Problem Gambling on College Campuses

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The vast majority of college students gamble, with some doing so problematically. This article discusses gambling and problem gambling among college students, framing it as an emerging health issue on college campuses nationwide. Given that 4 out of 5 college students admit to gambling, and that approximately 8% gamble problematically, it is imperative that student affairs professionals be familiar with the literature and be prepared to address, and ideally help prevent, gambling-related issues and their attendant problems on college campuses. This article summarizes briefly what is known about college student gambling and problem gambling, discusses the range of gambling problems that exist, and, in the end, offers seven
recommendations for addressing this important, yet largely overlooked student health issue. It also offers a few recommendations for future research.

The vast majority of college students gamble (Engwall, Hunter, & Steinberg, 2004; LaBrie, Shaffer, LaPlante, & Wechsler, 2003; Shaffer, Hall, & Vander Bilt, 1997). While most gamble for fun, with no attendant problems, some gamble problematically. For these students, gambling may become a major problem—one with significant negative consequences. Although much has been written about the ill effects, and negative consequences of college students’ alcohol use, relatively little has been written about the effects of problem gambling on students’ academic performance, social relations, and overall health. This is surprising, especially considering that, more and more, problem gambling is being recognized as a bona fide health issue for adolescents and young adults (Korn, 2000; Korn & Shaffer, 1999; Messerlian, Derevensky, & Gupta, 2004). Fortunately, a handful of student affairs scholars have turned their attention to this issue and have studied and written about it (Bailey & Dickens, 1997; Bailey, Burroughs, Dabit, Hambrick, & Theriot, 1997; Kitrow, 2003; Levine & Cureton, 1998; McClellan, Caswell, Beck, Holladay, Mitchell, & O’Connor, 2002; McClellan, Hardy, & Caswell, 2006; Stuhldreher, Stuhldreher, & Forrest, 2007).

The primary purpose of this article is to add to the literature in this area and, secondarily, to underscore its relevance and importance to student affairs professionals. Specifically, the article (a) highlights and summarizes what is known currently about gambling and problem gambling among college students, including prevalence rates, preferred types of gambling, and reasons for gambling; (b) differentiates social gambling from problem and pathological gambling; (c) frames problem gambling as a critical health issue on college campuses and discusses administrators’ current perspectives on it; and (d) provides recommendations, research directions, and resources for student affairs professionals who may be faced with gambling-related issues and challenges.
Gambling in Today’s Society

Although gambling is not a new phenomenon, its presence has expanded considerably, in part, because gambling has become more socially acceptable, widely accessible (via the Internet and river boat casinos), and a legal recreational activity in 48 U.S. states and many international jurisdictions. This expansion of gambling is especially relevant to discussions of college students because today’s students were raised in a social context where gambling is more or less glorified; marketed heavily and widely; and viewed by many as a “sport” or a common, everyday recreational activity (Shaffer, Hall, Vander Bilt, & George, 2003; Williams, Connolly, Wood, & Nowatzki, 2006). Today’s students essentially grew up in a socially sanctioned, “golden age” of gambling. And, though the majority of students cannot legally drink, they are allowed to gamble, provided they are 18 years of age or older (Winters, Bengston, Dorr, & Stinchfield, 1998). Not surprisingly, colleges and universities around the country are currently facing an increase in the prevalence of gambling among their students. This article was written to support institutional efforts to adapt to the current social milieu—a milieu in which gambling now has a strong and, in many ways, formidable presence.

Before moving to the core of the article, it is important to define gambling and establish its parameters. Gambling has been defined variously—and generically—by most dictionaries as “playing a game of chance for stakes” or “betting money or something of value on an outcome of unknown certainty.” However, as McClellan and Winters (2006) note, definitions of gambling must extend beyond the dictionary to consider the various types of gambling activities, which include pari-mutuel betting (i.e., sports betting, betting on horses), lotteries, casino gaming (i.e., blackjack, slot machines), and charitable gaming (which involves the previously mentioned types of gambling, but is distinguished by the profits being directed towards a charitable organization). Additionally, the definition of gambling must consider the varied venues in which gambling occurs, including brick and mortars (i.e., casinos, racetracks), on the phone or other electronic media, and the Internet. For the purpose of this article, the term “gambling” refers to any of the four types of gambling that occur in the venues mentioned above.
Gambling Among College Students

Estimates of *lifetime* prevalence of gambling among college students range from 67% to 97%, with the modal number being 85% (Clarke, 2003; Devlin & Peppard, 1996; Engwall et al., 2004; Ladouceur, Dube, & Bujold, 1994). Huang, Jacobs, Derevensky, Gupta, and Paskus's (2007a) national study of 20,739 student-athletes reported *past year* gambling estimates of 62.4% for male athletes and 42.8% for female athletes, which is slightly higher than past year estimates of gambling among students who are not athletes (i.e., 52% for men and 33% for women; LaBrie et al., 2003). Past year estimates better reflect gambling behavior while at college or the months preceding the transition to college. In any event, it appears that the majority of college students gamble, especially male students (Engwall et al.; Lesieur, Cross, Frank, Welch, White, Rubenstein et al., 1991; Stuhldreher et al., 2007) and student-athletes (Huang et al., 2007a, 2007b; Rockey, Beason, & Gilbert, 2002; Stuhldreher et al.).

