Youth Gambling in Georgia

Research has shown that between 5-8% of Americans under eighteen have a serious gambling problem compared to 1-3% of adults and it is estimated that 10-14% of youth are at-risk for problem gambling\textsuperscript{1,2,3}. In Georgia alone, this amounts to approximately 250,000 youth being at-risk for developing problem gambling behaviors\textsuperscript{4}. Recently, questions about gambling behaviors were added to the Georgia Student Health Survey (adapted from the Youth Risk Behavior Survey) to determine prevalence rates for Georgia youth\textsuperscript{5}. Because youth gambling problems are associated with mental health disorders, crime, and substance abuse\textsuperscript{6}, establishing regional prevalence rates can help allocate resources appropriately to the prevention and treatment of problem gambling among youth. The following findings were taken from the Georgia Student Health Survey data.

Gambling frequencies in Georgia
For 2005, more than 247,000 (57%) of 9\textsuperscript{th} - 12\textsuperscript{th} graders gambled, and more than 69,000 (16%) gambled frequently\textsuperscript{5}. Current national research estimates that 60-90% of children and adolescents report engaging in some form of gambling activity\textsuperscript{7}.

Gender differences in youth gambling\textsuperscript{5}
- Males were 1.9 times more likely than females to gamble in the past year and 3.1 times more likely to gamble frequently.
- Males prefer cards, games of skill, and sports while females prefer the lottery, regardless of gambling frequency.
- Female gambling rates increased significantly from 33% in 2003 to 42% in 2005. Other overall rates of gambling behaviors, however, did not increase significantly.
- Both male and female frequent gamblers were more likely to bet high dollar amounts, compared with their non-frequent gambling counterparts; however, this effect was stronger in females.

Racial/Ethnic and grade differences in youth gambling\textsuperscript{5}
- Blacks were 1.4 times more likely to be frequent gamblers than Whites.
- 12\textsuperscript{th} grade gambling increased significantly from 2003 (50%) to 2005 (64%).

Gambling and fighting/aggression
- Carrying a weapon to school significantly predicted higher gambling frequencies\textsuperscript{1}
- Being threatened at school significantly predicted higher gambling frequencies
- Being in a fight in the last 12 months significantly predicted higher gambling frequencies
- Being the victim of IPV significantly predicts higher gambling frequencies

Gambling and Depression
- Feeling sad or hopeless significantly predicted higher gambling frequencies
- Suicide attempts in last 12 months significantly predicted higher gambling frequencies
- Both of these effects were stronger for females

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1 Frequencies of gambling included a summed score of how often youth bet on cards, bet on games, played the lottery, bet on sports, and gambled more than $50 in a single day.
Gambling and unhealthy dieting
- Fasting to lose weight was associated with higher gambling frequencies
- Taking pills to lose weight was associated with higher gambling frequencies
- Vomiting to lose weight was associated with higher gambling frequencies
- Exercising to lose weight was not associated with gambling frequency

Gambling and substance use
- Frequency of the following substances used in the last 12 months significantly predicted higher gambling frequencies for these youth:
  - smoking, alcohol, marijuana, cocaine, methamphetamine, ecstasy

LIE-BET TOOL TO RULE OUT PATHOLOGICAL GAMBLING
This 2-item questionnaire has been found to be reliable and valid at discriminating between pathological and non-problem gamblers. A response of “Yes” to either question indicates further assessment of disordered gambling is warranted.

Lie-bet screening questionnaire:
1) Have you ever felt the need to bet more and more money?
2) Have you ever had to lie to people important to you about how much you gambled?

5 Clarkson, L. S. (April 2007). Epidemiology of youth gambling in Georgia. Georgia Department of Human Resources, Division of Public Health. Publication number DPH07/085HW.

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