

Executive Summary

This report presents the results of the first statewide survey in Florida to evaluate adolescent gambling participation and the prevalence of problem and pathological gambling in the State. The main purpose of this study is to examine the prevalence of gambling-related problems among adolescents 13 to 17 years of age, within the State of Florida. A secondary purpose is to identify the types of gambling causing the greatest difficulties for adolescents in the State and distinguishing characteristics among subpopulations within the State, such as by gender, ethnicity/race, and religion. Additional objectives include comparing Florida's findings with national and state data and identifying other areas of interest related to problem gambling.

A large sample (1,051) of Florida adolescents, interviewed with parental/legal guardian consent between December 11 to December 17, 2001, were asked about participation in various gambling activities, financial indebtedness, problems related to gambling, alcohol and drug use, mental health and demographic information.

The findings of this study are intended to serve as a guide in the development of prevention, education, outreach, research, training and treatment related activities and to stand as a baseline over time in which the State can examine the ongoing relationship and associated impacts of gambling among adolescents in Florida.

Key Findings

- Although gambling is illegal in Florida for persons under the age of 18, in 2001, lifetime participation in gambling was almost 70% among Florida residents, ages 13 to 17. More than 40% of adolescents report gambling in the past year, 11.5% of adolescents are weekly gamblers, 13.2% are infrequent gamblers and slightly more than 30% report having never gambled. Despite restrictions, 18.5% of adolescents report purchasing lottery tickets in their lifetime and 12.5% within the last year.
- During the past year in Florida, nearly 20% of adolescents gambled on games of skill such as pool, bowling, basketball and golf. Other popular forms of adolescent gambling in Florida in the past year (reported by more than 5% of the respondents) are raffles/charitable games, cards/dice/dominoes, arcade games, lottery, sports, flipping coins, trading or sports cards, slot/poker machines and bingo.
- Males are more likely to have gambled in the past year (51.3% vs. 34.5%) and to be weekly gamblers (17.4% vs. 5.2%), whereas adolescent females are more likely to have never gambled (46.1% vs. 18.8%).
- There were more weekly gamblers, ages 15 and 17 years olds (15.8% and 15.4% respectively), vs. 11.5% on average for all ages. Furthermore, 13 year olds are more likely to be infrequent gamblers.

- Although the mean age for gambling initiation was 12.5 years across all age categories, when comparing younger gamblers with the age in which they started gambling, variations were noted. Adolescents age 13 reported first gambling on average before 10 years of age, whereas those ages 16 or 17 years started at almost 13 and 13.5 years of age respectively. Many adolescents start gambling with friends and continue betting with friends and acquaintances.
- The grouping that included Native Americans, Asians and Other adolescents are almost twice as likely as Caucasians, African Americans and Hispanics to gamble weekly. On the other hand, Caucasians are most likely to have gambled in the last year, while Hispanics are least likely to have gambled in the past year and most likely to be infrequent gamblers.
- When evaluating Florida adolescents who are currently either pathological, problem, at risk or low risk gamblers (as measured by the DSM-IV criteria), the following results were observed:
 - 3.8% or 37,355 Florida adolescents are problem or pathological gamblers
 - 5.9% or 28,303 of Florida adolescent males are problem or pathological gamblers vs. 1.6% or 8,053 of females
 - 8.2% or 80,608 Florida adolescents are at-risk gamblers
 - Florida 17 year olds also are most likely to be pathological gamblers
 - In terms of race and ethnicity, Hispanic adolescents are the most likely to have never gambled; at the same time, however they, as well as the condensed category of Native Americans/Asians/Others are more likely to be problem gamblers. Further, Native Americans/Asians/Others adolescents are more likely to be problem gamblers and African Americans are the population most likely to be pathological gamblers.
 - Age when first started gambling, how many adults the adolescent lives with, and income plus allowance in an average week were not found to be statistically linked to problem gambling behavior.
- The most common reasons for gambling given by all adolescents who gamble are to socialize, for entertainment or fun, to win money and for excitement. Reasons for gambling provided by adolescents who meet the DSM-IV criteria for pathological gambling are to feel high, peer pressure, as a hobby and as a distraction from everyday problems. Low risk gamblers identified the main reasons as to support worthy causes, out of curiosity, for entertainment or fun, for excitement and to be around other people.
- Reasons for gambling, which are predictive of gambling behavior in adolescents, include: to win money, for a sense of power or control, to feel good and for entertainment or fun.
- Religion has a relationship to scores on the DSM-IV. Problem (4.6%) and pathological gamblers (2.9%) are most likely to state that they are Catholic. At-risk gamblers are most likely to be Jewish (21.9%) and least likely to be Catholic or “Something else.” Adolescent non-gamblers are most likely to say they are “Something else” when asked about religion.

