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I. Introduction and Purpose of Testimony

Chairman Owens, Ranking Member Adams, and Members of the Subcommittee, thank you for the opportunity to testify on how the explosive rise of sports betting and online gambling is impacting college student mental health and well-being and why building campus prevention capacity is essential to safeguard student success and future workforce readiness.

My name is Cindy Clouner, and I serve as Managing Director of the Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery (HECAOD) at The Ohio State University (OSU). As a Licensed Social Worker and Ohio Certified Prevention Specialist with 20 years of public health experience, including 12 years leading our Center, I have spearheaded HECAOD's national gambling initiatives since we formally expanded our scope in 2022.

About the Higher Education Center

HECAOD is a national academic center headquartered at The Ohio State University, operating as an interdisciplinary partnership uniting OSU's College of Social Work, College of Pharmacy, and Office of Student Life. Our mission is to empower those working to address collegiate alcohol and drug misuse, gambling, and associated harms to implement evidence-informed strategies within the continuum of prevention through recovery.

HECAOD carries forward the 20-year legacy of the former U.S. Department of Education Higher Education Center. When federal funding for the original national center ended in 2012, The Ohio State University established HECAOD to preserve this vital infrastructure and fill a critical national void.

HECAOD's work is rooted in workforce development for higher education professionals. Our Center equips campus personnel with specialized skills, technical assistance, and evidence-based tools required to respond to modern, rapidly evolving behavioral health risks. Ensuring our campus workforce is thoroughly prepared plays a direct role in driving student success; when frontline staff are equipped to identify behavioral health red flags early and deliver timely, evidence-informed interventions, they prevent academic disruption, foster student success, and protect the health and productivity of America's future workforce.

Today, HECAOD serves as the nation's premier technical assistance and capacity-building hub for higher education gambling harm and substance misuse prevention:

- **National Training Scope:** Over the past year alone, HECAOD provided live, evidence-based training to over 3,500 campus professionals spanning all 50 states, Washington, D.C., Guam, and Puerto Rico with Center leadership training an additional 1,900 professionals through national, regional, and state conference sessions and invited keynotes.
- **Evidence-Based Screening Footprint:** HECAOD develops and maintains turnkey prevention tools, including ScreenU®, an online, evidence-based screening tool deployed across campuses nationwide that has completed over 205,000 student behavioral health screenings to date.
- **Network Infrastructure:** HECAOD convenes national networks that bridge isolated institutions, including the National Consortium of State Coalitions (NCSC), a network of statewide collegiate wellness coalitions representing nearly 1,000 colleges and universities across 30 states.

Through our academic foundation at Ohio State, our national training infrastructure, and our ongoing engagement with campus practitioners, HECAOD provides an essential bridge between academic research, public health policy, and frontline campus practice.

II. Impact of Sports Betting and Gambling on College Students

Collegiate gambling is not a novel phenomenon. Researchers have long recognized that young adults of college age are at three to five times greater risk for gambling-related harms compared to the general adult population due to developmental factors, social environments, and high rates of risk-taking behaviors characteristic of emerging adulthood (Nower & Stanmyre, 2026; Nowak, 2018). However, the rapid expansion of sports betting and other forms of digital gambling have transformed this historical vulnerability into an urgent public health crisis. What was once restricted to physical venues or informal campus pools is now accessible 24/7 in the palm of a student's hand.

The Modern Gambling Ecosystem, Federal Data Gaps, and Economic Drivers

At our Center, we ground our prevention and capacity-building work in a foundational operational definition: gambling is any activity where a person risks an item of value (such as money) on the outcome of an event that is determined mostly by chance, to gain something of value.

Establishing this clear framework is essential because today's digital ecosystem continuously blurs the traditional lines between sports fandom, casual gaming, and financial markets. College students encounter gambling mechanics across an expanding spectrum of activities, accessible within online sports books and beyond. Anchoring our work in this operational definition is critical because, regardless of whether a student is placing a sports parlay, trading contracts on the winner of their favorite reality television show through a prediction market, or purchasing a video game loot box, the underlying risk is the same. Peer-reviewed research confirms that all of these activities trigger the brain’s reward system through unpredictable wins, which can result in cognitive

distortions, loss of control, and financial distress for some students (Brooks & Clark, 2019; Clark & Limbrick-Oldfield, 2013; Mills & Nower, 2019; Zendle & Cairns, 2018).

