



**PROBLEM GAMBLING PREVENTION  
RESOURCE GUIDE  
FOR  
PREVENTION PROFESSIONALS**

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## INTRODUCTION

With the widespread availability and acceptance of legalized gambling comes increased concern about the individual and social costs of problem gambling. To address this concern, problem gambling prevention efforts are emerging and doing so at a rate that has outpaced scientific discovery. That is, the field of problem gambling prevention has emerged with few empirically supported gambling specific interventions.

Problem gambling contributes to human misery and creates monetary costs to society; however, the scope of the problem remains under debate. Furthermore, the incidence rate of problem gambling has not been well investigated. What is known about problem gambling rates has been through the use of prevalence studies that seem to suggest the prevalence of problem gambling is increasing as the opportunity to gamble increases. Without sound incidence studies or standardized gambling impact assessment procedures, it is difficult to measure and determine the efficacy of prevention efforts.

Even with measurement challenges and without a robust understanding of problem gambling's impact or etiology, a strong argument can be made for constructing prevention efforts based on a public health model. This model has demonstrated its effectiveness and versatility in addressing a broad range of public

health concerns that are not too disparate from problem gambling. Utilizing a public health model, the goal of problem gambling prevention is to reduce the incidence and prevalence of problem gambling while attempting to reduce the emotional, physical, social, legal, financial, and spiritual consequences of problem gambling for the gambler and gambler's family and the community at-large.

The public health model proposes that problems arise through the reciprocal relationship of three critical elements: host, agent, and environment. As with all public health prevention models, the host is the individual, and the environment is the social and physical context in which the host and agent interact. Regarding problem gambling prevention, the agent is gambling. This model can provide the foundation for the design of prevention strategies and the information contained in the body of this guide can provide the blueprint for building upon that foundation.

### **Overview and Use of this Resource Guide**

Prevention strategies, activities, or approaches that have been shown through research and evaluation to be effective in preventing and/or delaying substance abuse are referred to as “best practices” (CSAP’s Western CAPT, 2002). A host of best practice and promising practice substance abuse prevention programs have emerged and are in use in communities and schools across the United States. Officially recognized best practice programs do not exist for problem gambling prevention. However, within the past few years, a handful of problem gambling

prevention programs have been developed and are being evaluated. Additionally, Dickson, Derevensky, and Gupta (2002) recently compiled research in a prevention framework that begins to demonstrate links between research in the field of problem gambling with well researched risk and protective factors (Hawkins, Catalano, & Miller, 1992) for other problem behaviors.

This resource guide is designed to provide addictions prevention providers and other professionals with information on potential relationships between problem gambling and other problem behaviors and, further, to equip providers with information about evidence-based addictions prevention programs, including gambling-specific prevention programs. Because this guide was written for a professional audience of prevention specialists, trade language is used without accompanying definitions with the exception of a limited description of the Institute of Medicines approach and the Center for Substance Abuse Prevention strategies (see Appendix A).

The resources in this guide are outlined in three sections. The first section provides background in the research relating risk and protective factors for problem behaviors and problem gambling behaviors; in this section we place great emphasis on the research amassed by Dickson, Derevensky, and Gupta (2002).

The next two sections build upon the risk and protective factor relationships discussed in Section I. The second section lists and provides information about

problem gambling prevention programs that have been developed, packaged, and are exportable in differing degrees. These programs, while not necessarily formally recognized as evidence-based practices, have either been reviewed and endorsed for use within government jurisdictions or are widely recognized as conceptually solid problem gambling prevention programs. These ready-made programs are referred to in this guide as “promising” even though they have not been officially recognized as such by any national review board. The third section is intended to provide prevention professionals with practical suggestions for applying problem gambling prevention strategies into existing best and promising practice substance abuse prevention programs. Although the applications of problem gambling prevention strategies have not been applied to best and promising substance abuse programs, we encourage prevention professionals to explore areas in which the topic of problem gambling can be appropriately integrated into existing evidenced-based prevention curricula.

We hope this resource will be a valuable tool for individuals developing strategies and programs designed to reduce the negative effects of gambling. In addition to assisting in the development of stand alone problem gambling prevention programs, this resource guide will point to potential areas of targeted crossover between problem gambling prevention efforts and the prevention of other problem behaviors. For questions, additional information, or to add to this



resource guide, please contact Jeffrey Marotta, Oregon Problem Gambling Services Manager, at (503) 945-9709 (email: [Jeffrey.J.Marotta@state.or.us](mailto:Jeffrey.J.Marotta@state.or.us)), or Julie Hynes, at (541) 729-2511 (email: [gamblingprevention@comcast.net](mailto:gamblingprevention@comcast.net)).

## **SECTION I.**

### **RISK AND PROTECTIVE FACTORS RELATED TO PROBLEM GAMBLING AND OTHER PROBLEM BEHAVIORS**

Research has identified risk factors that contribute toward problem youth behavior, including substance abuse, violence, delinquency, teenage pregnancy, and school dropout (Hawkins & Catalano, 1992). Recent studies in the field of gambling have established that many adolescents who engage in gambling activities are also involved in other problem behaviors (Carlson & Moore, 1998; Vitaro, Ferland, Jacques, & Ladouceur, 1998; Volberg, 1998; Winters, Stinchfield, & Fulkerson, 1993), and research continues to develop that demonstrates the commonalities of risk factors for problem gambling and other problematic behaviors. While studies have not yet clearly demonstrated a link between protective factors and reduced risk for problem gambling, exploratory research suggests such a link exists (Dickson et al., 2002).

The purpose of this section is to equip gambling prevention providers with an improved understanding of the relationships of risk factors between problem gambling and other problem behaviors, and to have a general understanding of how protective factors may be of use in problem gambling prevention program strategies.

Please note that the literature review, particularly with regard to problem behaviors in general, is not exhaustive. Many studies exist in the literature examining various problem behaviors and their hypothesized risk and protective factors. The links shown in this document outline the belief that problem gambling prevention activities may be most effective by addressing common risk and protective factors. Many thanks to Dickson, Derevensky, & Gupta (2002) for providing the prevention community with a compilation of valuable research linking findings from the problem gambling field with findings in the substance use domain, much of which follows.

## A. COMMUNITY RISK FACTORS

### 1. Availability

The more available drugs and alcohol are in a community, the higher the risk that drug abuse will occur in that community. Perceived availability of drugs is also associated with increased risk. In schools where children just **perceive** that drugs are more available, a higher rate of drug use occurs.

<b>PROBLEM BEHAVIOR/ Risk</b>	<b>Research</b>	<b>Findings</b>
<b>GAMBLING:</b> Accessibility	Jacques et al., 2000; Griffiths, 1995	Greater accessibility found to be related to increased gambling, money spent on gambling, increased numbers of problem gamblers (Dickson et. al., 2002).
<b>ALCOHOL / DRUGS:</b> Access and availability to substances	Brook et al., 1992	The more available substances are, the higher the risk that young people will abuse them. Intervention in later research showed that higher alcohol taxes were found to be related to decreases in consumption and problem drinking consequences (Coate & Grossman, 1988 as cited in Dickson et al., 2002).

## 2. Community laws and norms favorable toward drug use

Community norms--the attitudes and policies a community holds in relation to drug use, violence and crime--are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other members of the community have of young people. When laws, tax rates, and community standards are favorable toward substance abuse, violence or crime, or even when they are just unclear, young people are at higher risk.

