



PERCEPTIONS OF ADDICTIONS AMONG ACC STUDENT-ATHLETES AND ADMINISTRATORS

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[Video Presentation Link](#)

Background

Currently, while athletes have been recognized for being at a higher risk of developing a gambling problem compared to the general population Gonzalez-Moret et al., 2025, there is little research on student-athlete and administrator perceptions of and engagement with sports betting or gambling. The purpose of the project is to provide greater insight into perceptions from student-athletes and athletic administrators regarding the issue of sports gambling as problematic behavior. We aimed to address the following research questions:

1. How do student athletes/athletic administrators perceive sports betting as a problematic behavior compared to drug and alcohol use as well as social media use?
2. How do perceptions differ between the two populations?

Data and Methods

For this study, student-athletes and athletic administrators were recruited for one-on-one interviews. The length of the interview ranged from 30-60 minutes, held in person and over zoom. The final sample resulted in 17 student athletes from 5 ACC institutions across 9 different sports, with 10 male participants and 7 females. The age range for these student athletes was 17-23, and 4 students had transferred to their current school. On the administrator side, 10 athletic administrators from 5 ACC institutions, working across 6 different areas within an athletic department were included. The age range for these administrators was 23-57, with a range of 1-29 years for years spent working at the current school.

Findings and Results

Both student-athletes and administrators were asked to rank their perception of severity of potentially addictive products or activities: sports betting, drug use, alcohol use, and social media use. Table 1 displays the average results of this. Student athletes view alcohol as the most severe issue, with social media and drugs viewed similarly, while betting clearly was viewed as the least severe. Administrators view social media and alcohol similarly as being more severe, while drugs and betting were viewed similarly as less severe.

Table 1. Average Ranking of Perceived Severity

Group	Drugs	Alcohol	Betting	Social Media
Student Athletes	2.3	2.1	3.0	2.3
Administrators	2.7	2.2	2.7	2.1

Note: 1 = Most severe, 4 = Least severe



Below we present the three main themes that emerged from the interviews.

Theme 1: Role of the Institution: Responsibilities and Challenges

- Existing programming is weak, lacks impact, and just “checking a box”
- Generalized mental health programming is not enough
- Athletic department employees lack the training and thus the skills to identify problematic gambling behaviors in athletes

“We have some on campus sports psychologists who are theoretically available for issues like this. I do not know anyone specifically who has taken advantage of that.” / “[there is] a cultural stigma against reaching out for this kind of help.” -Student Athlete 3

“I don't have my script yet... I don't have the language here, and I would venture to bet you that the average athletic trainer and team physician, maybe even mental health specialist on a college campus, doesn't have that vernacular. And that's concerning, because statistically speaking, we're... I guess what I'm saying is we're missing it.” Admin 9

Theme 2: That's Not a Problem For Us: Denial and Assumption that Betting Impacts Others

- Administrators and athletes agree that betting is an issue, but always assume the issue is happening on other teams or at other schools or with only non-student athletes
- Non-revenue generating sport stakeholders assume that betting only affects revenue generating sports
- Gender bias influences admins and athletes to believe that sport betting only affects men's sport
- Administrators assume that sport betting addictions only impact general student body

“I think, maybe, like... more important sports, like, might feel it more. Like, I'm not, like, tennis isn't a sport, like, traditionally gambled on... Not to be, like, stereotypical, but, like, I don't know many girls who gamble on sports.” – Student Athlete 13

“I'm not necessarily as concerned with student athletes becoming addicted to it. I... maybe that's naive of me, but I haven't run into that. [...] But I do worry about their friends and their, you know, roommates, potentially.” – Admin 10

Theme 3: Strict Rules Prevent Issues From Coming to Light

- Student-athletes fear severe punishment from athletic department if they disclose gambling behavior or seek help for gambling related-reasons
- Athletes turn to peer support for gambling-related issues instead of athletic department staff/admins due to trust concerns
- Because of limits to confidentiality, problematic gambling behaviors likely never surface at all



"I think sometimes talking to maybe your coach or someone else who is in charge could be a little scary, just because you know you're not supposed to be doing it, so I think talking to a teammate about it is someone who they would feel comfortable talking to, just because they can't get you in trouble necessarily..." – Student Athlete 8

"I think all of our student athletes know they're not supposed to be participating in it, so I think a lot of them would be scared to go to their coach or administration with the fear of them getting in trouble as well." -Admin 6

"I've not heard about student athletes on this campus gambling" – Admin 2

Practical Recommendations

Recommendation 1: Take a Proactive, Harm-Reduction Approach to Betting Education

Sports betting programming is currently deterrence-based, emphasizing prohibited conduct and penalties. Specifically, athletic departments should provide annual training, delivered by an external gambling-harm organization such as [Birches Health](#) or [GamAcad](#), for staff who regularly interact with student-athletes (coaches, trainers, advisors) to recognize warning signs, administer a screening tool, and offer a confidential referral path. Student-athletes should receive mandatory annual in-person education that keeps compliance content separate from harm reduction. Mental health staff should be trained in gambling-specific screening, and the ACC should require all programming to be evaluated through pre/post assessment.

Recommendation 2: Protect Athletes Who Self-Report and Seek Gambling Help

Individuals who may suffer from problem gambling behavior currently fear the results of self-incrimination and the potential for lost eligibility or place on a team. This fear acts as a deterrence against disclosure and asking for help. The ACC should adopt a self-referral safe haven that provides assistance to an athlete who voluntarily seeks assessment or treatment for problem gambling. Provided their bets don't call into question the integrity of the competitions involved, individuals who self-report won't face a wagering-violation report or loss of eligibility, roster spot, or scholarship. To protect them, this help should be routed through confidential clinicians separate from compliance, so that seeking treatment cannot itself trigger enforcement.

Recommendation 3: Normalize Mental Health Conversations Around Problem Gambling

Problem gambling is stigmatized partly because athletic departments treat gambling as a compliance and integrity issue rather than a health one. To normalize these conversations, departments should address gambling's personal-harm dimension, distinct from any integrity violation, using the same confidential behavioral health infrastructure and referral paths that exist for substance abuse, anxiety, and depression. A brief validated screening, such as the Brief Biosocial Gambling Screen (Gebauer et al., 2010), could be folded into the routine mental-health screenings student-athletes already complete.



References

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