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Gambling prevalence rates among immigrants: A multigenerational examination

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ABSTRACT

Introduction: The present study employed data from Waves I and II of the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC) to compare gambling prevalence rates across gender and world regions (e.g., Africa, Asia, Europe, and Latin America).
Methods: Responses from first generation (n = 5363), second generation (n = 4826), third generation (n = 4746), and native-born Americans (n = 19,715) were subjected to a series of multinomial regression analyses, after controlling for sociodemographic variables such as age, gender, race/ethnicity, household income, education level, region of the United States, and urbanicity.
Results: The prevalence of gambling and problem gambling was markedly lower among first-generation immigrants than that of native-born Americans and second and third-generation immigrants. Results also point to inter- and intra-generational dynamics related to gender, age of arrival and duration in the United States, and world region from which participants emigrated. Additionally, we found that second-generation immigrants and nonimmigrants were significantly more likely to meet criteria for disordered gambling compared to first-generation immigrants in general.
Conclusions: Compared to first-generation immigrants, male and female immigrants of subsequent generations and nonimmigrants were significantly more likely to report involvement in all problem gambling behaviors examined. Findings suggest that gambling prevalence rates increase across subsequent generations, and are more likely to occur in women than among men.

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1. Introduction

Many people gamble on an infrequent and recreational basis; however, approximately 0.5% to 7.6% of a country's population has a gambling disorder (Williams, Volberg, & Stevens, 2012), with lifetime prevalence rates ranging from 0.1% to 5.1% (Petry & Armentano, 1999). Gambling behaviors range from non-pathological or recreational to problem and pathological, depending upon the persistence and recurrent nature of the gambling-related behaviors emitted by the individual (Bellegrade & Potenza, 2010; Potenza, 2006). For instance, the Diagnostic Statistical Manual (American Psychiatric Association, 2013) suggests that individuals must engage in four of nine symptoms to be diagnosed with a gambling disorder. Symptoms include loss of a significant relationship, gambling during times of distress, preoccupation with gambling related thoughts, hiding the extent of the gambling problem, and a need to gamble with increasing amounts of money to receive the desired outcome (American Psychiatric Association, 2013). Problem gamblers (or individuals believed to be at risk for developing a gambling disorder) along with disordered gamblers are more likely to exhibit co-occurring substance use and are more at risk of suicide, depression, and psychiatric disorders (Abbott, Williams, & Volberg, 2004; Petry & Kiluk, 2002; Petry, Stinson, & Grant, 2005). Moreover, for every disordered gambler, approximately 8 to 10 other individuals within the gambler's social community (e.g., friends, family, and coworkers) are negatively affected (Lobsinger & Beckett, 1996). Societal costs as a result of excessive gambling often include unpaid debts and bankruptcies (Ladouceur, Boisvert, Pépin, Loranger, & Sylvain, 1994), increased criminal activity and costs for law enforcement (Single et al., 2003), domestic violence (Gerstein et al., 1999), and decreased job productivity (National Gambling Impact Study Commission, 1999).

Gamblers across the globe represent a heterogeneous sample (Ladouceur, Lachance, & Fournier, 2009), with divergent prevalence rates across demographic variables, such as gender (Ibanez, Blanco, Moreryra, & Saiz-Ruiz, 2003; Potenza, 2006), race/ethnicity (Welte, Wieczorek, Barnes, & Tidwell, 2006), age (Gerstein et al., 1999; Stinchfield, Cassuto, Winters, & Latimer, 1997), socioeconomic status (Shaffer & Hall, 2001), and marital status (Cunningham-Williams,

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Cottler, Compton, & Spitznagel, 1998). For example, gender bifurcations have been identified, with males being 1.9 times more likely to become disordered gamblers than females (Welte et al., 2006). Similarly, previous research suggests that 10–15% of youth are at risk of developing a gambling disorder (Derevensky & Gupta, 2004), while women are more likely to develop a gambling disorder later in life compared to men (Bellegrade & Potenza, 2010; Potenza, 2006).

Studies in the United States have shown that gambling prevalence rates may vary across cultural and ethnic minority groups (Raylu & Oei, 2004). For example, South East Asian refugees and immigrants are at higher rates for developing problem or disordered gambling behaviors when compared to members of the majority group in the United States (Petry, Armentano, Kuoch, Norinth, & Smith, 2003). Similarly, Marshall, Elliott, and Schell (Marshall, Elliott, & Schell, 2009) interviewed 127 Cambodian refugees residing in Long Beach California, and found that roughly 14% of respondents met criteria for lifetime disordered gambling. United States immigrants from various regions may increase their gambling behaviors over time, particularly if gambling was mostly illegal with minimal opportunities to gamble in their country of origin (Welte et al., 2006). However, there have been no systematic analyses to evaluate variations of gambling across generations of immigrants to the United States.