College students engage in a wide range of gambling behaviors. Playing the lottery, poker/cards for money, casino games (i.e., slots/poker machines), horse racing, and betting on sports are, however, among the most frequently reported types of gambling (Burger, Dahlgren, & MacDonald, 2006; Engwall et al., 2004; Lesieur et al., 1991). Engwall et al.’s (2004) survey of 1,350 undergraduate students found that among students who reported gambling in their lifetime, 43.9% reported playing the lottery, 33.4% playing casino games, 33.2% playing cards, and 31.1% playing slot/poker machines (see Figure 1). Other frequently played types of gambling include: skill games, betting on sports, and bingo (Engwall et al.). Similar to many gambling prevalence studies, Engwall et al., did not specify the rates of Internet gambling among their sample of college students, although they noted the importance of future research exploring the extent and effect of Internet gambling on college campuses.

It is important to note two trends in college student gambling—namely, the explosion of Internet gambling among college students and the poker craze on college campuses. Internet gambling is a particularly prevalent form of gambling on college campuses—one that poses unique health risks for students due to the potential for students to gamble in the privacy of their residence halls/homes,
which may result in, among other things, debilitating levels of physical and social isolation (McClellan et al., 2002; Petry & Weinstock, 2007). Poker is another type of gambling that has established a notable presence on college campuses. This is not surprising considering the prevalence and marketing of poker among the general population and the expanded national TV coverage of popular poker tournaments, such as the World Series of Poker's Main Event on ESPN. However, it is important to note that college students are a population that is being singled-out and targeted by poker marketing campaigns (Hardy, 2006). In Caswell's (2006) chapter on student's perspectives on campus gambling, he quoted a student's paper on poker on college campuses:

The third floor resident assistant said her residents “literally sleep, eat and drink poker. You can come in there at lunchtime and they’re playing poker. Come after class and they are playing poker. When I go on rounds at midnight, they are playing poker. It is everywhere, all the time.” (p. 29)

Although gambling, including poker and Internet gambling, has been identified as a prevalent activity for college students, few studies have explored their reasons, or motivations, for gambling. Thus, the question remains: Why do college students gamble? The limited research in this area has found that college students gamble for a variety of reasons, including for fun (Burger et al., 2006; Neighbors, Lostutter, Cronce, & Larimer, 2002a); to escape from relationship
problems and perceived life stressors (Lesieur et al., 1991); and, for social reasons, excitement, to win money, or just to have something to do (Neighbors et al., 2002a). It is important for student affairs professionals to be aware of the full range of gambling motivations that exist, particularly as they begin to design and implement gambling awareness and prevention programs geared specifically for college students.

It should be reiterated (and underscored) here that the vast majority of college students do not gamble problematically or pathologically. That said, conservatively speaking, anywhere from 5–14% of students develop, over time, signs of dependence and experience negative consequences as a result of gambling (Blinn-Pike, Worthy, & Jonkman, 2007; Stinchfield, Hanson, & Olson, 2006). In other words, they become a problem or pathological gambler (Stinchfield et al., 2006). The following section will discuss problem gambling and its variants.

Problem and Pathological Gambling

Problem gambling is a term frequently used to describe a specific range of problems and negative consequences associated with gambling. The range exists along a continuum, from social gambling to at-risk pathological gambling to pathological gambling, which represents the “clinical,” or most severe, end of the spectrum (see Figure 2).
Shaffer, Hall, and Vander Bilt (1999) estimate that up to 14% of college students report some symptoms of problem gambling, such as preoccupation with gambling, betting with increasing amounts, and repeated failed attempts to reduce or stop gambling; but they still do not meet the Diagnostic and Statistical Manual of Mental Disorders, fourth edition–text revision (DSM-IV-TR, American Psychiatric Association [APA], 2000) criteria for pathological gambling. These students are conceptualized by gambling researchers as in transition from social to pathological gambling and are referred to as at-risk pathological gamblers. This subpopulation of gamblers, that is, those who do not meet criteria for pathological gambling but who are experiencing signs and symptoms of problem gambling, are those who might, incidentally, benefit most from targeted prevention and early intervention programs (Weinstock, Whelan, & Meyers, 2008).

