

Policy Rounds

Exploring Policies Shaping Addiction Medicine

A Conversation with Experts on Sports Betting

Problematic gambling behaviors have become more common with the emergence of continuous access to sports betting. Gambling disorder (GD), the only behavioral addiction recognized as a clinical disorder in the DSM-5-TR, is now a national public health concern. Widespread online access, pervasive advertising, and the intersections between gaming and gambling experiences related to sports betting have been important factors linked to this growing public health threat. However, pertinent federal research funding, clinical training, and regulatory protections have failed to keep up with an innovative sports betting industry with access to user data that may be used to target promotions and incentives toward users exhibiting signs of problematic gambling. These dynamics raise concerns about misaligned incentives, as high-risk users may contribute disproportionately to revenue.

Drawing upon interviews with national experts in addiction medicine, psychiatry, gambling research, and youth behavioral health, this Policy Round provides an overview of sports betting in the U.S., summarizes expert insights, reviews recent federal and state policy developments, and outlines implications for addiction medicine clinicians.

Sports Betting in the U.S.

As of March 2026, 40 states and Washington, DC have legalized sports betting, and 32 of those permit sports betting online.¹ One survey found that 23% of U.S. adults engaged in sports betting in 2024.² Engagement with high-risk products associated with sports betting has also grown. Use of high-risk products, like parlays, or wagers involving more than one bet, nearly doubled from 17% in 2018 to 30% in 2024.³

Since sports betting is intertwined with U.S. sports culture, the normalization of sports betting has been more rapid than other forms of gambling. Professional sports leagues have played a significant role in facilitating public exposure to sports betting. Many have welcomed an array of sports-betting opportunities, including data-sharing partnerships, sponsorships, and agreements with emerging prediction-market operators.^{4, 5, 6, 7} While the National Football League (NFL) and National Basketball Association (NBA) have raised concerns about prediction-market platforms, both leagues have supported state-regulated sports betting.^{8, 9, 10, 11}

Expert Perspectives

ASAM's interviews with national experts revealed the following key themes:

- **Technology Can Accelerate Harm.** Online sports betting and prediction markets allow nonstop access to gambling and are aggressively marketed, accelerating exposure and risk of recurrence. Online and app-based gambling also makes it easy to spend money instantly with a single click or facial recognition.
- **Research is Insufficient.** Although some research [exists](#), there is no dedicated federal funding or surveillance system to track problematic gambling behaviors, or disorder. This limits our understanding of epidemiology and effective treatments.

- **Clinicians Have Low Awareness and Preparedness.** Experts believe that training and education for clinicians on GD, and the specific risks of online sports betting are insufficient.
- **Certain Populations are High-Risk.** Youth, men under 35, individuals with co-occurring psychiatric conditions, trauma histories, or substance use disorders (SUDs) are at elevated risk of experiencing problematic gambling behaviors. Research has shown higher rates of binge drinking among young men who regularly bet on sports. Experts also cited concerns that marketing and advertising use the likeness and images of sports celebrities that may appeal particularly to high-risk groups.
- **Screening Gaps Exist.** While validated screening tools such as the [Brief Biosocial Gambling Screen \(BBGS\)](#), the South Oaks Gambling Screen ([SOGS](#)), the Problem Gambling Severity Index ([PGSI](#)), and the [Massachusetts Gambling Screen](#) are available, experts expressed concern that they are not a part of routine mental health and addiction assessments. Experts also observed that patients rarely disclose problematic gambling unless directly asked.
- **Regulatory Frameworks are Fragmented and Inconsistent.** Following [Murphy v. NCAA \(2018\)](#), states may legalize and regulate sports betting, resulting in protection variability across states, especially in the context of online casinos and prediction markets.
- **Treatment and Recovery Support Pathways are Limited.** Treatment options are limited, poorly reimbursed, and inadequately studied. Inadequate reimbursement is a major barrier to access because it limits provider participation, weakens treatment capacity, and makes it harder for patients to receive timely, ongoing care. There are no FDA-approved medications with an indication for GD. Gamblers Anonymous may not be accessible or helpful to all individuals with GD.
- **Youth and Digital Design Risks Exist.** Experts articulated concerns about the proliferation of loot boxes,¹² inducements, near-miss mechanics,¹³ targeted advertising, and social-casino apps, which blur the line between gaming and gambling and expose minors to gambling-like reinforcement. Many parents and educators do not realize these gambling mechanics are present in youth gaming and are not prepared to assess the risk.
- **Public Health and Policy Opportunities are Emerging.** Experts emphasized the need for standardized screening for problematic gambling behaviors, targeted clinician training, more prevention resources, and state-level advocacy in the face of federal inaction.

