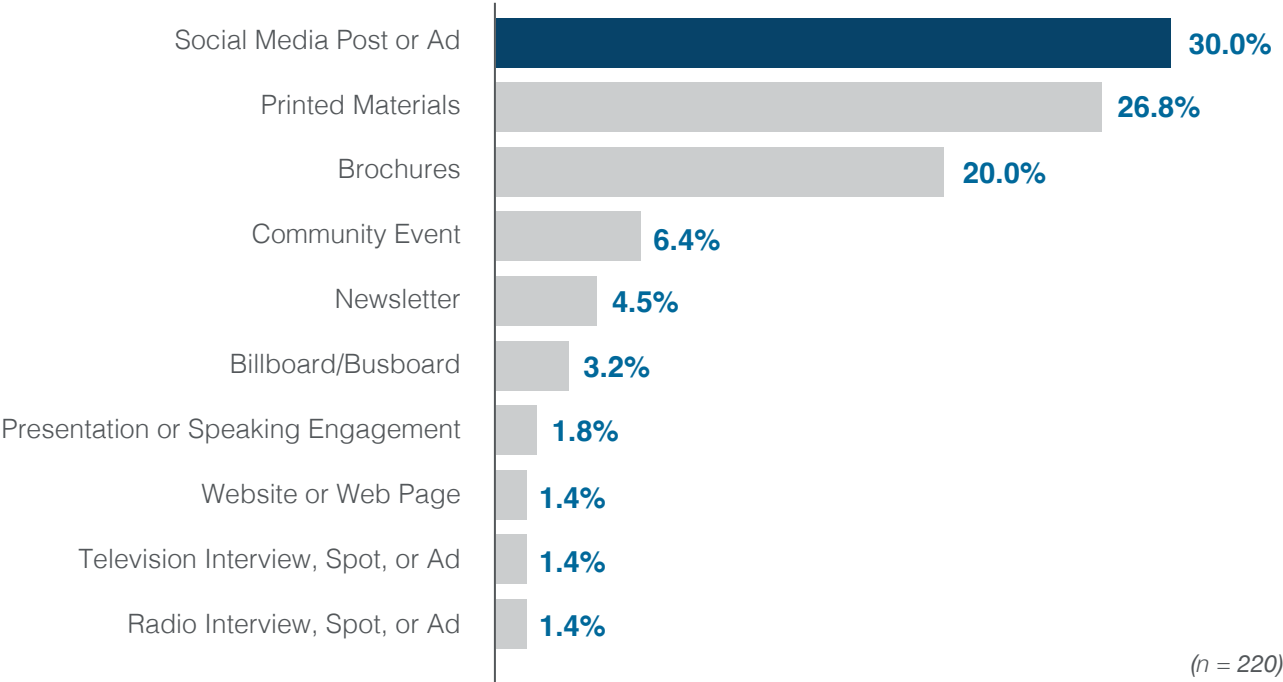


Anne Rogers (DBHDS) and Jennifer Johnson (Harrisonburg-Rockingham CSB) accepting the 2026 Corporate Culturally Responsive Communication Award by the National Council on Problem Gambling

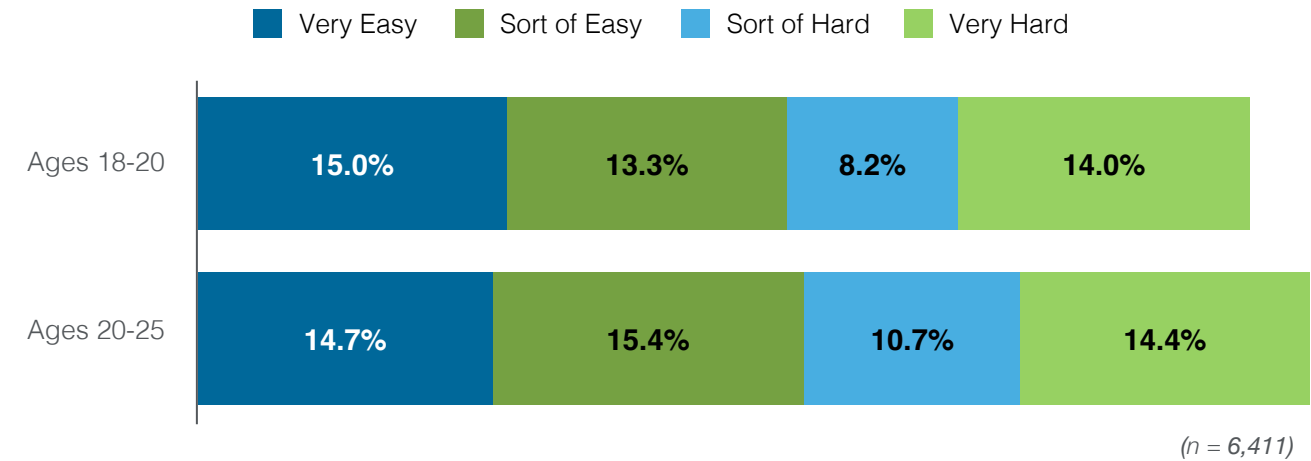


Harrisonburg Rockingham *Beyond the Bet* Bus Board

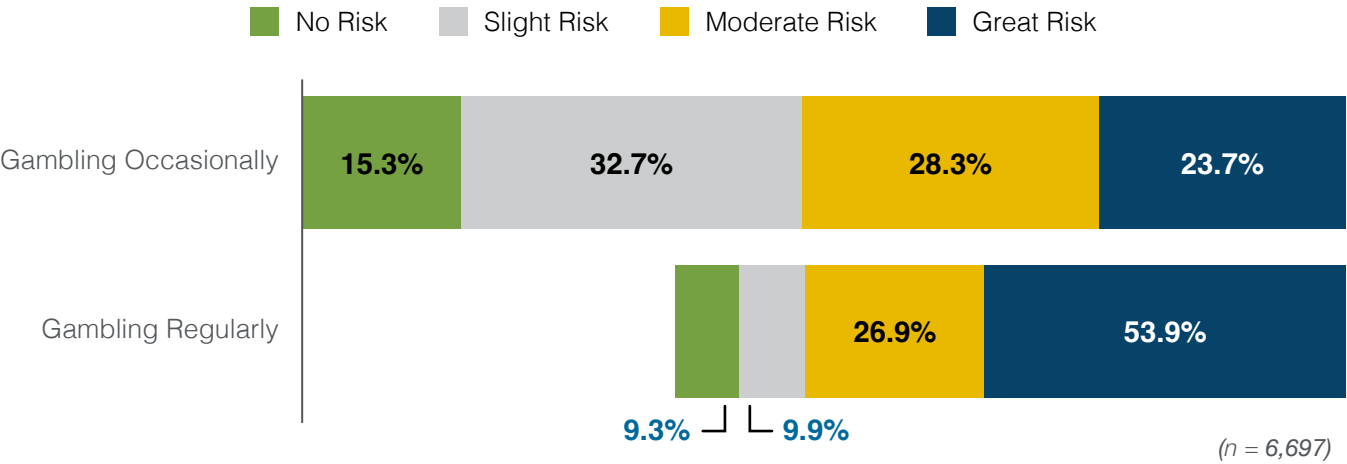
CSBs shared *Beyond the Bet* materials predominantly through **social media posts and ads**.



In addition to Beyond the Bet, the 2026 Virginia Young Adult Survey offers early context for how young adults' perceptions of gambling risk and access are shifting alongside these awareness efforts. Perceived “easy” access to underage gambling opportunities fell significantly from 35.6% [34.3, 36.9] of respondents in 2024 ($n = 5,790$) to 29.4% [28.2, 30.6] in 2026 ($n = 6,411$). Perceived ease of access was similar across age groups in 2026, with respondents ages 18-20 and 21-25 reporting comparable combined rates of “easy” or “very easy” access, as shown below.



