

Gambling Addiction among Adolescents

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Editorial

Gambling addiction represents a non-pharmacologic addiction which includes some gambling-relevant cognitive distortions, such as the magnification of gambling skills, minimization of other gambler's skills, superstitious beliefs, interpretive biases or selective memory [1].

Adolescence is a stage of life characterized by many emotional and behavioral changes, which makes the development of addictive behaviors among teenagers a public health issue of special concern for mental health specialists all across the world. Studies made by Blinn-Pike, et al. [2] have shown that the main criteria for diagnosing a gambling addiction among teenagers were: engagement in illegal acts, loss of control, tolerance and lies. The observable behavior of young gamblers masks their hidden feelings of inferiority, insecurity and inadequacy, which is why pathological gamblers make many friends in front of whom they show off, given that their low level of self-esteem goes back to their childhood, when their parents' lack of appreciation for them led them to think that life brings no joy and that they should seek their fulfillment via gambling [3].

Young players have a psychological vulnerability to developing a gambling addiction; have difficulty handling stress and problems that occur in critical situations. They show signs of depression, anxiety, mood lability due to events that happened in their childhood. In many cases, gamblers turn to alcohol and drugs, have trouble maintaining jobs or relationships and begin to gamble early on in life, as they quickly become obsessed with gambling [4,5].

Young players have the following motivations to gamble: wanting to show to others that they are worthy of their respect, wanting to obtain the approval and validation of others and wanting to feel less bored and less overwhelmed by negative emotions. A study conducted by Gupta, et al. [6] concluded that the "combination of personality traits that best predicts problem gambling are: disinhibited, susceptible to boredom, cheerful, excitable, nonconformist and undisciplined".

Research into the worldwide prevalence of gambling addictions has shown there is much cause for concern: in Canada, 5.8% of teenagers have compulsive gambling issues [7] 4.5% in Spain [8] and 5.2% in the U.S. [9]. Studies by McMillen and his team [10] point to a 17.8% gambling addiction prevalence among young players in Australia, with 60% of men reporting problems caused by excessive gambling behavior.

Given the elevated prevalence of this disorder, Australian researchers have proposed dropping the medical model, according to which a gambling addiction is considered an individual mental disorder, and redefining it as a public health social problem, caused by the interaction of individual, social and environmental factors [10].

Retrospective studies have shown that the majority of adult pathological gamblers started playing when they were teenagers, which means that preventative measures among teenagers are an absolute must. The risk factors for the development of this behavior among young people are similar to the risk factors for substance abuse, more specifically: low self-esteem, high rate of depression and anxiety disorders and weak coping abilities. Rizeanu [11] underlined the harmful effects on the physical state of children and adolescents during their psycho-cognitive development.

Gambling addiction prevention programs include: primary prevention, secondary prevention and tertiary prevention [12].

Primary prevention measures aim to lower the incidence of new cases of gambling addiction and focus on raising awareness regarding this type of behavior among various population segments, starting with the younger groups; secondary prevention measures center on screening procedures, while tertiary prevention means treatment - clinical health interventions, counseling and therapy services, financial services and working with gamblers' families [13].

The prevention programs introduced in schools must rely on a solid theoretical foundation; offer information pertaining to the target field; include social abilities training workshops; be culturally appropriate for the age group; use interactive methods; target a diverse range of addictive behaviors (pathological gambling, drug, nicotine and alcohol addictions); have a clear and efficient structure; provide training programs for teachers as well as for mental health specialists; be based on prior efficiency studies; lead to durable behavioral changes [14].

Specialists in this field contend that young people must be informed of the steps that can lead to the development of a gambling addiction: entertainment; excitement; obsession; gullibility; bad choices and relapse [6].

The North American Training Institute has put forth a prevention program called Kids don't gamble... Wanna bet?, addressing children from 3-8 years of age, who are taught to identify early signs of gambling addiction [15]. New Zealand has adopted an educational program for youth, called When it is not a game, through which young people learn about the different aspects of gambling, with the purpose of increasing their abilities to make the right choices [16].

Winters and Andreson [17] has argued that gambling is a normal aspect of life as a teenager; its prevalence is higher than that of substance abuse and its association with drug and alcohol abuse represents an additional difficulty within prevention and treatment programs.

A meta-analysis of the co-morbidities of pathological gambling, undertaken by Lorains, et al. [18], has shown that 60.1% of pathological gamblers also have a nicotine addiction; 57.7% of them

have an addiction to illegal substances; 37.9% have mood disorders and 37.4% have anxiety disorders [19].

Wilber and Potenza [20] consider that „gambling is a popular and prevalent behavior among adolescents”, but relatively few adolescents seek help for gambling problems. They underlined the following risk factors for gambling disorders: “having parents with gambling problems, having an earlier age of first activity, possessing greater impulsivity and having areas of poor functioning, including medical, psychiatric and/or substance use disorders and family problems”.

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