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Jonathan Noel

Samantha Rosenthal

Cara Sammartino

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Jonathan K. Noel, Ph.D.  
Samantha R. Rosenthal, Ph.D.  
Cara J. Sammartino, Ph.D.  
College of Health & Wellness, Providence

## discovery:

# SPORTS BETTING AMONG RHODE ISLAND YOUNG ADULTS: A CROSS-SECTIONAL STUDY

Sports betting in Rhode Island was legalized in 2018 after the U.S. Supreme Court decision in *Murphy v. National Collegiate Athletic Association*. This study assessed the prevalence of sports betting among Rhode Island young adults, identified sociodemographic predictors of sports betting, and tested whether sports betting was predictive of gambling problems. 12.4% of participants (n = 540, 18-25 years old) participated in sports betting, with the odds 3x higher in men, and 2x higher in essential workers. Problem gambling was 2.4x higher among sports bettors. Greater prevention efforts are needed to limit sports betting and prevent problem gambling.

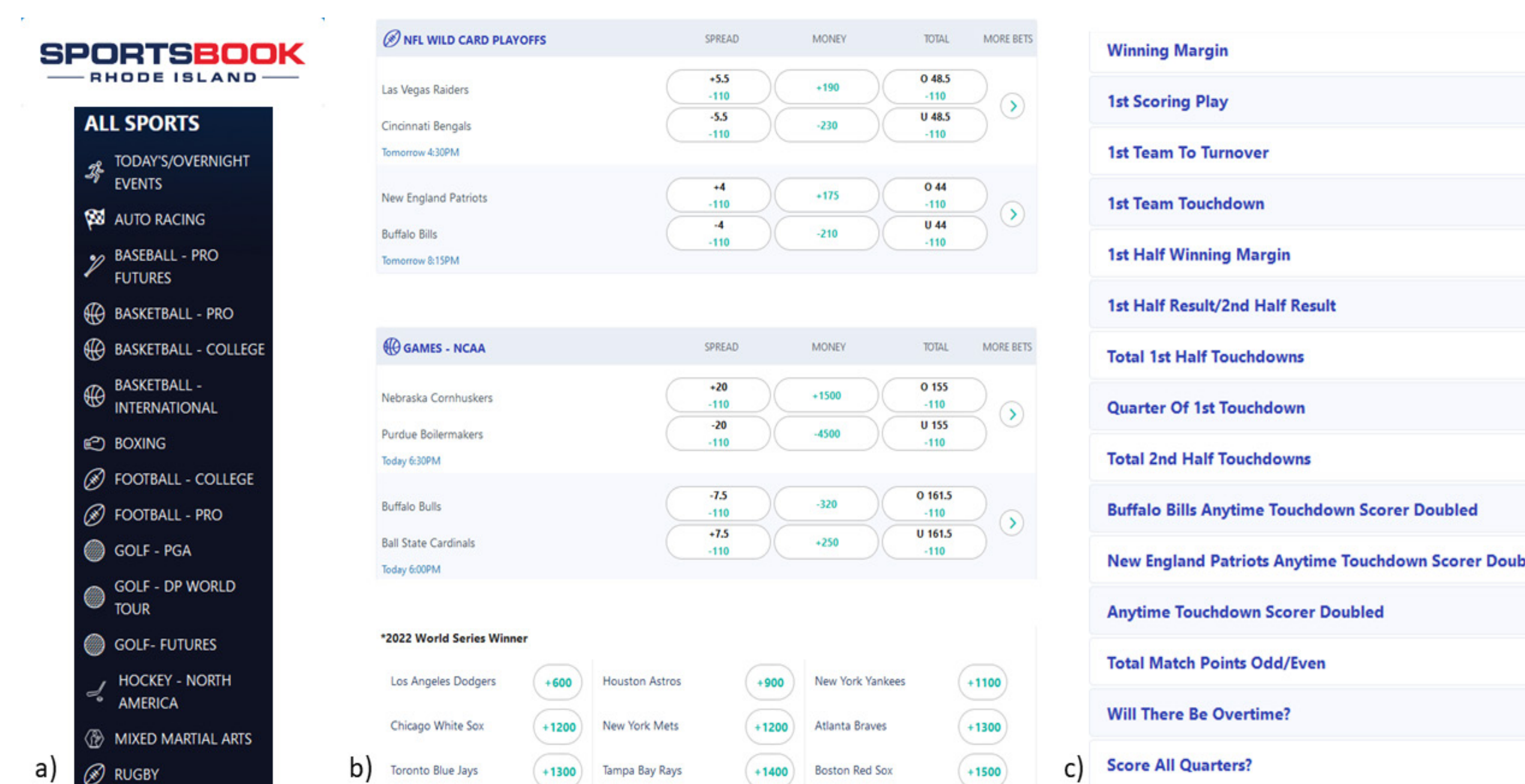


Figure 1. Sport betting available in Rhode Island. a) Different sports a bettor can bet on; b) Types of bets available for the NFL, NCAA basketball, and MLB games; c) Prop/novelty bet

