CHAPTER 4. GAMBLING AMONG 16- AND 17-YEAR-OLD YOUTHS

As part of its data collection protocols for the Commission, the NORC team interviewed 534 youths via a randomized telephone survey of U.S. households during the last 2 months of 1998. Surveys of small age groups, and particularly of minors, are more complicated than general adult surveys, even when the same interview is being used. (albeit some skip patterns were widened and others narrowed; see below). The differences are attributable both to the screening requirements, under which the great majority of households have no eligible respondent, as well as to the need to obtain two contacts and consents for the interview—one from the parent and then one from the youth.

No more than 7 percent of households have a 16- or 17-year-old in residence. Because youths of this narrow age band are so rare, relatively speaking, they are time-consuming to reach for interviewing. The cost of screening to obtain a sufficient number for typical national estimation purposes is much higher than for an adult survey. Consequently, researchers may take one of the following approaches: (1) the survey is conducted by group administration in schools, (2) the survey protocol accepts a much wider age group (such as 9- to 17-year-olds), or (3) residences are screened for a more extensive protocol, so the relative cost of the screening is less significant. The cost of selecting youth for a highly specialized one-interview sample survey is such that we recommend further national-level research on adolescents instead be performed in the context of ongoing longitudinal or cross-sectional research, in which gambling questions can be appended to one or more rounds of questionnaires, rather than as a stand-alone survey.

In the present survey of youth gambling behavior, we began by obtaining two kinds of randomized phone lists: a random-digit-dial sample like those used for the adult sample, and a random selection of household telephone numbers from lists that were known to be "enriched" with adolescents. The latter lists contain phone numbers that, due to their neighborhood location or other known household characteristics (e.g., school enrollment or consumer expenditure patterns), have a much higher than random likelihood of providing access to adolescents. Numbers from this second type of list were in fact much more accurate, in that about 19 of every 20 were found to be working residential numbers, in contrast to about one-half of the phone numbers on the RDD lists. The enriched lists also had a much higher percentage of 16- and 17-year-olds among the successfully screened cases; at present, we have not yet finalized our calculations for these separate sample sources.

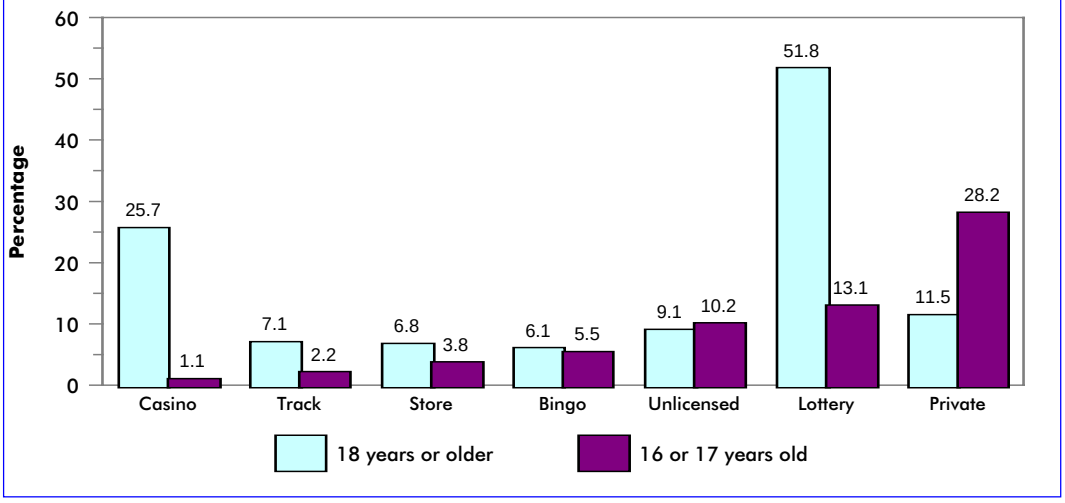
The screening procedure for the youth sample was somewhat different from the adult procedure. As with the adults, we first asked for the number of residents age 18 or older, and then 17 or younger, in the household. If minors resided there, we then asked whether one or more was of the requisite age; if there were more than one, we randomly selected the youth with the most recent birth date. We then asked to speak with the child's parent or guardian, from whom we would request consent to interview the child. Only in cases where we obtained parental consent did we pursue further contact with the youth, at which point we would request her or his personal consent to take part in the survey.