<b>PROBLEM BEHAVIOR/ Risk</b>	<b>Research</b>	<b>Findings</b>
<b>GAMBLING:</b> Lack of community awareness	Gupta & Derevensky, 1996; Wood & Griffiths, 1998, 2000	Parents and family members are not aware of the dangers inherent in children regularly engaging in gambling activities; educators are not aware of the prevalence of children gambling on a regular basis (Dickson et al., 2002).
<b>GAMBLING:</b> Social acceptance	Stinchfield & Winters, 1998	Gambling is heavily advertised and readily available to youth.
<b>GAMBLING:</b> Media; television lottery ads	Carlson & Moore, 1998	Youth who are more aware of lottery advertising are more likely to play the lottery.
<b>ALCOHOL:</b> Absence of legal enforcement of underage drinking	Maddahian et al., 1988; Gottfredson, 1988; Laughery et al., 1993	Availability of affected use of alcohol and illegal drugs. Later research showed that, by increasing the price of beer, frequent youth drinking was reduced (Coate & Grossman, 1988 as cited in Dickson et al., 2002).
<b>ALCOHOL:</b> Media; drinking an acceptable social behavior	Coler & Chassin, 1999; Johnston et al., 1991; Atkin et al., 1984)	Socialization specific to alcohol related to moderate alcohol use; more exposure to media campaigns promoting alcohol among teens reporting higher drinking levels. Later research of sensation-targeted public ads warning of dangers of drug use and other drinking behaviors reduced participation in high-risk behaviors (Palmgreen et al., 1995 as cited in Dickson et al., 2002).

### **3. Transitions and Mobility**

Communities that are characterized by high rates of mobility appear to be linked to an increased risk of drug and crime problems. The more people in a community move, the greater is the risk of both criminal behavior and drug-related problems in families. When children move from elementary school to middle school or from middle school to high school, significant increases in the rate of drug use, school dropout, and anti-social behavior may occur.

While a relationship may exist between transition and mobility issues and problem gambling behaviors, no specific findings were encountered in the review of literature.

### **4. Low Neighborhood Attachment and Community Disorganization**

Higher rates of drug problems, delinquency and violence and higher rates of drug trafficking occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high and where there is low surveillance of public places. These conditions are not limited to low-income neighborhoods; they can also be found in more affluent neighborhoods. Neighborhood disorganization makes it more difficult for schools, churches, and families to promote prosocial values and norms.

While a relationship may exist between low neighborhood attachment / community disorganization issues and problem gambling behaviors, no specific findings were encountered in the review of literature.

### **5. Extreme Economic Deprivation**

Children who live in deteriorating neighborhoods characterized by extreme poverty, poor living conditions and high unemployment are more likely to develop problems with delinquency, teen pregnancy and school dropout or to engage in violence toward others during adolescence and adulthood. Children who live in these areas and have behavior or adjustment problems early in life, are also more likely to have problems with drugs later on. While a relationship may exist between extreme economic deprivation issues and problem gambling behaviors, no specific findings were encountered in the review of literature.

## B. FAMILY RISK FACTORS

### 1. Family History of Problem Behavior

If children are raised in a family with a history of addiction to alcohol or other drugs, the risk of their having alcohol or other drug problems themselves increases. If children are born or raised in a family with a history of criminal activity or behavior, their risk for delinquency increases. Similarly, children who are born to a teenage mother are more likely to be teen parents, and children of dropouts are more likely to drop out of school themselves.

<b>PROBLEM BEHAVIOR/ Risk</b>	<b>Research</b>	<b>Findings</b>
<b>GAMBLING:</b> Family history of addiction, illegal activity	Browne & Brown, 1993; Firsher, 1993; Griffiths, 1995; Gupta & Derevensky, 1998a; Ide-Smith & Lea, 1988; Wood & Griffiths, 1998; Wynne et al., 1996	Pathological gamblers are more likely to have parents with an addiction or involvement in illegal activity. Researchers recommended targeting interventions in children whose parents or siblings are gamblers or problem gamblers (Dickson et al., 2002).
<b>ALCOHOL/ DRUGS:</b> Family history of substance abuse	Merikangas et al., 1998 (as cited in Dickson et al., 2002)	A powerful predictor of substance abuse. Later researched showed that residential intervention and prevention program involving distancing from drug using parents significantly decreased AOD use and delayed onset of initial substance use (Brounstein et al., 1999; Ficaró, 1999). Targeted community-based prevention/intervention approaches to children of users/abusers successfully decreased substance use (Horn, 1998; Johnson et al., 1996; Strader et al., 2000). Additionally, training high-risk parents in alcohol and drug issues demonstrated gains in levels of knowledge and beliefs about AOD (Horn, 1998; Johnson et al., 1996; Strader et al., 2000).

## 2. Family Management Problems

Poor family management practices are defined as having a lack of clear expectations for behavior, failure of parents to supervise and monitor their children (knowing where they are and with whom), and excessively severe, harsh or inconsistent punishment. Children exposed to these poor family management practices are at higher risk of developing health and behavior problems.

<b>PROBLEM BEHAVIOR/ Risk</b>	<b>Research</b>	<b>Findings</b>
<b>GAMBLING:</b> Lack of parental knowledge	Ladouceur et al., 1998 (as cited in Dickson et al., 2002)	Lack of parental knowledge about adolescent problem gambling. Researchers recommended that youth problem gambling prevention programs should include information for parents.
<b>ALCOHOL/ DRUGS:</b> Poor family management practices	Baumrind, 1983; Chassin et al., 1996 (as cited in Dickson et al., 2002)	Impact of parental alcoholism mediated by parent's stress and monitoring of child; permissiveness related to children's drug use. Researchers recommended facilitating social support by providing family support groups; teaching family management skills to parents.
<b>ALCOHOL/ DRUGS:</b> Poor family management practices	Peterson et al., 1994; Windle et al., 1996 (as cited in Dickson et al., 2002)	Failure to monitor children; inconsistent parenting practices and/or harsh discipline. Researchers recommended school-based prevention program incorporating home activities.
<b>ALCOHOL/ DRUGS:</b> Poor family management practices	Reilly, 1979 (as cited in Dickson et al., 2002)	Negative communication patterns, unrealistic expectations, unclear and inconsistent behavior limits. Later research of targeting high-risk homes with education and support activities showed prosocial changes in attitudes and perceived refusal skills in youth (St. Pierre et al., 1997; St. Pierre & Kaltreider, 1997, as cited in Dickson et al., 2002).



### 3. Family Conflict

Persistent, serious conflict between primary caregivers or between caregivers and children appears to enhance risk for children raised in these families. Conflict between family members appears to be more important than family structure.

<b>PROBLEM BEHAVIOR/ Risk</b>	<b>Research</b>	<b>Findings</b>
<b>GAMBLING:</b> Competitive home environment	Hypothesized link	Hypothesized link that highly competitive home situations pose a risk factor for later problem gambling behavior.
<b>DRUGS:</b> Deviant behavior among family members	Norco et al., 1996 (as cited in Dickson et al., 2002)	Increases likelihood of narcotic addiction. Researchers recommended group counseling aimed at correcting misperceptions about normative substance use.
<b>ALCOHOL:</b> Family conflict and disruption	Colder & Chassin, 1999; Nurco et al., 1996; Neddle et al., 1990 (as cited in Dickson et al., 2002)	High family conflict is associated with problem alcohol use. Later research of programs targeting families with pre-schoolers showed increases in communication, problem-solving, reasoning skills in children (Fritz et al., 1995; Miller-Heyl et al., 1998)

#### 4. Parental Attitudes and Involvement in Problem Behavior

Parental attitudes and behavior toward drugs, crime and violence influence the attitudes and behavior of their children. Children of parents who approve of or excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. Children whose parents engage in violent behavior inside or outside the home are at greater risk for exhibiting violent behavior.