Risk perceptions moved in the same direction: the share of respondents who saw “no” or “slight” risk in occasional gambling declined from 52.8% [51.4, 54.2] in 2024 ($n = 5,902$) to 48.0% [46.7, 49.3] in 2026 ($n = 6,697$). As the chart below illustrates, young adults continue to draw a sharp distinction between occasional and regular gambling: while nearly half saw occasional gambling as carrying “no” or “slight” risk, only 19.2% [18.2, 20.2] ($n = 6,680$) said the same about regular gambling, and a majority (53.9%) instead viewed regular gambling as carrying “great” risk.



While these trends cannot be attributed directly to any single campaign, they suggest that risk perceptions and perceived access among young adults are moving in a favorable direction, even as regular gambling continues to be seen as meaningfully riskier than occasional gambling.

Thirty-eight CSBs shared responsible gambling information more broadly, including problem gambling warning signs, responsible gambling tips, and the National Problem Gambling Helpline information. Additional gambling-related campaigns include the National Council on Problem Gambling *Gift Responsibly/Too Young to Bet* campaign and branded 1-800-Gambler campaign.

Twenty-eight CSBs delivered 297 presentations reaching 12,878 individuals, covering warning signs, responsible gambling practices, and steps to take for someone who is struggling or concerned about another person. As gambling opportunities become more common, these presentations give community members an accessible way to learn about problem gambling.

Community outreach also included formal conference presentations and hosting of local or regional conferences. Eight CSBs hosted or presented at nine conferences, reaching 1,091 people, including behavioral health professionals, community members, individuals personally impacted by gambling, and many others.

CSBs reach a large portion of their community through events. This year, 38 CSBs participated in 713 community events where they talked about problem gambling and reached 117,833 individuals. At these tabling events, CSBs shared *Beyond the Bet* campaign materials alongside general prevention information, including Evive promotion, safer gambling tips, healthy coping skills, gambling disorder signs and symptoms, gambling laws in Virginia, youth specific resources, and self-exclusion information. These materials provide community members with a quick reference for gambling-related problems and how they can respond.

“ A paid advertisement was created and began running on social media this quarter. The video graphic utilizes signs of gambling harm and provides the 1-800-GAMBLER hotline. Clicking on the ad connects viewers to a link for 1-800-GAMBLER for more information and text support.

— Northwestern CSB

MODERN DAY BETTING:
Accessibility, Risk, and the Cycle of Gambling Harm

In 2024, over 3,800 calls to the problem gambling helpline came from Central Virginia.
One of those calls may have been your client, coworker, best friend, or family member.

With rapidly increasing access to new forms of betting, it's more important than ever to be aware of the signs and risks of problem gambling, how it connects to issues of mental health, substance use, poverty, and more, while increasing our ability to prevent and mitigate its impacts on our community.

Daniel Trolaro
IC360 Managing Director
of Education and Responsible Play

March 19th, 2026
10 - 11:30 AM
Zoom link provided upon registration

REGISTER ONLINE
<https://bbh-moderndaybetting-problemgambling.eventbrite.com>

Dorothy Chaney
Impact Community Planning
Group Founder,
CADCA Master Trainer

For questions, contact: mikayla.campbell@horizonbh.org

HORIZON
www.horizonbh.org

Horizon CSB presentation flyer

ENJOY THE GAME, NOT THE GAMBLE

Free & confidential help is one call away.
1-800-GAMBLER

VALLEY
COMMITMENT TO SERVICE

Valley CSB Super Bowl messaging



9,480,955

People reached through other problem gambling prevention media campaigns.



Pulaski County Coalition Presentation

Community Partnerships

Community capacity building and partnership development continued to play an important role in Virginia's problem gambling prevention efforts. CSBs and behavioral health organizations collaborated with community coalitions, schools, lottery retailers, casinos, prevention providers, and regional partners to raise awareness of gambling-related harms and strengthen access to prevention, treatment, and recovery resources across the Commonwealth. Coordinated, community-based responses extend reach across varied populations and allow prevention efforts to be tailored to local conditions.

These partnerships supported public awareness campaigns, merchant education, youth outreach, prevention training, and community engagement activities address the growing accessibility of gambling in Virginia. Working together allows partners to share resources and expertise and to extend the reach of prevention efforts.

Several CSBs deepened relationships with retailers, casinos, schools, universities, and youth-serving organizations to raise awareness of warning signs and available support. Others integrated problem gambling education into broader behavioral health and substance use prevention programming, particularly for youth and young adults. Partnerships also supported workforce development, referral coordination, and regional efforts to strengthen prevention infrastructure and connect community members to recovery supports.



25

CSBs engaged in coalition or partnership activities related to problem gambling

20

CSBs conducted problem gambling coalition leadership activities statewide

5

CSBs conducted partnership development and technical assistance to community group activities focused on problem gambling prevention

Western Tidewater CSB reported that partner discussions led to stronger early intervention, improved coordination, and better data-sharing. These conversations resulted in agreement on shared prevention priorities, clarification of referral pathways, and next steps, such as scheduling cross-partner training and improving data collection processes. This cross-partner coordination demonstrates how regional collaboration can drive concrete improvements in referral systems and prevention capacity across CSBs.

Partnership and coalition-building efforts are critical to creating a sustainable prevention infrastructure that can adapt to the risks associated with expanding gambling opportunities throughout the Commonwealth. By investing in these relationships, communities can better prevent problem gambling, support individuals at risk, and ensure they are equipped to address emerging challenges.

“ Through our partnership with the Berglund Center, we placed *Beyond the Bet* advertising throughout the venue’s Coliseum and Concourse, reaching an estimated 500,000 annual visitors and more than 550,000 in-person impressions each year. The partnership also included two dedicated social media posts reaching over 70,000 followers, two email campaigns sent to a subscriber database of more than 140,000, and two 30-second commercials on the Concourse’s in-house televisions.

— Blue Ridge Behavioral Healthcare CSB

Education

Eight CSBs presented 29 sessions to 5,310 participants on the new *Virginia Problem Gambling Curriculum*. Facilitators have the option to disseminate curriculum in a single 90-minute session, a condensed 60-minute version, two 45-minute sessions, or a 45-minute self-paced e-learning module.

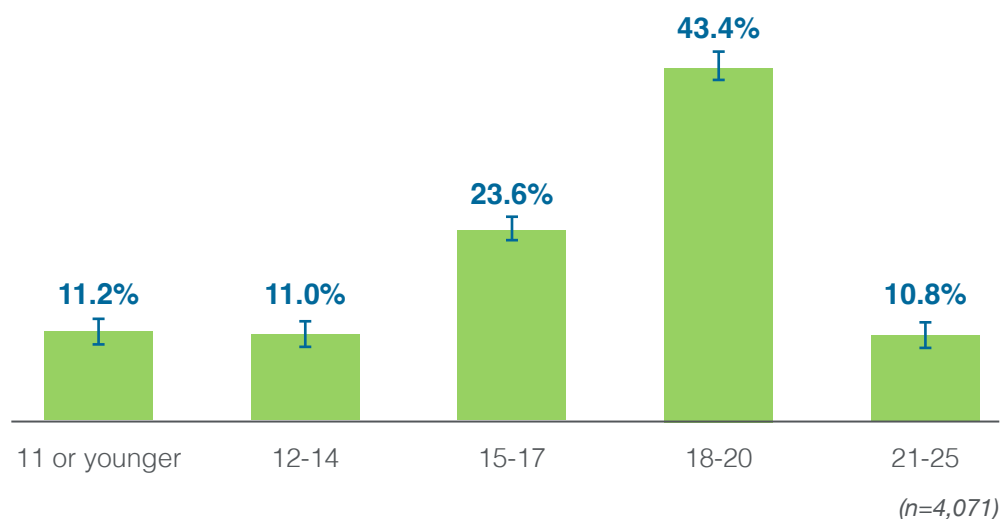
The curriculum was provided to 5,310 students and community members, 97.9% of which were under 18 ($n = 5,196$). Aligned with the Virginia Department of Education’s health standards, the curriculum covers state gambling laws, warning signs, support resources, and healthy coping skills. It also emphasizes protective factors and has opportunities to practice relevant skills. CSBs and other facilitators who serve youth in the community can use this curriculum after completing a trainer orientation that includes an overview of the curriculum and its activities.

