Psychosocial and Environmental Risk Factors of Pathological and Problematic Gambling in Childhood and Adolescence

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There is no depth study about gambling in Albania and attention to gambling and its effects have been sporadic and focused only on opinions of any researcher about this new business, which has become more flourishing. This article argues that to study gambling, psychosocial effects caused by it to individual gamblers and their families, and to measure the costs and benefits of society is necessary to stop from their origin. The paper aims to throw light on the effects of the group to pre-teens and teens, and also to throw light on the connection between age, group, and gambling. This is achieved by having children and teenagers under review in some of the facilities that are frequented by them. This article brings attention to a combination of qualitative and quantitative studies, by generating statistics and comparing its findings with other studies conducted in different countries. This paper evaluates the etiological research on pathological and problem gambling. Risk factors for pathological and problem gambling include psychosocial, environmental, genetic, and biological ones. This paper deals with the similar and different relations between associations and casual relationships among many potential risk factors. Determining psychosocial and environmental risk factors for pathological and problem gambling is guided by the following question: The risk for pathological and problem gambling is associated with socio-demographic factors. By addressing all these, the article provides findings for those who want to intensify in studies.

Keywords: gambling, origin, age, psychosocial effects, cohort, risk factors

Introduction

The topic of the main study is “Psychosocial effects of gambling in Albania and the need for services”. The study is focused on three areas of Albania: Tirane, Durres, and Mirdite. The main issues the study addresses are:

- (1) Kind of games and type of players;
- (2) Age at which gambling starts and cohort effects;
- (3) Causes and consequences to individuals, families, economy, and society;
- (4) Gambling and mechanisms of social domination in front of contradictions of the consumption society;
- (5) Laws and state interest to gambling.

Methods used are: questionnaires; interviews; official information; case studies; and study of literature.

Types of gambling widespread in Albania are: lottery (betting), bingo, cards and dice, poker and slot machine, casino-roulette, dog racing, and Russian roulette for these four years (2008–2011). Men are more attracted than women in all kinds of gambling. Bingo is the only type of gambling that attracts more women

than men. Gambling frequented by all strata of society, from the poor, who dream to become millionaire in a few hours, up to the rich, who dump their accounts in an hour. People who play most are between 18 and 29 years old. Types of gamblers are: (1) social gambler—spend money and time but the game does not interfere into the aspects of their life; (2) problem gambler—spend more time and money and the game interferes into any aspect of their life; and (3) pathological gambler—their thoughts are only about the game.

According to official information, there are 1,500 centers of sports betting in Albania¹, while the number of companies decreased from 15 to 8. This happens not because of reduced demand, but to reduce the tax that business has to pay. There are 190 electronic casinos, nine national bingo companies and two television bingos in whole Albania. If we refer to the unofficial sources, we can find out that the gambling game number is double.

According to official information, this industry has had the profit peak between 1999 and 2000², when the owners of these companies were foreign people. Meanwhile, today, this business is mainly in the hands of Albanian people.

The growth of legal gambling in Albania in recent years has been fueled largely by increasing public acceptance of gambling as a form of recreation, and by the promise of substantial economic benefits for the communities in which the gambling occurs. There is no study about gambling in Albania and attention to gambling and its effects has been sporadic and focused only on casino gambling and gambling in general, given by any researcher who has expressed more his opinion than that that has given the results of any study.

Also, there is no study and no opinion of any researcher on gambling between adolescents and children.

Referring to the literature study, it can be found that etiology is the study of causal pathways. Etiological research is complex, and a number of aspects are essential to consider in undertaking it. They include the accuracy of diagnostic labels, the associations and causal relationships among potential risk factors, the uniqueness of risk factors, and age and cohort effects.

Psychosocial and Environmental Risk Factors

Determining psychosocial and environmental risk factors for pathological and problem gambling is guided by the following questions: Is the risk for pathological or problem gambling associated with socio-demographic factors, such as age, gender, family effects, or is it associated with the availability of gambling to gambler?

Gambling effects on individuals were found to be similar to those caused by alcohol and drugs, but what are the factors that influence adolescents to gamble? To answer to this question, maybe we have to take in consideration some of elements of adolescents' daily life, such as: (1) age; (2) gender differences; (3) ethnicity and socioeconomic status; (4) family and peer influence; (5) cohort effects; and (6) association with other behaviors.