<b>PROBLEM BEHAVIOR/ Risk</b>	<b>Research</b>	<b>Findings</b>
<b>GAMBLING:</b> Family attitudes and involvement	Gupta & Derevensky, 1997; Carlson & Moore, 1998	Pathological gamblers and youth in general report early gambling in the home and with family members; siblings appear to be the predominant influence. Youth are significantly more likely to gamble, and gamble more often, if one or both of their parents gamble. Researchers recommended the development of prevention programs targeting elementary and middle school youth.
<b>GAMBLING:</b> Lack of parental objection to youth gambling	Ladouceur & Mireault, 1988	Most parents acknowledge their youth gamble and do not object.
<b>DRUGS:</b> Number of members abusing substances in household	Ahmend et al., 1984 (as cited in Dickson et al., 2002)	Increases children's use and intentions to use substances.
<b>ALCOHOL / DRUGS:</b> Involving children in parental alcohol or drug-abusing behaviors	Ahmend et al., 1984; Sullivan & Farrell, 1999 (as cited in Dickson et al., 2002)	Modeling of substance abuse increases likelihood of children's use and intentions to use substances. Research of residential intervention program showed decreased use of ATOD (Brounstein et al., 1999; Kumpfer et al., 1996).
<b>DRUGS:</b> Parental attitudes	Barnes & Welte, 1986 (as cited in Dickson et al., 2002)	Permissive parental attitudes toward children's drug use predicted alcohol use among 7 <sup>th</sup> -12 <sup>th</sup> graders. Researchers recommended fostering of health-wise attitudes in young children in school prevention programs.

## C. SCHOOL RISK FACTORS

### 1. Early and Persistent Anti-Social Behavior

Boys who are aggressive in grades K-3 or who have trouble controlling their impulses are at higher risk for substance abuse, delinquency and violent behavior. When a boy's aggressive behavior in the early grades is combined with isolation or withdrawal, there is an even greater risk of problems in adolescence. This also applies to aggressive behavior combined with hyperactivity or attention deficit disorder.

<b>PROBLEM BEHAVIOR/ Risk</b>	<b>Research</b>	<b>Findings</b>
<b>GAMBLING:</b> Poor impulse control	Vitaro, Arseneault, & Tremblay, 1999; Zimmerman et al., 1985 (as cited in Dickson et al., 2002)	Predictive links between impulsivity and problem gambling.
<b>GAMBLING/ DRUGS/ CRIMINAL BEHAVIOR:</b> Poor impulse control	Carlton & Manowitz, 1992; Raine, 1993 (as cited in Vitaro, Brendgen, Ladouceur, & Tremblay, 2001)	Links between impulsivity and gambling, substance use, or criminal behavior.
<b>ALCOHOL / DRUGS:</b> Poor Impulse control	Colder & Chassin, 1997 (as cited in Dickson et al., 2002)	Impulsivity moderated the effects of positive affectivity on both alcohol use and alcohol-related impairment.

ALCOHOL / DRUGS: Poor Impulse control	Cloninger et al., 1988 (as cited in Dickson et al., 2002)	Impulsiveness in childhood predicts frequent marijuana use at age 18.
DRUGS: High sensation seeking	Cloninger et al., 1988 (as cited in Dickson et al., 2002)	High sensation seeking predictive of early drug initiation. Researchers recommended education and life skills program targeting economically disadvantaged, high-sensation-seeking youth; finding showed significant pretest differences between high and low sensation (Clayton et al., 1991; Harrington & Donohew, 1997).

## 2. Academic Failure Beginning in Elementary School

Beginning in the late elementary grades, academic failure increases the risk of drug abuse, delinquency, violence, teen pregnancy and school dropout. Children fail for many reasons, but it appears that the *experience* of failure itself, not necessarily ability, increases the risk of problem behaviors.

<b>PROBLEM BEHAVIOR/ Risk</b>	<b>Research</b>	<b>Findings</b>
DRUGS: Poor school performance		Predictive of early substance initiation.
DRUGS: Poor school performance	Eggert et al., 1994; Gottfredson, 1986; Kumpfer et al., 1991	School responsiveness to student needs is related to substance abuse. Peer tutors and use of school for after-hours enrichment and parent education. Decreased substance abuse and delinquency; improved grades.

## 3. Lack of Commitment to School

The child has ceased to see the role of student as a viable one. Young people who have lost this commitment to school are at higher risk for problem behaviors. While a relationship may exist between transition and mobility issues and problem gambling behaviors, no specific findings were encountered in the review of literature.

## D. INDIVIDUAL / PEER RISK FACTORS

### 1. Alienation / Rebelliousness

Young people who feel they are not part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of drug abuse, delinquency, and school drop-out.

<b>PROBLEM BEHAVIOR/ Risk</b>	<b>Research</b>	<b>Findings</b>
<b>GAMBLING/ATOD:</b> Delinquency and persistent problem behaviors	Ladouceur et al., 1994; Maden et al., 1992; Omnifacts, 1993; Stinchfield, 2000; (as cited in Dickson et al., 2002); Winters, Stinchfield, & Fulkerson, 1993	Adolescent problem gamblers engage in other addictive behaviors (ATOD), and often have a history of delinquency.
DRUGS: Persistent delinquency	Loeber et al., 1999 (as cited in Dickson et al., 2002)	Associated with persistent juvenile substance use between 7-18 years.

## 2. Friends Involved in the Problem Behavior

Young people who associate with peers who engage in a problem behavior--delinquency, substance abuse, violent activity, sexual activity or dropping out of school--are much more likely to engage in the same problem behavior. This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, just spending time with friends who engage in problem behaviors greatly increases the risk of that problem developing.

<b>PROBLEM BEHAVIOR/ Risk</b>	<b>Research</b>	<b>Findings</b>
<b>GAMBLING:</b> Peers influence gambling behaviors	Browne & Brown, 1994; Fisher, 1995; Griffiths, 1990; Powell, 2003	Youth imitate peers' gambling behaviors; 44% of adolescents reported initiating gambling behavior because their friends were involved (Griffiths, 1990). Gambling considered a 'rite of passage' into adulthood.
<b>DRUGS:</b> Reinforcement by drug-abusing peers	Dishion, Capaldi, Spracklen, & Li, 1995; Kandel, 1986	Increased risk for ATOD use. Researchers recommended teaching social pressures resistance skills.

### 3. Favorable attitudes toward the problem behavior

During the elementary school years, children usually express anti-drug, anti-crime and pro-social attitudes and have difficulty imagining why people use drugs, commit crimes and drop out of school. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk.

<b>PROBLEM BEHAVIOR/ Risk</b>	<b>Research</b>	<b>Findings</b>
<b>GAMBLING:</b> Attitudes favorable to problem gambling	Derevensky, Gupta, & Emond, 1995; Wood & Griffiths, 2001 (as cited in Dickson et al., 2002)	As children get older their fear of being caught in a gambling activity decreases; adolescent attitudes and behavior toward gambling predict adulthood attitudes and behavior. Researchers recommended fostering social norms opposing childhood gambling experiences (Dickson et al., 2002).

#### 4. Early initiation of the problem behavior

This is an issue that has been raised in many prevention arenas involving youth. The strength of the appropriate use model is that it is a risk reduction strategy based in the reality that a majority of high school students are already involved in some gambling activity. The strength of the zero tolerance or abstinence model is that other prevention efforts, most notably nicotine use prevention, have found that postponing age of onset of an addictive or otherwise harmful behavior is indeed preventative in that it lowers risk of unhealthy involvement in the activity. Although the authors do not know if this has been studied for gambling, it is probably a safe assumption that raising the age of onset for teen gambling, like with alcohol or sexual activity, will indeed lower the risk of harmful involvement in gambling.