A primary obstacle in evaluating this expanding ecosystem is the absence of routine federal prevalence tracking. Because major federal population health and education surveys historically omit gambling metrics, policymakers and researchers must rely on independent academic studies to gauge student risk. Recent national data from the Rutgers University Center for Gambling Studies 2026 National Prevalence Study found that 61.3 percent of current college undergraduates and 68.2 percent of graduate students reported gambling in the past year. Of those who gambled in the past year, nearly 30 percent of 18-20-year-old males and 29 percent of 21–27-year-old male gamblers reported engaging in sports betting in the past year (Nower & Stanmyre, 2026). However, traditional sports books are not the only mechanism for betting on athletic events. Fantasy sports, betting on esports, trading contracts on sports through prediction markets, or the use of social sports betting apps, expand availability and access to betting on sports nationally.

Table 1: Past-Year Gambling Activity by Age

	Males		Females	
	18-20	**21+**	**18-20**	**21+**
Sports Betting	32.9	28.8	6.0	16.1
Season-long Fantasy Sports	32.7	22.6	5.1	10.5
Social Sports Betting	18.3	15.1	4.1	7.9
Esports Betting	12.9	13.5	3.7	4.4
Prediction Markets	6.2	12.5	0.9	5.2
Daily Sports Betting	6.4	13.6	2.4	6.8

Weighted percent among those who gambled. (Nower & Stanmyre, 2026)

Drs. Nower and Stanmyre also found that 43.1 percent of currently enrolled undergraduate students exhibit some degree of gambling-related risk, with 10.8 percent screening at high-risk for problem gambling (2026). Notably, the Rutgers research dispels the misconception that problem gambling is strictly a young male issue. Among respondents who reported past year gambling, high-risk problem gambling rates were virtually identical between males (9.9 percent) and females (10.7 percent). Compounding these findings, campus research demonstrates that sports wagering carries a distinctly heightened clinical risk profile compared to other forms of gambling: students who bet on sports scored three times higher on the Problem Gambling Severity Index than non-sports gamblers (Grant Weinandy et al., 2026).

State and institutional level data further echo the risks college students experience related to their gambling. Among college students who have gambled in the past year in Missouri, 9.3 percent reported betting more than they could afford to lose, and 8.1 percent needed to gamble with larger amounts of money to get the same excitement. Of those who reported gambling 1–2 times a month and had experienced a gambling-related harm, 21 percent have gone back another day to try to win money lost, a hallmark sign of gambling disorder (MACHB, 2026). Institutional data from Ohio University underscores a severe self-awareness gap surrounding these negative impacts: while 41.6 percent of surveyed students reported experiencing gambling-related harms, only 1.5 percent recognized that they were struggling with their gambling behavior (Grant Weinandy et al., 2026).

This profound disconnect illustrates why problem gambling often remains invisible to campus personnel until students face catastrophic financial or academic crisis.

Recent data has also identified a concerning shift in how Generation Z perceives financial risk, in which many young adults view online wagering not as entertainment, but as a legitimate vehicle for financial gain and upward mobility. A national retail investor survey by Betterment found that 26 percent of Gen Z investors view sports betting as a deliberate component of their long-term financial strategy, with 52 percent reporting they have redirected funds intended for traditional investments or savings into sports wagers (2026). Compounding this, a study in the *Journal of Financial Economics* revealed that net deposits into traditional brokerage accounts fell by 20 percent in states following sports betting legalization, with frequent bettors cutting traditional investments by over 50 percent (Baker et al., 2026). On campus, this illusion of financial mobility leads to severe distress, as students exhaust financial aid, accumulate credit debt, and face academic disruption due to financial loss.

