

Harm Reduction Considerations for Gambling & Sports Betting in Collegiate Sports

This document discusses harm reduction strategies in the context of gambling and sports betting in collegiate sports and provides relevant resources. The information provided is resultant from discussions of the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports.

Gambling & Sports Betting in Collegiate Sports

Gambling and sports betting are widespread on college campuses.

- Results of the [NCAA Sports Betting Activities Survey](#) (2023) showed over half of 18-22 year-olds in the United States have engaged in sports betting, with 62% of those bettors identifying as degree-seeking students.
- Results from the [NCAA Student-Athlete Gambling and Sports Betting Behaviors Study](#) (2024), indicate 22% of student-athletes participating in men's sports and 5% of student-athletes participating in women's sports have gambled on sports in the past year.

Collegiate populations, specifically men, have the highest incidence of sports betting and are more likely to be predisposed to problem gambling than the general population.

- Six to 10 percent of college students are predisposed to problem gambling compared to ~2-3% of the general population.

Gambling and sports betting can present risk at multiple levels of collegiate sport.

- At the individual level, student-athletes who gamble may experience problematic gambling behaviors or develop gambling disorder, a mental health condition recognized by the American Psychological Association, which often co-occurs with other mental health conditions (e.g., anxiety, depression and sleep disturbances).
- Student-athletes, including those who do not gamble, may experience harassment from sports bettors. The [NCAA Online Abuse in NCAA Championships Study](#) (2024) found that 12% of online harassment directed at student-athletes, coaches and officials was related to sports betting.

Generally, policy prohibitions on gambling, without other interventions, are ineffective at reducing gambling-related behavior, and it is unclear how deregulation could impact gambling behaviors.

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Harm-Reduction Strategies

As noted in its discussions on other health promotion topics (e.g., cannabinoids), the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports has identified harm-reduction strategies as particularly useful when prohibitions and/or penalties have proven ineffective.

Broadly speaking, harm-reduction strategies foster prevention, risk reduction and health promotion.

- Harm-reduction strategies acknowledge actual behaviors (e.g., some student-athletes do bet on sports) and attempt to meet individuals where they are.
- Abstinence can be one approach included in harm-reduction strategies.

Research has demonstrated that harm-reduction approaches offer more effective and long-term benefits for college-aged individuals not seen with abstinence-only approaches.

Emerging adulthood is a critical developmental period that includes establishing lifelong health-related behaviors and harm-reduction strategies can serve as an important tool to support the development of those behaviors.

Harm-reduction strategies are and will remain important in supporting student-athlete health and well-being, regardless of deregulation of NCAA sports-betting legislation.

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Applying Harm-Reduction Strategies to Gambling & Sports Betting

Harm-reduction strategies applicable to gambling and sports betting, as discussed by CSMAS, include:

Stigma Reduction

Significant stigma exists around the self-reporting of problem gambling behaviors, which can exacerbate harm. Use of stigma-reducing language when discussing gambling and sports betting can impact individual's likelihood to seek help.

- The National Council on Problem Gambling provides examples of [person-first language in discussing gambling disorders](#).
- [Words Matter – Terms to Use and Avoid When Talking about Addiction](#) includes two resources (one for providers and one for patients) from the National Institute on Drug Abuse that provides information and tips to reduce stigma and negative bias when discussing addiction.
- The [NCAA Guidance on Inclusive Language](#) offers considerations for using language to foster environments of belonging.

Education

Provide or increase education (for student-athletes, administrators and coaches) on gambling and sports betting and its potential risks to individuals, teammates and their broader community.

CSMAS noted NCAA research that demonstrated student-athletes are less likely to wager on sports if they receive education on the topic.

- Consider providing education at multiple points throughout the academic year and through different methods (e.g., in-person training, learning module, via coach, peer educators, flyers, etc.). More information on available educational resources is included in the Mental Health Best Practices section below.

Mental Health Best Practices

Implement the [NCAA Mental Health Best Practices](#) (and other mental health resources) with consideration for gambling and sports betting.



FOUNDATIONAL PRINCIPLES

The foundational principles of the Mental Health Best Practices discuss important risk and protective factors that may play a role in student-athlete mental health.

