

*New Mexico
Problem Gambling Prevention Standards:
Considerations & Recommendations*



June 10, 2009

The views and opinions expressed in this report are those of the author and do not necessarily reflect the views of Value Options New Mexico, the Behavioral Health Collaborative, or any other organization involved in this project.

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New Mexico Problem Gambling Prevention Standards: Considerations & Recommendations

Introduction

This report has been created in response to Letter of Direction #57, dated August 4, 2008, from the New Mexico Behavioral Health Collaborative. The directive stated that Value Options New Mexico (VO) “shall develop and write statewide prevention standards for compulsive gamblers and recommend evidence based prevention programs for various populations in New Mexico...“. To complete this directive, VO contracted with Problem Gambling Solutions, Inc., a corporation with extensive experience and expertise in the problem gambling field, and formed a Problem Gambling Prevention Workgroup composed of individuals representing various New Mexico stakeholder groups. Problem Gambling Solutions, Inc. was charged with drafting this report under guidance from the Workgroup.

For purposes of this report the following definitions are provided:

"Problem gambling" refers to gambling behavior which causes disruptions in any major area of life: psychological, physical, social or vocational. The term "Problem Gambling" includes, but is not limited to, the condition known as "Pathological", or "Compulsive" Gambling, a condition characterized by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, "chasing" losses, and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences.

"Problem gambling prevention" encompasses awareness efforts, which inform the public of the issues surrounding problem gambling as well as the availability of resources for help and treatment; and prevention activities, which include efforts such as inclusion of problem gambling in school-based health curricula, community-supported initiatives limiting the availability of gambling for minors, early case finding and referral and more.

"Gaming operators" refer to all businesses in New Mexico engaged in legalized gambling including the New Mexico State Lottery, tribal gaming operators; organizations governed by the New Mexico Gaming Control Board.

Purpose of the Report

This report is to inform policy and program decisions regarding initiatives aimed at reducing gambling related harm through problem gambling prevention efforts. More specifically, this report provides a set of guiding principles for problem gambling prevention providers, background information on evidenced based problem gambling prevention programs and strategies for various target populations, and recommended infrastructure changes to better support problem gambling prevention efforts in New Mexico. This report is not intended to substitute for a statewide strategic plan to address problem gambling but can serve as a launching pad from which more comprehensive planning efforts can take place.

Guiding Principles for New Mexico’s Problem Gambling Prevention Efforts

The overall purpose of New Mexico’s problem gambling prevention efforts shall be to decrease the incidence, prevalence, and residual effects associated with problem and pathological gambling via science-based, targeted prevention, awareness and outreach programs and activities.

Specifically, providers of problem gambling prevention efforts will:

- ❖ adhere to a **neutral position**, neither being for nor against gambling
- ❖ **follow the prevention standards** identified in NMAC Title 7, Chapter 20, Part 2 <http://www.nmcpr.state.nm.us/NMAC/parts/title07/07.020.0002.htm>
- ❖ use **consistent, non-blaming, hopeful, stigma-reducing messages** to the public about problem gambling
- ❖ **use the Institute of Medicine’s prevention framework** wherein “Universal prevention” means interventions intended to reach the entire population or a large share of it, without regard to individual risk factors; “Selective prevention” means interventions targeted at a subgroup of the general population that is determined to be at risk; and “Indicated prevention” means interventions that identify individuals who are experiencing early signs of problem behavior and target them with special programs
- ❖ use **multiple prevention strategies** (information dissemination, prevention education, alternative activities, community processes, environmental approaches and problem identification and referral) **across several domains** (individual, peer, family, school/work, community and environment/society) wherever possible