Cultural Normalization and Targeted Campus Subcultures

While economic motivations are significant, sports betting cannot be understood solely as an individual financial decision; it is deeply reinforced by pervasive media exposure and campus social structures. Multi-billion-dollar advertising campaigns across television, social media, podcasts, and sports broadcasts constantly saturate young adult culture, utilizing aggressive promotional offers and odds integrations that normalize betting as an indispensable element of sports fandom.

Within campus subcultures, this marketing saturation intersects with peer dynamics to embed gambling into organizational identity. Research by Dr. Jon Gayer at the University of Nebraska-Lincoln examining sports betting attitudes across fraternity and sorority communities demonstrated that sports wagering has become intertwined with chapter identity, sports fandom, and peer bonding among fraternity men (2025).

Findings from Dr. Gayer's study highlight that normalization does not require direct peer pressure. Students rarely describe explicit pressure from peers to place bets. Instead, they operate in environments where sports wagering is universally accepted, constantly discussed, and routinely integrated into daily social life. This environment drives behavior even in the absence of overt coercion. This study also revealed significant organizational disparities: while certain fraternity chapters exhibited high-frequency daily betting and strong social integration, others expressed greater concern over financial loss, while sorority respondents largely viewed sports betting as outside their organizational culture (2025). Effective prevention must therefore address organizational social norms rather than relying solely on individual risk education.

While fraternity environments illustrate how betting integrates into peer bonding, another campus subculture, student athletes, face a distinctly hostile impact. Beyond personal wagering risks, student-athletes are increasingly targeted by online harassment, threats, and hostile messaging from bettors holding financial stakes in contest outcomes. According to the NCAA Student-Athlete

Needs, Aspiration and Perspectives (SNAP) Study, 9 percent of student athletes reported experiencing online, verbal, or physical abuse from fans related to betting losses, with nearly half (46 percent) of Division I men's basketball players reporting abuse (2026). This harassment causes severe psychological exhaustion, damages student-athlete well-being, and pushes athletic departments onto the front lines of an integrity and mental health challenge they may be ill-equipped to handle alone.

Compounding this hostility is the rapid proliferation of individual player proposition ("prop") betting. Player prop bets allow wagers on an individual athlete's performance, such as total points, rebounds, passing yards, or missed free throws, rather than the overall game outcome. Because a single play or stat line can determine financial payouts, individual student-athletes are directly targeted by hostile bettors when a wager fails. Importantly, inconsistencies across state gaming laws fail to protect student-athletes across state lines: while a small number of states have banned college player prop bets, neighboring jurisdictions continue to permit them, creating an inconsistent regulatory environment that leaves college athletes exposed to cross-border harassment wherever they compete or engage on social media. As NCAA leadership has emphasized, unlike professional athletes, college student-athletes live in dorms, attend classes, and walk across campus alongside fellow students and fans, making them uniquely accessible and vulnerable to betting-related hostility (NCAA, 2026).

Intersections with Mental Health and Substance Misuse

The convergence of collegiate gambling, substance misuse, and mental health conditions represents an urgent public health challenge for higher education institutions. Recent data indicates that emerging adults who gamble experience elevated rates of depression, anxiety disorders, and severe emotional distress compared to non-gambling peers (Nower & Stanmyre, 2026).

Data also suggests that those engaging in sports betting or more like to engage in high-risk substance use. A study by Grubbs and Kraus found that both men and women engaging in sports betting were 66 percent more likely than gamblers who do not bet on sports to binge drink one or more times a week (2024). Campus data from the University at Albany's Center for Behavioral Health Promotion and Applied Research underscores this behavioral overlap, demonstrating that students presenting with gambling vulnerabilities frequently screen at high risk for co-occurring cannabis and alcohol misuse on validated clinical screeners (2026).

Despite the intersections between wagering, substance misuse, and psychiatric distress, campus health systems maintain a profound operational blind spot regarding gambling identification. Findings from the Oregon Student Gambling Survey (2024) reveal a glaring systemic gap in clinical care: while standard student health intake protocols frequently assess for alcohol, illicit substance use, and general depression, only 2 percent of college students report ever being asked about their gambling behaviors by a campus professional compared to 16.6 percent who have been asked about their alcohol or substance use and 37 percent who have been asked about their mental

health. This absence of routine screening allows problem gambling to remain invisible until students face catastrophic financial loss or acute psychological crisis.