## DESCRIPTION OF SCHOLARLY INQUIRY

Since 2018, many states have legalized sports betting, including Rhode Island (Figure 1). Additionally, numerous private partnerships have been established with the intent of raising the profile of sports betting. The National Football League (NFL) announced an exclusive partnership with Caesars Entertainment, DraftKings, and FanDuel; the PGA Tour will operate its own sportsbook in partnership with DraftKings; 21 regional sports networks have been re-branded with the Bally Casino name; and ESPN launched a daily sports betting show in 2019.

The effect of both widespread legalization and promotion is unknown because gambling behaviors are not tracked by regular health and disease surveillance systems. To close this knowledge gap, the current study sought to determine the prevalence of sports betting in young adults, identify sociodemographic correlates of sports betting, and determine if sports bettors are more likely to suffer from problem gambling.

Study data were obtained from the 2020 Rhode Island Young Adult Survey (RIYAS). RIYAS participants (n = 540) were 18 to 25 years old and lived in Rhode Island for at least part of 2020 (Table 1). Data collection occurred via an online survey from May to October 2020. Participants were recruited through Instagram, Facebook pages, and direct emails.

## OUTCOME

The prevalence of sports betting and problem gambling was 12.4% and 11.5%, respectively. The odds of participating in sports betting were higher in men (OR[95% CI] = 3.87 [2.24,6.68]) and essential workers (OR[95% CI] = 2.00 [1.12,3.57]) (Table 2). Those who participated in sports betting were 2.4 times more likely to be problem gamblers (95% CI = 1.16, 4.83).

## SIGNIFICANCE OF OUTCOME

The prevalence of sports betting is not rare, and for context, the rate reported here among U.S. young adults is greater than the young adult cigarette smoking rate. Consequently, substantial prevention efforts are needed to ensure that problem gambling does not increase as sports betting availability increases. Unfortunately, the existing gambling prevention research base focuses largely on individual harm reduction interventions with little research on supply side limitations, and half of all interventions may not be effective at reducing gambling-related harm.

However, under the precautionary principle, states should consider several policy and prevention efforts that have been effective at reducing other addictive behaviors, such as alcohol and cigarette use. These may include: increasing the minimum legal gambling age to 21 years old; implementing or increasing user fees or taxes based on the size of the wager; warning messages for in-person, online, or app-based betting; limits on where a person could place a bet; and limiting the number of gambling licenses available to proprietors. However, additional data is needed to support such changes, and the incorporation of gambling-related questions into national health and disease surveillance systems is of vital importance.

Table 1. Descriptive statistics of sociodemographic variables in the 2020 RIYAS

Variable	Count (%)
Race/Ethnicity	
Caucasian/White	324 (60.0)
BIPOC	216 (40.0)
Gender	
Female	381 (70.6)
Male	138 (25.6)
Transgender/Non-binary	21 (3.9)
Sexual Orientation	
Heterosexual	399 (73.9)
LGB+	141 (26.1)
Age (mean, sd)	20.6 (2.2)
Education	
Not enrolled in school	159 (29.4)
Enrolled in school	381 (70.6)
Employment	
Not employed	218 (40.4)
Part-time	222 (41.1)
Full-time	100 (18.5)
Essential Worker	
No	345 (63.9)
Yes	195 (36.1)
MSSSS (mean, sd)	6.3 (1.7)

Table 2. Adjusted logistic regression analysis to determine risk factors for gambling activities

Variable	OR	95% CI
Race		
BIPOC	1.23	0.71,2.12
Caucasian/White	.	.
Gender		
Male	3.87	2.24,6.68
Transgender/Non-Binary	0.76	0.09,6.29
Female	.	.
Sexual Orientation		
LGB+	0.51	0.24,1.07
Heterosexual	.	.
Age	1.06	0.92,1.22
Education		
Enrolled	0.55	0.28,1.07
Not enrolled	.	.
Employment		
Full-time	0.58	0.25,1.36
Part-time	0.91	0.49,1.72
Not employed	.	.
Essential Worker		
Yes	2.00	1.12,3.57
No	.	.
MSSSS	1.08	0.93,1.27