Pathological gambling, the clinical form of problem gambling, is classified by the DSM-IV-TR (APA, 2000) as an impulse control disorder involving persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of ten diagnostic criteria (see Table 1). A meta-analysis of 119 gambling prevalence studies estimated that approximately 5% of college students meet criteria for pathological gambling (Shaffer et al., 1999).

The terms used to describe problem gambling are not, it seems, used consistently in the literature. Some scholars, for example, use the term “pathological gambling” to refer to any gambling-related problems, while others use the term to describe a unique subsample of those who gamble problematically and who meet DSM-IV criteria for pathological gambling. For the remainder of this article, the term “problem gambling” will be used to capture the range of disordered gambling that college students experience. The discussion is not limited to pathological gamblers because, although they experience the most negative and severe consequences as a result of their gambling, the largest proportion of problem gamblers are those who experience some signs of dependence and negative consequences but do not actually meet diagnostic criteria for pathological gambling (Shaffer et al., 1999).
A. Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:

1. Preoccupation with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
2. Needing to gamble with increasing amounts of money in order to achieve the desired excitement
3. Having repeated unsuccessful efforts to control, cut back, or stop gambling
4. Feeling restless or irritable when attempting to cut down or stop gambling
5. Gambling as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, or depression)
6. After losing money gambling, often returning another day to get even (chasing losses)
7. Lying to family members, therapists, or others to conceal the extent of involvement with gambling
8. Committing illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
9. Jeopardizing or losing a significant relationship, job, or educational or career opportunity because of gambling
10. Relying on others to provide money to relieve a desperate financial situation caused by gambling

B. The gambling behavior is not better accounted for by a manic episode.
College Students At-Risk for Problem Gambling

When (and how) do you draw the line between social gambling and problem gambling? Distinguishing normative, socially responsible gambling from ‘at-risk’ and problem gambling is somewhat difficult. Currie, Hodgins, Wang, el-Guebaly, Wynne, and Chen (2006) in a recent, particularly innovative study, reported that the chances of experiencing gambling-related problems increases steadily the more often one gambles and the more one spends. Taking it beyond the intuitive level, their analysis identified characteristics of low-risk gambling, including gambling no more than two to three times a month, spending less than $501-$1000 Canadian per year on gambling, and spending less than 1% of gross family income on gambling. Although these findings are based on a nationally representative sample of adults, it is possible that what’s normative for college students may be uniquely different.

Weinstock et al. (2008) expanded the field’s current knowledge of normative gambling behaviors by exploring the behavioral indicators of pathological gambling in a college student sample. From a behavioral standpoint, the following indicators were associated with pathological gambling: gambling more than 1.2 times per month, intending to wager more than 6.1% of monthly income, and wagering more than 10.5% of monthly income. In addition, history of parental problem gambling, gambling frequency, and general psychological distress (e.g., despondency, tension, and worry) were also associated with pathological gambling. Parental influence on college student gambling appears to be especially salient, with college students who report having a parent/guardian with a gambling problem being five times more likely to be classified as a pathological gambler.

These findings provide specific guidelines that may be used by student affairs professionals—and others—to assess students’ general gambling “risk,” as they provide a reasonable measuring stick for determining when healthy, socially responsible gambling becomes unhealthy and irresponsible. For example, a student affairs professional could ask three questions to assess a student’s gambling behavior compared to the normative data by Weinstock et al. (2008; see Table 2). Based on this example, it appears that this student’s gambling exceeds normative data for college students, because of the
frequency of his/her gambling and the percentage of his/her monthly income that is spent gambling. In this particular case, a student affairs professional could refer this student to a university-based counseling center/clinic for a more formal and detailed assessment of his/her gambling behavior, especially if the student also reported that his/her parent(s), guardian, or relatives like to gamble.

Table 2
Questions to Assess Students’ Gambling Behaviors Compared to Normative Data

<table>
<thead>
<tr>
<th>Questions for Assessing Normative Gambling Behavior</th>
<th>Example of Student Response</th>
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<tbody>
<tr>
<td>1. Gambling is something most college students do. What about you. Do you gamble? How often?</td>
<td>“I gamble four or five times a month. Mostly on weekends.”</td>
</tr>
<tr>
<td>2. I'm curious . . . how much money do you earn (or are given by parents/loan) every month? How much of this money do you spend gambling?</td>
<td>“My parents give me a hundred bucks a week, allowance. I'm not really sure how much I spend gambling.”</td>
</tr>
<tr>
<td>3. Have you ever spent more than 40 or 50 bucks in a month (10.5% of $400)?</td>
<td>“Oh, yeah . . . all the time. But I almost always win it back.”</td>
</tr>
</tbody>
</table>