- ❖ **use strategic prevention framework**, a system community approach that aims to ensure that prevention programs can and do produce results including the following components: needs assessment, capacity, planning, implementation, and evaluation
- ❖ **use a “Logic model” framework** which specifically describes the changes expected within the target population(s), why it is likely that these changes would result from the proposed prevention services and activities, and how this logically relates to the needs assessment
- ❖ develop informational messages and social marketing campaigns via **informed collaboration with the consumer and provider** communities
- ❖ emphasize and support **community empowerment and involvement** as a mainstay of good prevention efforts; specifically, much of the work of problem gambling prevention will be conducted at the local level, with overall coordination at the State level
- ❖ **infuse prevention of problem gambling** into service structures’, community organizations’ and interested parties’ existing efforts and future plans
- ❖ nurture existing **partnerships** and develop new ones as a critical component and a high priority
- ❖ **use best practices in prevention**, including but not limited to: proven conceptual framework, research and data driven strategies, needs assessment, measurable goals and objectives, outcome and process evaluation, long-term commitment and replicability, as a guide for their work
- ❖ ensure that **cultural and linguistic competency** is addressed in services, products and programs
- ❖ use **data** to focus efforts on **individuals and communities at high risk**
- ❖ maintain **high quality strategic focus** by participating in coordinated planning, collaborating with key partners and stakeholders, and periodically reviewing efforts across the system to ensure effectiveness, focus and lack duplication of effort
- ❖ acknowledge that **coordinated efforts over several years** are needed in order to effect change.

New Mexico Problem Gambling Prevention Programming and Infrastructure Recommendations

What Works in Preventing Problem Gambling?

That is a question that is still being answered, as problem gambling prevention is a relative newcomer to the behavioral health scene. The most recent comprehensive review of problem gambling prevention strategies indicates the following can be effective in preventing problem gambling; some are more feasible and practical than others, of course, but all have been shown to be effective in the proper circumstances (see Appendix C).¹ The full report is available at <http://www.responsiblegambling.org/articles/2007-Prevention-OPGRC.pdf>. There are also some valuable lessons learned regarding each strategy which are summarized in Appendix C.

Problem Gambling Prevention Strategies: Recommended for Early Adoption

New Mexico is at a very early stage of problem gambling prevention program development, yet has a well developed gambling industry. Considering the present environment, problem gambling prevention efforts that may realistically be implemented within the next five years are generally characterized below.

1. Use a wide array of educational and policy initiatives

- While no single measure has a great ability to prevent problems, don't wait until an entire system is in place, and start with evidence supported education and policy initiatives
- Policy initiatives are essential and more important than education
- Changing policies can be challenging and need to take into consideration cultural and political realities
- Early on, seek policy changes that are most likely to receive broad support such as setting minimum gambling age limits of 21 for casinos and card rooms, creating marketing guidelines to better protect youth, and developing employer based gambling policies

2. Coordinate multiple initiatives

- Offer initiatives simultaneously and make sure messages do not conflict
- Shotgun blast is only effective if every pellet is directed at the same target at the same time

¹ Source: Williams, R. J., West, B. L., & Simpson, R. I. (2007b). *Prevention of problem gambling: A comprehensive review of the evidence*. Report prepared for the Ontario Problem Gambling Research Centre, Guelph, Ontario, CANADA. August 1, 2007.

- Each overlapping initiative reinforces the others, creating synergy beyond what occurs with individual efforts
- 3. Invest in interventions that provide support to children in their early years.**
 - Strengthening families and teaching effective parenting is one of the most powerful ways to reduce adolescent problem behaviors, reducing problems at later ages as well
 - Evidence is mounting that the same prevention principles used to deter substance abuse apply toward the prevention of adolescent and adult problem gambling.
 - 4. Impart knowledge, attitudes, skills to inhibit progression to problem gambling**
 - Engage in information dissemination with the understanding that information alone is not enough to create population wide change.
 - Target senior population with awareness initiatives
 - Target populations at high-risk for developing gambling problems such as casino workers, persons within the behavioral health system, persons within the corrections system, etc.
 - Because two-thirds to three quarters of adolescents engage in gambling, rather than engaging in efforts to prevent gambling the focus may best be on imparting knowledge, changing attitudes, and building skills to reduce the risk of progressing from a social or experimental gambler to a problem gambler
 - 5. Keep initiatives in place many years because population-wide behavior change takes a long time.**
 - Develop comprehensive surveillance systems to monitor changes over time.
 - Plan for the long term.

