Problem Gambling Within Nevada's Sexual and Gender Minority Community: A Community Needs Assessment Approach

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AUTHOR NOTE

We acknowledge that unless otherwise explicitly indicated, the statements and ideas presented in this manuscript are our own, and this manuscript is not derived from another similar one that any of us has previously developed for another course.

ABSTRACT

Gambling disorder and problem gambling present enduring public health issues. An estimated 2 million adults in the U.S. (1%) present with gambling disorder, while 4 – 6 million U.S. adults (2-3%) exhibit mild/moderate problem gambling behavior. The Nevada Council on Problem Gambling estimates that up to 6% of Nevadans may struggle with problem gambling behavior. However, little is known about problem gambling and gambling disorder within the sexual and gender minority (SGM) community. Literature surrounding problem gambling and gambling disorder within this community is inconclusive, and limited data exists about problem gambling and gambling disorder prevalence among SGM Nevadans. Utilizing the NORC Diagnostic Screen for Gambling Problems, based on DSM-V criteria for gambling disorder ("NODS-GD"), this study seeks to better understand problem gambling and gambling disorder within Nevada's SGM community. A convenience sample of 332 participants were recruited over approximately two months by leveraging community partnerships, local outreach, and social media. Participants encompassed a diverse representation of the community with regard to race/ethnicity, gender identity, and sexual orientation. According to NODS-GD scoring criteria, three or less "yes" answers may indicate the potential presence of problem gambling or at-risk behaviors, while four or more "yes" answers may show that a respondent meets the diagnostic criteria for mild gambling disorder (4 - 5 "yes" answers), moderate gambling disorder (6 - 7 "yes" answers), or severe gambling disorder (8 - 9 "yes" answers). Results were that 6.6% of respondents reported answers consistent with problem gambling or at-risk behaviors, while 3.9% of respondents reported answers consistent with a clinical diagnosis of gambling disorder, and 1.2% reported answers consistent with severe gambling disorder. Problem gambling and gambling disorder may disproportionately impact SGM Nevadans, and culturally competent resources and programming must be readily available to assist members of this community who are struggling. Further research is needed to better understand gambling prevalence within Nevada's rural communities, communities of color, and Spanish-speaking communities.

KEYWORDS

SGM; LGBTQ+; Problem gambling; gambling disorder; Mental health

INTRODUCTION

The American Psychiatric Association defines gambling disorder as the repeated, uncontrolled engagement in problem gambling behavior that is disruptive to one's life (Colon-Rivera, 2021). Problem gambling behaviors may include being preoccupied with gambling or continuing to gamble despite adverse consequences (Hartney, 2020; Nevada Council on Problem Gambling, 2014). However, while all who struggle with gambling disorder may be considered problem gamblers, not all problem gamblers have gambling disorder (Hartney, 2020). In the United States, about two million (1%) adults present with gambling disorder, while four to six million (2-3%) may struggle with mild to moderate problem gambling behaviors (National Council on Problem Gambling, 2021a; Yale Medicine, 2022). Problem gambling may evolve into gambling disorder, which can negatively impact mental health, work, finances, and interpersonal relationships (Jones, 2020). Notably, misconceptions about addiction, including gambling

disorder, include that it occurs due to lack of discipline, moral failing, or a simple refusal to stop (Hardee, 2017). However, the condition causes changes within the brain that can persist for years, leading to relapse and the need for sustained treatment, such as cognitive behavioral therapy (Colon-Rivera, 2021; Hardee, 2017).

Gambling disorder and problem gambling impact different groups disparately. Problem gambling rates are higher among males (though the disparity between men and women seems to be narrowing recently), among those with lower incomes, in African American/Black and Hispanic/Latino communities, with rates tending to decline as socioeconomic status increases (Welte, Barnes, Tidwell, Hoffman, & Wieczorek, 2015; Yale Medicine, 2022). It is important to note that a recent study of Aboriginal adults in Canada found that gambling may be a coping mechanism in response to racism, suggesting that problem gambling may emerge as a response to social trauma (Currie, Wild, Schopflocher, Laing, Veugelers, & Parlee, 2013). Additionally, problem gambling is significantly associated with lower educational attainment, moderate levels of psychological distress, daily tobacco use, and higher rates of suicidality (Ford & Håkansson, 2020; Wardle & McManus, 2021). Yet, little is known about problem gambling and gambling disorder prevalence among the sexual and gender minority (SGM) community.