Problem and Pathological Gambling Among College Students

It is estimated that up to 14% of college students meet criteria for problem gambling, which includes at-risk pathological gamblers and pathological gamblers (Blinn-Pike et al., 2007; Shaffer et al., 1999). Based on the 17.2 million students enrolled in U.S. degree-granting institutions in 2004 (United States Department of Education, 2006),
there may well be over two million college students nationwide who are problem gamblers. It is important to note that several studies have provided evidence that the prevalence rates of problem gambling among college students exceed rates in the general adult population, which is estimated to be approximately 5.5% (3.9% problem level + 1.6% pathological level = 5.5%; Shaffer et al., 1999). Thus, based on these findings, one can estimate that college students are 2 to 3 times more likely than adults in general to gamble problematically. Although some researchers contest this notion (cf. LaBrie et al., 2003; Ladouceur et al., 1994; Slutske, Jackson, & Sher, 2003), there appears to be widespread agreement/consensus that problem gambling is a concerning, highly prevalent problem among college students.

Two demographic variables, being male and being an athlete, appear to be highly correlated with problem gambling (Engwall et al., 2004; Huang et al., 2007a, 2007b; Kerber, 2005; LaBrie et al., 2003). Huang et al.'s (2007a) national study of 20,739 student athletes estimated that 4.3% of male athletes and 0.4% of female athletes met criteria for problem gambling, based on the DSM-IV Gambling Screen. These estimates are notably lower than Shaffer et al.'s (1999) estimate that 14% of college students report some symptoms of problem gambling, which might seem incongruent with the previous statement that being a college athlete is associated with higher rates of problem gambling. However, Huang et al.'s (2007a) findings are based on past-year reports of gambling, whereas Shaffer et al.'s estimates are based on lifetime data. Lifetime rates are estimated to be two to three times higher than past-year rates, which explains the discrepancy in prevalence rates (Volberg, 1996). The identified sex differences in rates of problem gambling among student athletes are congruent with other evidence that male college students are significantly more likely than females to develop gambling-related problems (Hira & Monson, 2000; Huang et al., 2007b; LaBrie et al.; Ladouceur et al., 1994; Lesieur et al., 1991; Oster & Knapp, 2001; Platz, Knapp, & Crossman, 2005).

Problem gambling among college students is correlated positively with having family or friends with gambling problems (Kerber, 2005; Lesieur et al., 1991), frequency of gambling behavior (Kerber), sex/gender (Kerber; Lesieur et al.); ethnic diversity (Kerber; Lesieur et al.), proximity to a casino (Adams, Sullivan, Horton, Menna, & Guilmette, 2007), criminal behavior (Lesieur et al.), $200+ disposable
monthly income (Winters et al., 1998), and membership in a fraternity or sorority (Kerber; Rockey, Beason, Howington, Rockey, & Gilbert, 2005). It is also associated with a range of health risk behaviors, including substance use (Engwall et al., 2004; Huang et al., 2007b; LaBrie et al., 2003; Ladouceur et al., 1994; Lesieur et al.), binge eating (Engwall et al.), unprotected sex (Huang et al., 2007b), gorging/vomiting (Huang et al., 2007b; Ladouceur et al.), tobacco use (Engwall et al.; Ladouceur et al.; Stuhldreher et al., 2007), depression (Stuhldreher et al., 2007), and considering and/or attempting suicide (Stuhldreher et al.).

Some initial evidence has emerged that the prevalence of problem gambling is higher among college students from ethnically diverse groups (e.g., students who are African American). A recent study of gambling behaviors among a sample of 20,739 college student-athletes, found that European American student-athletes were significantly more likely to report gambling than African American and Latino/a student-athletes but were not more likely to develop a gambling problem (Ellenbogen, Jacobs, Derevensky, & Gupta, 2008). Ellenbogen et al. (2008) reported that the rate of probable pathological gambling was highest among Latinos. Kerber (2005) also found support for higher rates of problem gambling among student-athletes from ethnically diverse groups. Similar findings have emerged in the general college student population, as Lesieur et al. (1991) found that Latino/a and Asian American students reported higher rates of pathological gambling than African American, European American, and American Indian students. However, given the complexity of the issue, and the general lack of empirical research, any conclusions regarding these correlations must be tempered and kept in context.