Social Policy & Environmental Approaches

Some of the most effective measures to minimize harm caused by gambling are environmental approaches. Environmental strategies include health-oriented policies taken by governments and industry intended to inhibit the onset of problems, or to promote the adoption of low risk practices. In a review of the evidence of problem gambling prevention efforts, Williams, West, and Simpson (2007) described three categories of policies: restrictions on the general availability of gambling; restrictions on who can gamble; and restrictions on how gambling is provided. New Mexico currently has policies that address each of these three categories. However, the question is do the current policies reflect what is best for New Mexico?

Policies on where gambling is allowed, who can gamble, and how gambling is provided fall along a continuum of restrictiveness. Mounting evidence suggests that the more restrictive the policies, the more protected is society. However, many of the same policies that are intended to reduce gambling-related harm inconvenience recreational gamblers and reduce some of the beneficial aspects of legalized gambling, such as decreasing gambling revenues. Thus, what is best for New Mexico may not be a set of highly restrictive gambling policies, instead what needs to be sorted out is which policies need to be revisited and examined with an eye to produce a healthier society overall.

If changing or evolving current gambling policies is acceptable and possible, the next question is which specific policies or environmental approaches are the most effective? The review conducted by Williams et.al. (2007) suggests that while certain policy initiatives are more effective than others, there is almost nothing that is not helpful to some extent and, conversely, there is almost nothing that, by itself, has huge potential to prevent harm. Therefore, consideration needs to be given to both selecting the most potent specific initiatives aimed at reducing gambling-related harm and, perhaps more importantly, developing a comprehensive statewide strategy to balance maximizing gambling revenues with minimizing gambling-related harm. Such a strategy needs to include some significant infrastructure changes, for without infrastructure changes, individual initiatives aimed at preventing problem gambling will have little impact.

Recommended infrastructure changes are identified and described in the following section; these should be considered and, hopefully, implemented before any specific programs are selected.

Infrastructure Changes Are Key for New Mexico

Experience in states across the country shows that, in order to effectively prevent problem gambling, certain elements of infrastructure seem to be necessary. An informal analysis of New Mexico's current system reveals a few strengths upon which to build, and several key areas of missing infrastructure, without which the state is not likely to succeed.

Given that problem gambling prevention is still in early stages of development across the entire country, this analysis and the recommendations which follow are based on what we know has worked in other jurisdictions.

New Mexico System: Strengths

1. The State has developed fairly **comprehensive behavioral health prevention standards** which identifies sound principles and practices and provides a good basic infrastructure. <http://www.nmcpr.state.nm.us/NMAC/parts/title07/07.020.0002.htm>
2. There are **committed partners, albeit with varying degrees of prevention/awareness/outreach expertise**, including the state Office of Substance Abuse Prevention, Values Options New Mexico, community prevention coordinators, New Mexico Council on Problem Gambling, casinos, Tribes, the Responsible Gaming Association, the Compulsive Gambling Council, statewide Driving While Intoxicated Councils, and others.
3. There is **funding available for prevention and awareness efforts**. Gambling operators under the jurisdiction of the New Mexico Gaming Control Board, with the exception of the Fraternal and Non-profit gaming operators, dedicate one quarter of one percent (0.25%) of the net take of the gaming proceeds towards efforts to address problem gambling through their compulsive gambling assistance plans. In 2008, these funds totaled approximately \$2.8 million which places New Mexico among the top five states in per-capita expenditures directed at efforts to mitigate harm caused by legalized gambling.

New Mexico System: Weaknesses and Recommendations

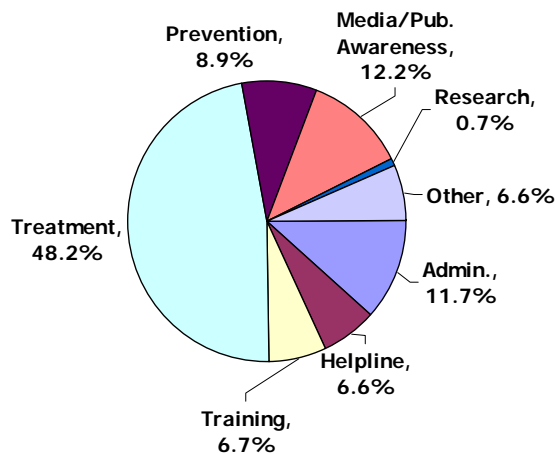
1. **The system lacks adequate, consistent and coordinated funding.**

Although New Mexico generates a significant amount of funds to address problem gambling, the level of effort directed at problem gambling prevention programs is inadequate to create population-wide change. If the prevalence of problem gambling is to either be lowered or simply to remain in check, sufficient funds must be dedicated to a well coordinated set of evidence-based problem gambling prevention efforts.