“ The Virginia Problem Gambling Curriculum for Youth was implemented this year with students assigned to Campus for Student Success, an alternative educational setting for youth who have been referred to due to violations of school discipline policies related to substance misuse...The curriculum created a safe and engaging environment that encouraged youth to openly discuss their behaviors, attitudes, and habits related to gaming and gambling. Many participants reflected on their access to online gaming platforms, the influence of peers and social media, and the amount of time spent engaging in gaming activities.

— Hampton-Newport News CSB

Data from the 2026 Virginia Young Adult Survey reinforces the case for reaching young people before or during high school. Among young adults who have ever gambled ($n = 4,071$), 45.6% [44.1, 47.4] reported first gambling before age 18, prior to the legal age for any form of gambling in Virginia, and 43.4% [41.8, 45.0] reported first gambling between ages 18 and 20. A significant share of respondents (23.5% [22.1, 24.9]) reported first gambling between ages 15 and 17 specifically, suggesting that prevention and education efforts delivered during or before high school may be reaching young adults at a pivotal point in their gambling initiation.

Age of first gambling experience among young adults who have ever gambled



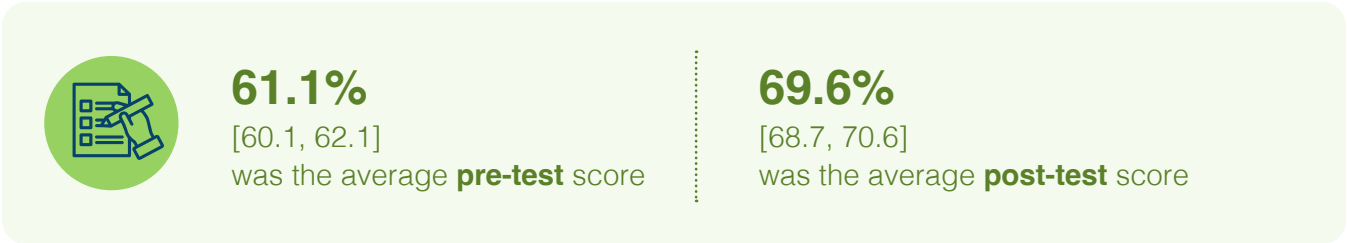
CSBs implemented the curriculum through their community partnerships and existing relationships with schools. In schools, the curriculum was delivered as part of personal finance and economics classes, physical education classes, in youth leadership groups, through student support and health departments, or during after-school programs. Outside of schools, CSBs partnered with parks and recreation departments and coalitions to provide the curriculum to their communities, including parents.

CSBs reported that partnerships with schools remain a challenge. School divisions typically require additional leadership review before approving new curricula for classroom use. To navigate this, CSBs invested time to go through the approval process for the curriculum or worked to have it added alongside already-approved programming such as *Too Good for Drugs*. In making these requests, CSBs emphasized the connections between problem gambling prevention and the student wellbeing goals schools are already pursuing.

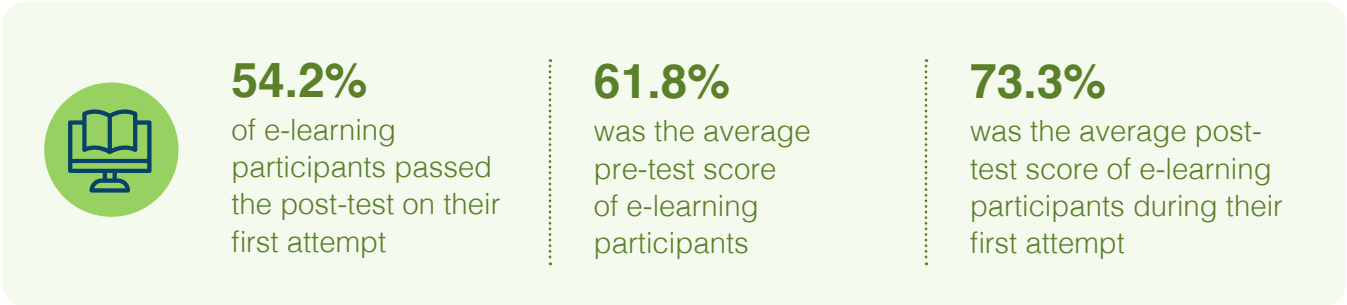
Curriculum Evaluation

Participants completed a pre-test and post-test covering key content areas. Not all participants who completed a pre-test also completed a post-test; the results that follow reflect the 790 individuals who completed both. Participants created a unique identifier consisting of four digits and two letters, which was used to match their pre- and post-tests. Where identifiers were incomplete or duplicated, matches were confirmed using the completion timeframe and the location recorded on each test. Although only 790 responses were matched, a total of 1,988 combined pre- and post--tests were gathered. Additional information on the methods of this data collection and data tables from the unpaired results can be found in Appendix A and B, respectively.

Among the 786 participants with a verified pre-to-post match, average scores rose 8.3% [6.9, 9.7], from 61.3% to 69.6%. This does not establish that the curriculum caused the change, but scores did improve from pre-test to post-test.

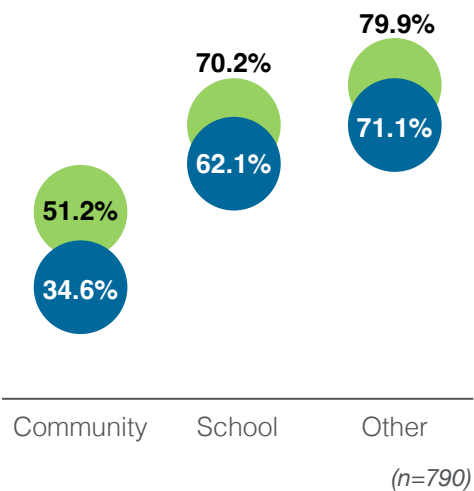


E-learning participation was limited relative to the other delivery formats, with 24 participants completing matched pre- and post-tests through the self-paced module.

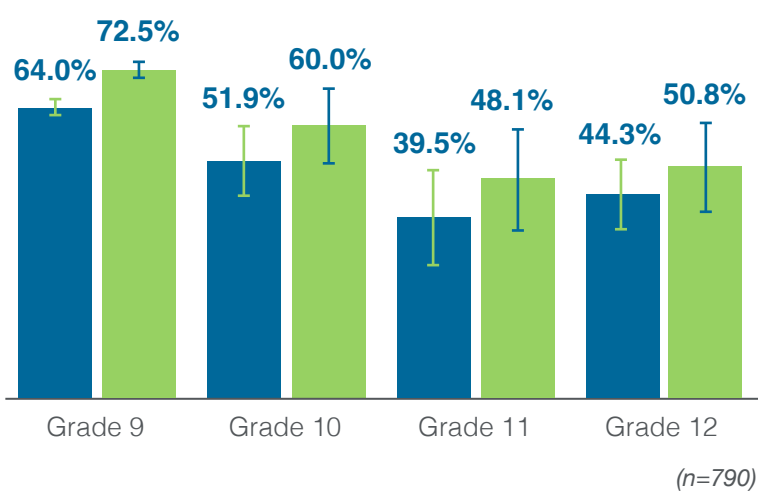


Participants in community-based settings showed larger gains than those who completed the curriculum in schools or other settings. The curriculum was designed for high school-aged students, with content matched to that developmental stage, including media engagement, gaming and gambling behaviors, and financial planning.