III. Challenges of Addressing Sports Betting and Gambling on Campus

While problem gambling is gaining momentum at the federal level, with agencies such as SAMHSA beginning to integrate gambling into behavioral health frameworks, and recent federal funding allocated to the Department of War to address gambling harms among service members, the online gambling market is moving at an unprecedented speed.

Online gambling activities, including sports betting, have outpaced traditional policy and prevention frameworks. Because HECAOD works directly with a network of nearly 1,000 colleges and universities nationwide, our Center maintains a constant "ear to the ground." We observe emerging student behaviors, clinical trends, and risk factors in real time long before they are captured in national longitudinal datasets.

Across our national network, higher education institutions face several critical structural, resource, and operational barriers that severely impede their ability to mount a proactive, comprehensive response:

- **Capacity and Staffing Constraints:** While a minority of well-resourced institutions maintain specialized health promotion teams, many colleges and universities rarely have a single staff member dedicated full-time to substance use prevention, let alone emerging behavioral health risks like sports betting and gambling. Instead, health educators are tasked with managing a wide array of competing student health concerns, including alcohol and drug misuse, mental health, sexual violence prevention, and stress management, leaving negligible bandwidth to address fast-moving online gambling trends. Data from HECAOD's 2026 Ohio Collegiate Gambling Readiness Survey pilot demonstrates the severity of this workforce constraint: over 35 percent of responding campuses identified a lack of available staff capacity as a primary barrier (2026). Consequently, at under-resourced institutions or campuses with no dedicated health promotion personnel, gambling harm prevention remains either entirely absent or relegated to passive messaging and ad-hoc programming.

- **Lack of Existing Local Data:** Higher education leadership is inherently evidence-driven, relying on empirical campus data to allocate resources and justify policy shifts. However, standard national student health surveys have historically omitted items assessing gambling behaviors. Findings from our readiness survey reveal that a lack of assessment data is the top barrier facing institutions, cited by 42.9 percent of campuses (HECAOD, 2026). With only 28.6 percent currently collecting local data, administrators are left without baseline metrics on student prevalence, financial stress, or associated harms. While a small number of states, such as Mississippi, Missouri, Nebraska, and Oregon, have executed statewide collegiate data collection, most institutions lack localized data.

Without this empirical foundation, gambling harm remains an invisible issue to senior leadership, forcing campuses into a reactive posture where the problem is only recognized during acute crises rather than through the development of proactive campus policy.

- **Widespread Workforce Readiness and Training Gaps:** The rapidly shifting landscape of online gambling and sports-betting presents a double-sided workforce challenge across higher education. Because collegiate gambling is a newly emerging priority, existing health promotion professionals and campus clinicians rarely received specialized education on gambling harm during their professional preparation, leaving even experienced wellness personnel without the knowledge, skills, or confidence needed to address this risk. Compounding this issue, on campuses where health promotion staff are limited or absent, the responsibility for reaching students shifts to non-health personnel, such as Residence Life staff, Fraternity and Sorority Life advisors, and Athletics staff. These frontline professionals face an even steeper preparedness gap, as they typically lack baseline prevention background, feel unsure of their role in behavioral health intervention, and struggle to recognize warning signs or navigate formal referral pathways.

IV. HECAOD's Approach & National Impact

When HECAOD expanded its scope to include collegiate gambling, we chose a deliberate, methodical approach grounded in implementation science.

Assessment of Existing Capacity: Before launching this work, our Center conducted a national landscape assessment to map field capacity and existing initiatives. This scan revealed that while localized efforts and targeted funding by the National Council on Problem Gambling were underway, a profound national disconnect remained: higher education leadership and student affairs associations had not yet made gambling harm a strategic priority. Compounded by a historical data deficit at both local and national levels, institutions were ill-equipped to address the rapid surge in student gambling and sports betting. As a result, local initiatives remained isolated, leaving frontline staff, those who interface directly with affected students, without the standardized tools, training, or systemic support needed to respond effectively.