Recommendations:

1a. **Adopt a 20% base funding for prevention and outreach** efforts; this is consistent with other states' combined allocations for prevention and outreach (see below) and is the formula used by SAMHSA in apportioning alcohol tobacco and other drug (ATOD) prevention versus treatment efforts.

Source: Association of Problem Gambling Services Administrators



1b. **All sectors of the New Mexico gambling industry should contribute** one quarter of one percent (0.25%) of their net gaming proceeds to address problem gambling. Currently, the New Mexico State Lottery and New Mexico Fraternal and Non-profit gaming operators are not statutorily required to set aside funds to address problem gambling. Additionally, all gaming operators, including tribal casinos and the State Lottery should set aside 10% of their marketing budget for efforts to promote responsible gaming and problem gambling awareness.

1c. **Funds should be collected and managed centrally in a set-aside budget** to ensure transparency and coordinated efforts that produce maximum impacts. Currently, tribal casinos and private gaming operators designate 0.25% (one quarter of one percent) of their net for Compulsive Gambling Treatment and Prevention efforts but each operator has their own plan, as they choose where and how those funds are distributed. This type of system lacks the coordination necessary to produce meaningful statewide impacts on problem gambling prevention. It is recommended that these funds be transferred into a single account/fund that is administered by a single State authority and that authority earmarks no less than 20% of the expenditures toward problem gambling prevention efforts.

2. The system lacks an overall governing body

There is no centralized coordination of efforts in the State, so partners operate on their own. This system is akin to tackling a large fire with individuals wielding buckets of

water without the benefit of a coordinated bucket brigade or a command center to

strategically maximize resources and employ a set of comprehensive tactics. Information about problem gambling prevention efforts is not readily available, making it difficult to determine who is doing what, which makes coordinated planning and accountability extremely difficult, if not impossible. New Mexico will not be able to achieve the system envisioned in its Problem Gambling Prevention Standards unless efforts are coordinated.

Recommendations:

2a. Establish a **centralized authority** for problem gambling efforts whose responsibilities would include overall budgeting, funds distribution, data collection, coordination of program planning, system evaluation and strategic planning, among others. There are several effective models developed by other states. The most common model entails the establishment of a dedicated fund where a single centralized authority has administrative responsibility over that fund. Typically, that administrative authority is with a state department responsible for some facet of public health. Other times the fund is controlled by a state accounting or control office and program administration is contracted out. The most successful models for effectively and efficiently utilizing a problem gambling fund are based on the following principles: (a) strong **stewardship**, (b) **single administrative authority**, (c) **transparency**, (d) **dedicated staff** including a strong administrator, good administrative support, and treatment and prevention specialists, (e) **collaborative relationships** with stakeholder groups including industry, providers, consumers, and allied professionals.

2b. Adopt an overall **implementation planning/program evaluation form** that can be submitted by partners interested in receiving problem gambling prevention funds. Establish and operationalize a timeline for submission and process for evaluation of proposals.

3. There is insufficient current data for targeted planning, implementation, and evaluation

A lack of comprehensive data hampers New Mexico's ability to select and implement appropriate programs. While a fairly recent (2006) adult prevalence study has been done, plans should be made to update it within the next three to five years; universities ask gambling questions as part of the national health college student's survey, but that data isn't shared with appropriate stakeholders. There is no question on the State's annual youth risk and protective factors survey (Youth Risk Resiliency Survey) and no youth gambling prevalence studies have been done to date. All of these data need to be collected and included in an overall needs assessment and planning process.

