

Gambling: A Ubiquitous Behavior Among Rhode Island's Young Adults

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ABSTRACT

OBJECTIVES: Gambling is a prevalent behavior associated with numerous consequences. The purpose of the current study was to assess the prevalence of gambling and problem gambling in Rhode Island young adults and to identify sociodemographic correlates of gambling.

METHODS: Data from n=546 participants of the Rhode Island Young Adult Survey were used. Twelve types of gambling behaviors, and problem gambling, were assessed. Sociodemographic variables included age, race/ethnicity, gender, sexual orientation, social status, education, employment, and essential worker status.

RESULTS: The prevalence of any gambling was 62.3%, and odds of any gambling was 57% higher (95%CI = 1.08,2.27) among essential workers. The prevalence of problem gambling was 11.4%, and the odds were 3.6 times higher (95%CI = 1.32, 9.86) among persons who are transgender.

CONCLUSIONS: The prevalence of gambling and problem gambling are high among Rhode Island's young adults. Implementing programmatic and regulatory measures to prevent and treat problem gambling are vital.

KEYWORDS: gambling, problem gambling, sports, young adults, Rhode Island

INTRODUCTION

Gambling disorder entails continuous problem gambling behavior that leads to significant distress or impairment, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), although problem gambling itself is not defined.¹ Prior to this definition, in the DSM-IV, gambling disorder was categorized as an "Impulse-Control Disorders Not Classified Elsewhere,"² while it is now considered a "Substance-Related and Addictive Disorder," which places it in the same category as other substance use disorders, such as those concerning alcohol and opioids.³ The move recognizes that gambling disorder and substance use disorders have similar etiologies, symptoms, and treatment procedures. The 11th revision of the International Classification of Diseases (ICD-11) combines gambling disorder with

gaming disorder into the newly created category of "disorders due to addictive behaviors," which, similar to the DSM, recognizes that there are phenomenological and neurobiological similarities between gambling and substance use.⁴

Epidemiological data suggests that approximately four in five adults have gambled at least once in their lifetime.⁵ Furthermore, 27.1% have gambled more than 100 times in their lifetime and 10.1% gambled more than 1,000 times. Using data from the National Comorbidity Survey, participants who were problem gamblers disclosed having first gambled, on average, at the age of 16.7, while non-problem gamblers began gambling at approximately 24 years old.⁵ Those who were problem gamblers reported having gambling problems beginning in their mid-20s and symptoms continued for an average of 9.4 years. As accessibility to legalized gambling increases, a concurrent increase in prevalence of the development of gambling problems is expected,⁶ and current literature recognized by the World Health Organization (WHO) has noted that greater availability of gambling will likely cause a subsequent increase in the prevalence of gambling disorder.⁷

Short-term consequences of problem gambling may include grave financial loss, emotional distress, and/or strained relationships.⁸ Long-term, problem gambling may lead to sleep deprivation, cardiovascular issues, obesity, developing a substance use disorder, and the development of gambling disorder. Increased rates of suicide ideation and suicide attempts have also been associated with gambling behaviors, and almost 80% of problem gamblers have called a helpline reporting that they felt hopeless and suicidal at the time.⁹ Gambling also has substantial effects on the economy, prevalence of crime, and homelessness.⁹ Job-loss rates are notably higher in problem gamblers, and according to a survey of Gambler's Anonymous participants, approximately 57% of respondents reported stealing in order to finance their gambling urges. Previous research also identified gambling as a key determinant of homelessness.¹⁰

In Rhode Island, the minimum legal age to gamble is 18 years.¹¹ Types of legal gambling in the state include dog racing, horse racing, casino gaming, charitable gaming, and online sports wagering.¹² Since dog and horse racing are currently not running, casino gaming and online sports wagering is most popular. Casino gaming includes any casino style or table games played with the use of dice, cards, or other equipment for money. This includes, but is not limited to

games such as blackjack, roulette, poker, craps, big six, or any other banking game.¹³ Rhode Island currently has two full-service casinos that offer these gambling opportunities.¹⁴

The aim of the current study was to examine the prevalence of gambling and problem gambling among Rhode Island's young adults. Previous research has typically used samples of all adults, which may hide specific risky behaviors that primarily occur in young adults. Additionally, the study sought to identify sociodemographic risk factors for participating in gambling and the presence of problem gambling symptoms. Given the significant costs due to problem gambling, a greater understanding of who is more affected by problem gambling can aid in creating targeted approaches to address the issue.