Trainings in the community had the largest growth from the **pre-** and **post-** trainings



Eleventh graders showed the most growth in correct responses among paired **pre-** and **post-** test respondents*

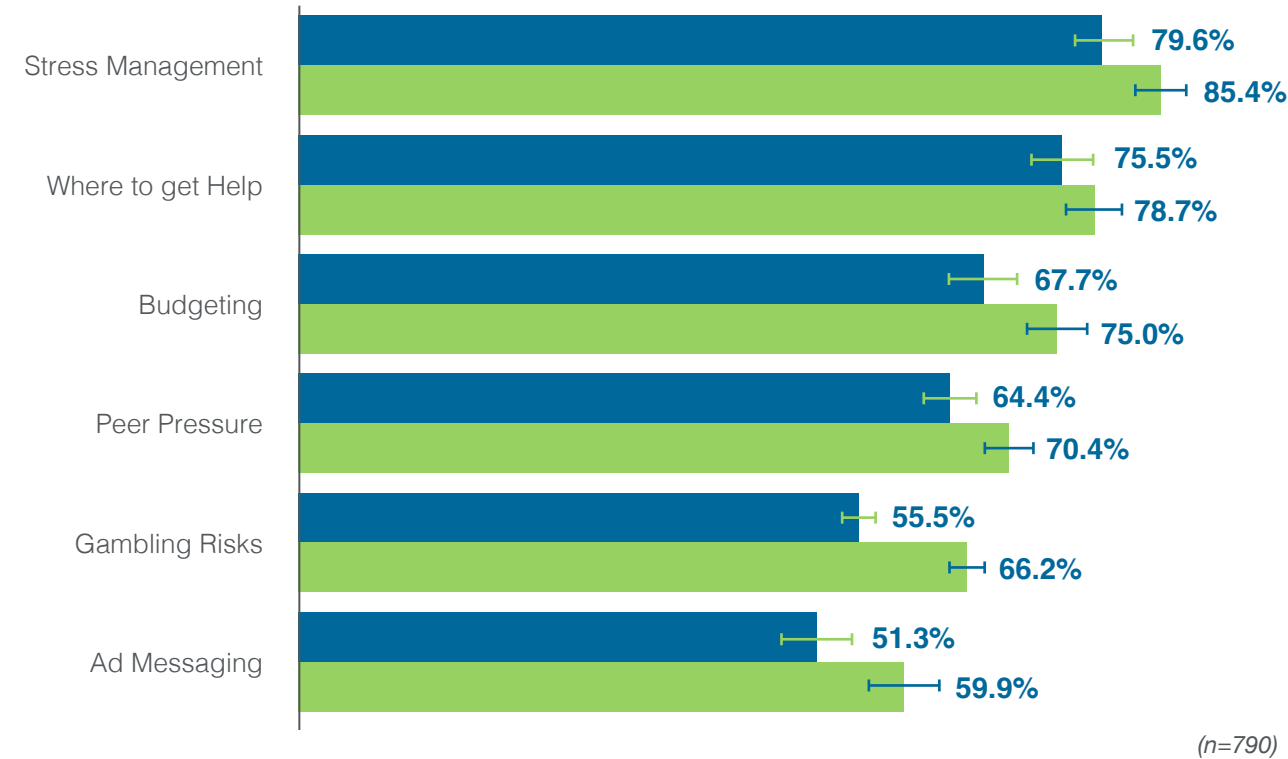


*Grade levels with under 11 participants are not included (n = 790)

Gambling advertising has become more prevalent in recent years, and promotional offers are designed to be appealing, which can make it harder for viewers, particularly youth, to weigh potential losses or recognize persuasive tactics. Building foundational knowledge of gambling risks and of how to evaluate advertising critically is one aim of the curriculum.

Participants showed improvement across all areas of the curriculum, with gains ranging from 3.2% to 10.7%. The largest gains were in understanding gambling risks (10.7% [9.0, 12.4], $n = 786$) and recognizing advertising messaging (8.6% [5.6, 11.6], $n = 778$), such as identifying what an advertisement is prompting a viewer to do. These topics may have been least familiar to participants before the training.

Among respondents who took both the **pre-** and **post-**test, stress management was the most known, while gambling risks showed the largest improvement.



Knowing where to find support for problem gambling showed the smallest gain (3.2% [0.1, 6.3], $n = 784$). Participants may already have had some familiarity with the 1-800-GAMBLER number through advertising and CSB media campaigns, leaving less room for measurable improvement on this item.

Beyond the DBHDS-developed curriculum, CSBs addressed problem gambling through other established prevention programs. Twenty-nine CSBs reached 164,834 individuals through 28 additional education programs, including *Too Good for Drugs*, *LifeSkills Training*, *Strengthening Families*, and *Systematic Training for Effective Parenting*.

“ We have started including gambling in our ACE trainings and QPR trainings since we know that problem gambling increases risk of suicide. We provide helpline numbers and resource information alongside our Lock and Talk messaging so people who are concerned about others (or themselves) can easily get to all the resources.

— Goochland-Powhatan CSB

These programs are not gambling-specific, but they address risk and protective factors with demonstrated links to problem gambling, particularly parent and family management and healthy coping skills, emotional regulation, and resilience, both of which the Strategic Plan identifies among the five factors with clear and consistent evidence for gambling outcomes. Strengthening these factors supports healthier decision-making broadly, including decisions about gambling.

Environmental/Merchant Education

Merchant education is an important tool for reducing community risk because it raises awareness of responsible gambling practices among retailers and enables prevention staff to reach people at the point of decision-making about gambling.

By strengthening partnerships with convenience stores, tobacco retailers, grocery stores, bars, restaurants, and other merchants where gaming and gambling opportunities are available, CSBs can help ensure that gambling prevention messages reach a broad audience and are integrated into everyday community interactions.

Across the Commonwealth, CSBs have used merchant education to:

- ✓ Educate retailers about problem gambling resources and helpline information they can share with customers.
- ✓ Build relationships with gambling retailers and lottery vendors to foster ongoing prevention partnerships.
- ✓ Integrate gambling prevention into existing outreach efforts for tobacco, alcohol, and cannabis, recognizing overlapping risk factors.
- ✓ Conduct outreach at retail locations such as convenience stores, gas stations, and other lottery and gaming retailers.
- ✓ Support community-level environmental prevention strategies aimed at changing norms and reducing harm.



36

CSBs implemented Merchant Education

3,451

Merchant Education Retailers Visits



We conducted merchant education as part of our outreach by engaging retail partners and community-based businesses that sell lottery products or are frequented by individuals at higher risk for gambling harm...A key success was the willingness of several merchants to engage in brief, informal conversations and to accept materials for display, particularly when education was framed as customer safety and community wellness rather than regulation. Merchants were especially receptive to information about how gambling problems present in customers and how helpline materials can provide support without requiring staff to intervene directly.

— Mount Rogers CSB

Several CSBs reported integrating gambling-related outreach into existing tobacco, alcohol, and/or cannabis merchant education efforts, maximizing retailer engagement and delivering more comprehensive prevention messaging.

Despite these successes, CSBs faced barriers implementing merchant education across Virginia. Communication and language differences were common challenges, with many convenience store workers being primarily Spanish speakers. This highlights the need for more prevention materials in Spanish to ensure effective outreach. Retailers did not always understand the purpose of prevention visits, sometimes mistaking them for enforcement rather than educational, which made it harder to build trust and long-term partnerships. Broader challenges included limited enforcement capacity for gambling regulations and the rapid growth of unregulated “gray” or “skill” gaming machines in retail settings.