Gambling causes, in children and adolescents, strong disturbances of mood, mental and personality disorder, disruption of family and social relationships, disorder of motivation and preoccupation, non-attendance in school or work, involvement in light, heavy crime, and also suicide.

Age

Throughout much of the world, many people begin gambling as children. The literature has also weakly

¹ The number of total population in Albania is 3,000,000 people.

² According to the surveillance unit.

supported a young age of onset of pathological and problem gambling following initiation to gambling (Kallick, Suits, Dielman, & Hybels, 1979; Lesieur & Klein, 1987). For example, in a small study of British adolescents at ages 13 and 14, the main age of initiation of gambling for social recreation or entertainment was found to be 8.3 years old for boys and 8.9 years old for girls (Ide-Smith & Lea, 1988). Other studies found that pathological gamblers started gambling, on average, at age 10.9 and non-pathological gamblers at age 11.5 (Gupta, 1998a; 1998b). In a retrospective study, it was found that adult pathological gambler remembered their gambling addiction to have started when they were between ages 10 and 19.

Studies of teens indicate that young age of onset of gambling is more than an artifact of bias reporting. According to an independent study of high school students and students of universities in Albania³ (1,000 students in total) conducted, 39% of teenage respondents reported gambling before age 11; 51% began gambling between ages 11 and 15; and 10% began after age 15; 32% reported having gambled at area casinos and 68% in other areas; and 53% reported gambling at least once a week. Between 23% and 40% of the teenagers in this study reportedly wanted to stop gambling but could not. Also, it can be concluded that a considerable number of teenagers at ages 14 to 19 report serious gambling problem.

Youths were four times more likely to be at risk or to be problem gamblers than adults (Wynne, Smith, & Volberg, 1994; Wynne *Resources: Adult Gambling and Problem Gambling in Alberta*, 1998). This increase in youth gambling may be due to the growth of the gambling industry and lotteries in particular, and the increased social acceptance and promotion of gambling. In different casinos, it can be found: "No entry for persons under 18 years old", but in 95% of cases, it is not applied. Birth certificate, identity card, or other documents are not required to enter into a casino. However, this occurs only in casinos. There is no obstacle for children or adolescents to enter in billiards, lotteries, or betting centers. Besides this, the TV lotteries are uncontrolled even they encourage youths and teenagers to play by publicizing them as pleasure and entertainment in leisure time.

Also, rapid developments in technology have brought these games inside our homes making children and adolescents dependent on Internet, facebook, and endless gambling that computer provides. Adolescents are generally quite adept with computers and Internet. The Internet has gambling sites that provide online casino-style gambling, including blackjack, poker, slots, and roulette. Internet gambling is unexplored, and given the recent growth of the Internet gambling Industry, it will be important to investigate the impact on youths of this potential high-risk form of gambling.

Gender Differences

Etiological studies of pathological and problem gambling have generally focused on men from Gamblers Anonymous and men from veteran's administration hospital system (Mark & Lesieur, 1992). Consequently, men in the general population have been underrepresented in studies, and women are critically underrepresented as well. Many early studies that did include women were based on small number of women. Many studies report that men typically begin gambling earlier than women and women appear to experience the onset of problem gambling earlier than men (Mark & Lesieur, 1992), but controlled studies are rare.

The American Psychiatric Association reported that the rate of pathological gambling is twice as high among men as among women (American Psychiatric Association, 1980/1987/1994). Some other studies (e.g., Cunningham-Williams, 1998) have found that rates are high and other studies consistently show that men gamble more and have higher rates of pathological gambling than that of women, even if not at twice the rate.

³ This study has been focused on three high schools and two universities in Durrës and Tirana, in Albania, 2010.

Gambling is an acute social problem in Albania, but there is no study about it. Sociologists, psychologists, and social workers have tried to give their opinion about gambling, but there is no proper, detailed, or advanced study in this area. So, there is no data about the rate of pathological gambling among men and women.

According to the independent study⁴, the gender situation for gambling has changed these five last years. At the beginning of democratic system (15 years ago), gambling was spread only among boys. While nowadays, the number of girls involved in gambling has been increasing. If we do a comparison between ages, it can be found that the number of women involved in gambling is very small, almost insignificant while the number of girls is increasing rapidly among adolescents.