<b>PROBLEM BEHAVIOR/ Risk</b>	<b>Research</b>	<b>Findings</b>
<b>GAMBLING:</b> Early win; early onset of gambling experiences	Griffiths, 1995; Gupta & Derevensky, 1997, 1998a; Wallisch, 1995; Winters et al., 1993	Early onset predicts higher risk for problem gambling behavior; early win predicts later problem gambling behavior.
<b>DRUGS:</b> Early and persistent problem behaviors in multiple settings	Younoszai et al., 1999 (as cited in Dickson et al., 2002)	Increases likelihood for later substance abuse.
<b>DRUGS:</b> Prior drug use	Sullivan & Farrell, 1999 (as cited in Dickson et al., 2002)	Predicts substance use.
<b>ALCOHOL:</b> Early initiation of alcohol use (ages 10-11, 11-12)	Hawkins et al., 1997 (as cited in Dickson et al., 2002)	Younger age of alcohol initiation strongly related to higher levels of alcohol misuse at age 17-18.
<b>ATOD:</b> Early initiation (prior to 15-16 years)	Dishion et al., 1999; Fleming et al., 1982	The earlier the initiation, the greater the frequency of usage affects found for ATOD.



## 5. Constitutional Factors

Constitutional factors are aspects that may have a biological or physiological basis. These factors are often seen in young people with behaviors such as sensation-seeking, low harm-avoidance and lack of impulse control. These factors appear to increase the risk of young people abusing drugs, engaging in delinquent behavior, committing violent acts, and/or engaging in problem gambling behavior.

<b>PROBLEM BEHAVIOR/Risk</b>	<b>Research</b>	<b>Findings</b>
<b>GAMBLING:</b> Biochemical factors	Gupta & Derevensky, 1998a	Increased physiological resting state; increased sensation seeking; more likely to be excited and aroused during gambling.
<b>GAMBLING:</b> Gender	Carlson & Moore, 1998; Derevensky, Gupta, & Della Cioppa, 1996; Griffiths, 1989; Gupta & Derevensky, 1998a; Jacobs, 2000; Ladouceur, Dubé, & Bujold, 1994; Powell, 2003; Stinchfield, 2000; Volberg, 1994, 1997, 1998; Wallisch, 1993; Wynne et al., 1996	Gambling is more popular among males; males are more likely to gamble and do so more frequently. Males make higher gross wagers and have higher gross winnings, suggesting they are greater risk takers.
<b>GAMBLING:</b> Depression	Gupta & Derevensky, 1998a, 1998b	Adolescent problem gamblers have higher rates of depression.
<b>GAMBLING:</b> Suicide attempts	Gupta & Derevensky, 1998a; Ladouceur et al., 1994; Lesieur, Cross, Frank et al., 1991	Adolescents with gambling problems report higher suicide ideation and attempts.

<b>GAMBLING:</b> Poor coping skills	Margret et al., 1999; Nower et al., 2000 (as cited in Dickson et al., 2002)	Adolescents with problem gambling have poor general coping skills.
<b>ALCOHOL:</b> Genetic; male at increased risk for alcohol abuse	Chassin et al., 1996; Chassin et al., 1991 (as cited in Dickson et al., 2002)	Males at increased risk for alcohol abuse.
<b>ALCOHOL:</b> Poor psychological functioning	Coler & Chassin, 1999 (as cited in Dickson et al., 2002)	Associated with problem use of alcohol.
<b>DRUGS:</b> Early physical or sexual abuse during childhood	Downs & Harrison, 1998 (as cited in Dickson et al., 2002)	A positive association found between child abuse and substance abuse problems later in life.
<b>DRUGS:</b> Trauma and aversive life events	Clark et al., 1997 (as cited in Dickson et al., 2002)	Mediate between temperament, genetic risk, and substance abuse disorder outcomes.

## E. POTENTIAL PROTECTIVE FACTORS

Youth that are exposed to a number of risk factors are at high risk for problem behaviors. However, research has shown that, when there are positive factors in place, problem behaviors can be prevented by these buffering, or protective, factors

Research to date has mainly examined protective factors as related to substance abuse and violence issues. The following table is provided to illustrate research, and is not exhaustive. Many thanks to Dickson, Derevensky, and Gupta (2002) for their groundwork in this area.

<b>PROBLEM BEHAVIOR/ Protective factor</b>	<b>Research</b>	<b>Findings</b>
DRUGS: Self-confidence and well-being	Brounstein et al., 1999; Ficaró, 1999	Decreases the likelihood of participating in multiple problem behaviors. Self-esteem building as part of prevention and intervention programs has shown improvement in well-being, reactions to drug-involving situations and attitudes toward school (numerous studies); impact on decreasing substance abuse among adolescents who have experienced mental health problems, including attempted suicide (Dickson et al., 2002).
DRUGS: Strong parental bonding	Bell et al., 2000; Brook et al., 1986; Resnick et al., 1997 (as cited in Dickson et al., 2002)	Strong parental bonding mitigates initial use or abuse of substances.

DRUGS: Positive involvement	Jenkins, 1987; Resnick et al., 1997 (as cited in Dickson et al., 2002)	Attachment and involvement in school, attendance in extracurricular activities protect against substance abuse.
DRUGS: Strong ethnic identity	Brook et al., 1998 (as cited in Dickson et al., 2002)	Offset risks, enhance protective factors from the ecology, family, personality, and peer domains lessening drug use. Targeted interventions to immigrant families and at-risk cultural groups have demonstrated an increased willingness among families to discuss substance abuse and move toward empowerment (Hernandez & Lucero, 1996 as cited in Dickson et al., 2002).
DRUGS: Anti-drug attitudes	Zastowny et al., 1993 (as cited in Dickson et al., 2002)	A strong predictor of adolescent healthy substance use. A 'values-rich' literature-based reading and language art program demonstrated success in decreasing substance abuse prevalence rates and increasing students' sense of school community (Battistich et al., 1996; Solomon et al, 2000, as cited in Dickson et al., 2002).
DRUGS: School anti-drug policies		Printing media to support community organizing and youth action initiatives and communicating healthy norms about underage drinking is believed to be effective in reducing underage drug use and delaying initial onset of drug use.
DRUGS: School anti-drug policies	Felner et al., 1993 (as cited in Dickson et al., 2002)	Schools that discourage substance use are associated with positive student outcomes. Increased use of treatment facilities by students; increased referrals by staff (DiCicco et al., 1984 as cited in Dickson et al., 2002).
ALCOHOL: Late onset of drunkenness	Thomas et al., 2000 (as cited in Dickson et al., 2002)	Later onset diminished future levels of alcohol misuse and sexual risk-taking.
ALCOHOL: Parental monitoring	Thomas et al., 2000 (as cited in Dickson et al., 2002)	Parental monitoring mitigated later levels of alcohol misuse.