Although recent research is establishing that immigrants are less likely than native-born Americans to be involved in numerous problem behaviors, including crime and violence (Lee & Martinez, 2009; MacDonald, Hipp, & Gill, 2013; MacDonald & Saunders, 2012; Reid, Weiss, Adelman, & Jaret, 2005; Vaughn, Salas-Wright, Cooper-Sadlo, Maynard, & Larson, in press; Vaughn, Salas-Wright, DeLisi, & Maynard, 2014a; Zatz & Smith, 2012), less is known about whether this holds true for gambling. Indeed, little is understood about the influence of culture, immigrant status, and family immigrant/generation status on gambling prevalence rates. Therefore, the purpose of the present study was to examine multigenerational links between immigration and gambling use among adults in the United States. Data collected from the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC) was employed to address these gaps in the literature. Multinomial regression was used to compare the prevalence rates of gambling among first-generation (n = 5363) immigrants to nonimmigrants (n = 19,715) as well as second (n = 4826) and third-generation (n = 4746) immigrants. Additionally, we compared the prevalence of gambling and problem gambling among immigrants across gender and major world regions (i.e. Africa, Asia, Europe, and Latin America).

2. Method

2.1. Sample and procedures

Study findings are based on data from Waves I (2001–2002) and II (2004–2005) of the NESARC. The NESARC is a nationally representative sample of non-institutionalized United States residents aged 18 years and older. Using a multistage cluster sampling design and oversampling minority populations, the study gathered extensive information from individuals living in all 50 states and the District of Columbia. Data were collected through face-to-face structured interviews conducted by United States census workers trained by the National Institute on Alcohol Abuse and Alcoholism and United States Census Bureau. The assessment was based on the computer assisted Alcohol Use Disorders and Associated Disabilities Interview Schedule — DSM-IV version (AUDADIS-IV). The response rate for Wave I data was 81% and for Wave II was 87% with a cumulative response rate of 70% for both waves. A more detailed description of the NESARC design and procedures is available elsewhere (Grant, Moore, Shepard, & Kaplan, 2003).

2.2. Measures

2.2.1. Gambling

Five dichotomous (0 = no, 1 = yes) measures from the Pathological Gambling module of the AUDADIS-IV included in the Wave I interviews were used to examine lifetime history of gambling and problem gambling. Gambling was determined on the basis of the following question "Have you ever gambled at least five times in any one year of your life?" Individuals who responded affirmatively (n = 11,153; 28.37%) were coded as 1 and all other respondents coded as 0. Problem gambling items included behaviors related to increasing gambling bets, excessive time spent gambling or thinking about gambling, and gambling quickly after a win or a loss. For example, respondents were queried: "In your entire life did you ever spend a lot of time gambling, planning your bets or studying the odds?" To ensure sufficient statistical power and model stability, only items with prevalence greater than 1.5% in the general population were included in statistical analyses.

2.2.2. Immigrant status

In the Wave II interview, respondents were asked whether they, their parents, and their grandparents were born in the United States. Respondents born outside of the United States were classified as first-generation immigrants (n = 5,363; 13.86%). First-generation immigrants were also categorized on the basis of their self-reported country of origin (i.e., Africa, Asia, Europe, and Latin America). Those who were born in the United States but had at least one parent or grandparent born abroad were deemed second (n = 4,826; 12.82%) and third-generation (n = 4,746; 14.89%) immigrants, respectively. Respondents born in the United States who reported no foreign-born parents or grandparents were classified as nonimmigrants (n = 19,715; 58.43%). Notably, the majority of prior studies of immigrant status and health have not drawn a distinction between third-generation immigrants and nonimmigrants; however, based on the large number of third-generation immigrants in the sample and prior research suggesting some differences in risk behavior, we elected to make this distinction.

2.2.3. Sociodemographic controls

The following sociodemographic variables were included as controls: age, gender, race/ethnicity, household income, education level, marital status, region of the United States, and urbanicity.

2.3. Analysis

A series of multinomial regression analyses were executed to compare nonimmigrants and immigrants across three generations in terms of gambling and problem gambling. First, controlling for the sociodemographic confounds listed above, first-generation immigrant men and women were compared to nonimmigrants as well as second and third-generation immigrants in terms of the prevalence of gambling. Additional multinomial regression analyses were conducted with the other immigrant generations and nonimmigrants specified as the reference group. This approach allows for a variety of comparisons beyond simply comparing first-generation immigrants with all other groups. Next, a similar procedure was conducted to compare the gambling prevalence of first-generation immigrant men and women from various world regions with that of nonimmigrants as well as second and third-generation immigrants. In this analysis, due to cell size limitations, we were unable to control for race/ethnicity and marital status. Finally, we compared problem gambling behaviors of first-generation immigrants with nonimmigrants and second and third-generation immigrants. For all statistical analyses, weighted prevalence estimates and standard errors were computed using Stata 13.1 SE software.

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