“ A barrier would be language, as many of our convenience store workers are primarily Spanish speakers, and in parts of the county where the majority of the store patrons are Spanish speakers. Having more problem gambling merchant education materials in Spanish would be helpful, such as a translated checklist of the things that we educate the workers on that they can refer back to at a later date with other store staff.

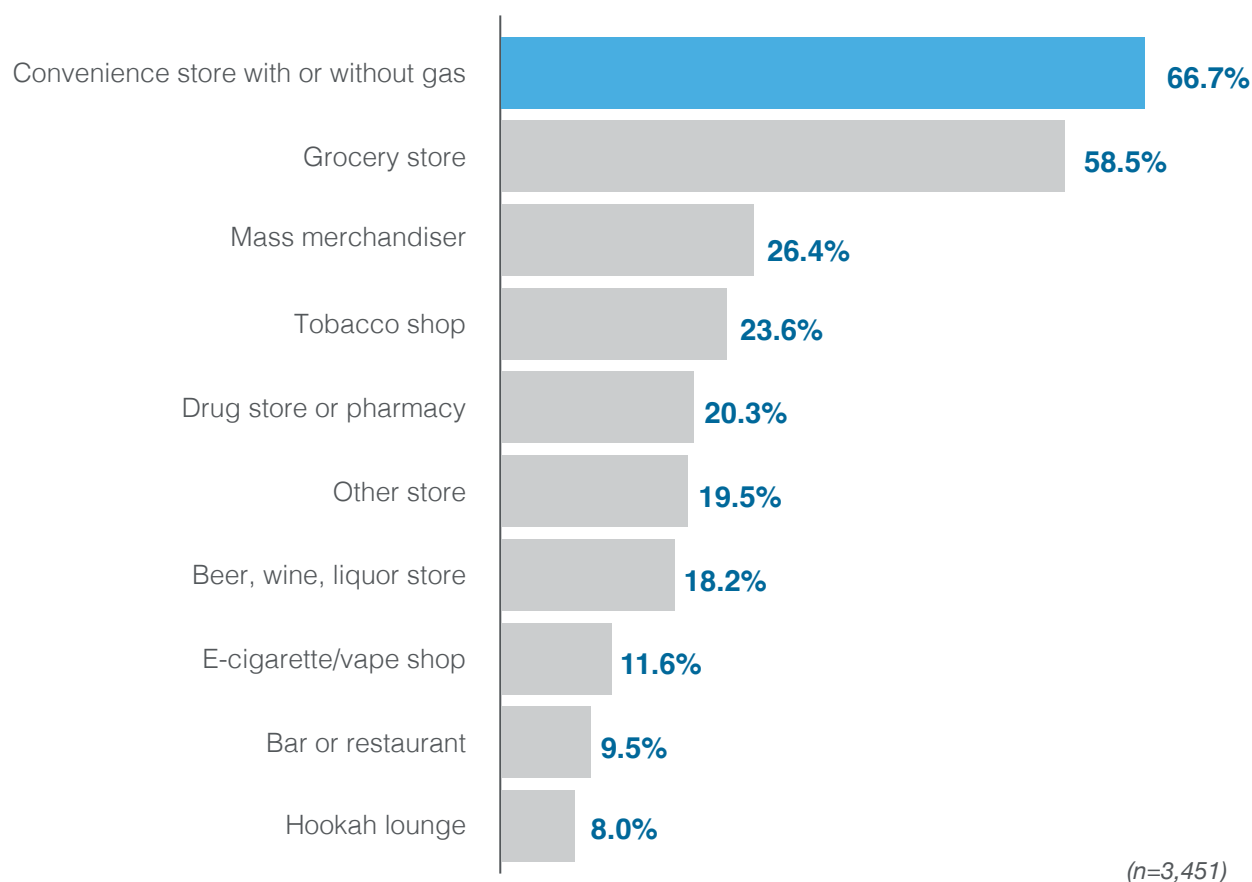
— Prince William CSB

Several CSBs reported that these machines often remained in operation even after merchants were informed they were illegal, and in at least one instance, a CSB escalated its concerns directly to local law enforcement, contacting a county sheriff and police chief about machines identified at a specific retail location. Enforcement follow-through remained limited; however, one CSB noted that reporting skill games through the state’s illegal gaming tipline remains an ongoing challenge because local law enforcement often lacks the capacity to act on reports. Addressing these barriers is essential to strengthening merchant education and ensuring effective problem gambling prevention in Virginia communities.



Even with these barriers, the analysis of the Point-of-Sale Toolkit (POST) records provides insight into the types and distribution of retailers currently participating in merchant education efforts across the Commonwealth. POST is the statewide retailer database CSBs use to conduct tobacco-related store assessments and merchant education visits, drawing on both store-level visit records from CounterTools and follow-up assessment data collected specifically on gambling-related practices. Gambling-specific questions were added to the tool to help CSBs identify retailers that sell lottery products or host gaming machines and document merchant education related to problem gambling.⁶

CSBs assessed a wide range of retailers across communities, with convenience stores (2,527) accounting for the largest share of retailers that had a gambling assessment included in POST, followed by grocery stores (415). The variety of retailer types reflects the broad range of retail environments engaged in statewide prevention outreach and merchant education efforts.

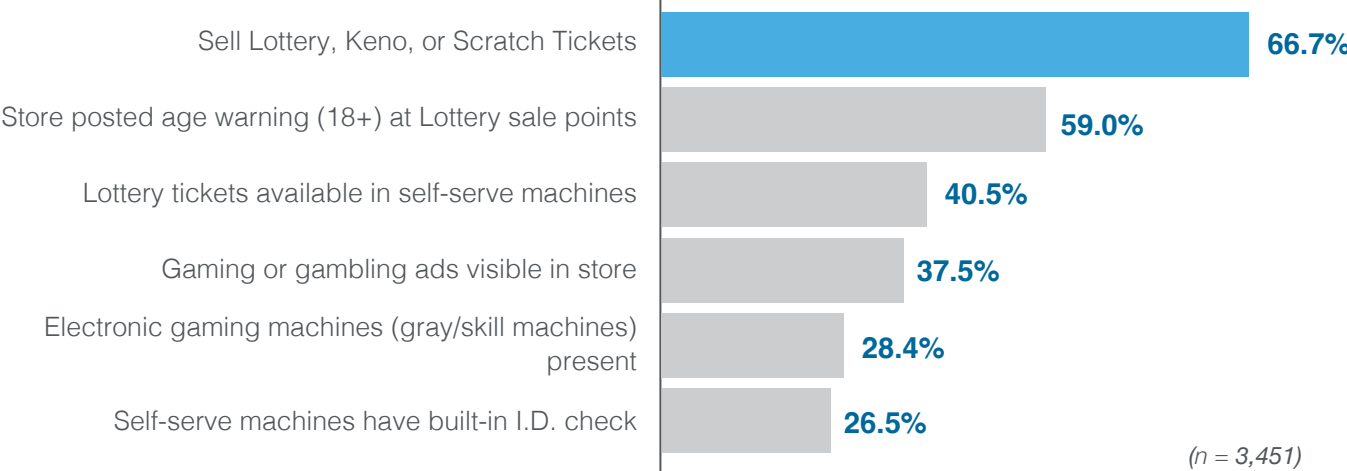


POST data also indicated that 10% of all retailers assessed (including retailers that did not complete a gambling assessment) were within 1,000 feet of a school, underscoring the importance of merchant education strategies focused on preventing youth exposure. Proximity to schools and other youth-serving locations should be weighted when prioritizing which retailers receive the most intensive outreach, particularly as gambling opportunities continue to expand across convenience stores and other high-traffic retail settings.