Federal Policy Developments

In Congress, lawmakers have introduced several bills, including the [SAFE Bet Act](#), the [FAIR BET Act](#), the [FULL HOUSE Act](#), the [Prediction Markets Are Gambling Act](#), the [Gambling Disorder Health Study Act](#), and the [PREDICT Act](#). To date, none has been the subject of a vote. However, the U.S. Senate recently adopted a rule banning senators, officers, and staff from participating in prediction markets.

Although there is a lack of rules, standards, or a unified regulatory framework at the federal level, the Commodity Futures Trading Commission (CFTC) has had a [favorable enforcement posture](#) towards prediction markets, arguing in federal court that sports-related prediction market contracts are federally regulated derivatives (“swaps”) under the Commodity Exchange Act and fall under the Commission’s exclusive jurisdiction.^{14, 15} Some courts have accepted that argument. A federal district court in Arizona recently blocked Arizona from enforcing state gambling laws against prediction market operators,¹⁶ while the Third Circuit recently became the first federal appellate court to endorse the view that federal law preempts state gambling-law enforcement against CFTC-regulated sports-event contracts.¹⁷ With active (undecided) appeals in the Fourth, Sixth, and Ninth Circuits, a future Supreme Court decision on whether sports-event prediction markets fall under state gambling laws or federal commodities regulation is possible with big implications for states’ abilities to regulate those markets.

State Policy Developments

States have rapidly legalized and attempted to regulate their sports betting markets. State sports-betting tax revenue grew 382% between 2021 and 2025.¹⁸ Considering nearly 90% of all wagers were online, online sports wagering across the U.S. has exploded. States collected almost \$4 billion in tax revenue in 2025, with New York and Illinois collecting almost 50% of the tax revenue generated by sports betting nationwide in 2025.¹⁹

During the 2025-2026 state legislative sessions, 18 states were considering legislation on sports-betting, and some analysts have predicted Alaska may become the next state in 2026 to legalize mobile sports betting.^{20, 21} In May 2026, Minnesota became the first state to ban prediction markets, though a federal lawsuit is seeking to overturn that action.²² The Center for Addiction Science, Policy, and Research has developed [state-focused resources](#) to address online gambling, including rankings, maps, tax rates, and model legislation that help assess how well a state is addressing gambling harms in that state.

Implications for Addiction Medicine Clinicians

As sports betting grows in popularity across the U.S., addiction medicine clinicians may begin encountering more patients with problematic gambling behaviors involving sports betting. Patients may start reporting concerning behaviors such as chasing losses on parlay bets or compulsive app-checking tied to live sporting events. This has implications for screening and treatment practices, and clinicians may want to familiarize themselves with existing validated screening tools and treatment methods. Additionally, clinicians may consider providing patient-facing educational materials in clinical settings to support early identification and intervention of people with GD. Clinicians can also anticipate challenges with navigating reimbursement for related services. Prevention and early intervention will be especially important for high-risk groups, including youth, young men, and individuals with co-occurring mental health or substance use conditions. Additionally, more clinicians could benefit from standardized education on GD/sports betting, particularly understanding exactly how technologies behind online sports betting systems work to anticipate emerging risks, counsel patients effectively, and advocate for policies that promote safer designs and operating standards, such as consumer protection efforts that prevent the targeted marketing of high-risk individuals.

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