A small number (n=49) of the youth cases were obtained from the fully randomized lists; all others were reached through the enriched lists. In examining the composition of the

total sample this procedure gave us, we found that the North Central region of the United States was over-represented, and that black and Hispanic youth were under-represented. We therefore weighted the sample by poststratification (described previously for the adult surveys) on region, race, and ethnicity to yield proportionate weights equal to those obtained in *Current Population Estimates*. The final sample represented 8.3 million 16- and 17-year-olds, with a slight preponderance (less than 1 percent) of males; the sample was 74-percent white, 13-percent black, 9-percent Hispanic, and 3-percent assorted other backgrounds. Nearly 36 percent lived in the South, 19 percent in the Northeast, and 23 percent in the Midwest (North Central) and in the West. Further calculations revealed that 82 percent lived in lottery states.

Our overall finding was that adolescents gamble appreciably less often than adults. About one-third of the 16- and 17-year-olds have never gambled, versus less than one-seventh of adults. However, the most striking finding in the youth sample was not the lower overall participation rates, but the difference in their reported *pattern* of gambling when compared with that of adults. The past-year data most clearly demonstrate this difference. As indicated in Figure 9 below, adolescent gambling was predominantly composed of private betting on games of skill, particularly card games (named by more than 40 percent of those who mentioned a favorite game). Nearly 3 out of 10 youths, versus just more than one-tenth of adults, bet on such games in the past year.

Figure 9. Past-Year Gambling Participation by Type of Game



The other most prominent youth games, albeit much less popular than private games of skill, were betting in sports pools and buying lottery tickets. Youths particularly favored instant lotteries; about three-quarters of the young lottery players bought instant (scratch-off type) lottery tickets in their most recent purchase period, and no more than 15 percent bought either multi-state, daily, or big-jackpot tickets.[7] For adults, the lottery was the

[7] There is a reasonable prospect that a small payoff, such as that delivered by most winning instant-lottery tickets, could be collected by an underage gambler. The likelihood that a youth could collect on a winning Powerball ticket, or for that matter a MegaBucks slot machine, is very small (Cummings, personal communication, 1999).

most frequent mode of gambling. More than one-half of adults bought lottery tickets in the past year, versus about one-eighth of 16- to 17-year-olds. In addition, adults strongly favored lotteries with big payoffs; during their most recent purchase period, more than one-third bought Powerball-type (multistate) tickets, more than one-half bought big-jackpot (state) tickets, and fewer than one-quarter bought instant lottery tickets.

Casino gambling (especially slot machines) was the second most common form of adult gambling, with one-quarter of all adults participating in the past year. The adolescents were notably absent from casino play, with barely 1 percent reporting any casino wagers. This presumably reflects well on the enforcement efforts (particularly against fake IDs) of casino operators, among other factors.

The data also show that 16- and 17-year-olds have wagered (and won or lost) substantially smaller amounts of money when compared with adults. For example, approximately 22 percent of adults ever lost more than $100 in a single day of gambling, compared with only about 2 percent of the 16- and 17-year-olds. When asked about their wagering in the past year, about one-quarter of all adult lottery players reported losing more than $100, while less than 2 percent of youth who played the lottery reported losing this much. Even in their preferred form of gambling—private games—only about 2 percent of all 16- and 17-year-olds lost more than $100 in the past year, compared with 6 percent of adults.[8] Finally, youths who gambled did so less frequently than adults who gambled. For example, when looking at those who did play private betting games in the past year, only one-fourth of the 16- and 17-year-olds, compared with one-third of adults, made private bets at least once a month in the past year.

