

**DMHAS Problem Gambling Services
and Connecticut Council on Problem
Gambling (CCPG)**

**Youth Gambling and
Gaming Assessment
Summer 2023**



Survey Data 2019 - 2023, Reported July 2023

Survey Conducted by:

B. WEYLAND SMITH

C O N S U L T I N G

PROGRAM EVALUATION • GRANT PREPARATION • CAPACITY BUILDING

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Problem Gambling Services Youth Voices Count Survey Report

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Introduction

The following report is a summary of gambling and gaming data that was gathered by the Youth Voices Count Survey, a product of B. Weyland Smith Consulting, during the years of 2019-2023 in 18 towns and school districts in Connecticut, grades 6-12. The Problem Gambling Services Unit of Connecticut’s Department of Mental Health and Addiction Services (DMHAS) and the Connecticut Council on Problem Gambling (CCPG) requested that B. Weyland Smith Consulting conduct a special analysis of gambling, gaming and related risk factors from this data set. Data collected from these student surveys were used to examine gambling rates, risk factors, mental health indicators, and substance use rates by gambling experience.

These surveys were administered to youth via the Youth Voices Count survey product to ensure a representative sample and reliable data.

It is important to note that COVID-19 greatly disrupted lives beginning in March 2020, which may have ongoing impacts on youth substance use rates and mental health concerns.

The Youth Voices Count Survey fulfills the following objectives:

1. Describes youth’s perceptions and experiences regarding substance use, mental health, school environment, social media and online gaming school environment, and other related behaviors among youth in grades 6-12 in the years 2019- 2023.
2. Utilizes information provided by youth, allowing leaders to systematically **“hear” from youth**, in order to enhance and **plan initiatives and activities for youth** in the community.

Youth Voices Count Survey Background:

The Youth Voices Count Survey (YVCS) is adapted from the “ERASE Student Survey” which originated out of the Governor’s Prevention Initiative for Youth (GPIY) Student Survey, a school survey that was distributed throughout the State of Connecticut in 2000. Other survey influences include: The CT School Health Survey, The Center for Prevention Evaluation and Statistics (CPES) Young Adults Statewide Survey and most importantly, emerging issues for youth today—including vaping, online gaming, and social media related behaviors.

Youth Voices Count Survey is a product of B. Weyland Smith Consulting, LLC. Located in Wethersfield, CT. B. Weyland Smith Consulting researchers have over 48 years combined experience of survey and statistical research regarding youth behaviors, perspectives and experience, specific to substance use, mental health and related risk and protective factors.

Youth Voices Count Survey was established with support of many youth and professionals in the field of survey development, program evaluation, internet safety and school mental health staff. They provided feedback through document review and focus groups.

The core elements of the YVCS are designed to understand youth’s current substance use and mental health behaviors and perceptions. These data are aligned with Federal National Outcome Measures for the Substance Abuse and Mental Health Services Administration. This allows for competitive grant applications and ongoing evaluation requirements to be met.

Topics assessed in the YVCS include: substance use, anxiety, depression, e-sports/online gaming, social media perspectives, gambling and accessing resources and supports in the community. Optional add-on topics include bullying/school climate, sexual behavioral and electronic communications. In 2020 COVID impact questions were included as well.

Survey Methodology:

Survey Consent:

Students’ guardians received e-mail letters notifying them of the purpose and content of the survey and were able to return a signed “passive consent” form to the school if they did not want their children to participate in the school survey. Guardians were provided an opportunity to review the survey document.

Survey Administration:

All surveys were administered using SurveyMonkey.com website and software. Students received an email with the survey link and a link to a video including an overview of the survey, ensuring anonymity, resources if the survey brought up uncomfortable feelings and informing of their option to decline participation. Any question could be skipped if a student was not comfortable answering a question. Students who chose to not participate in the survey were asked to sit quietly until all classmates finished the survey.

Data Analysis:

Sample Response:

Grade	Sample Count
Grade 6	3169
Grade 7	5918
Grade 8	5796
Grade 9	5470
Grade 10	5024
Grade 11	4656
Grade 12	3986
Grades 6-8	14883
Grades 9-12	19136
Grades 6-12	34019

*194 respondents with missing or inaccurate grade responses are not included in the table above.

Data Reporting:

The survey tool utilized several skip patterns to reduce the time spent on the survey for students, in addition, no question was required to be answered by respondents. Unless otherwise stated, data presented represent the percent of students responding to each question. However, survey response and completion rates are high enough for those questions to make strong estimates of the total population’s behavior and perceptions.

Survey Sample Demographics:

The student survey sample consisted of a total of 34,019 students (16,472 males, 17,434 females; 113 students did not specify their biological sex). Refer to the table below for more descriptions of the sample by grade level.

	6 th grade	7 th grade	8 th grade	9 th grade	10 th grade	11 th grade	12 th grade
Total	3169	5918	5796	5470	5024	4656	3986
Male	1646	3004	2900	2794	2602	2417	2071
Female	1508	2892	2874	2657	2410	2229	1902
Did not Identify	15	22	22	19	12	10	13

Statistical Analyses:

Statistical comparisons by biological were conducted for this report process. Statistical comparisons by biological sex (male/female) are conducted using the Chi-Square (χ^2) technique.

Statistical Comparisons by Race:

Statistical comparisons by race were conducted for the measures selected for the report. When considering these data however, it is essential not to unfairly identify or stereotype a handful of students as using or misusing drugs, given the smaller sample size within specific minority groups in these schools. As also done in the CDC's YRBSS (Youth Risk Behavior Surveillance System) National Survey, we classified students exclusively as Hispanic or Latino even if they also selected being one or more of the races, such as African American, White, and/or the other category. Thus, the race/ethnicity groups included in the statistical analyses for race differences were: White, Black or African American, Hispanic or Latino, Asian, or All Other Races (organized in table below by color).

Race/Ethnicity Category	Grades 6 -8	Grades 9 - 12	Grades 6-12
White	43.18%	49.31%	46.63%
Black or African American	9.46%	8.66%	9.01%
Hispanic or Latino	37.35%	32.10%	34.40%
Asian	3.35%	4.55%	4.02%
American Indian or Alaskan Native	0.66%	0.36%	0.49%
Native Hawaiian or Other Pacific Islander	0.23%	0.14%	0.18%
Other (2 or more races selected or race not Hispanic)	4.68%	4.39%	4.52%
Not Specified	1.10%	0.49%	0.76%

For information regarding race and ethnicity differences in substance use, refer to the national survey reports, such as the National Survey on Drug Use and Health (<http://oas.samhsa.gov/nsduh.htm>) or the Monitoring the Future Survey (<http://monitoringthefuture.org>).

Statistical Comparisons by Gender Identity:

Statistical comparisons by gender identity were requested for this report process. When considering these data, it is essential not to unfairly identify or stereotype a handful of students as using or misusing drugs, given the smaller sample size within specific minority groups in these schools. In the interest of assessing how gender identity may impact youth behavioral health, analysis can be done to determine statistically significant differences among students identifying as the same gender as their biological sex (cisgender), and those that reported their gender as “non-binary,” “transgender,” or “I am not sure right now.” 1,845 students (5.92%) identified as non-binary, transgender, or “I am not sure right now.”

Gender Identity	
Male	14818
Female	14492
Non-binary	713
Transgender	265
I am not sure right now	867
Did not Identify	3058

Sexual Identity	
Heterosexual (straight)	8701
Gay or Lesbian	394
Bisexual or Pansexual	1352
I describe myself some other way	333
I am not sure right now	654
I do not know what this question is asking	395
Did not Identify	5

Statistical Comparisons by Sexual Identity:

Statistical comparisons by sexual identity were requested for this report process. Note this question was not available in Youth Voices Count prior to Fall 2022, thus the subgroup analysis for sexual identity represents a subset of the entire data set. When considering these data, it is essential not to unfairly identify or stereotype a handful of students as using or misusing drugs, given the smaller sample size within specific minority groups in these schools. In the interest of assessing how sexual identity may impact youth behavioral health, analysis can be done to determine statistically significant differences among students describing themselves as heterosexual, and those that described themselves as gay or lesbian, bisexual or pansexual, “I describe myself some other way,” and “I am not sure right now.” 2,733 (8.0%) students described themselves as gay or lesbian, bisexual or pansexual, “I describe myself some other way,” or “I am not sure right now.”

Equity, Disparities and Social Determinants of Health:

When evaluating statistically significant differences between population groups it is essential to consider historical, political and cultural context with the intent of preventing the reinforcement of stereotypes. In the United States, minority groups have experienced discrimination leading to unequal access to resources (ie. quality education, employment and housing). Stigma is another driver of inequity, “because of its pervasiveness, its disruption of multiple life domains (e.g., resources, social relationships, and coping behaviors), and its corrosive impact on the health of populations, stigma should be considered alongside the other major organizing concepts for research on social determinants of population health.” (Hatzenbuehler ML et al. *Stigma as a fundamental cause of population health inequalities*. Am J Public Health. 2013 May)

Youth Voices Count Gambling Survey Report

Within the following sections on gambling, mental health and substance use, select questions were tested for statistically significant differences by biological sex, gender identity, sexual identity, and race/ethnicity. Race was grouped into categories to allow for accurate statistical analysis and to ensure that students in race categories that represent a small number of students are not inadvertently identified. The categories are **white, Black or African American, Hispanic or Latino, Asian, or All Other Races**. Any statistically significant difference in these groups is noted under the chart it applies to.