Convening of Subject Matter Experts: Our assessment made it clear that expert collaboration was essential to guiding effective strategy. In spring of 2023, we convened the Collegiate Problem Gambling Workgroup (CPGW), bringing together some of North America's foremost gambling researchers alongside early adopting practitioner campuses, such as University at Albany, SUNY and Towson University, as well as state-level leaders. Meeting monthly, this unpaid group has provided invaluable guidance, helping shape our center's approach to building capacity, designing tools, and establishing best practices across higher education.

Building Field Readiness and Raising Awareness: Because the historical lack of campus data kept gambling harm off the radar for most higher education leaders, campuses rarely recognized the problem until a student was in crisis. To bridge this gap, HECAOD prioritized building field

readiness across higher education, helping campus leaders recognize emerging gambling risks, define institutional responsibilities, and mobilize frontline personnel across campus departments.

- **National Workforce Development and Media Engagement:** HECAOD and members of the CPGW actively shaped national media narratives to elevate public and institutional awareness of collegiate gambling trends. Additionally, our Center leadership delivered specialized workforce development across major national, regional, and state higher education conferences, educating nearly 3,200 frontline professionals on emerging sports betting risks and baseline intervention strategies.
- **Multidisciplinary Alignment through CoHEASAP:** The Coalition of Higher Education Associations for Substance Misuse Prevention (CoHEASAP) is a national coalition uniting prominent higher education associations that represent student affairs professionals across the entire campus enterprise, extending far beyond traditional health promotion settings to include housing and residence life, student conduct, campus safety, fraternity and sorority life, academic advising, and athletics. Recognizing how issues of substance misuse, mental health, and gambling all intersect, CoHEASAP recently expanded its focus to include gambling and other addictive behaviors. As current Chair of CoHEASAP, I led efforts to operationalize this expanded scope, culminating in a month-long national educational series designed to elevate institutional awareness around addictive behaviors including sports betting. This initiative focused on building capacity among non-health campus personnel, equipping frontline professionals outside the wellness center with practical tools to recognize behavioral warning signs, destigmatize help-seeking, and fostering cross-campus multidisciplinary collaboration to safeguard student well-being and academic success.

Development of Turnkey Resources: Recognizing that few higher education professionals possess specialized expertise in gambling harm, and that student affairs staff are often stretched thin across competing priorities, our Center prioritized the creation of evidence-informed, "turnkey" resources. Expecting individual campuses to independently research, draft, and implement gambling prevention frameworks creates unnecessary friction and delays. By delivering ready-to-use, evidence-informed tools, HECAOD enables institutions to rapidly deploy effective programming without straining limited staff capacity or reinventing the wheel.

- **Collegiate Gambling Environmental Scan:** To assist institutions in evaluating their specific baseline, HECAOD developed the *Collegiate Gambling Environmental Scan*. This diagnostic tool helps campuses assess internal strengths and identify structural gaps across the continuum of care, evaluating existing institutional policies, available campus data, prevention programming, and clinical support services. By highlighting specific gaps and institutional strengths, the scan provides campus leaders with a clear, actionable roadmap to determine where to focus their efforts and begin building capacity.

  > *"Rather than making assumptions about student gambling behaviors, we were able to use the [environmental] scan to talk about prioritizing realistic, evidence-informed strategies that fit our campus capacity. The process and all the resources associated,*

> *transformed gambling from an emerging concern into a topic that could be meaningfully integrated into broader student well-being and prevention efforts.*"
> **- Associate Director of Wellness, 4-Year, Public Institution**

- ***You Bet?* Student Educational Program:** In June 2025, HECAOD was awarded a $40,000 Agility Grant from the National Council on Problem Gambling (NCPG) to develop and launch *You Bet?,* a student-facing, gambling-neutral risk reduction program. Within three months, core program components were developed, field-tested, and reviewed by our expert workgroup to ensure alignment with known evidence and best practice. To achieve rapid national scale, HECAOD leveraged the NCSC network to train an initial cohort of 30 Master Trainers across 20 states. This "Train-the-Trainer" structure ensures participating states maintain a trusted, local expert capable of providing ongoing technical assistance and guidance to campus professionals. These Master Trainers equipped over 350 campus professionals across 35 states to deliver the program locally during a 5-month period. Evaluation data from facilitator trainings demonstrates significant immediate gains in campus capacity and intervention readiness:

  Table 2: Pre- and Post-Test Evaluation of *YouBet?* Facilitator Competencies

	Pre-Test	Post-Test	Percentage Point (pp) +/-
I am confident in my ability to identify if a student is experiencing gambling-related harms.	40 percent	96 percent	+56 pp
I know what to do if I am concerned that a student is experiencing gambling-related harms.	43 percent	97 percent	+54 pp
I know where to find gambling support resources to support our campus.	50 percent	96 percent	+46 pp

  Both HECAOD and our Master Trainers team have continued training campus professionals across the country to deliver this program, and the Michigan Gaming Control Board recently designated *You Bet?* as an approved curriculum for college students through their state's gambling education initiative.

Statewide Capacity Building and Infrastructure: Unlike several peer states within the NCSC, Ohio currently lacks a statewide health and well-being coalition, leaving campuses without a mechanism to coordinate messaging or share resources. To bridge this structural deficit, our Center has established the Ohio Collegiate Gambling Network (OCGN) to build localized capacity among the workforce, strengthen screening and referral pathways, and provide technical assistance as campuses work to scale up gambling initiatives.

A collaborative partnership between the Ohio Department of Behavioral Health (DBH) and the Ohio Department of Higher Education and funded from casino revenue dollars earmarked for gambling

prevention and treatment, the OCGN convenes campus professionals regularly through monthly professional development and engagement opportunities. Additionally, OCGN directly supports the development of tailored tools, including social norming campaigns, student-facing engagement activities, clinical screening/referral pathways, targeted athlete resources, and academic curricula integration for broader workforce development. Led by our Center and partners in OSU's Student Life Student Wellness, we have formally partnered with the Problem Gambling Network of Ohio, the Northeast Ohio Medical University's Ohio Center for Campus Safety and Mental Health, Ohio University, Cincinnati State Technical and Community College, the University of Mount Union, and the Zepf Center, to ensure resources developed meet the needs of students across all types of institutions and across the geographic regions of Ohio.

Predating the broader OCGN launch, our Center received a DBH grant funded through an agreement with the Ohio Lottery Commission to establish an intensive pilot with four founding institutions: Defiance College, Kent State University, Miami University, and the University of Mount Union. Adapting a proven peer-learning collaborative model that HECAOD successfully utilized in the impaired road safety domain, we worked directly with student affairs practitioners to conduct environmental scans, identify targeted gaps, and execute tailored interventions. The insights, policy adaptations, and clinical workflows refined by this initial cohort now serve as field-tested blueprints for the broader OCGN and national networks.

V. Institutional Exemplar: Ohio State's Integrated Prevention, Support, and Recovery Continuum

In addition to our national and statewide technical assistance efforts, HECAOD's work is informed by direct, on-the-ground implementation at The Ohio State University. Their frontline experience directly shapes the statewide infrastructure and capacity-building work HECAOD executes on behalf of the Ohio Department of Behavioral Health.

Ohio State serves as a national model for building a comprehensive campus framework across the entire spectrum of care:

- **Targeted Prevention & Multi-Channel Outreach:** Through a separate NCPG Agility Grant award, Ohio State's Student Life Student Wellness team developed "Our Bet Is on You, Buckeyes," an interactive gambling education workshop series accompanied by targeted campus outreach materials. This initiative pairs structured, small-group educational sessions with high-visibility campus tabling and peer-led conversations across high-traffic student spaces, successfully elevating risk awareness, destigmatizing problem gambling discussions, and actively promoting local help-seeking resources.
- **Comprehensive Mental Health & Clinical Support:** Students experiencing gambling-related distress or co-occurring mental health challenges have direct access to comprehensive mental health services through Student Life Counseling and Consultation Service (CCS), including individual counseling, specialized group support, and clinical referrals when specialized community treatment is required.