METHODS

Data

Data were obtained from the 2020 Rhode Island Young Adult Survey (RIYAS), which surveyed 18–25 year olds who were living in Rhode Island for part of 2020. Full details of RIYAS sampling, data collection methodology, and sociodemographic characteristics of the sample have been previously published.¹⁵

Measures

Twelve types of gambling were assessed (i.e., lottery tickets, scratch tickets, raffle tickets, betting on horse or dog races, sports betting, casino gaming tables, casino poker machines, pub or hotel poker machines, betting with family or friends, betting on games of skill [e.g., pool, darts], betting on video games, internet gambling) using previously validated items.¹⁶ Participants originally indicated if they participated in each gambling activity *never, less than 6 times in the past 12 months, or more than 6 times in the last 12 months*. Due to highly skewed distributions, each item was dichotomized into past year or no past year gambling.

Problem gambling was assessed using three items with a sensitivity and specificity to detect gambling problems of 96% and 99%, respectively: *have you become restless, irritable or anxious when trying to stop/cut down on gambling?*; *have you tried to keep your family or friends from knowing how much you gambled?*; and *did you have such financial trouble that you had to get help with living expenses from family, friends, or welfare?*¹⁷ Possible responses to each item were *yes* and *no*. As suggested, responses were dichotomized across items where any *yes* response indicated current problem gambling and all *no* responses were required to indicate the absence of problem gambling.

Several sociodemographic covariates were measured, including age, race/ethnicity (White non-Hispanic, Black Indigenous People of Color [BIPOC]), gender (male, female, transgender), sexual orientation (heterosexual, LGB+), relative social status, education (enrolled, non-enrolled), employment (full-time, part-time, unemployed), and essential worker status (yes, no). Relative social status was measured using the MacArthur Scale of Subjective Social Status (MSSS), which requires participants to identify their social status relative to others in the community using a scale from 1 (worst off) to 10 (best off).¹⁸ Essential worker status was self-reported and based on whether the participant's employer considered them an essential worker during the COVID-19 pandemic.

Statistical Analysis

The frequency and percent of each specific gambling behavior, any gambling behavior, multiple gambling behaviors, and any problem gambling in the sample were reported. Any problem gambling among only current gamblers was also reported. Two sets of univariate logistic regression models were specified to identify potential disparities in gambling behavior and problem gambling based on the measured covariates. In the models, White non-Hispanic, female, heterosexual, not enrolled in school, full-time employment, and not designated an essential worker were the reference categories. Statistical analysis was conducted using SPSS for Windows Version 26.0 (Armonk, NY: IBM Corp.), and statistical significance was determined using 95% confidence intervals ($\alpha = 0.05$).

RESULTS

Among the $n = 546$ RIYAS participants, 62.3% participated in any form of gambling in the past year, with buying scratch tickets (36.1%), buying raffle tickets (35.3%), and betting with family and friends (24.5%) the most common modes of gambling (Figure 1). Further, more than 10% of the sample gambled in casinos, participated in sports betting,