⁶ Counter Tools (2026). Virginia Gambling Retailer Map. https://mapping.countertools.org/virginia_gambling/

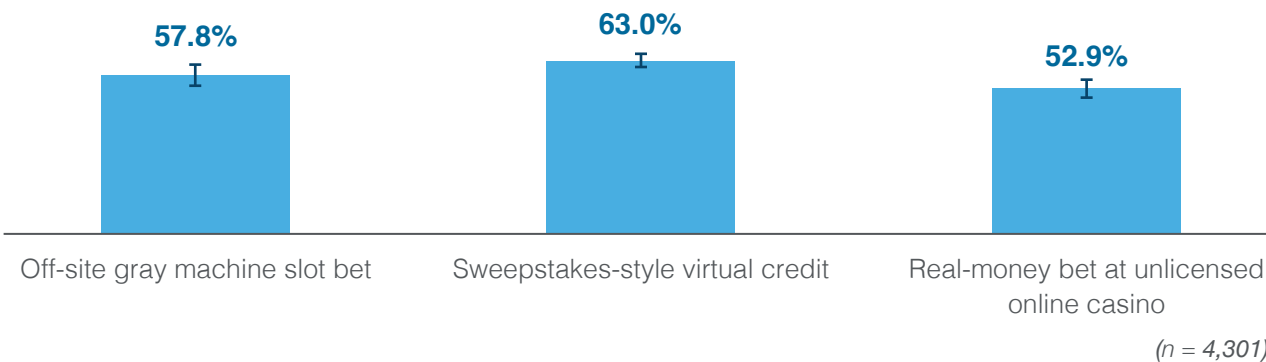
POST data also includes follow-up assessment visits, conducted at a subset of retailers to evaluate specific gambling-related practices. Among the 3,451 retailers who were assessed on their gambling and gaming practices with a valid response to each question ($n = 3,131$), 90.7% sold Lottery, Keno, or Scratch Tickets, 59.0% ($n = 1,742$) had posted an age warning at the point of lottery sale, 37.5% ($n = 1,195$) had gambling or gambling-related advertising visible in-store, and 40.5% ($n = 1,268$) had self-serve lottery ticket machines available. Only 26.5% ($n = 322$) of those self-serve lottery machines had a built-in age verification check. Electronic gaming machines (“gray” or “skill” machines) were present at 28.4% ($n = 978$) of retailers.

Over half of retailers sell Lottery, Keno, or Scratch Tickets, increasing access to these opportunities.

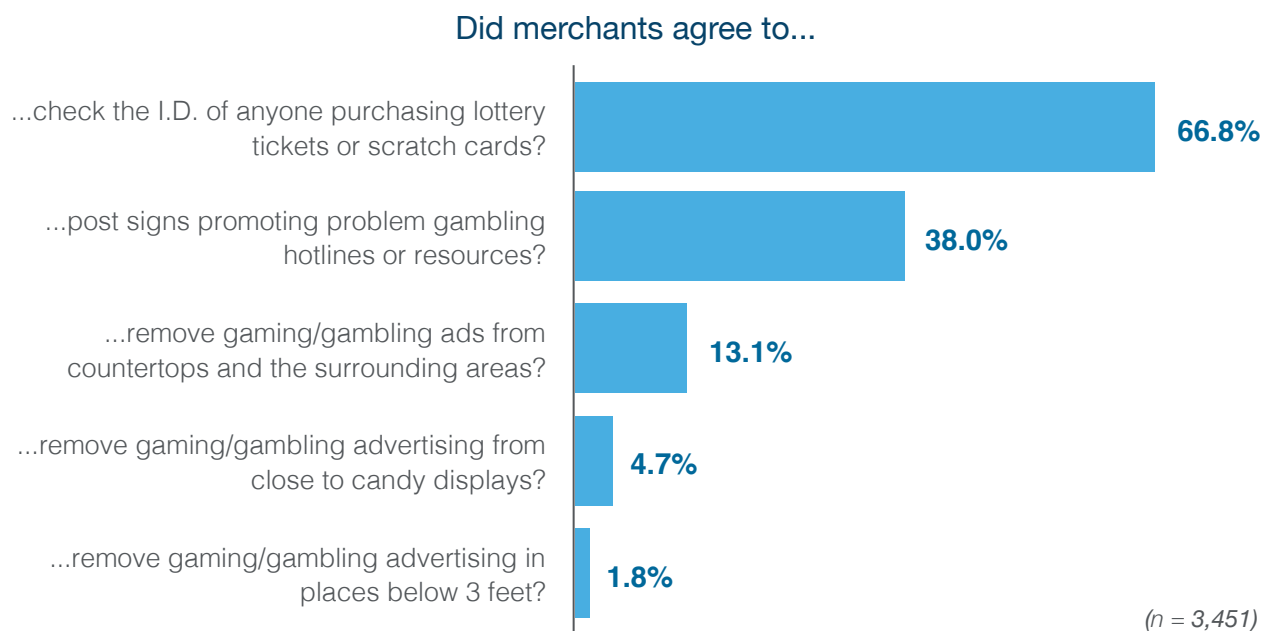


The 2026 Virginia Young Adult Survey suggests these unregulated and alternative channels are not just theoretically available but are actively used by young adults who gamble. Among past 30-day gamblers who played slot machines or went to a casino ($n = 659$), 57.8% [53.8, 61.8] had placed a bet at a slot machine located somewhere other than a casino or Rosie’s Gaming Emporium, such as a gas station, bar, or convenience store, the same “gray machines” discussed above. Among past 30-day players of slots, casino games, or poker ($n = 1,402$), 63.0% [60.4, 65.7] had placed a bet online or through an app using free, sweepstakes-style virtual credits, and 52.9% [49.4, 56.4] had placed a real-money or cryptocurrency bet at an online casino or poker platform not currently licensed to operate in Virginia ($n = 870$). Together with the POST retailer data, these findings point to a young-adult gambling landscape that extends well beyond licensed, age-verified venues.

Over half of young adults who have gambled in the past 30 days have used an unregulated machine or platform.



Merchant willingness to change practices varied by request. Retailers were most receptive to age-verification measures, with 66.8% ($n = 1,865$) agreeing to check identification for lottery ticket purchases and 38.0% ($n = 1,059$) agreeing to post signage promoting problem gambling helplines or resources. Retailers were considerably less willing to change the placement of gambling advertising, with only 13.1% ($n = 66$) agreeing to remove ads from countertops, 4.7% ($n = 6$) agreeing to remove gaming/gambling advertising from candy displays, and only 1.8% ($n = 4$) agreeing to remove gaming/gambling advertising in places below 3 feet. This pattern suggests that merchant education efforts may see faster results by prioritizing age-verification and referral-resource requests, while shifting advertising placement may require sustained, repeated engagement over time.



It is important to note that incomplete data within POST currently limits the ability to fully estimate the prevalence of gambling retailers statewide. Of the total retailer visits recorded in POST, 58.7% were assessed for gambling and gaming activity, meaning a substantial share of the retailer database has not yet been screened for this information. This data gap may affect retailer mapping, school proximity analyses, and identification of high-risk retail environments for targeted prevention outreach. Despite these challenges, CSBs continue to view merchant education as a valuable strategy for strengthening community partnerships, increasing awareness of responsible gambling practices, and expanding environmental prevention efforts statewide.



Appendix A:

Virginia Problem Gambling Curriculum Analysis Methods

The *Virginia Problem Gambling Youth Training Curriculum* was delivered across schools and community settings statewide, paired with a pre-test and post-test covering key content areas (gaming and gambling risk, peer pressure, budgeting, stress management, and related topics). This section describes how pre- and post-test data were collected, matched, and analyzed to produce the results reported above.