If we use adult guidelines standards to gauge the sheer financial riskiness of youthful wagers, we would have to conclude that adolescent gambling is not nearly as serious a problem as adult gambling. But this would be a premature conclusion. For example, many 12- and 17-year-olds hold part-time jobs and earn incomes. These incomes are generally much lower than those of adults, and few adolescents are in a position to "bet the rent." However, the amounts they wager may in fact comprise an appreciable percentage of the income they do control. Unfortunately, the pattern of income questions in the survey was poorly suited to adolescent economic circumstances, which require a different approach. The relationship between the discretionary income of adolescents and their pattern of gambling is an important subject for further research.

The NODS screen was a second area in which there was a slight difference between the adult and adolescent survey, but in this case a more revealing one, in that all adolescents who ever gambled were asked the NODS questions, without regard to reported their reported levels of gambling losses. By using the answers to the daily and annual greatest loss questions, it is still possible to apply to youth the same parameters when considering their "problem gambling type" as we applied to adults—namely, that gamblers who have never lost more than $100 in a single day, or as a net yearly loss, are automatically considered to be low-risk gamblers. When we apply these parameters to our youth sample, about 2 percent (roughly 150,000 youths) would then be classified as at-risk gamblers, which is about one-fourth the proportion seen among adults. About 1.5 percent

[8] We should note that, of the population of youth who have lost more than $100 in a single day, or netted a $100 loss in any given year, about two-thirds are male.

(roughly 100,000 youths) would be classified as problem or pathological gamblers,[9] which is less than the figure for adults.

Most prior research on adolescents has not applied the same yardstick to youthful gambling behavior as to adult gambling, but instead designated behavior as problematic with a lower required number of behavioral criteria, or by admitting less severe levels as diagnostically important than the same researchers would accept for adults. If, for example, the adult financial criterion that we used is not considered, so that all 16- and 17-year-olds are screened with the NODS regardless of the largest amount lost in a day or year, the percentage of problem and pathological and problem gambling youth doubles to about 3 percent, which is similar to the percentage for adults. Furthermore, the percentage of at-risk youth increases even more dramatically, to about 15 percent—which is more than double the incidence among adults.

There is no single "right" decision on what kind of yardstick to use at this stage of developing research on youthful gambling. It is plausible to argue that the limited discretionary funds available to adolescents are largely spent to purchase entertainment, and that private games of skill and luck, around which most youthful gambling occurs, provide a relatively protected environment in which to learn how to discipline one's gaming expenditures. That is, one can say that it is potentially a good thing for youths interested in gambling to be able to discover, with relatively limited financial exposure, that excessive wagers can be costly and disruptive, both in dollars and in the absorption of time that might be devoted to other pursuits.

But one can also argue that these "protected" environments, in which there is no continuing "house cut" from the money being wagered, present a misleading and seductive picture of gambling as it exists for most adults. Even the notion of protection may be mistaken, insofar as adolescents may be prepared to enforce the collection of debts (or to attempt to evade collection) with less discipline and more ill temper than in the more businesslike world of regulated adult credit and loan arrangements. Moreover, one might argue that many forms of learning compete for the limited attention of youths in the chrysalis of adolescence, and the real cost of time spent learning how to gamble—that is, how to manage and live with the operations of chance—is the lost time from learning about other foundations of life, including responsibility, love, trust, charity, and work. Finally, an early introduction to gambling, even if it proved salutary for many adolescents, may also encourage earlier onset and a longer and more difficult course for those who are vulnerable to development of gambling problems.

At any rate, depending on which measurement approach one prefers, adolescents can be seen as less at risk of gambling problems than adults, about equally at risk, or at greater risk. A deeper understanding of the economic, social, and psychological dimensions of adolescent gambling is very much needed.

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[9] The sample sizes of problem and pathological gamblers are too small to permit comparisons between them.