Wager 8(27) - College Student Gambling in the United States: Part II

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As reported in last week's WAGER, a recent study by Slutske, Jackson, and Sher (2003) suggests that problem gambling rates among college students are lower than reported in previous studies. While the study by Slutske et al. is somewhat limited by the homogeneity of the study sample (i.e., subjects were first-year first time students in Missouri colleges), the longitudinal design of the study (11 years) and high participant retention rate (84% at year 11) provide a reliable information base for long-term analyses of the past-year and lifetime gambling habits of one segment of the population of young Americans who went to college.

This week The WAGER focuses on individual patterns of past-year gambling problems exhibited by the Slutske et al. (2003) sample. The authors measured lifetime gambling problems in year 1 and past-year gambling problems at years 4, 7, and 11. The sample contained few subjects who reported more than one symptom of problem gambling; therefore, the authors defined "problem gambling" as the presence of one or more criteria for pathological gambling as defined by the most recent DSM criteria available at the time of each interview (American Psychiatric Association, 1980, 1987, 1994). Table 1 presents the temporal patterns of gambling problems among the study sample. The two to four digit series of binary numbers (0 and 1) that appear in the trajectory columns represent the absence of any problems (0) or presence (1) of one or more pastyear¹ problems at the time of measurement. For example, a sequence of "0001" indicates that the subject reported no problems in years 1, 4, and 7, but a problem in the past-year at the time of the year 11 interview.² The frequency columns represent the number of subjects who displayed each particular pattern at each successive interview.

Table 1. Frequencies of individual-level trajectories of problem gambling based on a lifetime assessment at year 1 and past-year assessments at years 4, 7, and 11 (Slutske, Jackson, and Sher, 2003)

Years I and 4		Years 1, 4, and 7		Years 1, 4, 7, and 11	
Trajectory	Frequency	Trajectory	Frequency	Trajectory	Frequency
00	427	000	403	0000	356
				0001	4
		001	8	0010	6
				0011	1
01	11	010	7	0100	5
				0101	0
		011	4	0110	3
				0111	1
10	12	100	11	1000	8
				1001	1
		101	1	1010	1
				1011	0
11	3	110	2	1100	2
				1101	0
		111	0	1110	0
				1111	0
	Total n= 453		Total n= 436		Total n= 388

Slutske et al. found that an overwhelming majority of subjects (n=427, 94%)reported no symptoms (00) for problem gambling in years 1 and 4; this majority slightly decreased at years 7 (n = 403, 92%) and 11 (n = 356, 92%). Whereas the overall prevalence of past-year problems remained steady throughout the 11 years at 2-3% (see WAGER 8(26) for more information), the above sequence mapping reveals that different subjects contributed to these rates through the progression of the study. Only three people experienced problems in both years 1 and 4 (11) and only 1 person experienced problems three years in a row (0111). Further, sequences representing two different periods of problems separated by at least one period of no problems (i.e., 1011, 0101, 1001, and 1010) occurred very infrequently (n=3). This suggests that gambling problems are not a persistent condition for former college students, but rather people move in and out of problem gambling stages somewhat fluidly. Within the study sample, young individuals who experienced and subsequently conquered a gambling problem were highly unlikely to return to disordered gambling. The authors also noted that among the people interviewed in year 11 who ever reported a problem (n =32), most (73%) reported that they experienced one or more problems due to gambling in only one of the four years.

The results reported by Slutske et al. indicate the need for science to devote specific attention to the study of problem gambling among youth and young adults. Within this study sample (i.e., Missouri college students), very few individuals exhibited long-term or recurring gambling problems. Such results

bring into question age- and environment-specific factors associated with disordered gambling. It is possible that age and lifestyle composition of the past year problem gambling groups provided a unique opportunity for subjects to "mature out" of their gambling problems. Increased attention on the interactions between gambling, maturation, life experience as well as lifestyle differences between young and older adults within diverse populations might provide further insight.

Next week The WAGER will conclude our three-part review of the Slutske, Jackson, and Sher (2003) study with a look at lifetime problem gambling prevalence at the 1, 4, 7, and 11-year intervals.

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Notes

- ¹ The authors only measured lifetime problem gambling in year 1.
- ² Since subjects were only asked about past-year gambling problems at the time of each interview, it is possible (due to the fact that interviews were conducted at 3-and 4-year intervals) that a subject could have developed and recovered from a severe gambling problem in the interval (e.g., in year 5). This, however, is unlikely because of the very low prevalence of disordered gambling.

References

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