However, boys are more involved in gambling than girls and boys also have higher rates of problem gambling than girls (Stinchfield, 2001). More boys than girls gamble, and boys gamble more frequently than girls. Boys spend more money and more time gambling than girls. Boys wager on a greater variety of forms of gambling than girls do. However, girls may catch up with boys in gambling, as they have done in the use of tobacco, alcohol, and other drugs. Boys and girls also have different gambling preferences. Boys tend to bet on games of personal skills, such as billiards and lotteries, card games, and sports teams. Girls, if they gamble, most frequently bet on lotteries, almost TV lotteries and sports teams. Also, older youths (14–18 years old) gamble more often than younger youths (13 years old or younger).

Ethnicity and Socioeconomic Status

Most studies of pathological and problem gambling have focused on white male gamblers. The few studies that include diverse populations have in general failed to distinguish the specific racial or ethnic background of the minority group being included, thus limiting conclusions regarding specific subgroups.

Roma and Egyptian are two communities larger than other minorities and according to the independent study in Albania, it can be said that white boys are more involved in gambling than Roma and Egyptian boys and no Roma girl or Egyptian girl has been involved in gambling. The reasons for this could possibly include: (1) difficult economic situation of these minorities; (2) marriage at an early age (14–15 years old); (3) high level of unemployment and large number of family members; and (4) discrimination by employees of casinos or other gambling center.

Children and adolescents who attend schools gamble as well as those who have abandoned them. So gambling does not depend on culture, ethnicity, or education. In Albania, we have examples of rich and poor gamblers, but in general, boys and girls who do not have money or who come mainly from the poor strata of the population cannot gamble. Those who gamble usually belong to the medium or rich layer of the population and gamble until they become poor.

Family and Peer Influences

Family and peer influences on children and adolescents to gamble may also constitute a risk factor for pathological and problem gambling. Studies reveal that gamblers, especially pathological and problem gamblers, who begin gambling as children or adolescents, are frequently introduced to gambling by family members or their peers (Jacobs, 1989a, 1989b; Jacobs et al., 1989). Often, the first exposure to gambling for Albanian adolescents is gambling in a relaxed family setting with card, dice, and board games. Other forms of gambling exposure reported by adolescents include playing lotteries, playing games of skill, such as billiards, sports betting and gambling in casinos which they may be potentially influenced by family members and

⁴ Explained in the section of “Age”.

friends.

An association between personal gambling and peer gambling has been observed in several studies of adolescent gamblers. These findings are consistent with theoretical and empirical literature substantiating that peers have a strong influence on other adolescents' risky behaviors, such as substance use, driving without safety belts, and early sexual behavior (Gupta & Derevensky, 1998a, 1998b; Wynne, Smith, & Jacobs, 1996; Stinchfield & Winters, 1998; Newcomb & Bentler, 1989). Moreover, peer gambling may influence an individual's involvement in gambling in a direct way, through social factors that include peer pressure, or through indirect processes, in which an individual is attracted to a peer group for several reasons, including gambling behavior.

Family studies indicate that pathological gambling may be familial. These studies provide mounting evidence that children of alcoholics and drug abusers are at increased risk for the development of alcohol and drug problems as they progress into adulthood (Goodwin, 1976; Gross & McCaul, 1991). Similar hypotheses about the familial and intergenerational influence of problem gambling on the gambling behavior of offspring have begun to be examined. Gambling was the second most prevalent behavior reported after drinking. Those who perceived that their grandparents had gambling problems were three times more likely to score as probable pathological gamblers. Those who also perceived that their grandparents had gambling problems had a 12-fold increased risk (*Pathological Gambling: A Critical Review—National Research Council*, 1999). However, people who have had gambling problems are more likely to attribute their gambling behavior to family involvement in gambling and related problems.

Cohort Effects

Etiological research must also consider how the effects of age and being in a cohort (a group of people born in the same year or decade) increase or decrease one's risk for initiating gambling or developing a gambling problem. Although these effects are infrequently considered in existing pathological and problem gambling research, Erikson's stages of development (Erickson, 1963) are one explanatory model that accounts for aging effects and could potentially be applied when investigating gambling behaviors. Specifically, the model hypothesizes that, they move through several developmental stages that correspond to certain stage-related tasks. When applied to gambling behavior, the implication is that, at certain developmental stages, the motivation for and expectations about gambling might change. A recent review demonstrated that gambling among young people occurs on a developmental continuum of gambling involvement ranging from no gambling experimentation to gambling with serious consequences (Stinchfield & Winters, 1998). These effects pertain to how risk factors and outcomes change with age and differ among groups of people (Mok & Hraba, 1991).