Recommendations:

- 3a. Fund a baseline **youth gambling and problem gambling prevalence study**

- 3b. **Include questions on youth gambling**, using model language developed by other states, **in New Mexico's annual youth survey**

- 3c. **Obtain college survey data**

- 3d. Plan to **update the adult prevalence study** within the next 3-5 years

- 3e. Include all of the above data in **systemwide needs assessment and planning** effort every two to three years.

Key Potential Target Groups and Evidence-Based Practices

Data from New Mexico's most recent prevalence study² on problem gambling by Volberg in 2006 indicate that the following groups should be the initial focus of New Mexico's coordinated prevention efforts:

A. GENERAL POPULATION

Rationale: There are between 9,400 and 19,400 New Mexico adults who can be classified as pathological gamblers; another 9,400 to 19,400 can be classified as problem gamblers; an additional 72,100 to 95,600 New Mexico adults can be classified as at-risk gamblers.

Recommendations

There are no gambling-specific evidence based practices regarding general awareness efforts. There are, however, emerging models and principles, including:

1. Focus on key messages and ensure that they are consistently applied; messages can include:
 - a) *Encouragement to know your limits or gamble responsibly*
 - b) *Warnings about the potential addictive nature of gambling.*
 - c) *Identification of the signs/symptoms of problem gambling.*
 - d) *Information about where people can go for help or more information on problem gambling (i.e., treatment agencies; 24 hour telephone help-lines)*
 - e) *Provision of the true mathematical odds of various gambling activities.*
 - f) *Efforts to dispel common gambling fallacies and erroneous cognitions.*
 - g) *Provision of guidelines and suggestions for problem-free gambling.*
2. Use data to target the message
 - Data from the 2006 prevalence study should be kept in mind when designing awareness efforts so messages are directed towards people identified as being at higher risk; a list of those groups and a few example strategies follows:

² Volberg, R. A., & Bernhard, B. (2006). The 2006 study of gambling and problem gambling in New Mexico. Report to the Responsible Gaming Association of New Mexico. Northampton, MA: Gemini Research.
<http://www.rganm.org/content.asp?CustComKey=221505&CategoryKey=221506&pn=Page&DomName=rganm.org>

- a. *The disabled—collaborate with state disabilities services providers on how best to reach their clients; provide inservice training to those who work with the disabled*
 - b. *The unemployed—place problem gambling treatment brochures and posters in employment offices, welfare offices, job training programs, financial/credit/loan institutions and organizations; provide brief awareness training to staff of those programs so they are aware problem gambling may be an issue for their clients and know how to share information about treatment availability*
 - c. *Men—convene focus group of male problem gamblers who have been in treatment to determine relevant messages, images, concepts to be used in outreach efforts for men*
 - d. *Those with alcohol and drug problems—provide inservice training to alcohol/drug/mental health counselors; ensure that treatment agencies have problem gambling treatment information available for their clients; encourage addition of the Lie-Bet questions to treatment agencies' current screening tools*
 - e. *Incarcerated persons—provide inservice training to adult and juvenile correction facilities staff; work with state corrections agencies to identify how problem gambling can be addressed among incarcerated persons*
 - *Since Casino gambling, lotteries and slot/video machines and racetracks were most commonly associated with problem gambling, those games should be included in awareness and prevention messaging images, and those locations should be targeted for placement of information.*
3. *Include a focus on vulnerable populations, including the elderly:*
 - a. *Identify and train “gatekeepers” (bus drivers, senior services staff, meals on wheels, senior center staff, bank employees)*
 - b. *Senior center programs: educate staff and participants using one of the curricula available (Appendix A) or developing a new one, guest speaker for attendees, sponsor non-gambling event*
 - c. *Collaborate with NM State agency for seniors*
4. *Use a variety of awareness strategies, centrally planned and coordinated, and locally delivered where possible:*
 - a) *Develop problem gambling resource library to collect, house and disseminate quality information*
 - b) *Improve the web coverage of gambling and problem gambling in New Mexico (not only is this a good way to reach large numbers inexpensively, it is particularly effective with young people and college students and with those who gamble on the internet, which was estimated to be one in six problem gamblers according to the 2006 study).*
 - c) *Media campaign: TV, radio, billboards, web banners, sports team venues, etc.*