Not surprisingly, problem gambling affects college students in a multitude of ways, including creating stress and conflict in interpersonal relations, financial difficulties, loss of time from work or school, and lower grade point averages (Ladouceur et al., 1994; Lesieur et al., 1991; Stinchfield et al., 2006). Engwall et al. (2004) noted that college students who meet criteria for problem and pathological gambling report borrowing money from a variety of places, including household money, family members, credit cards, the sale of property, and by getting loans from bookies. The stress
associated with borrowing money—money that students might not be able to pay back—may be considerable and result in a range of negative consequences, such as debilitating emotional stress, relational conflict and, in extreme cases, safety threats. Increased rates of depression and attempted suicide might also emerge in response to the emotional distress and anxiety associated with problem gambling. Worse yet, in 2003, a college student was murdered at the University of Wisconsin-Madison; and in 2007, a varsity athlete was murdered at the University of Memphis. Both of these students’ deaths were ultimately linked back to gambling.

It is important to note here, that unlike substance abuse, many signs and symptoms of problem gambling often go unnoticed, primarily because of the general lack of physical signs of dependence that are often evident when students are abusing substances or engaging in other high-risk behaviors. Therefore, it is imperative for student affairs professionals to be aware of the correlates noted above and the effects of problem gambling on college students so that they may talk openly and freely to students and intervene, ahead of time, before they develop severe gambling problems.

**Conceptualizing Problem Gambling as a Health Issue**

As noted previously, problem gambling is increasingly being recognized as a health issue on college campuses (Bailey & Dickens, 1997; Engwall et al., 2004; Huang et al., 2007b; Kitrow, 2003; LaBrie et al., 2003; Ladouceur et al., 1994; Lesieur et al., 1991; McClellan et al., 2002, 2006; Stuhldreher et al., 2007). A public health perspective provides a way for student affairs professionals to better understand, conceptualize, and examine gambling behaviors among students.

As Korn and Shaffer (1999) noted, several aspects of a public health perspective are helpful in better understanding gambling behavior. First, a public health perspective provides a framework for conceptualizing gambling behaviors on a continuum, from no gambling to pathological gambling. There are many more students who gamble with little to no negative consequences than students who meet criteria for pathological gambling; therefore, viewing gambling
along a continuum is a necessary and important component of effective education and prevention programs (National Research Council, 1999). Prevention and intervention programs need to be developed that meet the needs of students at various points along the continuum. Thus far, research of this nature is sorely lacking.

Second, adopting a public health perspective involves providing information to college students about the possible risks and consequences associated with gambling. This type of health promotion on campus would provide an alternative view of gambling—one that challenges the common portrayal of gambling as a "sexy," exciting/alluring, risk-free social activity. Similar to substance use and tobacco health promotion programs on college campuses, such a program for gambling should address issues related to choice, money spent, and overall risk. Most college students report not knowing anyone with a gambling problem (McClellan et al., 2002), which contributes to the misperception of low overall risk associated with gambling.

Third, a public health perspective encourages stakeholders to be aware of the costs and benefits of gambling on college campuses and the effect on college student life and well-being. Adopting such a perspective encourages consideration of the broad effects of gambling on the college environment and a closer examination of the costs and benefits associated with gambling on student's academic performance, financial, social, and general health.

Awareness of Problem Gambling Among School Administrators

There appears to be a discrepancy, or disconnect, between the actual prevalence of problem gambling and awareness of these problems among high school and college administrators (Shaffer, Forman, Scanlan, & Smith, 2000). Shaffer et al. (2000) found significant differences in level of awareness about gambling-related problems among high schools, community colleges, and 4-year college programs. Although only 9% of high school and community colleges considered problem gambling to be an area of concern, 60% of 4-year colleges did. The increased level of awareness among 4-year college
programs is reflected by 80% of college-level schools reporting implementing gambling-related policies versus only 26% of high schools (Shaffer et al., 2000). However, only 39% of all schools (high schools, community colleges, and 4-year college programs) reported having someone on staff responsible for dealing with gambling issues that emerge on campus, and only 7% of administrators surveyed reported receiving in-service education about gambling-related issues for faculty and staff. Despite this study's methodological shortcomings (e.g., self-report of only one college administrator at each institution, no attempt to confirm their reports, and the lack of inclusion of larger colleges), it provides insight into the flipside of student gambling, that is, administrators’ awareness of student gambling and their attempts to train, educate, and inform their staff about it.

In a subsequent national study of alcohol and gambling policies on college campuses, Shaffer, Donato, LaBrie, Kidman, and LaPlante (2005) found that all schools had an alcohol policy, but only 22% of schools had a gambling policy. This percentage is notably smaller than Shaffer et al.’s (2000) estimate of 80%. However, the use of a representative national sample of colleges and actual college student handbooks to verify gambling policies, likely provides a more accurate/realistic approximation of the prevalence of gambling policies on college campuses.