In the context of gambling and sports betting, examples may include, but are not limited to:

- Emerging adulthood is a critical developmental period in which health-related behaviors are established, and it is also a common time for mental health challenges to emerge.
- Student-athletes who experience discrimination, harassment, bullying and/or other forms of maltreatment are at elevated risk of having negative mental health outcomes.
- Social media poses risk factors, including the perpetuation of systemic racism and discrimination.

The foundational principles of the Mental Health Best Practices discuss important risk and protective factors that may play a role in student-athlete mental health.



BEST PRACTICE 1: CREATING HEALTHY ENVIRONMENTS

Incorporate gambling and sports betting into written multilevel (e.g., community, campus, athletics, team, individual) health promotion plans that are developed in collaboration with a licensed mental health provider.

Examples of this could include, but are not limited to:

Provide guidance and support to student-athletes related to social media use and work with campus partners in developing protocols for threat reporting.

- Signify Group [Threat Matrix](#) provides services to investigate online harassment in college sports.
- [Moonshot](#) provides services regarding threat monitoring and online violence prevention.

Educate student-athletes and coaches on gambling and sports betting and its intersection with student-athlete mental health.

- The [NCAA Draw the Line Campaign](#) prioritizes student-athlete education on the effects of sports betting.
- The [NCAA Sports Betting webpage](#) provides educational resources, including e-modules for student-athlete and coaches.
- The NCAA works with [EPIC Global Solutions](#) to provide educational programs for members of the Association.
- The [Summary of Findings – Slides for Member Schools](#) provides key findings from the Trends in NCAA Student-Athlete Gambling and Sports Betting Behaviors Study.

Provide staff education on culturally sensitive and trauma-informed practices.

The [NCAA Mental Health Best Practices webpage](#) offers resources for supporting and promoting student-athlete mental health, including [SAMHSA's Trauma Informed Care in Behavioral Health Services](#).



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BEST PRACTICE 2: SCREENING AND IDENTIFICATION

While validated screening tools are not intended to be diagnostic, screening student-athletes for psychological distress at least once annually may help identify student-athletes experiencing problem gambling behavior, gambling disorder and/or related mental health conditions. Consider sports betting and gambling disorder in processes for identifying and screening student-athletes for mental health symptoms.

Examples of this could include, but are not limited to:

Collaborate with the primary athletics health care provider and/or licensed mental health provider to identify validated screening tools for psychological distress.

- The [International Olympic Committee Sport Mental Health Assessment Tool 1](#) is an assessment tool to identify athletes experiencing or at risk of experiencing mental health symptoms, including additional screening options for problem gambling.

Consider additional resources or screening to identify problem gambling behavior during times that are associated with higher participation in sports betting activities.

- The National Council on Problem Gambling provides online access to a [problem gambling self-assessment](#).

Consider additional resources for the identification of student-athletes who have experienced social media harassment or abuse related to sports betting.

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BEST PRACTICE 3: MENTAL HEALTH ACTION PLANS

Incorporate routine and emergency presentations of mental health symptoms related to sports betting into Mental Health Action Plans.

Examples of this include, but are not limited to:

- Determine the timeframe and logistics for responding to validated screening tools for problem gambling behavior.
- Establish pathways for referral of student-athletes with sports-betting related mental health symptoms, including self-referral, to a licensed mental health provider.
- Define what constitutes a mental health emergency related to gambling and sports betting and the logistics for responding.
- Conduct regular outreach about Mental Health Action Plans, including scenarios for rehearsal that incorporate sports betting related mental health symptoms.

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BEST PRACTICE 4: LICENSURE OF PROVIDERS

Formal evaluation and treatment of student-athletes with mental health symptoms and disorders, including those related to sports betting and/or problem gambling, should be performed by a licensed mental health provider acting within the scope of activities covered by their clinical licensure.

Examples may include:

- Formal evaluation of a student-athlete experiencing signs of anxiety, depression, and/or psychological distress after being harassed by a bettor.
- Formal evaluation of a student-athlete with signs of problem gambling behaviors.
- Ongoing management and treatment of a student-athlete with gambling disorder and comorbid substance use disorder.