The SGM community is diverse, including but not limited to those with same-gender attractions and those whose gender identities fall outside of binary, societal norms (e.g., lesbian, gay, bisexual, transgender, queer, etc.) (U.S. Department of Health and Human Services National Institutes of Health, 2023). Studies consistently show that SGM individuals face disproportionate negative mental health outcomes compared with non-SGM peers and an elevated risk of suicidality, which includes ideations, attempts, and completed suicides (Bränström, Stormbom, Bergendal, & Pachankis, 2022; Centers for Disease Control and Prevention, 2022; King, Semlyen, Tai, Killaspy, Osborn, Popelyuk, & Nazareth, 2008; Mathy, Cochran, Olsen, & Mays, 2011).

These mental health burdens do not exist in a vacuum and are instead influenced by anti-SGM stigma. Identity-based, anti-SGM discrimination, in the form of sexual and non-sexual harassment, violence, and slurs, is pervasive in society and occurs in school, work, and public places (Bostwick, Boyd, Hughes, West, & McCabe, 2014; James, Herman, Rankin, Keisling, Mottet, & Anafi, 2016; Kachen, Pharr, Chien, & Flatt, 2022). Shockingly, more than 50% of SGM individuals report having been discriminated against due to their sexuality and/or gender identity, and research consistently demonstrates a relationship between anti-SGM discrimination and negative mental health consequences (Casey, Reisner, Findling, Blendon, Benson, Sayde & Miller, 2019; Pharr, Chien, Gakh, Flatt, Kittle, & Terry, 2022). Moreover, it is possible than problem gambling, like substance misuse and other addictive disorders, may arise in response to SGM people coping with a stressful, discriminatory environment that actively marginalizes them (Bush, Russell, Staiger, Waling, & Dowling, 2021; Meyer, 2003).

With regard to gambling disorder and problem gambling within the SGM community, literature on the issue remains both scant and mixed. One study found that gambling disorder may be more common in gay and bisexual men in comparison with heterosexual men and is frequently comorbid with other addictive behaviors; another study found that sexual minority men report significantly lower problem gambling severity and participation than heterosexual men; while another determined that lesbian, gay, and bisexual college athletes had higher rates of problem gambling than heterosexual college athletes (Bush, Russell, Staiger, Waling, & Dowling, 2021; Grant & Potenza, 2006; Richard, Martin-Storey, Wilkie, Derevensky, Paskus, & Temcheff, 2019).

Moreover, Ruppert, Kattari, and Sussman (2021) found that transgender and gender diverse individuals, and transgender women specifically, may be at an elevated risk for problem gambling. In contrast, another study found that problem gaming and internet use, but not gambling, may be more common among sexual minority individuals than their heterosexual peers (Broman & Hakansson, 2018). These discrepancies are consistent with a recent scoping review, which concluded that the current data is insufficient for both determining if gambling disorder is more common among SGM individuals and assessing intercommunity differences surrounding gambling patterns (Brodeur, Roberge, Cotton, Monson, Morvannou, Poitras, Lacasse, Jutras-Aswad, Couturier, Loignon, Audette-Chapdelaine, Auger, Bertrand, Dorceus, Simon, & Hudon, 2023). This lack of conclusive data may thus obscure the experiences of SGM people in states with a higher prevalence of problem gambling, such as Nevada.

The state of Nevada has an infamously robust gaming economy, and this brings its own set of challenges. An estimated 6% of Nevadans struggle with problem gambling, a percentage that is at least twice that in the general population (National Council on Problem Gambling, 2021a; Nevada Council on

Problem Gambling, 2014; Yale Medicine, 2022). Additionally, during the COVID-19 pandemic, there were record-high unemployment levels across the country, with millions of households experiencing food and housing insecurity; SGM individuals, communities of color, and families with children faced disproportionate impacts (Center on Budget and Policy Priorities, 2022; Cohen, 2020; Feeding America, 2023; Lake, 2020). Similarly, the pandemic was associated with an increase in mental health disorders, such as anxiety, depression, suicide ideation, and substance abuse, with the abovementioned groups facing worse overall outcomes compared to the general population (Czeisler, Lane, Petrosky, Wiley, Christensen, Njai, Weaver, Robbins, Facer-Childs, Barger, Czeisler, Howard, & Rajaratnam, 2020; Fitzpatrick, Harris, & Drawve, 2020; Liu, Zhang, Qong, Hyun, & Hahm, 2020; Saunders & Panchal, 2023; Twenge & Joiner, 2020).