Cohort effects pertain to specific events that affect groups of people born during the same time period (Mok & Hraba, 1991). When applied to gambling behavior, this means that increases in gambling opportunities during a certain period in history may affect a certain age group of people. For example, a cohort of people at the same age, who are passing through the age of risk for gambling problems when gambling opportunities are expanding, may experience greater and increasing exposure to, involvement in, and social acceptance of gambling during their lifetimes than a cohort of people at the same age at risk during periods of fewer gambling opportunities. In addition, circumstances can affect more than one cohort in the same way or in different ways.

Association With Other Behaviors

Several studies have identified correlates of gambling and problem gambling among youths. Use of tobacco, alcohol, and drugs was related to the severity of gambling problems (Gupta & Derevensky, 1998a; 1998b). Youths with a gambling problem were more likely to be in trouble with police; to feel that they could not confide in parents, teachers, school counselors, and minister; to feel ignored or rejected by their family; to report negative school experiences; to have started gambling early; to report that their family members gambled; to wager large amounts of money; to borrow money for gambling; to steal or sell personal property; to report feeling anxious, worried, upset, or depressed; to smoke cigarettes; and to frequently drink alcohol and use illicit drugs (Randy & Ken, 2004). The findings of the studies suggest that the typical youthful problem gambler is a fairly troubled individual and that excessive gambling is part of a larger constellation of psychological distress, family dysfunction, and deviant behavior (Wynne et al., 1996).

Gambling may be part of a constellation of deviant behaviors that are mainly exhibited by males, including frequent alcohol use, tobacco use, drug use, physical violence, vandalism, shoplifting, and truancy.

In summary, excessive gambling seems to go hand in hand with other high-risk behaviors, such as use of tobacco, alcohol, and other drugs during adolescence, and gambling appears to precede other risky behaviors and is often initiated during the preadolescent years.

Conclusions and Recommendations

Most studies report that youths have gambled on legalized games. Underage gambling is largely illegal and is potentially harmful for youths. The extent of underage gambling needs to be examined more closely, and an investigation into how underage youths gain access to forms of gambling that are legal for adults is warranted. Next, plans targeting both vendors and youths should be developed and implemented to prevent youths from accessing these forms of gambling. However, data showing that some youths appear to be increasing their involvement in gambling suggest that tailored, multifaceted prevention and intervention approaches will be important (Dickson, Derevensky, & Gupta, 2002).

It is now evident that the onset of gambling usually begins in the preteen or adolescent years with such activities as card flipping, billiards, dices, etc.. By adolescence, there is poker and sports betting, as well as lottery, racetrack, and casino gambling. Although adolescents can gamble and not become problem or pathological gamblers, certain risk factors, including family member and peer influences, are important for this group. Preliminary evidence suggests that the earlier people begin gambling, the more likely they are to experience problems from gambling. This finding seems developmentally plausible and is consistent with the age of onset and severity for other public health problems, such as substance abuse.

On the basis of the available evidence, it can be concluded that boys are more likely than girls to become pathological and problem gamblers. We do not know yet if gender differences affect all stages of developing pathological gambling, gambling frequency, type of gambling involvement, and the chronicity of gambling problems. More research is also needed to identify risk factors for initiation into and progression of problem gambling behavior.

The study of pathological gambling, in its brief development, has no institutional base to sponsor research. Research that controls for important socio-demographic variables in the study of risk for initiation into gambling and progression into problem gambling, research among individuals, and communities that examines the effect of access and availability on gambling behaviors are also needed.

The telephone line and the institutions for those who seek help are really needed and these do not exist in Albania. This is also one of the difficulties of the study. The existence and the operation of telephone line and other institutions could be a great help to understand more clearly what age are the people that seek more help, which family member seek help, and for whom, and if friends are involved in seeking assistance. And these will also help to study and gather data for places, areas, cities, where gambling is more spread.

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