- d) *Editorial boards, letters to the editor, Opinion pages*
- e) *Use rotating topical themes but similar messages: Problem Gambling Awareness Week, March Madness, Casino Night Grad Parties, etc.*
- f) *Exhibit at as many conferences and meetings as possible; consider standardized exhibits which can be created centrally and given to local providers to use*
- g) *Cover the cost of bringing problem gambling speakers to conferences and meetings of potential partners who need to learn more about the topic (health professionals, addiction counselors, prevention specialists, etc.)*
- h) *Consider a general logo/branding/slogan to provide an identity to the effort and put it on giveaway items that are likely to be kept (mousepads, calendars, pens, etc.)*

B. CULTURAL GROUPS: HISPANIC and NATIVE AMERICAN

Rationale: Both Hispanics and Native Americans in New Mexico have higher rates of problem gambling than the rest of the population. The 2006 prevalence study cites: “the prevalence of at-risk, problem and pathological gambling is significantly higher among Native Americans in New Mexico than among non-Native Americans” and further finds that “problem gamblers in New Mexico are significantly more likely than non-problem gamblers to be male, Hispanic and unmarried.”

Recommendations:

There are presently no culture-specific evidence based practices for problem gambling prevention. There are, however, evidence-based principles on what works for ethnic population, including:

1. *Establish an awareness/prevention workgroup made up of cultural group representatives to design an awareness campaign—the messages, the images, the tone, the recommended media outlets, etc.*
2. *Do not simply translate English materials into Spanish or Native American; the language, images, tone and content must be accurate and authentic to be effective*
3. *Focus on the family and the impact of problem gambling on the health and functioning of the family*
4. *Use churches as a key partner in reaching the Hispanic population*
5. *Use elders as a key partner in conveying messages within the Native American population*
6. *Train gatekeepers who are already doing outreach on other public health issues in Latino and/or Native American groups so they can include problem gambling prevention and treatment information and referrals in the course of their work*

C. YOUTH and PARENTS

Rationale: The 2006 survey showed a strong association between starting to gamble before age 18 and later development of problem gambling, which is consistent with other research findings on the association between problem gambling and age of onset. Problem and

pathological gambling among adolescents results in increased delinquency and crime, the disruption of familial relationships and poor academic performance (Gupta & Derevensky, 1998a; Ladouceur & Mireault, 1988; Lesieur & Klein, 1987; Wynne, Smith & Jacobs, 1996).

Recommendations:

1. *Focus on one age group—middle school is recommended--and target youth, schools and parents in a coordinated effort or campaign.*
2. *Participatory awareness efforts work well with this group, such as creating problem gambling posters, plays, etc.*
3. *Approach New Mexico Department of Education to discuss the possibility of infusing problem gambling prevention into existing ATOD curricula. Appendix B provides a list of specific programs into which problem gambling may be infused, depending on which are being used in New Mexico schools. Consider offering funding to support this effort.*
4. *Approach partners who are currently working on strengthening families and teaching effective parenting about infusing problem gambling into their efforts; at a minimum offer an in-service on problem gambling prevention and ask that information be made available to program participants; if possible, incorporate an activity from one of the problem gambling prevention programs listed in Appendix A. Consider offering funding to support this effort.*
5. *Approach youth suicide prevention programs about possible collaboration and infusion. Provide in-service and informational materials at a minimum.*

Lessons learned regarding implementing problem gambling prevention programs are summarized in Appendix C.

Appendices

APPENDIX A. PROBLEM GAMBLING PREVENTION PROGRAMS FOR NEW MEXICO TO CONSIDER

Source: Marotta, J. & Hynes, J. (2003, August). Problem Gambling Prevention Resource Guide for Prevention Professionals. Salem, OR. Oregon Department of Human Services, Office of Mental Health & Addiction Services.