Nevada, due to its reliance on gaming, was one of the states that suffered some of the largest economic losses during the pandemic, with 40% of jobs lost in the hospitality, leisure, and retail space (Siemaszko, 2020). It is important to study problem gambling in Nevada due to Nevadans' baseline higher risks of problem gambling, combined with the state's higher loss of employment during the COVID-19 pandemic compared to other states. This is because research shows that among certain groups, especially moderate risk and problem gamblers, the COVID-19 lockdown was associated with an increase in gambling, especially online (Hodgins & Stevens, 2021). The impact of COVID-19 on finances, anxiety, and depression also were associated with an increase in online gambling (Hodgins & Stevens, 2021).

Exploring problem gambling and gambling disorder among the SGM population in Nevada is especially important when considering that Nevada is the 3rd most SGM-populated state in the country, with 5.5% of Nevadans identifying as part of the community. Notably, over half identify as ethnic or racial minorities, and nearly a quarter report having children, with these populations having some of the highest rates of pandemic-related mental health issues compared with the general population (Fitzpatrick, Harris, & Drawve, 2020; Liu, Zhang, Wong, & Hyun, 2020; The Williams Institute, 2019). Resultantly, we hypothesize that the prevalence of problem gambling and gambling disorder among SGM Nevadans will be higher than rates in the general population. Given the dearth of research surrounding this topic, this study seeks to better understand the scope of these issues within the Silver State.

METHODS

Study design and data collection

This cross-sectional research was part of a larger study that employed a community needs assessment approach. Developed by the UNLV School of Public Health's LGBTQIA+ Research Team, an online Qualtrics survey was launched between November 2021 – April 2022, during the height of COVID-19, to better understand issues impacting Nevada's SGM community during such unprecedented times. The overarching goals were to fill in knowledge gaps, as little is known about SGM Nevadans; better understand critical issues impacting SGM Nevadans from a pandemic context, such as mental health, housing, food insecurity, and problem gambling; and develop resources and action plans surrounding emergent themes with a Community Advisory Board.

A flyer tailored to SGM Nevadans was created, and a research team collaborated with community organizations in northern and southern Nevada for outreach purposes to increase participant recruitment. Inclusion criteria were that a participant had to be at least 18 years of age, identify as SGM, could give informed consent, understand English, and had technology access to complete the survey. This study was exempted by the University of Nevada, Las Vegas Institutional Review Board because there was no identifying information collected. Data collection was anonymous and could not be linked to participants.

Survey instruments

This study used validated survey tools, including the Perceived Stress Scale (10 items), the Center of Epidemiologic Studies Depression Scale (10 items), the GAD-7 (7 items), and the SIS (10 items), to measure stress, depression, anxiety, and suicidality, respectively (Andresen, Byers, Friary, & Koloski, 2013; Andresen, Malmgren, Carter, & Patrick, 1994; Cohen, Kamarck, & Mermelstein, 1983; Luxton, Rudd, Reger, & Gahm, 2011; Rudd, 1989; Spitzer, Kroenke, & Williams, 1999). Problem gambling was measured through the NORC Diagnostic Screen for Gambling Problems, based on DSM-V criteria for gambling disorder (NODS-GD, 9 items) (41). Questions are scored and participants are then categorized as low risk (score of 0-1), subthreshold (score of 2-3), mild gambling disorder (score of 4-5), moderate gambling disorder (score of 6-7), and severe gambling disorder (score of 8-9) (Brazeau & Hodgins, 2022). Independent variables included stress, depression, anxiety, and suicidality. Sociodemographic variables including sexual orientation, gender identity, race, age, income, and employment were also collected.

Variables, measures, and statistical analysis

The dependent variable used in this study was suicidality score, as measured by the SIS. The SIS assesses the absence or presence of suicidal thinking and the intensity of such thoughts, and the scores from the ten questions are summed to a score between 10 to 50. Higher scores represent greater suicidal ideation (Andresen, Malmgren, Carter, & Patrick, 1994). Linear regressions were performed in SPSS version 28.0 to determine associations between gambling behaviors and suicidality.

RESULTS

In this convenience sample, 375 total participants were recruited, and 332 answered the gambling-related questions. From the total sample, important observations include that the mean age of participants was 31.17, 31% identified as Hispanic/Latino/Spanish origin, 33% reported having a disability, and 4% reported an HIV diagnosis.

The sexual orientation of participants were that 24% identified as gay, 23.11% identified as bisexual, 19.78% identified as queer, 12.89% identified as lesbian, 6.89% identified as something else, 6.67% identified as asexual, 3.78% identified as straight/heterosexual, and 2.89% identified as questioning. The most common gender identity represented was female (35.42%), followed by 28.43% who identified as male, 19.52% who identified as genderqueer/gender non-conforming/non-binary, 7.95% who identified as trans men/trans male, 5.06% who identified as trans women/trans female, and 3.61% who identified as something else.