DRUGS: Perceived parental support	Frauenglass, et al., 1997 (as cited in Dickson et al., 2002)	High levels of perceived support from family is negatively associated with drug use among Hispanic adolescents.
VIOLENCE/ SEXUALITY/ DRUGS: School bonding	Resnick et al., 1997 (as cited in Dickson et al., 2002)	Protective factor for physical and emotional health, violence, substance abuse, and sexuality in grades 7-12.
ALCOHOL/ MARIJUANA: Positive involvement	(Battistich et al., 1996; Pettit et al., 1997; Solomon et al., 2000, as cited in Dickson et al., 2002)	Teaching and problem-solving approach to discipline and classroom management; students have regular opportunities to contribute. Students reported having stronger sense of community in their school; preventative effects on alcohol and marijuana.
VIOLENCE/ DRUGS: Bonding; community participation in organized groups	Elder at al., 2000 (as cited in Dickson et al., 2002)	Participation in community groups contributes to the development of leadership, sense of community, helping others, and provides alternative activities to drug use.
VIOLENCE/ DRUGS: Bonding; community participation in organized groups	Jessor, 1993 (as cited in Dickson et al., 2002)	Draw adolescents into more conventional behaviors associated with school, church, or community and protect against substance abuse.

<p>ATOD: Delayed onset of initial use</p>	<p>Grant &amp; Dawson, 1997, 1998 (as cited in Dickson et al., 2002)</p>	<p>Each year of delayed alcohol use decreased the odds of lifelong dependence and lifelong use. Prevention programs that have encouraged healthy attitudes and drug education before initiation of substance use have successfully delayed first ATOD, in addition to less ATOD use reported in general.</p>
<p>ATOD: Social competence</p>	<p>Botvin, Eng, &amp; Williams 1980; Botvin &amp; Eng, 1982; Botvin G., Baker, Botvin E., Filazolla, Millman, 1984</p>	<p>Life-skills/social skills training (see Section III of this guide) has demonstrated decreased levels of tobacco, alcohol, and marijuana use; better school adjustment.</p>

## **SECTION II.**

### **PROMISING PROBLEM GAMBLING PREVENTION PROGRAMS**

In recent years a handful of programs specifically designed to address issues of gambling have been created. Some have been formally evaluated, others stand on conceptual grounds, and all could be considered valiant pioneering efforts. However, the limited scope and scale of these programs call into question their ultimate effectiveness and ability to generalize beyond the sample population. With time and research investment, some may emerge as a best practice approach but for now these ready-made problem gambling prevention programs represent hope and the best the field has to offer given the current state of knowledge.

Ready-made gambling prevention programs may be useful to prevention workers in at least two ways. These programs offer an expedient method to introduce problem gambling prevention into existing structures (e.g., classroom course curriculum). That is, by utilizing existing program materials and methods, the time for development and pilot testing is greatly reduced. Secondly, some of these programs can be adapted to fit into existing prevention efforts. For example, the program “All Bets Off” addresses the intertwined nature of addictions and how similar the risk factors, symptoms and consequences are across a spectrum of

problem behaviors. This program may be seamlessly integrated into a course on health education or an intervention focusing on healthy choices.

The programs listed in this section may not have formal evaluations or research backgrounds, yet are included as they have either been reviewed and endorsed by a government jurisdiction and/or are widely cited gambling prevention programs.

For reference, the hypothesized risk and protective factors addressed by the programs are included under the description of each program; these factors are assumed by the authors based on program curricula and descriptions.

If there is a ready-made gambling prevention curriculum that is not included in this document that the reader feels should be included, please contact Jeffrey Marotta, Oregon Problem Gambling Services Manager, at (503) 945-5763 (email: [Jeffrey.J.Marotta@state.or.us](mailto:Jeffrey.J.Marotta@state.or.us)), or Julie Hynes at (541) 729-2511 (email: [gamblingprevention@comcast.net](mailto:gamblingprevention@comcast.net)).



## **ADOLESCENT COMPULSIVE GAMBLING PREVENTION PROGRAM: WANNA BET?**

### **Source:**

North American Training Institute, a division of the Minnesota Council on Compulsive Gambling, Inc.

### **Program description and format**

“The North American Training Institute has designed and field-tested this interdisciplinary curriculum to discourage underage gambling through improved critical thinking and problem solving” (North American Training Institute website, [www.nati.org](http://www.nati.org)). Curriculum includes an educator's guide, an 11-minute video, “Andy's Story”, a Wanna Bet? Resource Guide, overhead transparencies, plus a bibliography and resource list. This easy-to-use curriculum also includes a Gambling Fact Sheet, a Brief History of Gambling, and a Parent Letter, all of which are copy ready. Wanna Bet? Magazine is an interactive online publication designed by teens for teens.

### **Risk factor(s) assumed to be addressed:**

Early initiation of gambling behavior  
Community laws and norms favorable toward gambling  
Lack of parental knowledge  
Lack of parental objection

### **Protective factor(s) assumed to be addressed:**

Skills  
Healthy beliefs and clear standards  
Parental monitoring

### **CSAP strategies:**

Education

### **Type of IOM approach:**

Universal

### **Populations appropriate for this promising program:**

5<sup>th</sup>-8<sup>th</sup> grade students

**Availability / More information:**

A copy of the program is available from the Oregon Prevention and Treatment Resource Clearinghouse. For more information or availability of the curricula, visit the North American Training Institute website, [www.nati.org](http://www.nati.org)

**ALL BETS OFF****Source:**

Missouri Alliance to Curb Problem Gambling (Alliance) and the Second Chance Foundation (Jefferson City, MO).

**Program description and format:**

This one-hour “informative interactive workshop” addresses the intertwined nature of addictions and how similar the risk factors, symptoms and consequences are across the spectrum of addictive behaviors. *All Bets Off* addresses gambling as a potential addiction, presents facts about addictions and seeks to raise awareness of some of the resources available for individuals with an addiction in their family.

***Program Objectives:***

- To educate youth about the dangers and risk factors of addictions, including gambling.
- To raise awareness among educators and parents about the dangers of addictions, including gambling.
- To raise awareness of the help line phone number and the availability of free treatment.

**Risk factor(s) assumed to be addressed:**

Availability

Favorable attitudes toward the problem behavior

Family attitudes and involvement

Lack of parental knowledge

**Protective factor(s) assumed to be addressed:**

Skills

Healthy beliefs and clear standards

**CSAP strategies:**

Information dissemination

**Type of IOM approach:**

Universal

**Populations appropriate for this promising program:**

Targeted toward 8<sup>th</sup>-9<sup>th</sup> grade students.

**Availability / More information:**

Telephone: 573-526-7467

Email: [mstephens@mail.state.mo.us](mailto:mstephens@mail.state.mo.us) or [perezs@molottery.com](mailto:perezs@molottery.com)

**FACING THE ODDS: THE MATHEMATICS OF GAMBLING AND OTHER RISKS**

**Source:**

Harvard Medical School Division on Addictions and the Massachusetts Council on Compulsive Gambling.

**Program description:**

*Facing the Odds: The Mathematics of Gambling and Other Risks* is a middle-school curriculum on probability, statistics and mathematics. The curriculum was designed to enhance students' critical thinking ability, number sense and knowledge of mathematics of gambling so that they can develop rational views about gambling and make their own informed choices when confronted with gambling opportunities. The aim of this project is to: (1) make mathematics more meaningful by increasing its relevance to the daily lives of students; (2) develop students' critical thinking skills, allowing them to make decisions and choices about gambling activities based on mathematical reasoning; and, as a by-product, (3) delay the onset or diminish the level of participation in gambling activities.

Evaluation: Developers provide evaluation mechanisms to measure its effectiveness and use in schools across the United States.