- **Individualized Wellness Coaching & Behavior Moderation:** Through the Student Wellness Center, students can access one-on-one wellness coaching services. Trained coaches assist students in setting personalized goals surrounding gambling moderation, behavior change, treatment adherence, overall wellness, and academic stress management.

- **Collegiate Recovery Support:** Ohio State provides dedicated support for students recovering from gambling disorder through its nationally recognized Collegiate Recovery Community (CRC). The CRC enables students to build recovery capital, the personal, social, and practical resources essential for long-term recovery while strengthening peer support networks and maintaining academic success alongside non-gambling peers.

Ohio State remains committed to a holistic approach spanning prevention, early intervention, treatment support, and recovery support. Furthermore, Ohio State actively collaborates with peer institutions across the Big Ten Conference, the State of Ohio, and the nation to mitigate impacts of online sports betting on college students.

VI. Practical Strategies for Reducing Gambling-Related Harms among College Students

Translating public health principles into effective campus prevention requires moving beyond traditional, passive awareness campaigns. Because sports betting has become deeply integrated into our culture, institutions of higher education must deploy practical, student-centered strategies that meet students where they are. By combining evidence-based frameworks, assessment and data collection, embedded peer support, clinical screening, and skill-building interventions, campuses can construct a comprehensive infrastructure that reduces harm and safeguards student success.

Key evidence-informed strategies include:

- **Assessing the Campus and Community Environment:** Campuses should conduct a comprehensive environmental scan to evaluate both internal policies and the surrounding community landscape. This includes auditing campus policies, reviewing existing data sources, identifying current prevention, screening, intervention, and recovery supports, and identifying the current access, availability, and advertising of sports betting and other gambling activities both on and surrounding campus. Identifying these baseline environmental factors allows both administrators and practitioners to understand local risk exposure and address institutional vulnerabilities proactively.

- **Utilizing Non-Judgmental, Gambling Neutral Language:** Traditional anti-gambling messaging fails because modern college students routinely engage in sports betting apps, daily fantasy prop bets, prediction markets, and gamblified video game mechanics without classifying these activities as "gambling" (Grant Weinandy et al., 2026; Williams, et al. 2017; Wood & Williams, 2007). When institutions rely on traditional, stigmatizing terms like "problem gambling," students tune them out, disengage, and fail to provide accurate data.

Effective campus strategies should also utilize a gambling-neutral, non-judgmental tone grounded in a motivational enhancement approach, which uses non-confrontational conversations that help students evaluate their own risk behaviors. The integration of motivational enhancement principles into campus educational frameworks is grounded in robust empirical research. Randomized controlled trials specifically targeting college student gamblers demonstrate that brief motivation enhancement interventions and personalized motivational feedback significantly reduce gambling frequency, monetary expenditure, and clinical severity markers (Petry et al., 2009; Larimer et al., 2012; Neighbors et al., 2015). This mirrors decades of established collegiate behavioral health evidence, most notably seen in SAMHSA-recognized models such as Brief Alcohol Screening and Intervention for College Students (BASICS), confirming that non-confrontational, motivationally tailored delivery mechanisms successfully bridge student ambivalence and drive sustained behavior change.

- **Building Risk-Reduction and Bystander Intervention Skills:** Prevention must equip students with concrete, actionable life skills that reduce their risk of experiencing harm. Campus initiatives should focus on building student self-regulation skills—such as setting strict monetary budgets, establishing firm time limits for wagering apps, improving media literacy around aggressive gambling advertising, and understanding mathematical odds versus marketing claims. Strategies must include bystander intervention training adapted for gambling. By educating students to recognize subtle warning signs in their peers, such as chasing losses, sudden financial stress, obsessive odds checking, or mood swings, and equipping them with practical skills to initiate supportive, non-judgmental conversations with friends, campuses create an active safety net driven by peer care.