**NASPA’s Gambling Task Force**

Despite the general lack of attention to gambling on college campuses, the National Association of Student Personnel Administrators (NASPA) has recognized gambling as an important issue. Ten years ago, NASPA created a Gambling Task Force, which was developed to: (1) explore the prevalence of legal and illegal gambling on college campuses, (2) study the potential effect of legal and illegal gambling on college and university campuses, (3) disseminate information to NASPA members and other college and university professionals, and (4) provide advice to NASPA regarding gambling-related policies and legislation. Further information about the Gambling Task Force, including a list of references, is available on the Web site: http://www.naspa.org/resources/gambling/index.cfm.
Recommendations for Student Affairs Professionals

Given the well-documented prevalence of gambling and problem gambling on college campuses, as well as administrators' relatively low levels of awareness and concern about it, the authors offer the following seven recommendations. This list of recommendations highlights ways in which student affairs professionals may increase awareness and recognition of problem gambling among college students. Student affairs professionals are in a unique position to help shed light on this pervasive problem and are situated perfectly to help reduce the emergence of this health issue on college campuses. The following recommendations are based on the authors' experiences, the existing literature, consideration of student affairs professionals' roles on college campuses, and mandates of the NASPA Gambling Task Force.

1. Provide in-service education and training about problem gambling to staff and faculty. As Shaffer et al. (2000) noted, most universities do not provide gambling-related educational opportunities for staff or faculty. Increasing everyone's gambling awareness and knowledge and creating an administrative culture that is informed fully about problem gambling is a first step, and necessary component, to the successful implementation of all of the subsequent recommendations. Gambling training should be directed towards staff that have frequent contact with students (i.e., residence life, counseling and psychological services, general health and wellness services, financial aid). Fortunately, many local gambling treatment facilities provide in-service education at little or no cost, thus making it possible to implement this recommendation without incurring significant expenses.

Student affairs professionals may play a particularly important role in advocating for such education and training. As one anonymous reviewer noted, they may use their extensive contacts to facilitate academic and cross-disciplinary partnerships in promoting greater campus-wide gambling awareness. For example, in addition to Psychology, Residence Life, and Counseling and Psychological Services involvement, Educational Psychology and Social Work, among other academic units, could get involved and help implement (and inform) university policy on student gambling.
2. **Include problem gambling on all health surveys.** Shaffer et al. (2000) found that, among schools that used health surveys to collect data from their students, fewer than 5% included questions about gambling. For example, the National College Health Assessment Survey, a national research survey on student's health habits, behaviors, and perceptions, does not include gambling-related questions (American College Health Association, 2007). Including gambling-specific questions on health surveys would provide school administrators and staff with much-needed, context-specific details about gambling on campus—details that could be used subsequently to evaluate the adequacy of resources being allocated to awareness, prevention, and intervention services for students struggling with gambling problems. In addition, the systematic collection of this information could be used to develop local norms and identify trends in gambling behavior among students over time. Student affairs professionals could play a key role in advocating for the inclusion of gambling questions on health surveys. Advocacy might include providing information about the prevalence of gambling and problem gambling on college campuses, publicizing the results, and highlighting ways in which the results may be used and disseminated.

A statewide gambling initiative in Missouri provides evidence of the value of advocacy for the inclusion of gambling questions on student health surveys. In 2006, nine gambling questions were added to the University of Missouri’s wellness survey and the statewide survey (Masters & Wanner, 2007). Items included: how frequently students engage in a variety of gambling games (i.e., poker, sports betting, slot machines), reasons for gambling (i.e., to what extent is each of the following a reason why you choose to gamble?), negative consequences (i.e., to what extent have you experience the following due to your gambling activities?), financial resources (i.e., where do you get the money to spend gambling?), and student perceptions (i.e., how concerned are you about the money you have lost/spent gambling?). Data generated from these questions provided a more detailed description of gambling among college students in Missouri. The results were used to inform the development of educational resources, gambling awareness programs, and training programs for university health professionals.
However, schools are sometimes reluctant to include gambling questions on these surveys. Many explanations for this reluctance are possible. Perhaps some schools do not perceive gambling to be a legitimate health concern for their students. Or, perhaps, the opposite is true, that is, that they are worried about potential fallout, or bad publicity, that may result from the findings. Administrators’ decision-making in this regard is in need of empirical attention, as it is imperative that health surveys include gambling items, just as they include items related to alcohol use, sexual behaviors, and the like. To not include gambling-related questions on these surveys contributes to the ongoing “invisibility” of gambling problems on college campuses.

The aforementioned statewide gambling coalition in Missouri serves as an excellent example. Apparently, they were able to include gambling-related items on their health surveys and overcome any misgivings, concerns, or reluctance about it. Modeling their approach would be a worthwhile effort for university officials who are looking for a place to start.

