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CONTACT: Dr. Sharon Harris

516- 676-2008 safeglencove@yahoo.com

SAFE: Gambling Disorder in the Age of Mobile Sports Betting

March is Problem Gambling Awareness month. According to researchers at the National Institute on Drug Abuse (NIDA), gambling disorder in the age of Mobile Sports Betting (online gambling) is a rapidly growing industry all over the world, affecting both adults and youth. Sports betting is now legal in 38 US states and the District of Columbia, and in 26 states, a person can now make a sports wager on the same device they use to text their therapist or check their social media feeds.

Early data from problem-gambling helplines and state prevalence surveys suggest an increase in both gambling participation and help-seeking, with a disproportionate rise in jurisdictions that permit online betting. This circumstance presents a challenge—and opportunity—for health care in general and addiction treatment in particular. By providing evidence-supported interventions for prevention and treatment, practitioners can help ensure that the rapid growth of mobile betting is matched by an equally rapid, equally sophisticated public-health response.

Gambling disorder (GD) was added to the Diagnostic and Statistical Manual of Mental Disorders (DSM) category Substance-Related and Addictive Disorders in 2013 after growing scientific literature revealed that GD shared clinical features as well as underlying neurobiological mechanisms with substance use disorders (SUDs), and it is still the only behavioral addiction recognized in the DSM-5. The International Classification of Diseases, 11th Revision (ICD-11) classifies gambling disorder under “disorders due to addictive behaviors,” alongside gaming disorder.

Top risk factors for developing/maintaining GD are being male; being young and single or married for less than 5 years; living alone; having a low level of education; and struggling financially. Like people with drug addiction, people with GD experience cravings and withdrawal symptoms and develop tolerance—needing to gamble with increasing amounts of money to achieve the desired excitement. Generally, a person with GD cannot control their gambling and experiences significant negative consequences, typically financial and relationship problems, because of it. The indebtedness and shame experienced by people who gamble can lead to self-harm and suicide or suicide attempts.

People with GD often also have SUDs, other mental disorders, and/or compulsive behaviors like problematic shopping and gaming. GD is the model behavioral addiction: gambling is a classic experimental tool to measure risk-taking and bias in behavioral economics (ie, the gambling

task),¹⁰ and it shares neurobiological substrates with SUDs, including dysregulation of dopamine pathways, altered reward processing, and impaired cognitive control.

Mobile technologies have transformed gambling over the past two decades in a manner analogous to how synthetic drugs have transformed the drug landscape over the same period. Just as new, cheap, high-potency synthetic opioids like fentanyl have created conditions for faster progression from initiation to disordered opioid use, gambling on high-speed, 24/7 mobile platforms expose vulnerable people to a potent combination of continuous betting opportunities, data-driven promotions, and real-time micro-rewards. New markets are exposed to gambling, and compulsive use of these platforms is a predictable result.

The legalization of online gambling is associated with larger increases in irresponsible or risky gambling, particularly among those with lower incomes who can least absorb losses. Adolescents, who may be exposed to online gambling influencers and “risk-free” promotions in sports media and social media feeds, are likely to be especially susceptible due to their heightened reward sensitivity and immature executive control and impulsivity. Prevalence estimates for problem gambling in teens vary across studies but there are clear associations with other risk behaviors like alcohol and illicit drug use.

Cognitive behavioral therapy (CBT) is generally the treatment of choice for problem gambling as it has consistently shown to be effective at reducing gambling frequency, symptom severity, and financial loss, with gains often sustained for months after treatment. Motivational interviewing (MI) has also been shown to be effective as a brief intervention in primary care, emergency departments, and telehealth settings. While youth-specific GD treatment research is limited, adaptations of CBT (with family involvement) and MI show promise. Pediatricians working with transitional-age youth should include gambling when they talk to their patients about substance use and other risk behaviors and collaborate with families, school counselors, and addiction treatment specialists to intervene early.

No medications are FDA approved for GD, but naltrexone may be most helpful for individuals with high craving intensity, those with alcohol or opioid use disorder, or when rapid reduction in urge is needed to stabilize finances or relationships.

Mobile access has transformed the temporal, spatial, and psychological dynamics of gambling, compressing the cycle of urge, opportunity, and action into seconds and thereby amplifying risk for rapid escalation and in some instances catastrophic outcomes. Physicians have a unique role in recognizing and responding to this transformed landscape through more routine delivery of evidence-based care or referral to appropriate treatment by specialists.

For more information on Problem Gambling please visit: NYS Office of Addiction Services and Supports (OASAS) Problem Gambling <https://oasas.ny.gov/problem-gambling> or the Long Island Problem Gambling Resource Center <https://nyproblemgamblinghelp.org/long-island/>

SAFE is the only alcohol and substance use prevention, intervention and education agency in Glen Cove and seeks to prevent addiction. Please visit SAFE's Problem Gambling page at www.safeglencove.org to learn more about the dangers of gambling addiction.