Figure 1. Frequency of gambling behaviors

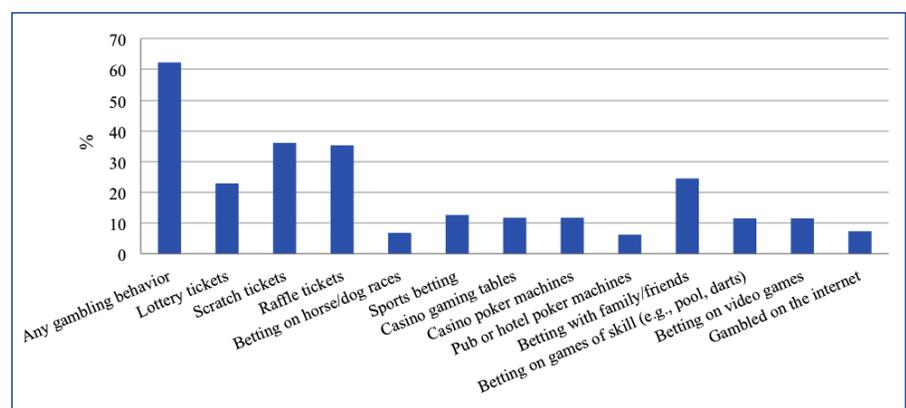
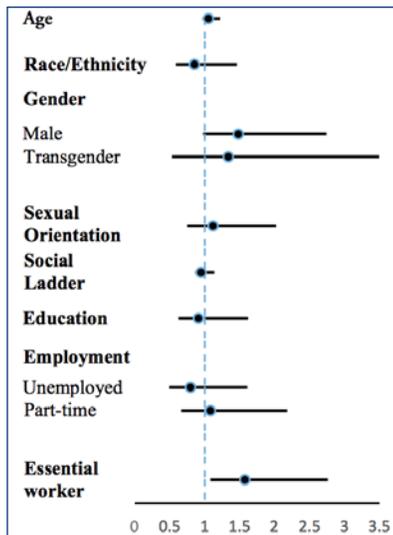


Figure 2. Sociodemographic risk factors of any gambling behaviors.



Odds ratio and 95% confidence intervals calculated using univariate logistic regression models. Categorical groups were: Race = BIPOC v. White non-Hispanic (ref), Gender = male and transgender v. female (ref), Sexual Orientation = LGB+ v. heterosexual (ref), Education = enrolled in school v. not enrolled in school (ref), Employment = unemployed and part-time v. full time (ref), Essential worker = yes v. no (ref).

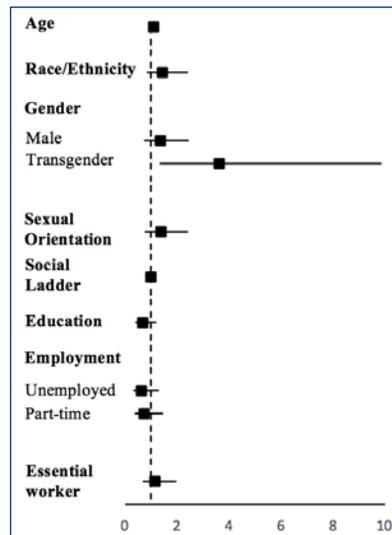
and bet on games of skill. 43.2% of participants participated in 2 or more gambling behaviors with 3.1% participating in all 12 behaviors assessed. There were few predictors of any gambling as no demographic variables were statistically significant predictors (Figure 2). The odds of gambling among essential workers were 57% higher (95% CI = 1.08, 2.27), although other economic predictors were non-significant.

Among all participants, the prevalence of problem gambling was 11.4%, and 3.5% participants had symptoms of problem gambling but did not gamble in the past year. Among current gamblers ($n = 340$), the prevalence was 12.6%. Similar to any gambling, there were few demographic or economic predictors of problem gambling (Figure 3), and only persons who were transgender had significantly higher odds of gambling problem symptoms (OR[95% CI] = 3.61 [1.32, 9.86]).

DISCUSSION

Gambling is a common and ubiquitous activity among Rhode Island young adults, and participants engaged in a variety of different gambling behaviors, which ranged from buying scratch tickets to casino gambling to sports betting. Of particular concern, a near majority of participants engaged in two or more forms of gambling, and some participants participated in all measured gambling behaviors. Problem gambling was also prevalent in nearly all identified sociodemographic groups. Essential workers gambled at a higher rate than non-essential workers, which may have occurred as a form of self-medication due to the substantial job strain of working during the COVID-19 pandemic,

Figure 3. Sociodemographic risk factors of problem gambling symptoms.



often in public-facing roles. Also, persons who were transgender had a higher odds of problem gambling, which is similar to other reports that problem gambling rates are higher among persons who are transgender despite similar levels of gambling behavior.¹⁹ With multiple reports of consistent findings, the impact of gambling on the transgender community requires further research through a health equity lens.