3. **Develop and implement education and prevention programs for problem gambling.** Unlike drug and alcohol education, currently, there is no federal mandate requiring schools to provide education about the dangers of excessive gambling (Shaffer et al., 2005). However, given the extent and negative consequences of college student gambling, colleges should educate their students and staff about the dangers of excessive gambling. The Gambling Action Team (GAT) at the University of Alabama provides an excellent example of how student representatives and staff may collaborate to facilitate the development and implementation of gambling-specific education and intervention programs (King & Hardy, 2006). GAT developed a gambling education program for students, staff, and faculty. The educational program for students focused on educating students about the consequences of gambling, including debt issues; problem gambling; potential violations of student codes of conduct; NCAA legislation; and local, state, and federal laws (King & Hardy). Furthermore, the GAT organized a gambling symposium, planned advertisements in the campus newspaper during times of the year when gambling is most prevalent (e.g., March Madness), and created public services.
announcements that were aired on campus radio. These are just a few examples of the many things that GAT did that are possible to implement on college campuses across the country. (Please refer to King & Hardy [2006] for a more detailed description of the GAT at the University of Alabama). The development and evaluation of gambling education and prevention programs on college campuses is, incidentally, an area worthy of future research.

4. **Advocate for the development of university policies to address gambling on campus.** According to Shaffer et al. (2005), less than one quarter of a representative sample of colleges in the United States had a gambling policy. Implementing gambling-related policies is an important step towards influencing gambling activities on campus and developing strategies for responding to gambling issues that emerge as a result of such activities. GATs, like the one at the University of Alabama, may function as advocates for the development of gambling-related policies on campus (King & Hardy, 2006).

5. **Support the development and delivery of intervention services for problem gambling.** It is imperative, it seems, that college counseling services be available (and prepared) to provide psychological services for students who present with gambling-related problems. One of the first steps to providing treatment for this population involves the identification of gambling problems among students seeking counseling services. As noted elsewhere, students might seek counseling for other issues, such as depression, anxiety, and substance abuse but not necessarily mention gambling as a presenting concern. It is, therefore, important that gambling screening questions be included in all assessment processes (i.e., interviews, questionnaires; Stinchfield et al., 2006). This conveys to students that their counselor is sensitive to gambling issues and that he/she is open to talking about it in a supportive, nonjudgmental way.

The most widely used instrument for assessing problem gambling is the South Oaks Gambling Screen (SOGS; Lesieur & Blume, 1987; Stinchfield et al., 2006). To date, most studies have assessed problem gambling among college students with this instrument (Engwall et al., 2004; Langewisch & Frisch, 1998; Neighbors,
Lostutter, Larimer & Takushi, 2002b; Rockey et al., 2005; Oster & Knapp, 2001; Winters et al., 1998). However, questions have been raised about the psychometric properties and classification accuracy of the SOGS in a general population sample (Stinchfield, 2002). Other assessment instruments may, therefore, be more suitable, including the Gamblers Anonymous (GA) 20 questions, the Canadian Problem Gambling Index (CPGI; Ferris & Wynne, 2001), and a ten item screen based on the DSM IV (Stinchfield, Govani, & Frisch, 2005). For a more detailed description of these measures, see Stinchfield et al. (2007).

Although formal assessment instruments are important for the identification and treatment of problem gambling, it is also possible to get a sense of a student’s gambling behavior less formally, as noted earlier in Table 2. For most administrators, counselors, and student affairs professionals, what is most important is to be aware of the signs of problem gambling and to ask students about gambling behaviors directly, in addition to other risk behaviors, such as alcohol and drug use. The Lie/Bet questionnaire (Johnson, Hamer, Nora, & Tan, 1997) is a commonly used two-item screening instrument for problem gambling that could be used easily and noninvasively. The two questions are: (1) Have you ever lied to people important to you about how much you gamble? and (2) Have you ever felt the need to bet more and more money? (Johnson et al.). If a student answers yes to one or both items, then they are at greater risk for problem gambling. Therefore, referring them to one of the university-based counseling centers on campus would, in this instance, be warranted. Furthermore, the behavioral indices proposed earlier in the article by Weinstock et al (2008) may be used as normative/comparative data to evaluate a student’s gambling behaviors.