**Risk factor(s) assumed to be addressed:**

Poor impulse control

**Protective factor(s) assumed to be addressed:**

Healthy beliefs and clear standards

Skills

Delayed onset of initial use

**CSAP strategies:**

Education

**Type of IOM approach:**

Universal

**Populations appropriate for this promising program:**

Middle school math students

**Availability / More information:**

[http://www.hms.harvard.edu/doa/main\\_frame.htm](http://www.hms.harvard.edu/doa/main_frame.htm)

The curriculum can be downloaded by registering at:

<http://www.hms.harvard.edu/doa/html/registrationform.htm>

**GAMBLING: REDUCING THE RISKS****Source:**

Saskatchewan Health, CAN

**Program Description and Format:**

The program provides teachers and students with information regarding gambling, teaches students about the risks associated with gambling, presents strategies that reduce the risks, and supports skill development that allows students to make healthy choices about gambling. Resource materials consist of the following: a program manual for teachers that provides instructional strategies and teaching notes; topic-related activities for group discussion; a videotape with short, open-ended clips for discussion after group viewings; and information on accessing helping resources. The program guidebook provides comprehensive information on youth as a high-risk target group, including specific information on:

- Reasons people gamble
- Definitions and descriptions of various types of gambling
- Signs of problem gambling in young people
- Consequences of problem gambling age restrictions for gambling
- Impact of problem gambling on families

Prevention of problem gambling concepts and strategies are presented at each grade level from 6 to 9. Information is progressive, with each of the 7th, through 9th grades' curriculum built upon the lessons of the previous year.

Each grade level has three Foundational and Learning Objectives:

- (1) Extend Knowledge Base - Students understand that gambling involves both economic and social risks.
- (2) Making Informed Decisions - Students determine and evaluate the risks involved in various gambling activities and explore and identify alternatives to high-risk behavior.
- (3) Carry Out an Action Plan - Students participate in actions that reinforce decisions to reduce the risks of gambling.

Each grade explores a focus topic:

Grade 6 "Affirm Standards" - How a youth's family perceives gambling and the family's standards concerning gambling.

Grade 7 "Commit Self" - How youth relate to gambling on a personal level, including spending money on gambling and decision-making regarding current and future involvement in gambling.

Grade 8 "Support Peers" - The effects of gambling on youth and symptoms of problem gambling are identified to support peers in making responsible decisions regarding gambling.

Grade 9 "Promote Health" - Information on the social and economic impact of gambling in the community.

**Risk factor(s) assumed to be addressed:**

Community laws and norms favorable toward gambling

Accessibility

Early initiation of gambling behavior

Peer influence

**Protective factor(s) assumed to be addressed:**

Healthy beliefs and clear standards

Skills

Delayed initial onset of gambling

**CSAP strategies:**

Information dissemination

Education

**Type of strategy:**

Universal

**Populations appropriate for this promising program:**

Grades 6 through 9; program designed to supplement middle-level health education curricula.

**Research / evaluation of program:**

The program was pilot-tested, with a proportionate distribution of rural and urban school locations and male and female students. Gambling: Reducing the Risks was distributed in May of 1999 to over 1,000 Saskatchewan schools. No specific program evaluation results described.

**Availability / More information:**

Leanne Fischer, Program Consultant.

Saskatchewan Health, 3475 Albert Street, Regina, Saskatchewan, Canada S4S 6X6. Telephone: 306-787-4094.

**IMPROVING YOUR ODDS****Source:**

Minnesota Institute of Public Health

**Program Description:**

Improving Your Odds is a six-section curriculum designed to help youth acquire the knowledge and skills necessary to make choices about whether, when, and how much to gamble. Risks and benefits of gambling are examined. Activities are included to help students learn how to recognize a gambling problem, how to talk with someone that may have a problem, and how to find help. The materials in the curriculum are designed to be integrated into teachers' regular curriculum to complement other efforts, and the program can be completed in 4-10 hours.

**Risk factor(s) assumed to be addressed:**

Early initiation of gambling behavior

Poor impulse control

Attitudes favorable toward gambling

**Protective factor(s) assumed to be addressed:**

Healthy beliefs and clear standards

Skills

**CSAP strategies:**

Education

**Type of IOM approach:**

Universal

**Populations appropriate for this promising program:**

Middle school students

**Availability / More Information:**

A copy of the program is available through the Oregon Prevention and Treatment Resource Clearinghouse. Additional information about the program is available on the Minnesota Institute of Public Health's website: <http://www.miph.org/gambling/>

**PLAYING FOR KEEPS**

**Source:**

Alberta Alcohol and Drug Abuse Commission (AADAC)

**Program description:**

The topics discussed are definitions of gambling and problem gambling, signs of problem gambling, and the people problem gambling affects. The curriculum includes instructor notes, colored overheads, activities, and a quiz. This program provides a kit for a 60-minute presentation for use in schools or youth groups.

**Risk factor(s) assumed to be addressed:**

Early initiation of gambling behavior  
Friends who engage in gambling behavior

**Protective factor(s) assumed to be addressed:**

Delayed onset of problem behavior  
Skills  
Healthy beliefs and clear standards

**CSAP strategies:**

Information dissemination  
Education

**Type of IOM approach:**

Universal

**Populations appropriate for this promising program:**

High school students

**Availability / More information:**

A copy of this program is available with the Oregon Prevention and Treatment Resource Clearinghouse. More information about curriculum is available via the Alberta Alcohol and Drug Abuse Commission (AADAC) website:

<http://corp.aadac.com/gambling/index.asp>

**YMCA YOUTH GAMBLING PROJECT**

**Source:**

YMCA Youth Gambling Project (YGP)

**Program description:**

(From the 17<sup>th</sup> National Conference on Problem Gambling): The goal of the YMCA Youth Gambling Project (YGP) is to reduce the harm associated with gambling...the program takes a proactive approach, believing that prevention programs are essential to improving individual health and personal development, and creating healthier communities.

**Risk factor(s) assumed to be addressed:**

Availability  
Favorable attitudes toward use  
Friends who engage in gambling behavior  
Family conflict, management problems  
Parental attitudes and involvement  
Community laws and norms favorable toward use

**Protective factor(s) assumed to be addressed:**

Skills  
Healthy beliefs and clear standards

**CSAP strategies:**

Information dissemination  
Education

**Type of IOM approach:**

Universal



**Populations appropriate for this promising program:**

Youth ages 8 to 24 years old

Parents

Teachers

Professionals

**Availability / More information:**

YMCA Youth Gambling Project

42 Charles Street East, Toronto, Ontario M4Y 1T4

Canada

Email: [jim.milligan@ymca.net](mailto:jim.milligan@ymca.net)

**YOU FIGURE IT OUT, PROBLEM GAMBLING TODAY**

**Source:**

Know the Odds, Inc.

**Program description:**

This program is directed to target problem gambling as a health issue and educates students to give them the necessary information to empower them to protect themselves against the harmful effects of problem gambling. Students are taught about the nature of gambling, and not how to gamble. The materials are gambling neutral and avoid normalizing gambling by teaching "responsible gambling." The materials represent the distilled essence of what students need to know in order to preserve their quality of life - compressed into two 45-minute sessions. The kit comprises video, software and notes and is suitable for use in secondary schools. The software is designed to teach students the basic concept of the law of averages by having them see it in action. The purpose of the kit is to educate students to prevent them becoming problem gamblers, and understand problem gambling in others.

**Risk factor(s) assumed to be addressed:**

Poor impulse control

**Protective factor(s) assumed to be addressed:**

Healthy beliefs and clear standards

Skills

**CSAP strategies:**

Information dissemination

Education

**Type of IOM approach:**

Universal

**Populations appropriate for this promising program:**

High school students

**Availability / More information:**

[www.knowodds.org](http://www.knowodds.org)

### **SECTION III.**

## **INTEGRATING GAMBLING PREVENTION EFFORTS WITH EXISTING BEST AND PROMISING PRACTICES FOR SUBSTANCE ABUSE PREVENTION**

This section is provided to assist gambling prevention and treatment providers integrate gambling prevention efforts with recognized best and promising practices for substance abuse prevention (refer to Best and Promising Practices for Substance Abuse Prevention, 3rd Ed.). Each best and promising practice program summary in this section lists a “hypothesized common risk factor to problem gambling addressed.” These hypothesized common risk factors have been described in greater detail in Section I of this resource guide.