Findings in Context

The prevalence of gambling in Rhode Island's young adults was comparable to those reported earlier for this population. For example, results from a national survey suggest that 68% of 14 to 21 year olds gambled in the past year.²⁰ Because the current data were collected during the early stages of the COVID-19 pandemic, it is likely that more recent gambling behaviors were suppressed and that prevalence rates decreased due to the pandemic.²¹ Interestingly, the pandemic was also unlikely to cause a significant shift towards online gambling, as no pandemic attributable increases were noted by a recent scoping review.²¹ Further, the problem gambling rate reported here was over five times greater than that reported from previous national surveys (11.4% v. 2.1%), and others have noted that problem gambling has been frequently associated with gambling during the pandemic.^{20,21} Moreover, sports betting, but not other gambling behaviors, was associated with higher odds of problem gambling symptoms in young adults during the early stages of the pandemic.²² Increased problem gambling may be due to the mental strain caused by the COVID-19 pandemic and the severe negative impact on financial and psychological well-being caused by long-term social isolation.²³

Responding to the Problem

Given the unusually high rate of problem gambling in this age group, in response, Rhode Island could greatly benefit from enhanced and integrated programs designed to identify and assist those with problem gambling. The programs should largely target the entire young adult population, and this population may equally benefit from provider-based programs, community-based programs, and interventions designed to raise gambling awareness, although targeted programs for essential workers and persons who are transgender should be considered. Cognitive behavioral therapy has been considered the most effective treatment for problem gambling, although pharmacological treatments may also be effective in some cases.²⁴ Early prevention effects are also needed to minimize gambling uptake, protect against the consequences of gambling, and raise awareness on any gambling misconceptions.²⁵

Policy Implications

The high prevalence of gambling and gambling problems in Rhode Island's young adults may be, at least partially, due to the state's lax gambling regulations (ex. 18 years minimum gambling age, allowing online sports betting),^{11,12} and there are several remedial regulatory steps available. Raising the legal minimum gambling age to 21 can serve as an effective harm-reduction action step that can decrease the frequency of problem gambling in adolescent and young adult populations.^{26,27} Higher taxes or fees should also be considered for wagers placed on sports or racing events. Higher taxation on unhealthy behaviors has been consistently associated with a decrease in that behavior due to the greater monetary expense involved.²⁸ Marketing of gambling activities should be highly restricted. Gambling marketing can increase gambling frequency as well as make it more strenuous for those who are already problem gamblers to attempt to gamble less.²⁹ Finally, decreasing the availability of gambling, particularly through online or digital platforms, may reduce problem gambling in young adults.

More information on gambling and problem gambling in Rhode Island is needed though, and state officials should consider adding relevant questions to the state components of well-established disease surveillance studies, such as the Youth Risk Behavior Surveillance System (YRBS), the Behavioral Risk Factor Surveillance System (BRFSS), and the Rhode Island Student Survey (RISS). More data will allow better tracking of trends in gambling and problem gambling over time and permit appropriate regulatory changes to be implemented.

Limitations

There are several limitations to acknowledge. Data were collected during the COVID-19 pandemic when many gambling locations and sporting events were closed, which suggests an underestimation of the true prevalence of gambling. Also, due to limited data, prevalence estimates herein cannot be compared to a pre-COVID-19 baseline. Data were collected via self-report, which may be subject to recall and social desirability bias, and at a single time point, which limits the ability to identify causal pathways. The self-report screen of problem gambling cannot be assumed synonymous with a diagnosis. The RIYAS may also not be representative of all young adults in Rhode Island since a convenience sample was used. Further, the sample was predominately female, which may also lead to underestimated prevalence rates, and had a higher than expected sexual minority population.

CONCLUSION

The prevalence of gambling and problem gambling are consistently high across sociodemographic groups among Rhode Island's young adults. Although the prevalence of gambling behaviors was comparable to previous studies, the

prevalence of problem gambling was unusually high. Provider and community-based programs that prevent and treat problem gambling in young adults are needed. Gambling and problem gambling measures should be incorporated into existing disease surveillance systems, and regulatory changes should be considered.

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