There are instances where significance testing indicates differences among categories, however they are less statistically reliable due to small numbers and thus are not reported here.

Executive Summary:

Over 34,000 youth participated in the Youth Voices Count Survey from 2019-2023. Youth were asked about a variety of behavioral health topics including mental health, and substance use as well as gambling behaviors. Youth were asked if they had used gambling products such as scratch-off/lottery tickets, sports betting apps, online betting sites, dice, and poker games. Overall, 1.9% of youth grades 6-12 reported gambling in the past month, while 5.1% reported gambling in their lifetime.

Youth who reported gambling more often (past month vs. in their lifetime or not at all) tended to report less perception of risk and less parental and peer disapproval, while youth who never gambled were more likely to report gambling was of moderate/great risk, and their parents and peers would feel it was moderately or greatly wrong for them to gamble.

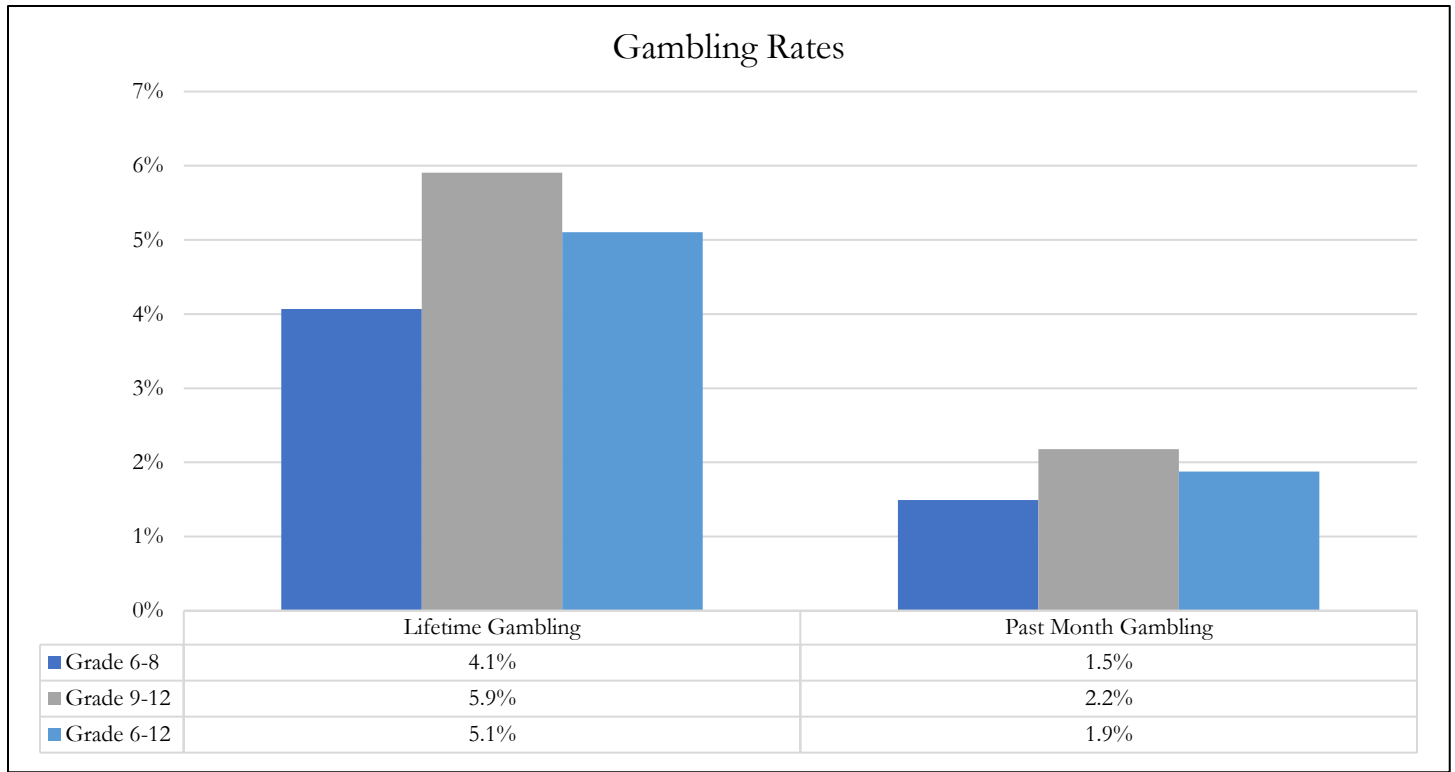
More males tended to report gambling both in the past month and their lifetime compared to females. They also tended to report less perception of risk and less peer and parental disapproval. Youth who described themselves as transgender, non-binary or unsure were more likely to report having gambled in the past month or in their lifetime, compared to their cisgender peers. These transgender, non-binary, and unsure youth were more likely to report a greater perception of risk from gambling, however they reported less parental and peer disapproval compared to their cisgender peers. Youth who described themselves as white reported the highest rates of ever gambling in their lifetime (6.4%), followed by youth in the “All Other Races” group (5.7%), an aggregate of youth who selected more than one race, American Indian or Alaskan native, and Native Hawaiian or Other Pacific Islander. Youth who described themselves as Black or African American reported the lowest rates of ever gambling in their lifetime, 2.9%. Asian youth had the highest percentage of youth reporting moderate/great risk for gambling (gambling something of value (money or possessions) on an uncertain outcome once a week or more) followed by white youth. Similarly, Asian and white youth reported the highest perception of peer and parental disapproval for gambling.

Youth who had participated in gambling in the past month had the highest rates of video gaming-related risk factors, including purchasing loot boxes or skins in game, having a hard time stopping gaming, and having people express concern about time spent gaming. This relationship is statistically significant. It should be noted that this relationship demonstrates an association, not causation.

Youth who reported gambling in the past month or in their lifetime had higher rates of mental health indicators of concern including experiencing anxiety always or almost always, having anxiety make life difficult, having thoughts of self-harm, having harmed themselves, feeling sad or hopeless two or more weeks in a row, and having considered suicide. Youth who had gambled in the past month did not always have rates higher than those who had ever gambled in their lifetime.

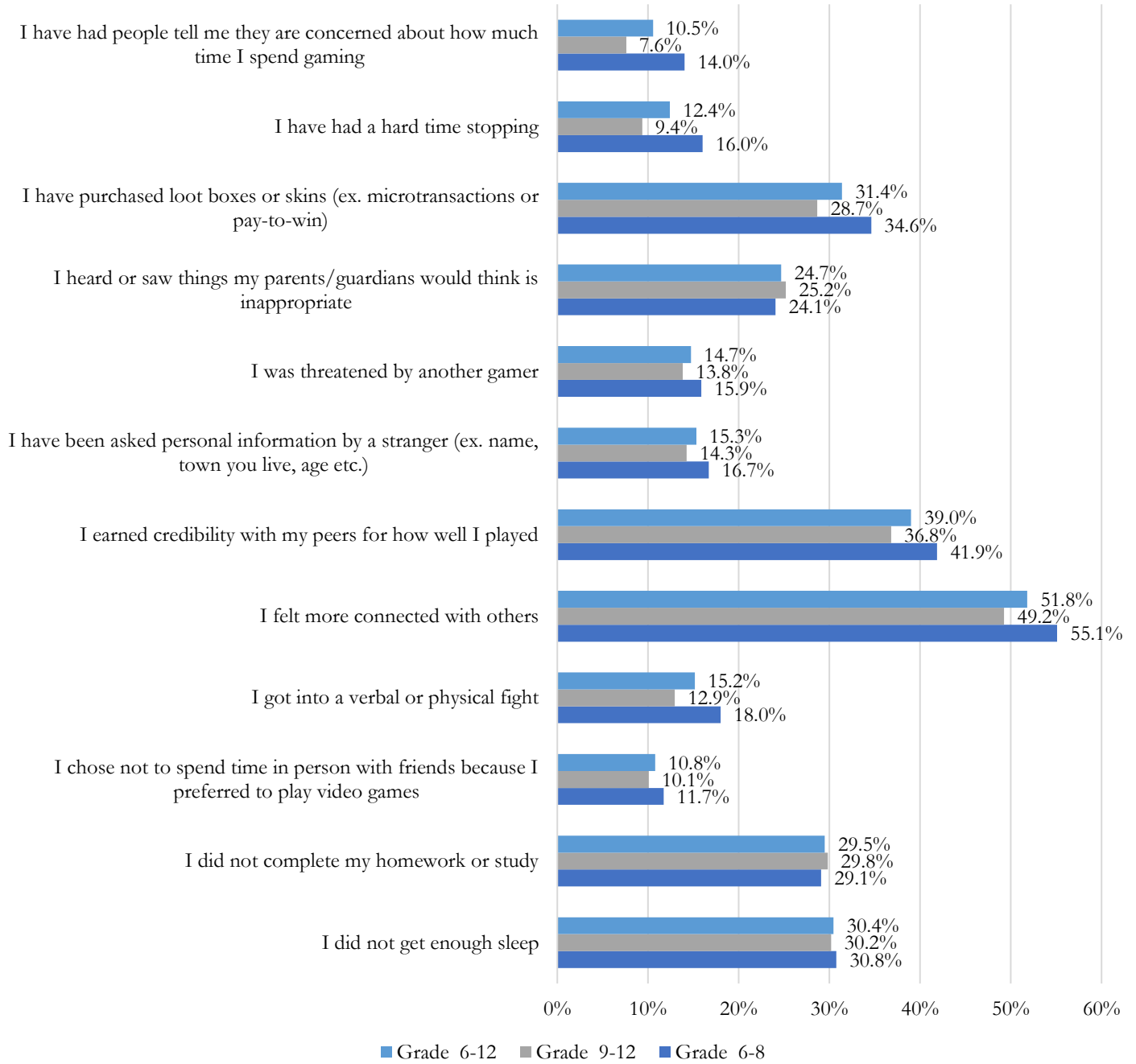
Additionally, youth who had gambled in the past month had higher rates of past month substance use than those who never gambled or had gambled in their lifetime. This pattern changes for lifetime substance use, where individuals who never gambled often had higher rates (vape products with nicotine or flavored liquids, alcohol, binge drinking, and marijuana use).