To date, no best or promising practices exist for problem gambling prevention; however, the following “ready-made” problem gambling prevention programs may be useful to New Mexico providers. All of them correspond to the IOM’s Universal level strategy, which is appropriate for New Mexico’s current programming and resources. The programs listed in this section may not have formal evaluations or research backgrounds, but they have either been in use for some time and/or are widely recognized problem gambling prevention programs and they represent the best of what is currently available.

YOUTH

GAMBLING: A STACKED DECK

Alberta Gaming Research Institute

Program aimed at modifying attitudes, as well as behavior, with respect to gambling and problem gambling. Results indicate that the “Stacked Deck” program has significant promise as a primary prevention initiative. Consists of six interactive lessons, each approximately one hour in length. Program incorporates the following features, some of which diverge from existing programs:

1. Focus on improving decision making and problem solving skills.
2. Emphasizing themes of “smart gambling” or calculated risk in everyday life.
3. Targeting entire peer groups.
4. Targeting older students.
5. Providing a program that is sufficiently lengthy, and spaced appropriately.
6. Administering the program in a way that is entertaining and engaging.

Lesson 1: Nature of Gambling: Definition, history, and types of gambling, Odds of traditional gambling games, Long-term advantage of the “house-edge.”

Lesson 2: Problem Gambling: Addictive potential of gambling; Signs and symptoms of problem gambling; Causes and risk factors of problem gambling; Where to get help.

Lesson 3: Gambling Fallacies: Selective memory for wins; Superstitious beliefs/conditioning; Illusory belief of control; Influence of early big wins; Misunderstanding randomness; Ignoring law of averages.

Lesson 4: Decision Making and Problem Solving: Approaching life as a “smart gambler”; Enhancing decision making, judgment, and problem solving skills.

Lesson 5: Barriers to Good Decision Making: Examining the reasons why we sometimes take

“bad gambles” or make bad decisions; Strategies for overcoming barriers to good decision making (particularly peer pressure)

Lesson 6: Quiz Game: “Booster” session administered at least one month after lesson five. Consists of a quiz game designed to highlight and review crucial information from the initial five sessions

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). 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: 5th-8th grade students

Availability / More information:

For more information or availability of the curricula, visit the North American Training Institute website, 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: 8th-9th grade students.

Availability / More information: 573-526-7467 Email: mstephens@mail.state.mo.us or 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

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 17th 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

New Mexico Problem Gambling Prevention Standards

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: 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

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

SENIORS

MORE LIFE TO LIVE

2004 25 minutes, Includes Service Provider and Older Adult Booklets

"More Life To Live" is a 25-minute video that illustrates the connections between gambling, smoking, drinking, depression, and suicidal ideation. Narrated by the protagonist, an older problem gambler, the story illustrates how the process of change in addiction is predicated on the principles of behavioral substitution. Viewers learn about the "protective factors" that decrease the risk of destructive behaviors in older adults.

The 60-page booklet, "More Life to Live! Avoiding and Overcoming Unhealthy Behaviors in Seniors," teaches important concepts related to preventing and recognizing unhealthy behaviors, the impact of unhealthy behaviors, and the promotion of healthy lifestyle choices. The first half of the booklet provides definition of specific risky behaviors, myths and facts about the behaviors, associated signs and symptoms, as well as diagnostic scales, useful clinical guidelines for assessment and intervention, treatment options, obstacles to treatment, and tips for prevention. The second half identifies positive strategies for promoting active aging. It includes detailed information about the value of healthy living, adequate nutrition, physical activity, stress management, lifelong learning, leisure activities, creative arts, owning a pet, and the benefits of humor.

The 36-page booklet, "More Life to Live! Your Guide to Healthy Aging: Avoiding and Overcoming Unhealthy Behaviors and Promoting Healthy Lifestyles," was designed to be used by older adults themselves. It serves as self-study guide, a resource directory, and a motivational tool for engaging in healthy habits, hobbies, and lifestyles. The first section of this booklet identifies and defines high-risk and potentially addictive behaviors. The second section describes the benefits of healthy living and provides strategies for promoting healthy lifestyle options for older adults by eating better, staying active, and engaging in a variety of health sustaining activities.