Data Sources and Scoring

CSBs administered the pre- and post-tests through three different tools, depending on how the curriculum was delivered:

- An online e-learning course
- SurveyMonkey (completed by either the participant or through a paper survey that was then entered into SurveyMonkey by the facilitator)
- A Google Form

Each test contained 12 scored questions. Every question was scored as correct or incorrect; for “select all that apply” items, a response counted as correct only if the participant selected every correct option and no incorrect ones. A participant’s total score is the percentage of the 12 questions answered correctly.

Matching Pre- and Post-Test Responses

Tracking individual-level change from pre-test to post-test requires linking each participant’s two submissions. The e-learning course assigned a system-generated student ID, so matching was straightforward. SurveyMonkey and Google Form participants instead created their own code (two letters and four digits) to link their pre- and post-test. Self-generated codes produced duplicates, typos, and unmatched entries, so a substantial share of submissions from these two sources could not be linked with confidence.

Because match quality varies by data source, this analysis reports results in two ways:

- 1) using only the verified matched pairs, and
- 2) using all submissions regardless of match status (see Appendix B).

Reporting both makes the effect of imperfect matching transparent rather than hidden inside a single estimate.

Matched and Unmatched Estimates

The matched estimate (reported above) uses only participants with a verified pre-to-post link (790 matched pairs) developed by unique codes, grade level, and location (e.g., school, community center, other). Because the same participant is represented in both the pre- and post-test measurement, this is the only estimate that supports a statement about individual-level change — that a given group of students’ scores changed by a given amount. It answers, “How did responses change after the presentation?” It cannot answer whether the curriculum caused that change, since there was no comparison group of students who did not receive it.

The unmatched estimate uses every pre-test and every post-test submission, without linking individuals across the two. It describes the pre-test group and the post-test group as two separate samples and compares them at the group level. It does not indicate whether any individual student improved — only whether the two groups differ. This approach uses a larger sample (1,988 pre-tests and 1,540 post-tests) and serves as a check on the matched estimate: if participants who could not be matched differ systematically from those who could (for example, if lower-scoring participants were less likely to complete or link a post-test), the matched and unmatched results would be expected to diverge. The two approaches produced a similar pattern of change, which increases confidence that the matched result is not an artifact of which participants happened to be matchable.

790 participants had a verified pre-to-post match overall. Reported n's for individual questions are slightly lower (786–790) because not every matched participant answered every question.

Interpreting These Results

All estimates are reported as percentage-point differences with 95% confidence intervals, consistent with the rest of this report. A confidence interval describes a range we'd expect to capture the true value in about 95 out of 100 similar studies; it is not a claim about the probability that the true value falls in that specific range.

This was a single group of participants measured before and after the curriculum, with no separate comparison group of students who did not receive it. Even a fully verified, individual-level score increase should be described as “participants' scores changed,” not “the curriculum caused this change.” This design cannot establish a causal relationship between the curriculum and score changes.

Appendix B: Virginia Problem Gambling Curriculum Unpaired Data

Overall Knowledge: Pre-Test-Takers vs. Post-Test-Takers

PRE-TEST TAKERS				POST-TEST TAKERS			
N	% Correct	Lower	Upper	N	% Correct	Lower	Upper
1,988	60.3%	59.6%	60.9%	1,540	68.1%	67.4%	68.8%

Descriptive only — pre- and post- columns describe two overlapping but not individually linked groups of respondents, not a within-student change.

Topic-Specific Results: Pre-Test-Takers vs. Post-Test-Takers

Topic	PRE-TEST TAKERS				POST-TEST TAKERS			
	N Items	% Correct	Lower	Upper	N Items	% Correct	Lower	Upper
Budgeting	1,963	64.4%	62.3%	66.5%	1,520	71.1%	68.8%	73.3%
Peer Pressure	3,901	63.2%	61.6%	64.7%	3,050	68.5%	66.8%	70.1%
Stress Management	1,978	78.4%	76.5%	80.1%	1,526	84.0%	82.1%	85.8%
Gambling Risk Signs	11,840	55.8%	54.9%	56.7%	9,144	65.3%	64.3%	66.3%
Where Get Help	1,980	74.5%	72.5%	76.4%	1,530	77.0%	74.8%	79.0%
Ad Messaging	1,975	48.6%	46.4%	50.8%	1,522	59.7%	57.2%	62.2%

Multi-Select Question Partial Credit: Pre-Test-Takers vs. Post-Test-Takers

Question	PRE-TEST TAKERS				POST-TEST TAKERS			
	N	All Correct	Some Correct	None Correct	N	All Correct	Some Correct	None Correct
Problem Signs (q4)	1,937	59.0%	35.2%	5.9%	1,505	72.4%	24.0%	3.6%
Healthy Stress (q5)	1,936	78.2%	17.3%	4.5%	1,502	84.0%	13.3%	2.7%
Affect Life (q6)	1,892	59.0%	35.4%	5.6%	1,498	71.0%	25.0%	4.0%
Positive Pressure (q7)	1,883	74.0%	11.6%	14.4%	1,501	78.3%	11.3%	10.3%
Negative Pressure (q8)	1,934	52.3%	39.9%	7.8%	1,501	58.4%	36.0%	5.6%
Ad Messaging (q9)	1,934	48.3%	43.3%	8.5%	1,498	59.4%	35.0%	5.0%
Reasons to Gambling (q11)	1,930	21.2%	70.6%	8.2%	1,499	31.2%	64.2%	4.5%

In-person respondents only (SurveyMonkey + CSS Google Form). E-learning data does not preserve option-level responses. 'Some Correct' = at least one correct option selected but not fully correct. 'None Correct' = zero net correct options selected (includes distractor-only responses). Distractor selections subtract from the partial score.

Results by Grade Level: Pre-Test-Takers vs. Post-Test-Takers

Grade	PRE-TEST TAKERS				POST-TEST TAKERS			
	N	% Correct	Lower	Upper	N	% Correct	Lower	Upper
Grade 6	1	0.0%	0.0%	24.2%	1	16.7%	4.7%	44.8%
Grade 7	11	25.8%	19.1%	33.8%	10	25.0%	17.8%	33.9%
Grade 8	14	41.7%	34.5%	49.2%	13	47.4%	39.8%	55.2%
Grade 9	1,764	61.9%	61.3%	62.6%	1,358	70.0%	69.3%	70.7%
Grade 10	87	52.9%	49.8%	55.9%	58	60.7%	57.0%	64.3%
Grade 11	44	35.8%	31.8%	40.0%	35	41.9%	37.2%	46.8%
Grade 12	44	42.1%	37.9%	46.4%	37	48.8%	44.2%	53.5%
College Year 4	2	70.8%	50.8%	85.1%	NA	NA	NA	NA
Unknown	21	73.4%	67.6%	78.5%	28	73.7%	68.6%	78.3%

Caution: at least one group above has fewer than 11 respondents — percentages for that small a group risk identifying individuals and should be treated with particular caution.

Results by Program Setting: Pre-Test-Takers vs. Post-Test-Takers

Setting	PRE-TEST TAKERS				POST-TEST TAKERS			
	N	% Correct	Lower	Upper	N	% Correct	Lower	Upper
Community	42	35.7%	31.7%	40.0%	26	43.0%	37.5%	48.7%
Other	64	59.5%	56.0%	62.9%	20	66.2%	60.1%	71.9%
School	1,860	61.0%	60.3%	61.6%	1,452	68.7%	68.0%	69.4%
NA	22	50.4%	44.4%	56.4%	42	62.7%	58.3%	66.9%

Caution: at least one group above has fewer than 30 respondents. At that size, gaining or losing just one or two respondents can shift a percentage by several points.