Gambling Rates:

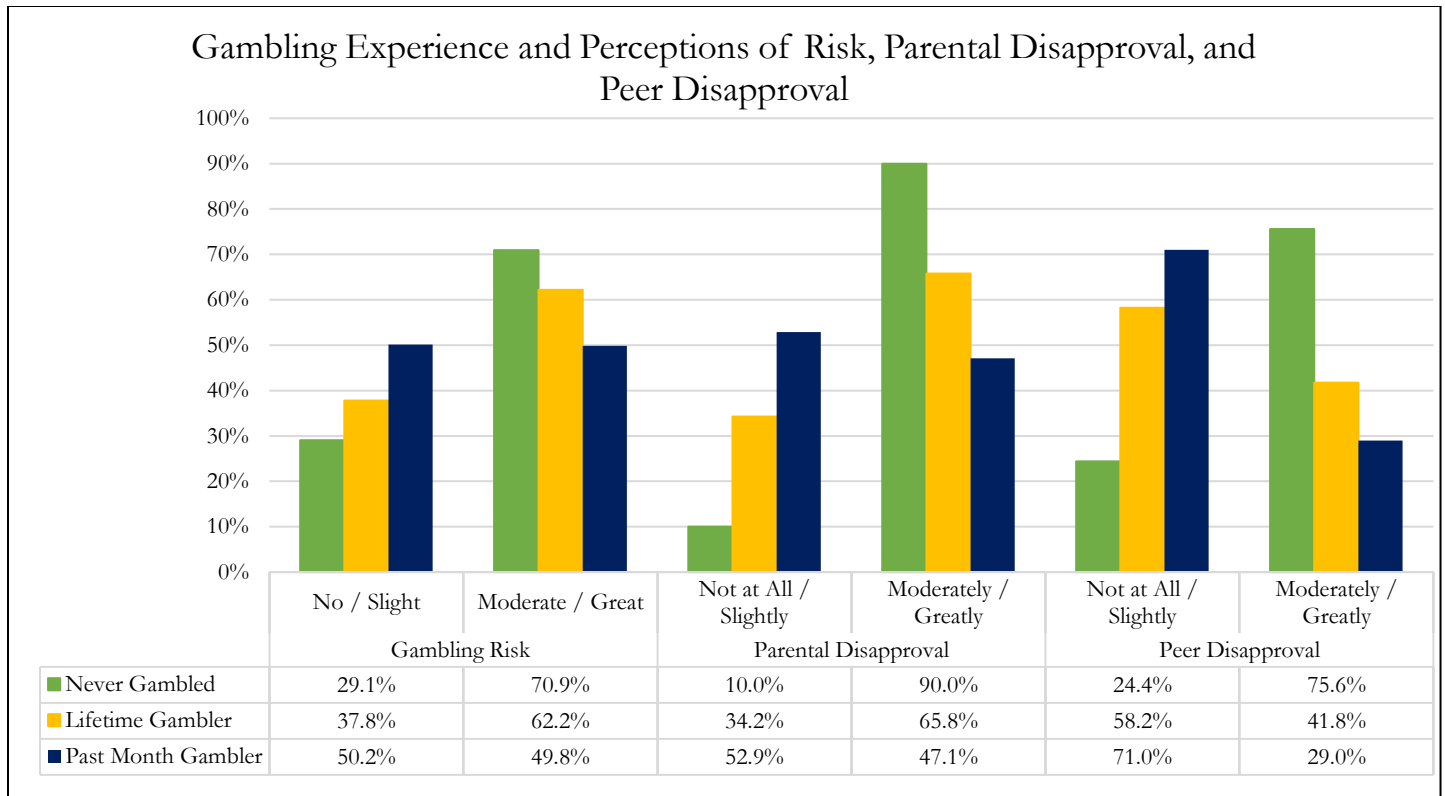


Gaming:

Perceived Gaming Assets and Consequences - Past Year

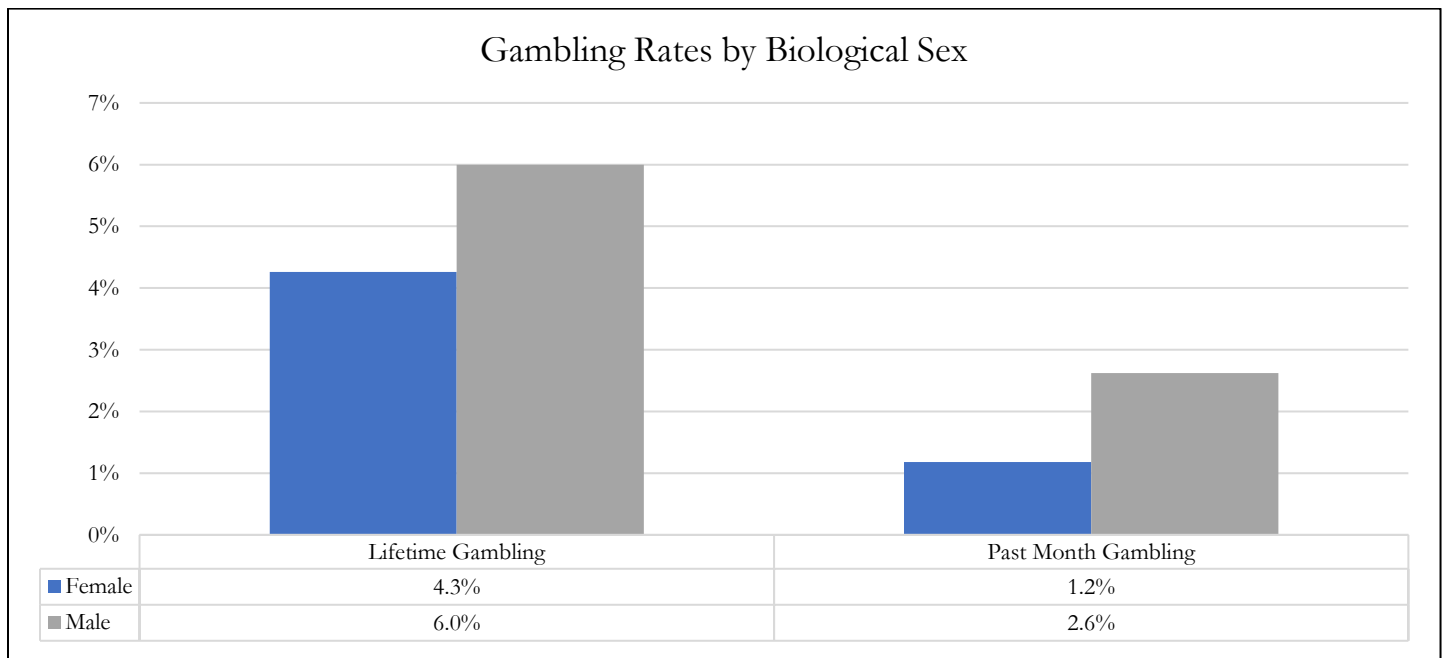


Gambling Rates and Risk Factors:

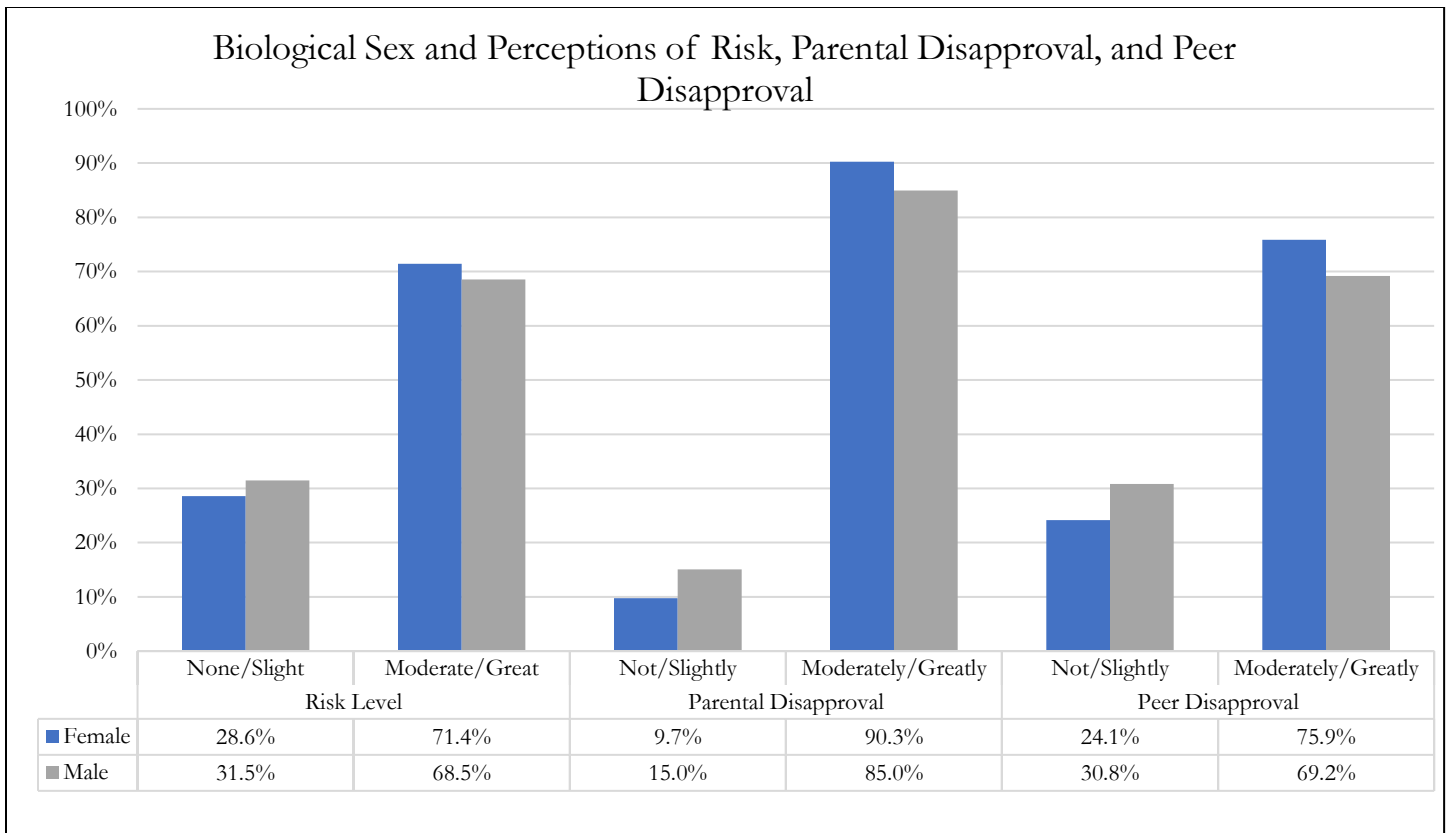


Subpopulation Analysis:

Biological Sex

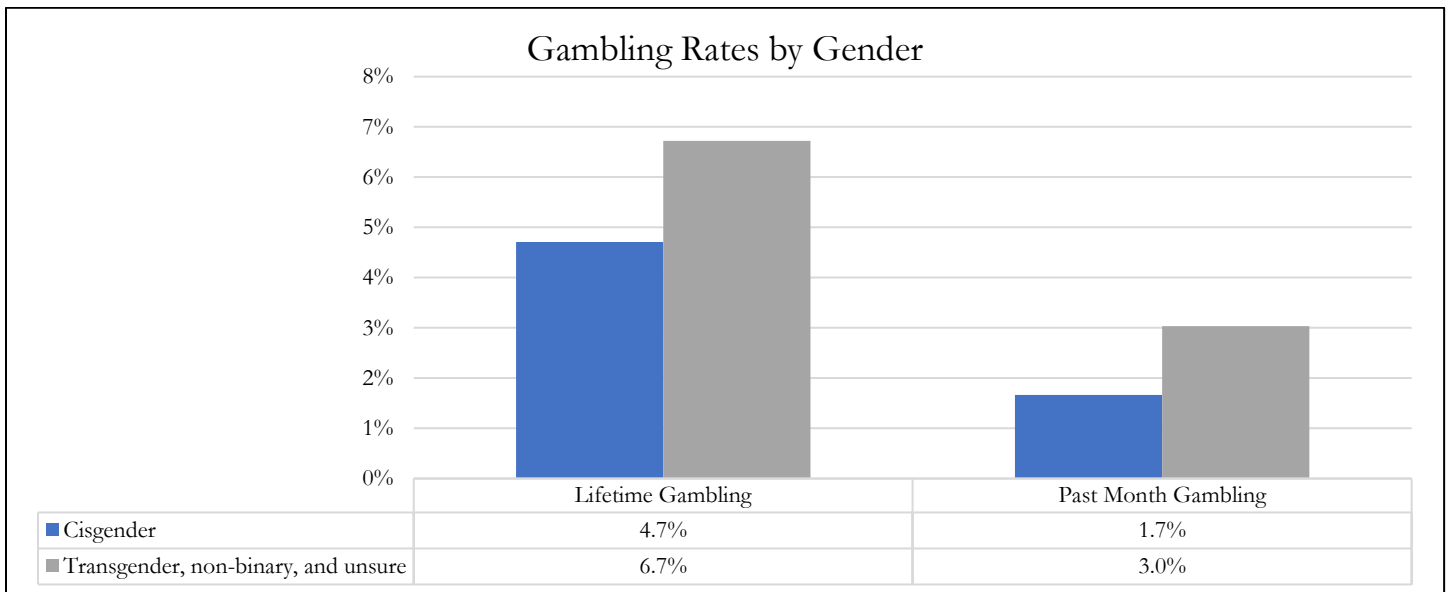


There is a statistically significant relationship between gambling experience and biological sex. Males are more likely to have gambled than females.



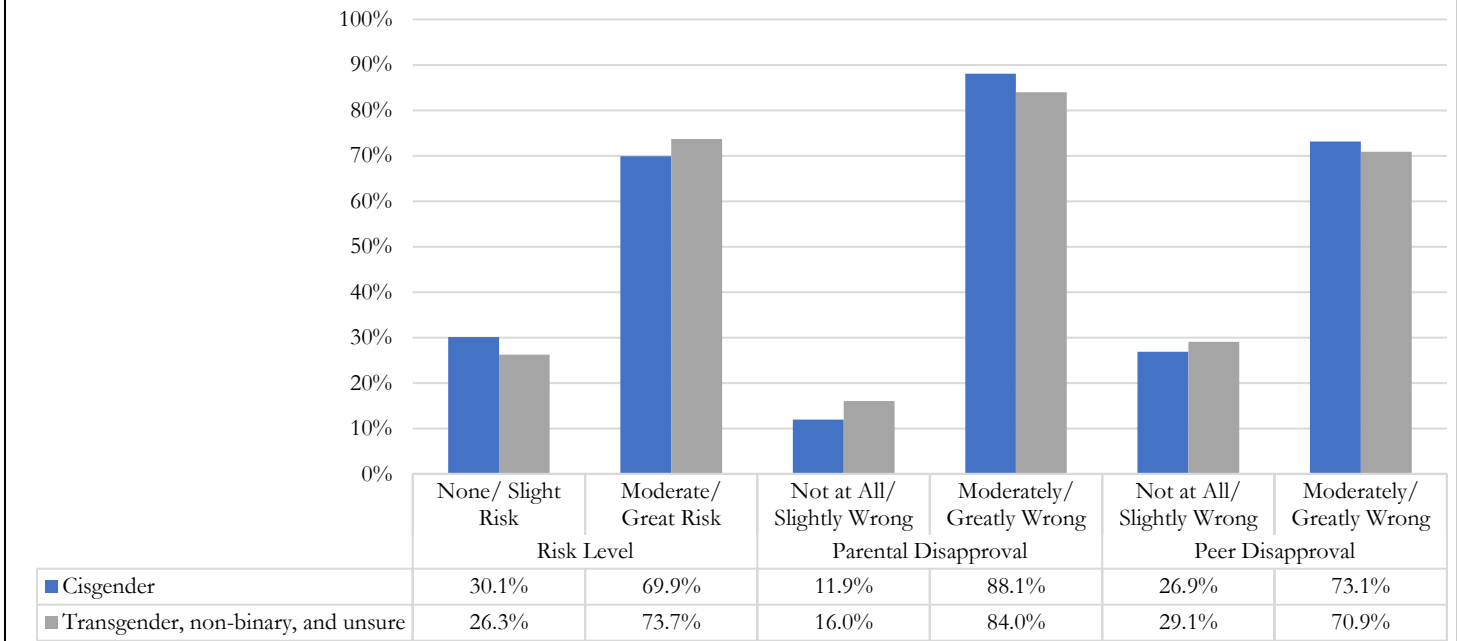
Females perceive greater risk, and greater peer and parental disapproval of gambling than males.