- Illicit behavior among adolescents such as alcohol, marijuana, tranquilizer, crack or cocaine and other stimulant use, as well as tobacco usage, have strong association among adolescents scoring as past year problem gamblers. Of note, adolescent problem gamblers have much higher rates of alcohol, drug and tobacco usage than reported by teens in any other gambler classification. For example, on days adolescents drink, adolescent problem gamblers report drinking more alcoholic beverages (about 7) than low risk gamblers (approximately 3) and have over five times as many days of tobacco and marijuana use as their low-risk peers.
- Adolescent at-risk, problem and pathological gamblers are more likely to describe family worrying or complaining about gambling, as well as gambling creating problems between them and their family or friends. These gamblers also described getting into trouble at school or work due to gambling.
- Adolescent males and females have important mental health differences. Males are more likely to have been personally treated for an alcohol or drug problem (4.5% vs. 0.7%). However, females are more likely to be often or sometimes anxious, worried or upset in the past month; have fair or poor health in the past year; and have had two weeks or more of depression or loss of interests. Females are also more likely to report alcohol or substance abuse in the family (12.8% vs. 8.1%) than their male counterparts.
- Higher percentages of problem adolescent gamblers report they have a parent who has/had a gambling problem than at-risk gamblers.
- At-risk/problem adolescent gamblers are more likely to have sold personal or family property, stolen other things, bought or sold stolen property or borrowed money from friends/acquaintances without their knowing in order to obtain money to gamble or to pay off gambling debts.
- Problem and at-risk adolescent gamblers are most likely to be nervous about the amount of money they gamble.
- As compared to adults, adolescents are significantly more likely to gamble on cards, dice or dominoes not at a casino; arcade and video games; games of skill such as pool, bowling, basketball and golf; trading or sports cards; and other table games. Flipping coins is a frequent gambling activity for adolescents, but was not asked of adults. Adults are significantly more likely to have gambled on many activities, such as the lottery, raffles and charitable games, at land-based casinos, pari-mutuels, day cruise/floating casinos, bingo, slot machines-not at a casino, Jai-Alai, pull-tabs and Keno.
- Although lower than adults, a sizeable minority of adolescents reports buying lottery tickets (18.5%). When gambling on lottery games, adolescents are more likely than adults to purchase scratch-offs. Adults are more likely to purchase lotto tickets, Cash 3, Play 4 and Fantasy 5. There was no significant difference between adults and adolescents in playing Mega Money.
- The top three forms of gambling in which problem/pathological adolescent gamblers participate in significantly more than low risk/at risk gamblers are games of skill; sporting events; and cards, dice, or dominoes not at a casino.

- Comparing problem gambling behavior between adolescents (ages 13-17) and adults (18 years and older) in Florida indicate that underage persons are more likely to be at-risk gamblers (8.2% vs. 4.0%), problem gamblers (2.7% vs. 0.5%) and probable pathological gamblers (1.1% vs. 0.3%) than adults. Comparisons for current adolescent gambling behavior for Florida and other states shows that Florida has a relatively large non-gambling adolescent population (about 32%), similar to Georgia and Nevada, more than Oregon and Washington and about twice that of New York and Texas. Florida, Georgia and Nevada also have the lowest proportion of gamblers in the past year as compared to the other states. However, the percentage of adolescents in Florida who gamble weekly is higher than Nevada and Washington, close to the percentages for Georgia, Oregon and Texas, and lower than New York.
- Utilizing the scores from the SOGS-RA, the overall prevalence of problem adolescent gambling in Florida is 1.3% (approximately 2% of adolescents who gamble). Other directly comparable state prevalence studies have reported adolescent problem gambling to be 1.4% for Oregon and 2.2% for Nevada.
- On the DSM-IV scale, Florida has a larger percentage of adolescent problem and pathological gamblers (3.8%) than reported in the national study (between 1.5% and 3%).

Recommendations

With the expansion of gambling opportunities and in light of the recent research on the epidemiology and neurobiology of problem and pathological gambling, it is essential that current services continue and expand. Equally important is that research remain ongoing, to examine multi-factorial causes, while preventive measures, early intervention and safe and effective treatments are developed and implemented.

In addition to securing ongoing and dedicated state funding for FCCG programs and services, provisions for culturally diversified, age and gender specific gambling treatment must be instituted across the state with government support and certified professionals. Prevention efforts, especially among the at-risk, young and underserved populations, must be cultural and gender specific. Young males should be educated regarding the notion they will win money by gambling, peer pressure not to gamble should be increased and early intervention for substance abusers undertaken. Young females should be informed about alternatives and strategies to escaping loneliness, and peer pressure not to gamble should be heightened. Education efforts to raise awareness must be encouraged and prevention curriculum, such as that developed by the Florida Council on Compulsive Gambling for middle and high school students, should be considered. These presentations should be formatted in a manner that fosters interest and understanding within diverse environments and among heterogeneous populations, where adolescent problem gamblers frequent.

There are also active roles that policy makers, researchers, treatment providers, educators, gambling operators and others can play in an effort to prevent adolescent gambling and curtail the incidence of problem and pathological gambling, especially among the existing at-risk population in the State. Additionally, screening tools should be utilized by school guidance counselors, medical, mental health and addiction professionals, as well as by law enforcement authorities to ensure persons are being assessed for gambling-related difficulties. It is also imperative that public, private and managed care providers assure

appropriate, consistent and comprehensive insurance coverage for problem and pathological diagnoses, including coverage for gamblers and adversely affected persons.