Appendix C: Problem Gaming and Gambling Curriculum Pre-Training Test*

Problem Gaming and Gambling Curriculum Pre-Training Test

The purpose of this test is to collect your impressions and learnings of the problem gambling curriculum. There are no right or wrong answers. Being candid and honest in your feedback will be most beneficial. Individual responses are anonymous and will be grouped together with other responses in any report. The test will take approximately 5-10 minutes to complete.

If you have any questions about this survey or need technical assistance, please email OmniSupport@omni.org.

1. Where did you watch or participate in this presentation?

- ☐ School
- ☐ Community event
- ☐ Somewhere else: _____

2. What grade are you in?

- | | |
|--------------------------|---|
| ☐ 6 | ☐ College 1st year |
| ☐ 7 | ☐ College 2nd year |
| ☐ 8 | ☐ College 3rd year |
| ☐ 9 | ☐ College 4th year |
| ☐ 10 | ☐ College 5th+ year |
| ☐ 11 | ☐ None |
| ☐ 12 | ☐ Other _____ |

3. Today's date _____

4. Which one of these is not a way to get help for gaming and gambling problems?

- ☐ Talking to your therapist or counselor
- ☐ Talking to your parents
- ☐ Calling, texting, or chatting the problem gaming hotline
- ☐ Support within the app that you are playing or gambling on

5. What are some signs someone might have a problem with gaming or gambling? (select all that apply)

- ☐ Spending a lot of time gaming or gambling online
- ☐ Fighting with friends or family
- ☐ Skipping school
- ☐ Putting limits on their time spent online

6. What are healthy ways to manage stress? (select all that apply)

- ☐ Creating art
- ☐ Joining an after-school club or activity
- ☐ Reducing screen time
- ☐ None of the above

7. How does gaming or gambling affect your life when it becomes a problem? (select all that apply)

- ☐ Affects how I behave
- ☐ Affects my body
- ☐ Affects my winning streak on my game
- ☐ Affects how I feel

8. What are some types of positive peer pressure? (select all that apply)

- ☐ Volunteering
- ☐ Going to the gym with a friend
- ☐ Urging a friend to buy a loot box
- ☐ None of the above

9. How can you address negative peer pressure? (select all that apply)

- ☐ Take your time to decide what is best for you
- ☐ Consider your reasons on whether to take part
- ☐ Set your boundaries
- ☐ Offer an alternative
- ☐ None of the above

10. When you see a message or ad about gaming and gambling, what factors should you think about before believing it? (select all that apply)

- ☐ Who created the message?
- ☐ What is being advertised?
- ☐ How can you get a bonus?
- ☐ What is/are the key messages or themes?

11. How might your problem gaming and gambling affect others around you?

- ☐ Friends want to spend more time with you
- ☐ Others get angry with you because you owe them money
- ☐ Friends like that you are being secretive
- ☐ None of the above

12. What are some reasons someone might game or gamble? (select all that apply)

- ☐ They have extra money they don't need
- ☐ Peer pressure
- ☐ Think it's an easy way to make money
- ☐ They've been playing a game with loot boxes

13. What can gambling cause an increase of in the brain?

- ☐ Dopamine
- ☐ Memories
- ☐ GABA
- ☐ None of the above

14. Which **behavior** may cause gambling problems?

- ☐ More time spent gaming or gambling
- ☐ Depression
- ☐ Anxiety
- ☐ Headaches

15. Which one is **not** a key step to creating a budget?

- ☐ Estimate how much you will make
- ☐ Identify what you spend your money on
- ☐ Identify who to ask for money when you run out
- ☐ Set weekly limits on spending

Please enter two letters and 4 numbers that you can **easily remember** for the post-test

You will need to use this number again at the end of the presentation.

*The squares on the response options indicate a select all approach, while the circles on the options signify a multiple choice question where there is only one correct answer.

Appendix D: Problem Gaming and Gambling Curriculum Post-Training Test*

Problem Gaming and Gambling Curriculum Post-Training Test

The purpose of this test is to collect your impressions and learnings of the problem gambling curriculum. There are no right or wrong answers. Being candid and honest in your feedback will be most beneficial. Individual responses are anonymous and will be grouped together with other responses in any report. The test will take approximately 5-10 minutes to complete.

If you have any questions about this survey or need technical assistance, please email OmniSupport@omni.org.

Please enter the two letters and 4 numbers that you chose during the pre-training test.

1. Where did you watch or participate in this presentation?

- ☐ School
- ☐ Community event
- ☐ Somewhere else: _____

2. What grade are you in?

- | | |
|--------------------------|---|
| ☐ 6 | ☐ College 1st year |
| ☐ 7 | ☐ College 2nd year |
| ☐ 8 | ☐ College 3rd year |
| ☐ 9 | ☐ College 4th year |
| ☐ 10 | ☐ College 5th+ year |
| ☐ 11 | ☐ None |
| ☐ 12 | ☐ Other _____ |

3. What date did you participate in this presentation? _____

4. Which one of these is not a way to get help for gaming and gambling problems?

- ☐ Talking to your therapist or counselor
- ☐ Talking to your parents
- ☐ Calling, texting, or chatting the problem gaming hotline
- ☐ Support within the app that you are playing or gambling on

**5. What are some signs someone might have a problem with gaming or gambling?
(select all that apply)**

- ☐ Spending a lot of time gaming or gambling online
- ☐ Fighting with friends or family
- ☐ Skipping school
- ☐ Putting limits on their time spent online

6. What are healthy ways to manage stress? (select all that apply)

- ☐ Creating art
- ☐ Joining an after-school club or activity
- ☐ Reducing screen time
- ☐ None of the above

**7. How does gaming or gambling affect your life when it becomes a problem?
(select all that apply)**

- ☐ Affects how I behave
- ☐ Affects my body
- ☐ Affects my winning streak on my game
- ☐ Affects how I feel

8. What are some types of positive peer pressure? (select all that apply)

- ☐ Volunteering
- ☐ Going to the gym with a friend
- ☐ Urging a friend to buy a loot box
- ☐ None of the above

9. How can you address negative peer pressure? (select all that apply)

- ☐ Take your time to decide what is best for you
- ☐ Consider your reasons on whether to take part
- ☐ Set your boundaries
- ☐ Offer an alternative
- ☐ None of the above

10. You see a message or ad about gaming and gambling, what factors should you think about before believing it? (select all that apply)

- ☐ Who created the message?
- ☐ What is being advertised?
- ☐ How can you get a bonus?
- ☐ What is/are the key messages or themes?

11. How might your problem gaming and gambling affect others around you?

- ☐ Friends want to spend more time with you
- ☐ Others get angry with you because you owe them money
- ☐ Friends like that you are being secretive
- ☐ None of the above

12. What are some reasons someone might game or gamble? (select all that apply)

- ☐ They have extra money they don't need
- ☐ Peer pressure
- ☐ Think it's an easy way to make money
- ☐ They've been playing a game with loot boxes

13. What can gambling cause an increase of in the brain?

- ☐ Dopamine
- ☐ Memories
- ☐ GABA
- ☐ None of the above

14. Which **behavior** may cause gambling problems?

- ☐ More time spent gaming or gambling
- ☐ Depression
- ☐ Anxiety
- ☐ Headaches

15. Which one is **not** a key step to creating a budget?

- ☐ Estimate how much you will make
- ☐ Identify what you spend your money on
- ☐ Identify who to ask for money when you run out
- ☐ Set weekly limits on spending

16. What is the most important thing you learned from this presentation?

17. What is one change you will make around gaming and gambling or your health after this presentation?

18. Please share any feedback you have for the trainer.

19. Is there anything else you'd like us to know about your training experience?

*The squares on the response options indicate a select all approach, while the circles on the options signify a multiple choice question where there is only one correct answer.