

A longitudinal study of gambling in late adolescence and early adulthood: the ALSPAC Gambling Study

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EXECUTIVE SUMMARY

This report describes a longitudinal study of young peoples' gambling between 17 and 24 years, using a contemporary UK cohort, the Avon Longitudinal Study of Parents and Children (ALSPAC), known as Children of the Nineties. The aims of the ALSPAC Gambling Study were to describe gambling behaviour in young people aged 17-24 years, investigate the antecedents of regular and problem gambling, and explore the associations with other addictive behaviours and mental health.

When the children were aged 6 years in 1997-8, their parents completed the South Oaks Gambling Screen, and when aged 18 the parents completed the Problem Gambling Severity Index (PGSI). Between 2008-2018, young adult participants in ALSPAC subsequently completed computer-administered gambling surveys in research clinics, on paper, and online. All young people still registered with the ALSPAC (n= 10,155) were invited to participate. The sample sizes completing the gambling surveys were 3757 at age 17 years, 4340 at 20 years, and 4345 at 24 years. Gambling frequency questions and the PGSI were asked at each age. Depression, anxiety and wellbeing scores, and drug and alcohol usage, were collected by self-completion questionnaires.

Participation in gambling in the past year was reported by 54% of 17-year-olds, rising to 68% at 20 years, and 66% at 24 years, with little overall variance. The most common forms of gambling were playing scratchcards, playing the lottery, and private betting with friends. The only activity which increased markedly between 17 and 24 years was gambling on activities via the internet, especially among males. At 24 years, nearly 50% of all gambling activities in males were carried out online compared to 11% for females.

Regular (weekly) gambling showed a strong male gender bias, increasing from 13% at 17 years to 17% at 24 years. Regular gamblers were more likely to have a low IQ, an external locus of control, and high scores on a sensation seeking scale. They were more likely to smoke, abuse alcohol, and to use social media than non-gamblers. Family factors associated with regular gambling included having younger mothers with low education levels, mothers who struggled financially, and parents who gambled regularly.

Problem gambling was assessed at each age using the PGSI, and responses categorised into 'low risk gambling' (16-21%) and 'moderate risk/problem gambling' (6-7%). Any at-risk gambling was associated with previous frequent playing of video games and less parental supervision, and higher scores on hyperactivity and sensation seeking, an external locus of control, depression and lower mental well-being. Following adjustment, moderate risk and problem gamblers at the age of 24 were shown to be regular gamblers, who were more likely to have problematic use of alcohol and drugs and to be involved in criminal activity. Problem gamblers were more likely to have parents who had problems with gambling, and to come from families with previous financial difficulties.

In conclusion, although many young people gamble without any harm, a significant minority (mainly males) show problem gambling behaviours which are associated with poor mental health and wellbeing, involvement in crime, and potentially harmful use of drugs and alcohol. Many young people had tried different forms of gambling between 17 and 24 years, but the only activity showing a consistent increase over this age range was online gambling and betting. Patterns of problem/moderate risk gambling were set by the age of 20 years.

For further information about the ALSPAC Gambling Study, please contact Professor A Emond: alan.emond@bristol.ac.uk

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