Gender Identity



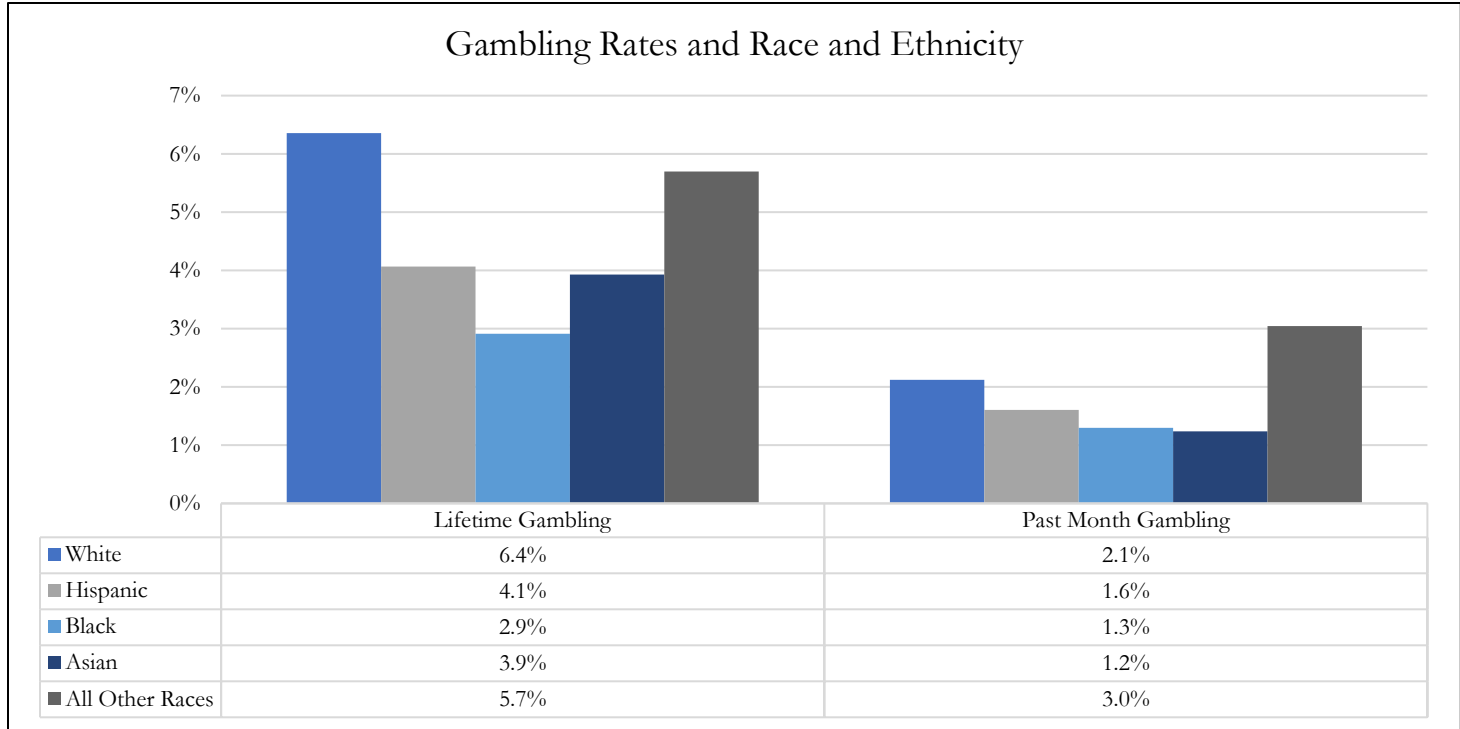
There is a statistically significant relationship between gambling experience and gender. Youth who described themselves as transgender, non-binary, and unsure were more likely to report gambling in the past month or in their lifetimes.

Gender and Perceptions of Risk, Parental Disapproval, and Peer Disapproval



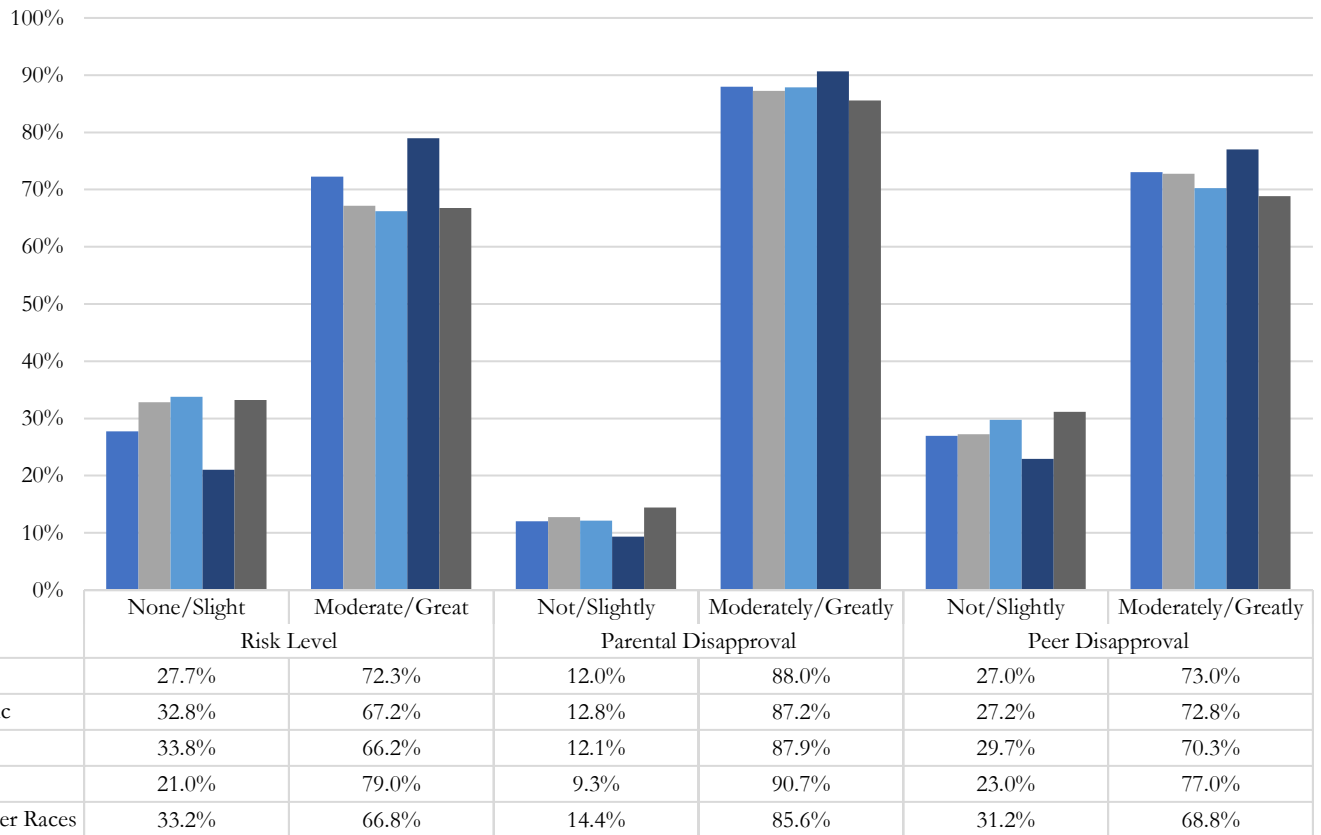
Youth who describe themselves as transgender, non-binary, or unsure perceived greater risk in gambling than their cisgender peers. When looking at parental disapproval, cisgender youth report more parental disapproval than their transgender, non-binary and unsure peers.

Race and Ethnicity



There is a statistically significant relationship between gambling experience and race and ethnicity. White youth are more likely to have gambled in their lifetimes or in the past month. Hispanic and Black youth are more likely to have never gambled. Youth in the “All Other Races” group are observed to be past month gamblers.

