**Minors and Gambling:**

**Youth & Gambling: A Few Facts**

* The rates of problem gambling among youth are 2-4 times higher than the rates for adult gambling. (Carlson & Moore, 1998; Gupta & Derevensky, 1998a; Shaffer & Hall, 1996)
* Many pathological gamblers report having started gambling at an early age- approximately age 10 (Gupta& Derevensky, 2001; Gupta & Derevensky, 1998a; Gupta & Derevensky, 1997; Wynne, Smith, & Jacobs, 1996).

[**Nebraska Risk and Protective Factor Study (link is external)**](https://problemgambling.az.gov/sites/default/files/NebraskaRiskProtectiveFactorStudy.pdf)**- 2003**

* Of the students who gamble, the most common age of initiation is 10 or younger
* Males are more than twice as likely as females to have gambled in the past year
* Males are three times more likely to respond to two or more “problem gambling” questions than females
* Gambling involvement is positively correlated with substance abuse and all other risk factors for substance use

**Teen problem gamblers have higher rates of:**

* Crime (theft, robbery, embezzlement)
* School problems (e.g., lower grades, truancy, behavior issues)
* Family problems (e.g., withdrawal, behavior issues)
* Peer relationship problems
* Legal and money troubles
* Depression; suicidal thoughts and attempts
* Dissociative, “escape” behaviors
* Risk for co-occurring addiction(s) including alcohol and substance abuse

*Source: Gupta and Derevensky, eGambling Youth Gambling: A Clinical and Research*

*Perspective*

* Today, children and adolescents are educated about the dangers inherent in smoking, alcohol, and drug consumption. Few, however, are informed to understand the potentially addictive qualities inherent in gambling activities. Many schools and religious groups inadvertently endorse gambling by sponsoring bingo or casino nights for both adults and youth as social events and for fund-raising. Many adults consider gambling a harmless behavior for youth, preferable to drinking or drugs.
* Youth can hide gambling problems well. There are no outward, noticeable signs as there are with other addictive behaviors (e.g. needle marks, slurred speech).