RESEARCH QUESTIONS
What is the relationship between problem gambling (PG) and adolescent functioning for Australian youth?

PURPOSE
A significant proportion of adolescents are engaged in gambling, and 3-5% of adolescents display some PG behaviours. Gambling in adolescents may be related to other emotional and social problem behaviours. The purpose of the present study was to extend existing Australian adolescent gambling research by formally assessing the prevalence of PG in adolescents using a validated diagnostic measure and administering well-established measures of psychosocial adjustment.

HYPOTHESIS
Adolescent problem gamblers would score significantly more poorly on measures of psychological adjustment or general mental health, be more disillusioned and alienated, and also be more likely to be engaged in other high-risk activities compared to their peers without gambling problems.

PARTICIPANTS
The sample was comprised 926 students (473 males, 448 females, 5 unknown) from grades 7 – 12 drawn from 18 schools in the Australian Capital Territory (ACT).

PROCEDURE
A standardized series of measures relating to gambling and psychosocial adjustment were administered to the youth at their schools. Participants were asked to indicate how often they gambled, to report any difficulties they may have experienced with gambling, and completed the General Health Questionnaire (GHQ-12), Rosenberg’s Self-esteem Scale (RSES), and other measures of social functioning.

MAIN OUTCOME MEASURES
The DSM-IV-J, which is the adolescent version of the DSM-IV, and the Victorian Gambling Screen (VGS) were used to assess presence and level of problem gambling. Negative mood was measured using a six-item negative mood checklist and the RSES was used to measure self-esteem. The GHQ was used to measure general psychological and medical health and a person’s perception of disengagement with society was measured using the Social Alienation Scale (SAS). Popularity and peer relations were measured through a few simple questions and perception of financial security was measured using the Financial Scale (FS). Students were asked to indicate involvement in leisure activities, alcohol consumption, cigarette smoking, and drug use.

KEY RESULTS
Problem gambling and gambling involvement: Forty-one participants scored positively on the DSM-IV-J and nine scored positively on the VGS for problem gambling. The problem gamblers (PGs) gambled on significantly more activities and were more likely to gamble on a weekly basis compared to the nonproblem gamblers (NPGs).

Problem gambling and other high-risk behaviours: More than 75% of the PGs drank alcohol on a weekly basis compared to 50% of the NPGs. The prevalence of smoking among PGs was four times the rate for NPGs, marijuana use for PGs was over six times the rate for NPGs, and harder drug use was ten times the rate for PGs than for NPGs.

Psychological wellbeing of problem gamblers: Results from five measures of psychological wellbeing indicated that the PGs group experienced significantly poorer mood states, had lower self-esteem, poorer general health, felt more alienated from society, and were more likely to feel that they did not have sufficient money to satisfy their needs compared to the NPG group. Analysis of the variables for psychological wellbeing showed that social alienation was the strongest predictor of problem gambling status.

Peer relationships: PGs reported having as many close friends as the NPGs but had a poorer relationship with their peers with PGs indicating that they disliked twice as many classmates as the NPGs. PGs indicated undertaking more activities with others than did the NPGs.
Problem gambling and substance use. In both the PG and the NPG group, boys were more likely to smoke marijuana and to use all of the hard drugs than were the girls. An analysis of gender and gambling status indicated that gender was a non-significant substance use predictor whereas problem gambling status was a highly significant predictor. Participants responding yes to a question relating to ‘other substance use’ were 16 times more likely to be a problem gambler.

LIMITATIONS
As with any self-report data, uncertainty exists that participants answered all of the questions honestly.

CAUSATION FOR PROBLEM GAMBLING CANNOT BE ATTRIBUTED TO DIFFICULTIES IN PSYCHOLOGICAL AND SOCIAL FUNCTIONING.

CONCLUSIONS
Results from this study suggest that problem gambling appears to be a significant risk factor for poor psychological wellbeing among Australian adolescents.

KEYWORDS: adolescence, mental health, problem gambling, social functioning

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