Is gambling just as bad as doping?
You bet it is.

By Brian Hainline, M.D.

Imagine these two scenarios:

(1) The star of the basketball championship subsequently tests positive for performance-enhancing drugs and is rendered ineligible for the games in which he played, thus causing his team to vacate the championship it won.

(2) The star of the basketball championship is subsequently indicted by the FBI in a point-shaving scheme in which he “fixed” the outcomes of several games during the season, including a few tournament games, which renders him ineligible and causes his team to vacate the championship it won.

Which is more damaging to the integrity of the game?
If you said “both,” you’re right. But it’s interesting that many people’s gut reaction is to be more horrified by doping than by gambling. The high-profile media attention given to doping in sports trumps that given to gambling, though every four-year class since 1991 has experienced a major point shaving scandal in college sports.

At the most recent sports-wagering seminar held at the NCAA national office in October 2013, dozens of experts convened to talk about how best to educate student-athletes, coaches and staff about the risks associated with gambling. One of them, Oklahoma compliance director Toby Baldwin, said, “The two scariest things to talk about are gambling and performance-enhancing drugs, because both have criminal implications.”

He’s right. And here’s something else doping and gambling have in common: They’re both student-athlete well-being issues. The shock factor with doping may be amplified by the fact that the athlete chooses to ingest or inject something dangerous. A gambler’s choice isn’t so much about the body but about the mind. But the behavior can be just as harmful, both to the person and to the game.

Performance enhancement through the use of drugs and so-called nutritional supplements and gambling are both on the rise. To many junior high and high school kids, playing poker for the thrill of some extra cash, and popping a few pills to look and feel better are just part of every-day life. That’s an additional burden for college coaches who have student-athletes’ best interests in mind.

But the good news is that NCAA colleges and universities are up to the challenge. They’re including gambling education in their overall student-athlete well-being and awareness outreach. Educational programs on drug and alcohol abuse, concussion management, and student-athlete mental health and well-being should include gambling awareness as a component.

The University of Missouri has gambling awareness and management programs that can serve as a best practice for other member institutions. Those programs emphasizes the following:

- Pathological gambling has been reclassified from an impulse control disorder to an addictive disorder; a behavioral addiction with both short-term and long-term negative consequences.
- Addiction is a primary, chronic disorder.

With that as a backdrop, it’s easy to understand why gambling should be in the same discussion as drug and alcohol use. What starts off as a fun, relatively harmless activity can escalate to problems.

As the NCAA’s chief medical officer, I view the world from a medical perspective. To me, gambling is a medical concern that should be included in any school’s educational efforts on student-athlete health and well-being.

It’ll be the safest bet you ever make.

About the author
Brian Hainline began his tenure as the NCAA’s Chief Medical Officer in January 2013. As the first person to hold that position in the organization, Hainline oversees the newly created NCAA Sport Science Institute, a national center to promote and develop safety, excellence, and wellness in college student-athletes, and to foster life-long physical and mental development. The NCAA Sport Science Institute works collaboratively with member institutions and centers of excellence across the United States.

A graduate of Notre Dame and Chicago’s Pritzker School of Medicine, Hainline completed his neurology residency at The New York Hospital-Cornell. He began his neurology career in neuro-oncology, but shifted to sports neurology and pain medicine when he joined the New York University faculty, where he was Director of Clinical/Orthopedic Neurology at NYU-Hospital for Joint Diseases.

Hainline was Chief Medical Officer of the US Open Tennis Championships for 16 years, and then served as Chief Medical Officer of the United States Tennis Association before moving to the NCAA.