- **Integrating Early Screening and Clinical Referral Pathways:** Separate from broad campus outreach, health and counseling centers must establish formal, systematic screening and referral pathways. By integrating validated screening tools, such as the Rutgers Gambling Screening Protocol into routine student health visits, mental health intakes, and athletic physicals, campus clinicians can identify at-risk students before acute crises occur and connect them directly to specialized clinical support or counseling services.

- **Embedding Non-Clinical Interventions in Everyday Campus Spaces:** To overcome stigma and reach students who rarely seek traditional counseling, practical strategies must meet students in high-traffic, everyday academic and social hubs. One example of this approach that has proven to be effective is Project ACCESS (Achieving College Completion Through Engaged Support Services). A SAMHSA-funded initiative led by partners at University at Albany, SUNY, Project ACCESS embeds trained, professionally supervised peer navigators in non-clinical spaces like academic advising centers and student commons. Evidence shows that when peers engage students in non-judgmental health conversations, students not only take steps to address behavioral health concerns, including gambling, but many actively engage in academic retention behaviors such as creating study schedules,

consulting professors, and utilizing tutoring, directly linking behavioral health support to college completion.

VII. Recommendations for Congress

To address collegiate gambling effectively, HECAOD recommends that Congress consider the following actions:

1. **Publish a National Call to Action and Comprehensive Campus Guidance**

   Publish a formal national Call to Action alongside standardized campus guidance resources, modeled after benchmark tools like NIAAA's *CollegeAIM* and the DEA's *Prevention with Purpose* guide. This federal guidance will overcome the fragmented, piecemeal nature of current campus efforts by elevating institutional readiness, demonstrating to university leaders how sports betting can threaten student success, and equipping leadership to allocate dedicated institutional resources.

2. **Clarify Existing Federal Funding Streams for Research & Practice:**

   Encourage federal agencies to clarify that existing grant programs within SAMHSA, the Department of Education, the National Institutes of Health, and other federal research agencies to explicitly permit institutions to utilize federal funds for problem gambling research, practitioner training, and prevention, treatment, and recovery infrastructure. Clarifying existing authority would enable campuses to integrate gambling risk mitigation directly into efforts funded either directly or indirectly by federal grants.

3. **Expand and Strengthen National Data Collection**

   Direct federal research and public health agencies, including SAMHSA, the CDC, and the NIH, to incorporate standardized, validated gambling measures into existing national health surveillance platforms. Expanding national data collection establishes baseline evidence to track prevalence of gambling behaviors and related harms, evaluate co-occurring mental health and substance misuse risks, and quantify the direct impact of financial wagering losses on student retention and academic success.

4. **Support Scalable Network Infrastructure Across States**

   Support state-level higher education coalitions and collaborative networks, such as the National Consortium of State Coalitions, to act as scalable hubs for technical support, peer learning, and localized implementation. While serving all post-secondary institutions, state networks play an indispensable role in closing resource gaps for under-resourced community colleges and regional campuses operating without dedicated prevention staff. These networks provide an agile, rapid-dissemination mechanism to address emerging sports-betting and gambling risks, while allowing institutions to tailor strategies to their specific state gaming laws and local campus cultures.

5. **Provide Technical Support and Funding for Localized Campus Assessment**

   Provide technical support to distribute standardized campus assessment tools, equipping higher education institutions to gather actionable local data without adding administrative burden. Local data serves as the foundation for targeted strategy selection across the full continuum of care, from prevention through recovery, ensuring campuses deploy practices that match their verified needs. This maximizes operational and financial efficiency, eliminating guesswork and protecting institutions from wasting limited resources on assumed risks that local data disproves.

6. **Establish a National Coordinated Technical Assistance Infrastructure**

   Support the creation of coordinated technical assistance infrastructure to provide higher education institutions with centralized guidance, standardized toolkits, and interagency alignment across SAMHSA and the U.S. Department of Education. Providing coordinated technical assistance capacity would help ensure campuses nationwide are equipped with expert guidance to address this rapidly evolving, multi-billion-dollar gambling landscape without duplicating efforts.

Thank you for your time, leadership, and dedication to safeguarding college student health and success. I welcome your questions.

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