Counselors should also have educational resources available for distribution. Examples of potentially helpful resources include a list of self-help books, local GA and Gam-Anon phone numbers and meeting schedules, a list of financial services in the community (i.e., credit counselors, bankruptcy trustees), and other gambling-specific services available in the community (e.g., certified gambling treatment centers).
6. **Raise awareness of the systemic effects of problem gambling and how college students might be affected by the consequences of a family member's problem gambling.**

Although this article has focused on the prevalence and effects of college student gambling, it is important for student affairs professionals to be acutely aware that students might be affected by someone else’s gambling (e.g., parent, sibling, friend), and that this may be contributing to their own stress (McComb, Lee, & Sprenkle, in press). It is estimated that nearly 3 million people (approximately 1.7% of the population) in the United States meet the DSM-IV-TR (APA, 2000) criteria for pathological gambling and another 6–9 million people (2–3% of the population) have a less serious, but still significant, gambling problem (National Council on Problem Gambling, 2006). Based on these statistics, it is easy to see how college students could be negatively affected by someone else’s gambling problem. As Oles and Bronstein (1989) noted, “many times the stressor associated with poor student adjustment is not primarily related to changes in the student’s status or function, but lies outside the college, or even nuclear family setting. It may, for example, be associated with extended family problems . . . .” (p. 39).

As a clinician working with this population, the first author worked with a college student whose parent had a gambling problem, which contributed to the student experiencing worry about money, concern about the parent’s whereabouts, and extensive fears about the family’s future. These worries affected the student’s academic performance, relationships with peers, and overall emotional health, as he reported experiencing significant anxiety, tension, and worry. Students might also be affected by a peer who is gambling problematically and might even become involved by lending him/her money to gamble and/or pay off gambling debts. Clearly, problem gambling is one of many potential stressors that might affect students. Consequently, it is important for student affairs professionals to consider it overtly and directly, just as they do other commonplace stressors of college life.
7. **Interdisciplinary collaboration to inform and facilitate research, prevention, assessment, and treatment of problem gambling.** Student affairs professionals have a unique perspective on college student life—a perspective that may dramatically inform initiatives on college campuses aimed at raising awareness about problem gambling. The authors encourage counselors, academic advisors, residence hall staff, and other student affairs professionals and administrators to collaborate with each other and to help raise awareness about problem gambling on campus. One proposed strategy is to highlight to other campus professionals the relationship between problem gambling and their specific areas of involvement in college student life (McClellan et al., 2006). For example, this might involve educating those working in financial services about the prevalence and possible effects of problem gambling on a student and/or their family's financial resources. Educating financial advisors about the signs that a student and/or parent might be in financial trouble due to gambling, providing examples of screening questions that they could use to inquire about gambling-related problems, and encouraging them to have a list of problem gambling referral services available would make a notable contribution to raising awareness about problem gambling. In addition, student affairs professionals are a valuable resource for problem gambling researchers due to their experience working closely with the student population and their awareness of the specific needs of this population. Their experiences, if shared with gambling researchers, may help facilitate the identification of important areas for future research in this important, yet largely understudied area.

Based on our review of the college student gambling literature, several areas of research could be undertaken to better understand problem gambling on college campuses. Above all, it is essential that researchers start moving away from prevalence studies, which currently dominate the literature in this area, and towards prevention and intervention research. A few examples of research that would make a valuable contribution to the current literature include:

1. **Qualitative studies of gambling among college students.** To date, the literature on college student gambling is primarily
quantitative in nature. Qualitative studies would provide more detailed, context-specific information that is necessary to facilitate the development of gambling-focused programming on college campuses. These studies could include: an exploration of the phenomenological experience of being a problem gambler while in college, a grounded theory of “why” college students gamble, and a case study of at-risk gamblers who are on the verge of developing a more serious, pathological gambling problem.

2. **Research studies on gambling among other college student populations.** To date, a small number of college student populations have been studied (i.e., fraternity/sorority members, student-athletes, students at colleges located in close proximity to casinos). Surprisingly, little attention has been given to cultural and socioeconomic factors that influence college student gambling. For example, to our knowledge, no study has examined the prevalence of gambling and problem gambling among international students. Due to the multiple transitions, and related stress, that international students are faced with and the use of gambling as an escape from problems among the general college student population, it would be clearly worthwhile to examine gambling in this population of college students.

**Conclusion**

Problem gambling is an emerging health issue on college campuses nationwide—an issue that, it seems, is becoming increasingly prevalent and, frankly, formidable. Today’s students basically grew up in a “gambling-friendly” culture and are now, perhaps more than ever, constantly bombarded with advertisements, pop-up Internet sites, and easily accessible “tracks” and “boats.” And, as teenagers and adolescents transition to young adulthood, they tend to experiment with gambling, some more so than others. Just as gambling problems often remain “hidden” to students’ family and friends, they may also remain hidden and somewhat invisible to student affairs professionals, among others—unless, of course, all university-affiliated staff proactively attend to, and ultimately address, it directly. Granted, this is not an easy task, but it is a necessary one.
References