Race and Perceptions of Risk, Parental Disapproval, and Peer Disapproval

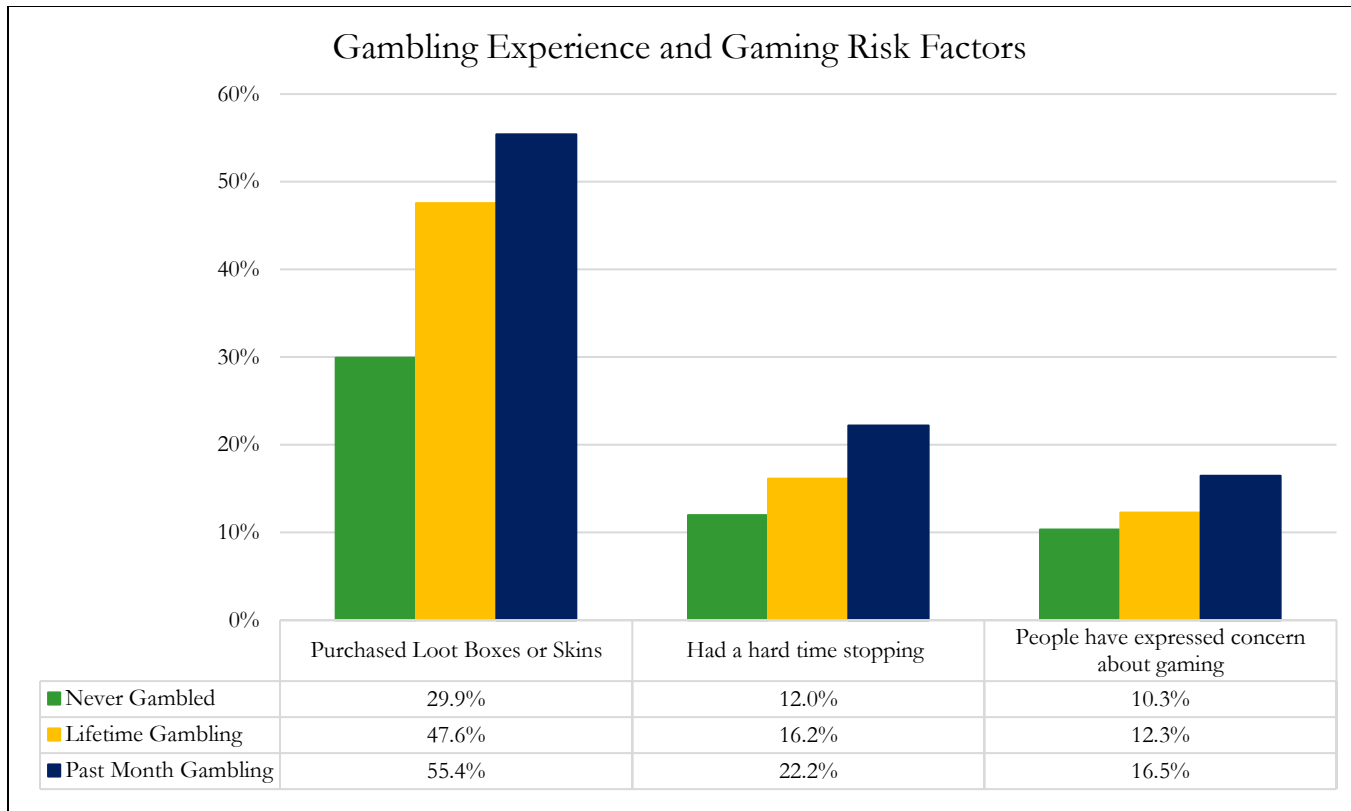


White, Hispanic, and Black youth, and youth in the “All Other Races” group were more likely to report “none” or “slight” risk in gambling compared to Asian peers.

Also, Hispanic youth and youth in the “All Other Races” group reported less parental disapproval than Asian peers.

Peer disapproval analysis shows that white, Hispanic, and Black youth, and youth in the “All Other Races” group indicated less peer disapproval of gambling than Asian youth.

Gambling and Gaming Risk Factors:



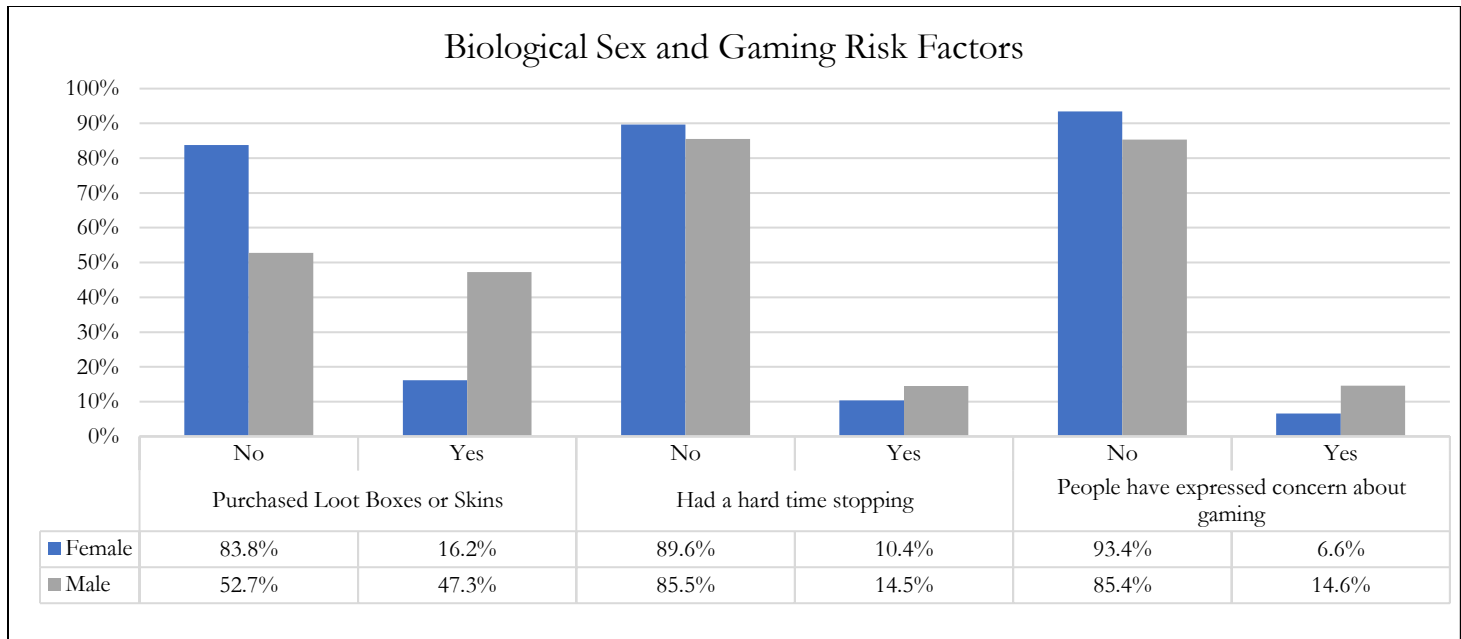
There is a statistically significant relationship between gambling frequency (past month, lifetime, or never) and the three gaming risk factors above. Youth who had never gambled were less likely to report purchasing loot boxes or skins than those who had gambled in their lifetimes or in the past month. Youth who reported gambling in the past month were more likely than those who had gambled in their lifetimes to report purchasing loot boxes or skins.

Similarly, youth who had never gambled were less likely to report having a hard time stopping their gaming, than those who had gambled in the past year or in their lifetime. Youth who had gambled in the past month were more likely to report having a hard time stopping than those who had gambled in their lifetime.

Finally, youth who had never gambled were less likely to report having someone express concern about gaming, compared to those who had gambled in the past month.

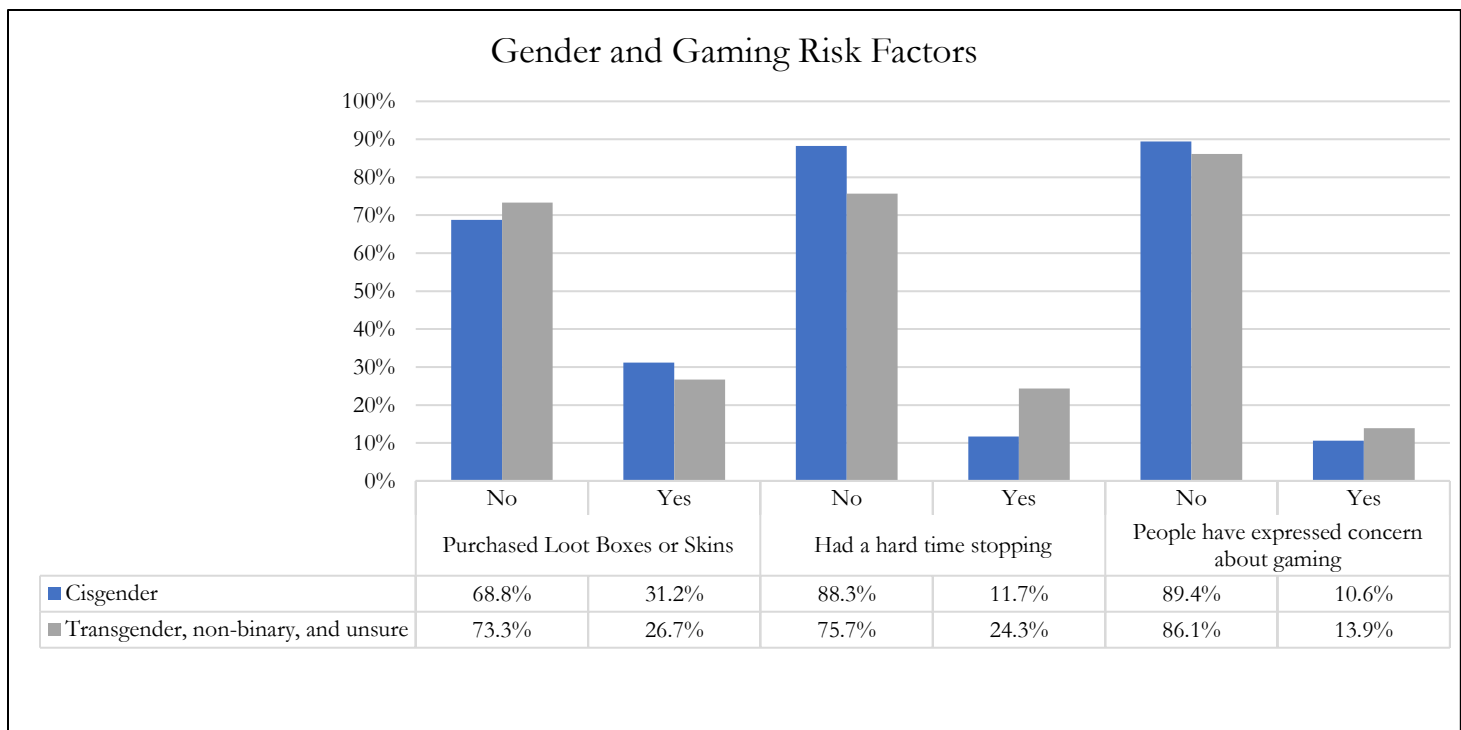
Sub Population Analysis:

Biological Sex

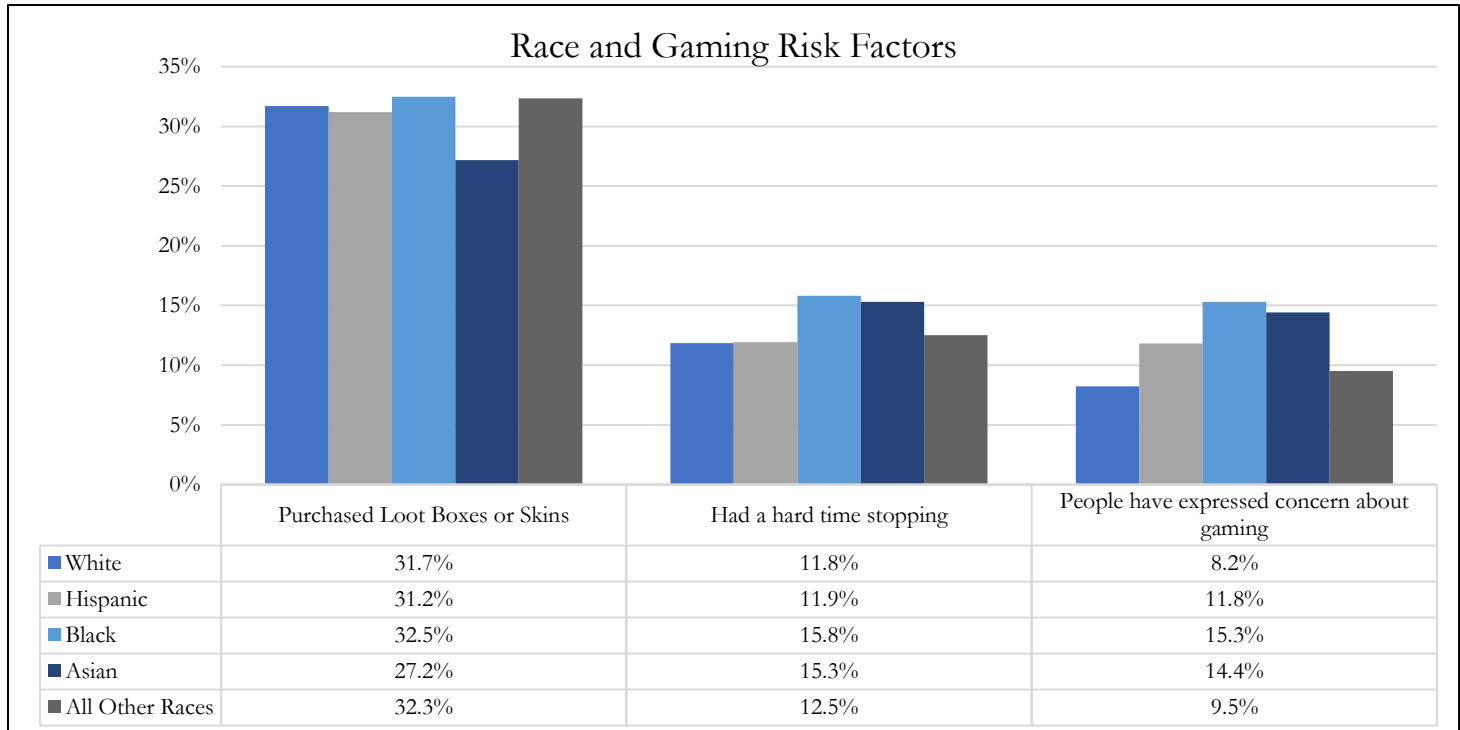


Males are more likely than females to have experienced these gaming risk factors.

Gender Identity



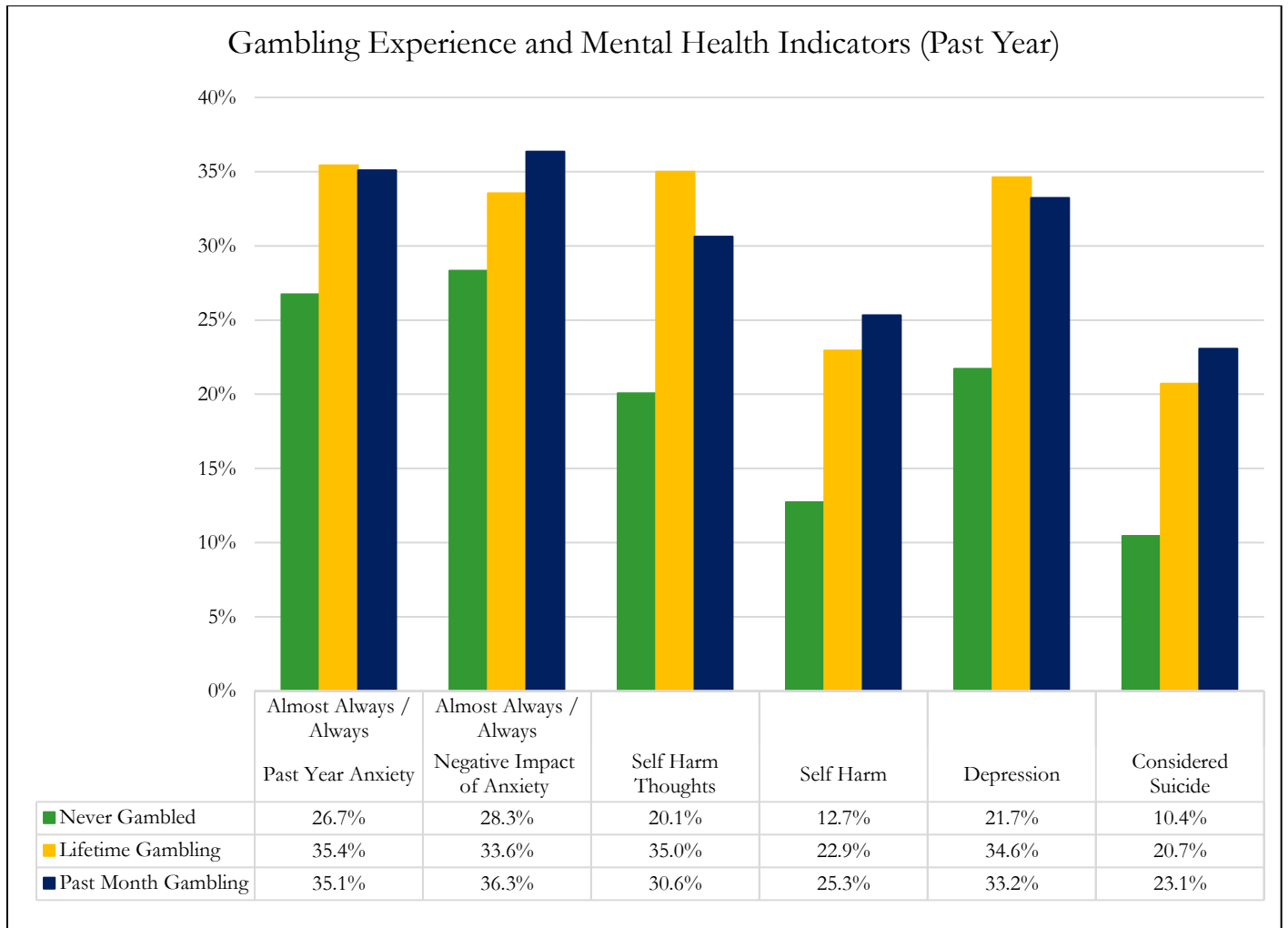
Cisgender youth indicated a higher likelihood of purchasing of loot boxes, while youth who described themselves as transgender, non-binary, or unsure were more likely to have a hard time stopping and have had people express concerns about the time spent gaming.



Black youth were more likely to have had a hard time stopping gaming than white and Hispanic youth. Further, Black youth were more likely to have had people express concerns about their gaming than white and Hispanic youth, and youth in the “All Other Races” group.