Most participants (58.35%) were white, 14.71% identified as another race, 10.72% identified as Asian, 7.98% identified as Black or African American, 5.24% identified as American Indian or Alaska Native, and 2.99% identified as Native Hawaiian or Pacific Islander. 27.22% of participants completed some college, 27.22% had a bachelor's degree, 16.62% had a master's degree, 11.46% had an associate degree, 10.89% had a high school degree or equivalent, and 6.02% had a doctorate or professional degree. With regard to annual income, 22.12% of participants earned less than $10,000, 19.47% earned $30,000-$49,999, 17.70% earned $50,000-$74,999, 16.81% earned more than $75,000, 15.34% earned $10,000-$19,999, and 8.55% earned $20,000-$29,999. Lastly, 69.86% were employed, 18.26% were unemployed and not looking for work (e.g. retired, homemaker, student), 8.12% were unemployed and looking for work, and 3.77% were unable to work (Table 1).

Mental health outcome measures revealed that 12.2% reported low stress, 67.5% reported moderate stress, and 20.3% reported high stress on the Perceived Stress Scale. The Center for Epidemiologic Studies Short Depression Scale measure found that 68.5% of participants met criteria for depression, and 45.5% scored within a range demonstrating serious suicidal ideation on the SIS. On the GAD-7 scale, 19% of participants had minimal anxiety, 27% had mild anxiety, 25% had moderate anxiety, and 28% had severe anxiety.

With regard to problem gambling, 6.6% of participants reported engaging in problem gambling or at-risk behaviors. 3.9% reported answers consistent with a clinical diagnosis of gambling disorder, with 1.2% exhibiting severe gambling disorder. Linear regressions were also fit to assess relationships between suicidality and specific problem gambling behaviors. For the NODS-GD question, "Have there ever been periods lasting two weeks or longer when you spent a lot of time thinking about your gambling experiences, planning out future gambling ventures or bets, or thinking about ways of getting money to gamble with?", compared with those who answered no, those who answered yes had a 2.09 point increase in suicidality scores ($p=.038$). For the NODS-GD question, "Have you ever needed to ask family members, friends, a lending institution, or anyone else to loan you money or otherwise bail you out of a desperate money situation that was largely caused by your gambling?", compared with those who answered no, those who answered yes had a 2.55 point increase in suicidality scores ($p<0.011$).

DISCUSSION

This study revealed several valuable findings regarding the mental health outcomes of SGM Nevadans during the COVID-19 pandemic, as well as insight into the prevalence of gambling disorder and problem gambling within this community. First, it is concerning that 88.54% of participants had at least completed some college, yet nearly half (46.01%) earned less than $30,000 annually. This aligns with U.S. Census Bureau Household Pulse Survey findings that SGM Americans experienced higher rates of food and financial insecurity than non-SGM Americans during the pandemic (File & Marshall, 2021). For example, 36.6% of SGM adults, versus 26.1% of non-SGM adults, reported difficulty with paying for household expenses (File & Marshall, 2021). Moreover, problem gambling is significantly associated with lower socioeconomic status (Welte, Barnes, Tidwell, Hoffman, & Wieczorek, 2015). This sample is highly educated, which is a protective factor against problem gambling (Ford & Håkansson, 2020). However, low annual salaries despite educational

pursuits may help explain the high prevalence of gambling disorder (3.9%) in this population, compared to 1% in the general population (National Council on Problem Gambling, 2021a; Yale Medicine, 2022).

In focus groups with SGM Nevadans during COVID-19, many participants shared that they had been impacted by job loss and industry shut-downs, particularly those who worked as entertainers and within the creative arts realm (Pharr, Terry, Wade, Haboush-Deloye, Marquez, & Nevada Minority Health and Equity Coalition, 2022). While only 8.12% of respondents indicated that they were unemployed and looking for work, Nevada's economy was one of the most affected in the nation (Siemaszko, 2020). SGM Nevadans may have felt the reverberations of this, through work hour cuts and other employment-related impacts, as perhaps demonstrated by relatively low salaries reported.

Mental health was also highly concerning among this sample, with nearly 90% reporting moderate to high stress levels, almost 70% reporting depression, over half presenting with moderate to severe anxiety, and nearly half reporting serious suicidal ideation. One study found that COVID-19 led to worsening mental health for two-thirds of sexual minority individuals and over three-fourths of gender minority individuals, potentially exacerbating the disparate mental health concerns among SGM people that predated the pandemic (Dowling, Cowlishaw, Jackson, Merkouris, Francis, & Christensen, 2015; Nowaskie & Roesler, 2022; Pharr, 2021).