Knowledge of existing evidenced-based programs combined with an appreciation of common risk and protective factors between problem gambling and other problem behaviors may increase a program developer’s effectiveness and efficiency in designing strategy-specific interventions and/or population-specific interventions. As an example, if a prevention professional wished to provide education about gambling that addressed favorable attitudes toward “use” targeting early adolescents, that provider might seek more information about the evidenced-based “All Stars Program” or “Life Skills Training Program.”

Please note that not all best and promising substance abuse prevention programs are listed in this document; if you would like an exhaustive list of such programs, please refer to the publication *Best and Promising Practices for Substance Abuse Prevention* (3rd ed., 2002) from CSAP's Western Center for the Application of Prevention Technologies. If you do not have a copy of this publication, you can locate the information online at [www.westcapt.org](http://www.westcapt.org), or order a copy by phone at 888-734-7426.

## BEST PRACTICES

### **ALL STARS PROGRAM**

**Hypothesized common risk factor to problem gambling addressed:**

Favorable attitudes toward (drug) use

**CSAP strategies:**

Information dissemination

Education

**Type of strategy:**

Universal

**Populations appropriate for this best practice:**

Early adolescents between the ages of 10 and 15

**For more information:**

[www.tanglewood.net](http://www.tanglewood.net)

### **CASASTART**

**Hypothesized common risk factor to problem gambling addressed:**

Availability (of drugs)

Persistent antisocial behavior

Friends who engage in problem behavior

**CSAP strategies:**

Alternatives

Problem identification and referral

Community-based processes

Environmental

**Type of strategy:**

Selective, indicated

**Populations appropriate for this best practice:**

Youth (ages 8-13) in urban neighborhoods; African American, Latino youth

**For more information:**  
[lmurray@casacolumbia.org](mailto:lmurray@casacolumbia.org)

### **COMMUNITIES THAT CARE**

**Hypothesized common risk factor to problem gambling addressed:**  
Community laws and norms favorable (toward drug use, firearms and crime)

**CSAP strategies:**  
Community-based processes

**Type of strategy:**  
Universal

**Populations appropriate for this best practice:**  
Not specified

**For more information:**  
[www.channing-bete.com](http://www.channing-bete.com)

### **COUNTER-ADVERTISING (Tobacco specific; concept might be used to address problem gambling)**

**Hypothesized common risk factor to problem gambling addressed:**  
Community laws and norms favorable  
Favorable attitudes (toward drugs)

**CSAP strategies:**  
Environmental

**Type of strategy:**  
Universal

**Populations appropriate for this best practice:**  
Not specified

**For more information:**  
<http://ncadi.samhsa.gov>

## **CREATING LASTING CONNECTIONS**

### **Hypothesized common risk factor to problem gambling addressed:**

Family conflict, management problems  
Parental attitudes and involvement  
Early first use

### **CSAP strategies:**

Information dissemination  
Education  
Problem identification and referral  
Community-based processes

### **Type of strategy:**

Selective

### **Populations appropriate for this best practice:**

11- to 15-year-old youth and their parents / guardians

### **For more information:**

[www.copes.org](http://www.copes.org)

<http://modelprograms.samhsa.gov>

## **FAMILIES AND STUDENTS TOGETHER (FAST)**

### **Hypothesized common risk factor to problem gambling addressed:**

Family management problems  
Favorable parental attitudes

### **CSAP strategies:**

Information dissemination  
Education  
Problem identification and referral

### **Type of strategy:**

Selective

### **Populations appropriate for this best practice:**

Early childhood, elementary and middle school youth; rural, medium-sized, and urban communities; various ethno cultural backgrounds

**For more information:**

<http://www.wcer.wisc.edu/FAST>

<http://modelprograms.samhsa.gov>

**LIFE SKILLS TRAINING PROGRAM**

**Hypothesized common risk factor to problem gambling addressed:**

Favorable attitudes (toward DHS drug use)

Friends who use

**CSAP strategies:**

Information dissemination

Education

**Type of strategy:**

Universal

**Populations appropriate for this best practice:**

6-8<sup>th</sup> grade or 7-9<sup>th</sup> grade youth; Caucasian, African American, Latino youth

**For more information:**

[www.lifeskillstraining.com](http://www.lifeskillstraining.com)

**MULTI-COMPONENT SCHOOL-LINKED COMMUNITY APPROACHES**

**Hypothesized common risk factor to problem gambling addressed:**

Community laws and norms favorable

Favorable attitudes (toward drug use)

Parental attitudes favorable

**CSAP strategies:**

Information dissemination

Education

Community-based processes

**Type of strategy:**

Universal



**Populations appropriate for this best practice:**

Not specific

**For more information:**

<http://ncadi.samhsa.gov>

**NICASA PARENT PROJECT**

**Hypothesized common risk factor to problem gambling addressed:**

Family management problems

Parental attitudes favorable

**CSAP strategies:**

Education

**Type of strategy:**

Universal

**Populations appropriate for this best practice:**

Early childhood, elementary, middle school, and high school youth; parents of young children; single parents

**For more information:**

<http://www.strengtheningfamilies.org/index.html>

**PREPARING FOR THE DRUG FREE YEARS**

**Hypothesized common risk factor to problem gambling addressed:**

Family management, conflict

Favorable attitudes toward use

Parental attitudes and involvement

Friends who use

Early initiation

**CSAP strategies:**

Information dissemination

Education

**Type of strategy:**

Universal

**Populations appropriate for this best practice:**

Parents of children in grades 4-8; various ethno cultural backgrounds

**For more information:**

[www.channing-bete.com](http://www.channing-bete.com)

**PROJECT ALERT**

**Hypothesized common risk factor to problem gambling addressed:**

Early first use

**CSAP strategies:**

Education

**Type of strategy:**

Universal

**Populations appropriate for this best practice:**

6<sup>th</sup> grade or 7-8<sup>th</sup> grade students

Minority students

Various socioeconomic settings

**For more information:**

[www.projectalert.best.org](http://www.projectalert.best.org)

**PROJECT NORTHLAND**

**Hypothesized common risk factor to problem gambling addressed:**

Friends who use

Favorable attitudes toward use

Early initiation

Availability

Community laws and norms favorable

**CSAP strategies:**

Information dissemination  
Education  
Alternatives  
Environmental

**Type of strategy:**

Universal

**Populations appropriate for this best practice:**

Not specified

**For more information:**

[www.hazelden.org](http://www.hazelden.org)

<http://modelprograms.samhsa.gov>

**PROJECT STAR**

**Hypothesized common risk factor to problem gambling addressed:**

Availability  
Community laws and norms  
Friends who use  
Favorable attitudes toward use

**CSAP strategies:**

Information dissemination  
Community-based processes  
Environmental

**Type of strategy:**

Universal

**Populations appropriate for this best practice:**

Middle school youth, parents, and community at large

**For more information:**

[www.colorado.edu/cspv/blueprints](http://www.colorado.edu/cspv/blueprints)