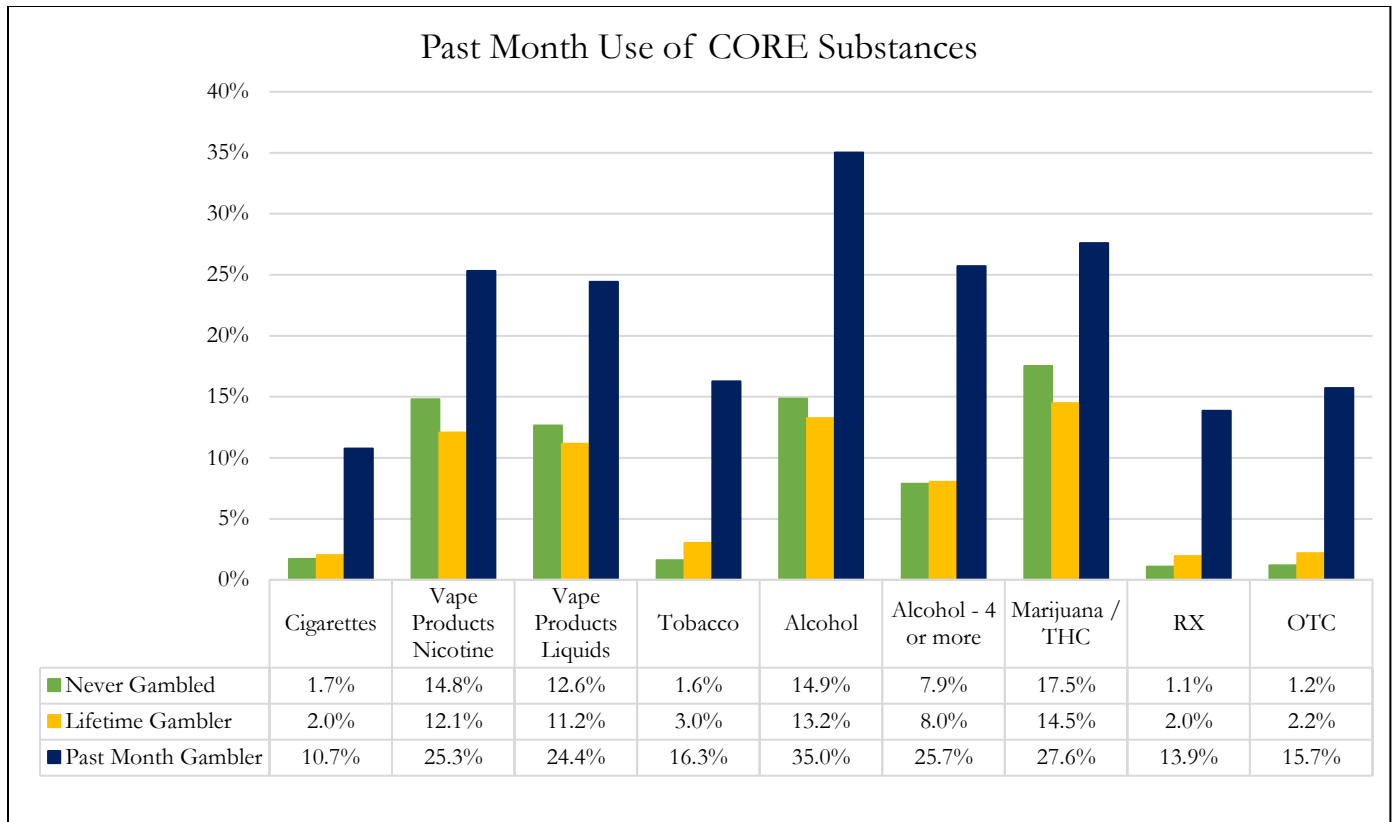
It is also observed that Hispanic and Asian youth were more likely to have had people express concerns about their gaming than white youth.

Gambling and Mental Health Indicators:



For all mental health indicators in the chart above, youth who had gambled in their lifetimes or in the past month were statistically significantly more likely to have experienced the mental health indicator than those who had never gambled.

Gambling and Substance Use:

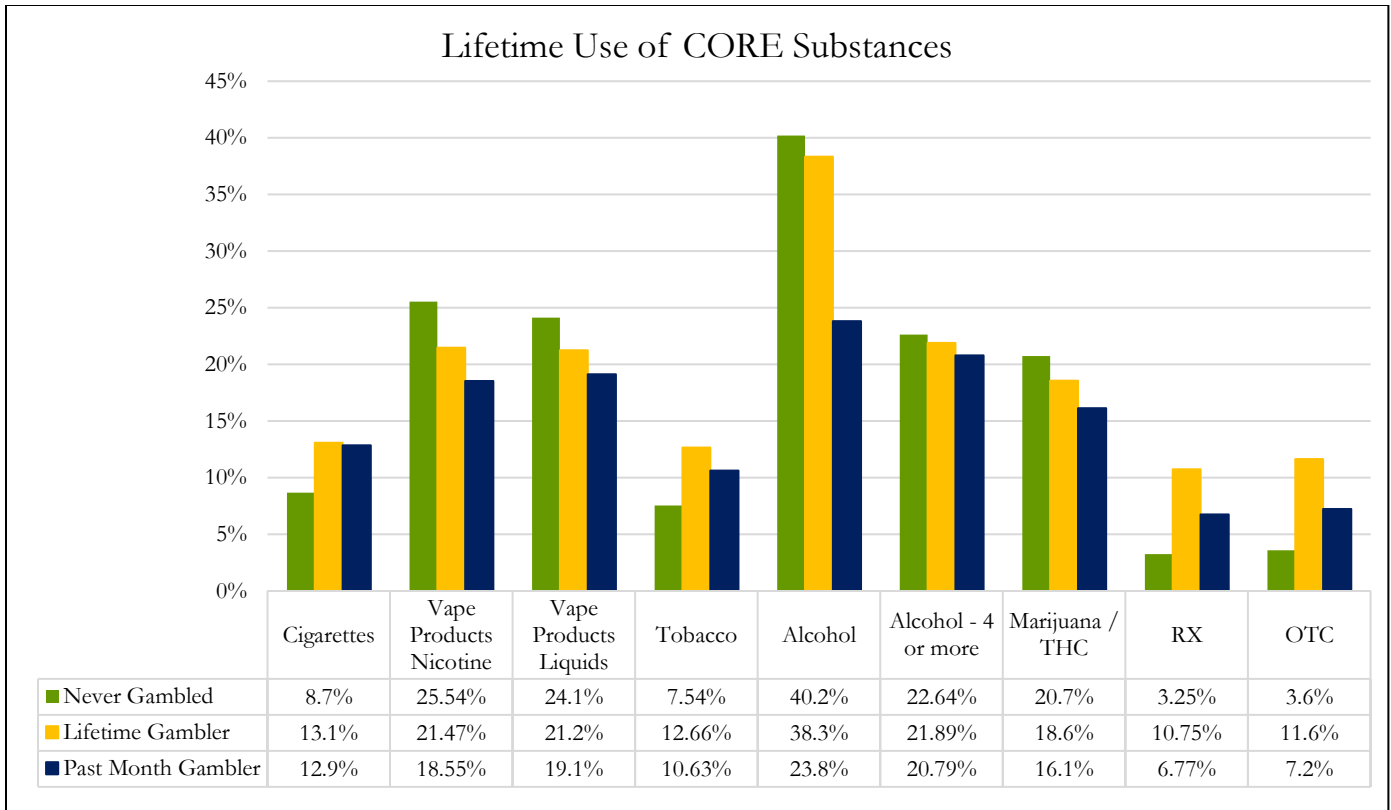


Youth who gambled in the past month were statistically more likely to have used all substances in the chart above in the past month than those who had gambled in their lifetimes or had never gambled.

There were also significant differences between lifetime gambling and having never gambling which include the following:

Youth who had never gambled were more likely to report past month use of vape products with nicotine and marijuana use than those who had gambled in their lifetime.

Youth who had gambled in their lifetime were more likely to report past month use of other tobacco products, non-medical use of prescription drugs, and non-medical use of over-the-counter drugs than those who had never gambled.



Youth who had gambled in the past month and youth who had gambled in their lifetimes were more likely to report lifetime substance use of the following compared to those who had never gambled: cigarettes, other tobacco products, prescription drugs, and over the counter medications.

Conclusion:

Data from this analysis indicate that males, youth who identify as white or youth within the “all other races” group, and youth who identify as transgender, non-binary or unsure, have the highest rates of gambling and generally higher risk factors for gambling. Youth who gambled in the past month demonstrate possible indicators of video gaming risk factors and had higher rates of past month substance use, than those who had gambled in their lifetime. This analysis also illustrated that youth who reported gambling in the past month or in their lifetime had higher rates of mental health concerns.

It should be noted that the data presented are correlated but not causal meaning we cannot determine that one behavior lead to another from these data. However, these data can support continued focused gambling awareness and prevention efforts among youth. As is true with data-driven substance use prevention efforts, mechanisms to increase youth perception of harm, peer and parental disapproval, may decrease youth engagement in gambling behavior. These messages may serve youth best by universally targeting teens and their parents with a focused culturally appropriate approach to those subgroups of youth who appear to have increased risks, such as males or those who identify as transgender, non-binary or unsure.

To obtain increased youth, community and key stakeholder buy-in regarding the risks related to youth gambling, messaging about youth substance use being associated with past month gambling may facilitate allocation of resources to problem gambling awareness efforts. Additionally, providing information about the association of gambling and increased youth self-report of anxiety, self-harm, depression and suicidal ideation.