Problem gambling and gambling disorder have been linked with comorbid disorders, such as anxiety, distress, and suicidality (Dowling, Cowlishaw, Jackson, Merkouris, Francis, & Christensen, 2015; Ford & Håkansson, 2020). Shockingly, one study found that there is a 15-fold increase in mortality from completed suicide among individuals with gambling disorder compared to the general population (Karlsson & Håkansson, 2018). Notably, it is important to consider that Nevada is considered one of the poorest states for mental health in the nation, having a higher prevalence of mental illness and lower accessibility of mental health care and resources (Mental Health America, 2022). Increased psychological concerns during the COVID-19 pandemic, combined with Nevada's insufficient infrastructure for mental health, may thus help explain both the high prevalence of mental health issues and problem gambling behaviors among SGM Nevadans.

Lastly, in a scoping review assessing gambling behavior during COVID-19, researchers found that gambling tended to remain stable or decrease during the pandemic, though a minority of individuals increased their gambling, and this often indicated the presence of problem gambling behaviors (Brodeur, Audette-Chapdelaine, Savard, & Kairouz, 2021). In contrast, another study found that those with problem gambling and gambling disorder improved their quality of life during the pandemic, as they gambled infrequently, exhibited fewer gambling disorder symptoms, and craved gambling less (Donati, Cabrini, Capitanucci, Primi, Smaniotto, Avanzi, Quadrelli, Bielli, Casini, & Roaro, 2021). However, the National Council on Problem Gambling (2021b) warns that those with problem gambling behaviors may have been particularly vulnerable during the pandemic for several reasons, including preferences shifting to online gambling and lower accessibility of treatment due to budget cuts. It is highly possible that SGM Nevadans, who reported a loss of community safe spaces and disruptions to healthcare due to COVID-19, were thus extremely vulnerable to increased problem gambling during the pandemic (Pharr, Terry, Wade, Haboush-Deloye, Marquez, & Nevada Minority Health and Equity Coalition, 2022).

Limitations

This study was cross-sectional, so causation could not be determined. Because of the small sample size, we were unable to conduct subgroup analyses. Because the data were self-reported, they may be subject to self-report bias. The survey was distributed in an electronic format and was only available in English, excluding non-English speakers and those without technology access. Survey distribution was also more rigorous in southern Nevada, so the experiences of Northern and rural Nevadans may not have been adequately captured. Future research is needed to better understand gambling prevalence within Nevada's rural communities, communities of color, and Spanish-speaking communities.

CONCLUSION

This study found that problem gambling may be overrepresented among SGM Nevadans, and certain gambling behaviors were associated with increased suicidality. There is a significant need to develop culturally competent problem gambling resources and to train mental health professionals on the unique facets of this community, as problem gambling may necessitate long-term, sustained care. In the case of future public health emergencies, it is also critical to ensure that SGM-affirming problem gambling supports continue uninterrupted. If necessary, services should have an online presence to ensure accessibility and availability even during times of crisis.

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APPENDIX

Table 1: Community needs survey participant demographics (N=375)

Characteristic	Percentage
Sexual orientation	
Gay	24%
Bisexual	23.11%
Queer	19.78%
Lesbian	12.89%
Something else	6.89%
Asexual	6.67%
Straight/heterosexual	3.78%
Questioning	2.89%
Gender Identity	
Female	35.42%
Male	28.43%
Genderqueer/gender non-conforming/gender non-binary	19.52%
Trans man/trans male	7.95%
Trans woman/trans female	5.06%
Something else	3.61%
Race	
White	58.35%
Other	14.71%
Asian	10.72%
Black or African American	7.98%
American Indian or Alaska Native	5.24%
Native Hawaiian or Pacific Islander	2.99%
Ethnicity: Hispanic/Latino/Spanish origin	31%
Level of education	
Some college, no degree	27.22%
Bachelor's degree	27.22%
Master's degree	16.62%
Associate's degree	11.46%
High school degree or equivalent	10.89%
Doctorate or professional degree	6.02%
Household income	
Less than $10,000	22.12%
$30,000-$49,999	19.47%
$50,000-$74,999	17.70%
More than $75,000	16.81%
$10,000-$19,999	15.34%
$20,000-$29,999	8.55%
Employment status	
Employed	69.86%
Unemployed and not looking for work (e.g. retired, homemaker, student)	18.26%
Unemployed and looking for work	8.12%
Unable to work	3.77%