## **PROJECT TOWARDS NO DRUG ABUSE**

### **Hypothesized common risk factor to problem gambling addressed:**

Favorable attitudes toward use

### **CSAP strategies:**

Education

### **Type of strategy:**

Selective, indicated

### **Populations appropriate for this best practice:**

High school youth at high risk

Alternative high school students

Various ethno cultural backgrounds

### **For more information:**

<http://modelprograms/samhsa.gov>

## **PROJECT TOWARDS NO TOBACCO USE**

### **Hypothesized common risk factor to problem gambling addressed:**

Early initiation

### **CSAP strategies:**

Information dissemination

Education

### **Type of strategy:**

Universal

### **Populations appropriate for this best practice:**

7<sup>th</sup> grade students

Various ethno cultural backgrounds

### **For more information:**

<http://modelprograms.samhsa.gov>

## **RECONNECTING YOUTH PROGRAM**

### **Hypothesized common risk factor to problem gambling addressed:**

Friends involved  
Persistent antisocial behavior

### **CSAP strategies:**

Education  
Problem identification and referral

### **Type of strategy:**

Indicated

### **Populations appropriate for this best practice:**

Students in 6-12<sup>th</sup> grade who show signs of poor school achievement and potential for dropping out

### **For more information:**

[www.nesonline.com](http://www.nesonline.com)  
<http://modelprograms.samhsa.gov>

## **RETAILER-DIRECTED INTERVENTIONS (Tobacco Specific)**

### **Hypothesized common risk factor to problem gambling addressed:**

Availability  
Community laws and norms

### **CSAP strategies:**

Environmental

### **Type of strategy:**

Universal

### **Populations appropriate for this best practice:**

Not specified

### **For more information:**

<http://modelprograms.samhsa.gov>

## **SMART LEADERS**

### **Hypothesized common risk factor to problem gambling addressed:**

Friends who use

Favorable attitudes toward use

### **CSAP strategies:**

Information dissemination

Education

### **Type of strategy:**

Universal

### **Populations appropriate for this best practice:**

14-17 years old; various ethno cultural backgrounds

### **For more information:**

[www.bgca.org](http://www.bgca.org)

<http://modelprograms.samhsa.gov>

## **STOP TEENAGE ADDICTION TO TOBACCO**

### **Hypothesized common risk factor to problem gambling addressed:**

Community laws and norms favorable

Availability

### **CSAP strategies:**

Environmental

### **Type of strategy:**

Universal

### **Populations appropriate for this best practice:**

Youth, law enforcement, vendors, and other community groups

### **For more information:**

<http://modelprograms.samhsa.gov>

## **STRENGTHENING FAMILIES PROGRAM**

### **Hypothesized common risk factor to problem gambling addressed:**

Family history of substance abuse

Family management problems

Favorable parental attitudes and involvement in problem behavior

Early & persistent antisocial behavior

### **CSAP strategies:**

Information dissemination

Prevention education

Problem identification & referral

### **Type of strategy:**

Indicated

Selective

Universal

### **Populations appropriate for this best practice:**

Children 6-11 years old, various ethnic groups, children with conduct problems

### **For more information:**

<http://www.strengtheningfamiliesprogram.org/>

<http://modelprograms.samhsa.gov>

## **TOBACCO-FREE ENVIRONMENT POLICIES**

### **Hypothesized common risk factor to problem gambling addressed:**

Community laws and norms favorable toward use

### **CSAP strategies:**

Environmental

### **Type of strategy:**

Universal

### **Populations appropriate for this best practice:**

Not specified

### **For more information:**

<http://modelprograms.samhsa.gov>

## PROMISING PRACTICES

### **BI-CULTURAL COMPETENCE SKILLS APPROACH**

**Hypothesized common risk factor to problem gambling addressed:**

Friends who engage in problem behavior

Favorable attitudes toward behavior

**CSAP strategies:**

Education

**Type of strategy:**

Universal

**Populations appropriate for this best practice:**

Native American

**For more information:**

<http://modelprograms.samhsa.gov>

### **FAITH-BASED PREVENTION MODEL**

**Hypothesized common risk factor to problem gambling addressed:**

Friends who use

**CSAP strategies:**

Information, education, alternatives

**Type of strategy:**

Universal

**Populations appropriate for this best practice:**

Rural, church members, African Americans

**For more information:**

<http://modelprograms.samhsa.gov>



## **GROWING HEALTHY**

### **Hypothesized common risk factor to problem gambling addressed:**

Early initiation

Favorable attitudes toward use

### **CSAP strategies:**

Information dissemination, education

### **Type of strategy:**

Universal

### **Populations appropriate for this best practice:**

K-6<sup>th</sup> grade students

### **For more information:**

[www.nche.org](http://www.nche.org)

## **TEENAGE HEALTH TEACHING MODULES**

### **Hypothesized common risk factor to problem gambling addressed:**

Favorable attitudes toward use

### **CSAP strategies:**

Education, information dissemination

### **Type of strategy:**

Universal

### **Populations appropriate for this best practice:**

Middle school, high school students

### **For more information:**

<http://modelprograms.samhsa.gov>

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## APPENDIX A

### INSTITUTE OF MEDICINE'S PREVENTION FRAMEWORK

The Institute of Medicine's (IOM) continuum of care contains a prevention framework that addresses universal, selective, and indicated prevention. For more complete information on the IOM framework, please refer to the Center for Substance Abuse Prevention's Western Center for the Application of Prevention Technologies website, <http://www.unr.edu/westcapt/bestpractices/bptype.htm>). The IOM prevention framework is briefly described below:

#### Universal Prevention

Universal strategies address the entire population with messages and programs aimed at preventing or delaying problem gambling.

#### Selective Prevention

Selective prevention strategies targets subsets of the total population that are deemed to be at risk for gambling problems by virtue of the membership in a particular population segment. This strategy targets the entire subgroup regardless of individual risk.

#### Indicated Prevention

Indicated prevention strategies are designed to prevent the onset of disordered gambling in individuals who do not meet the criteria for pathological gambling but who are showing early danger signs.

## **CENTER FOR SUBSTANCE ABUSE PREVENTION STRATEGIES**

Center for Substance Abuse Prevention (CSAP) strategies are well-articulated and researched prevention strategies (for more complete information on CSAP strategies, refer to the Center for Substance Abuse Prevention's Western Center for the Application of Prevention Technologies website, <http://www.unr.edu/westcapt/bestpractices/bpcsap.htm>). The below CSAP strategies have been modified from their original substance abuse specification to apply to problem gambling prevention. These strategies include information dissemination, prevention education, non-harmful alternatives to gambling, community-based processes, social policy, as well as problem identification and referral.

### Information Dissemination

Communication in this strategy is generally one-way, from the source to the audience. Provides up-to-date and accurate knowledge and awareness about the nature and extent of problem gambling on individuals, families, and communities. Can include use of any media format such as TV, radio, print, or presentation.

### Prevention Education

Provides two-way communication and activities. Activities in this area focus on helping an individual develop interpersonal skills, clear and purposeful goals and values, self-control and the ability to build and maintain healthy relationships. These activities build social skills, decision making, as well as critical analysis and systematic judgement abilities.

### Alternatives

This strategy to identify and make available alternatives to gambling that can meet the personal needs of the targeted audience in productive, health-promoting ways.

### Community-Based Processes

This strategy aims to enhance the ability of a community to mobilize more effectively to provide prevention, early intervention and treatment services. Community mobilization includes assessment of community services and resources, a risk/protective factor assessment, community action planning, and team building.

### Social Policy & Environmental Approaches

Establishes or changes written or unwritten community laws, standards, policies, and/or norms, thereby reducing the incidence and prevalence of gambling problems and related delinquency.

### Problem Identification and Referral

Aims at early identification of the gambling problem in order to assess if the behavioral patterns can be reversed through early intervention activities or strategies.