Available from: <http://www.vcu.edu/vcoa/grants/educating.htm>

IN SEARCH OF BALANCE

1998 23 minutes, Includes 30 page workbook

This kit includes a 23-minute video and a 25-page workbook. The video touches on such topics as, How the Senior Gambler Feels, "Soft Signs" of a Gambling Problem, and The Road to Recovery. The kit is directed at all levels of helping professions and can be used in an array of educational and public awareness settings.

For a small percentage of retirement-age adults, their lives are anything but golden as a result of an addiction to gambling. While often hidden from view, this addiction can rob older adults of their financial security, physical health, mental health and relationship to children and grandchildren. This educational, research-based kit contains a 23-minute video and a 30-page workbook that integrate the signs and symptoms of a gambling addiction for older adults along with treatment implications. Health care providers and those individuals who work with or care for senior citizens will find this kit contains the elements needed to effectively address this growing issue. In Search of Balance is a practical approach to learning effective methods for assessing and treating gambling-addicted retirement-age adults.

Available from: <http://nati.org/products/?mode=desc&ID=26>

GAMBLING AWAY THE GOLDEN YEARS

1997 10 minutes, Includes 18 page book

The Gambling Away the Golden Years educational kit explores the possibility of gambling turning from entertainment to addiction during the retirement years. For the small percentage of older adults who become addicted to gambling, retirement may mean debt, physical and mental health problems, estrangement from family and friends - a far cry from golden. This educational kit contains a ten-minute video and an 18-page Gambling Away the Golden Years book. The video and book integrates real stories by real people, including an adult child of an addicted gambler, who tells about the impact a gambling addiction can have on the individual, family and the community. This educational kit is designed to be used for general public educational presentations, in-service training programs for health care providers, older adult care providers, geriatric courses and in a wide range of informational settings. The video sheds light on how the hopes and dreams of the "golden years"...Available from:

<http://nati.org/products/?mode=desc&ID=25>

APPENDIX B: New Mexico Future Considerations

INTEGRATING PROBLEM GAMBLING PREVENTION EFFORTS WITH EXISTING BEST AND PROMISING PRACTICES FOR SUBSTANCE ABUSE PREVENTION³

This section is provided to assist New Mexico problem gambling prevention and treatment providers integrate problem 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.). **This type of strategy is more successful when problem gambling efforts are coordinated centrally, but delivered locally, so it is not recommended that New Mexico focus on this until or unless recommended infrastructure changes are made.**

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, or order a copy by phone at 888-734-7426.

ALCOHOL AND DRUG PREVENTION BEST PRACTICE PROGRAMS

ALL STARS PROGRAM

Hypothesized common risk factor to problem gambling addressed:

Favorable attitudes toward (drug) use

CSAP strategies: Information dissemination, education

³ Source: Marotta, J. & Hynes, J. (2003, August). Problem Gambling Prevention Resource Guide for Prevention Professionals. Salem, OR. Oregon Department of Human Services, Office of Mental Health & Addiction Services.

IOM strategy: Universal

Populations appropriate for this best practice: ages of 10 and 15

For more information:

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

IOM strategy: Selective, indicated

Populations appropriate for this best practice: ages 8-13; urban; African American, Latino

For more information: 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

IOM strategy: Universal

Populations appropriate for this best practice: Not specified

For more information:

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

IOM 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

IOM strategy: Selective

Populations appropriate for this best practice: 11- to 15-year-olds and their parents / guardians

For more information: 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

IOM 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 drug use), friends who use

CSAP strategies: Information dissemination, education

IOM strategy: Universal

Populations appropriate for this best practice: 6-8th grade or 7-9th grade youth; Caucasian, African American, Latino youth

For more information: 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

IOM 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

IOM strategy: Universal

Populations appropriate for this best practice: Parents of children in grades 4-8; various cultural backgrounds

For more information: www.channing-bete.com

PROJECT ALERT

Hypothesized common risk factor to problem gambling addressed: Early first use

CSAP strategies: Education

IOM strategy: Universal

Populations appropriate for this best practice: 6th grade or 7-8th grade students, minority students, various socioeconomic settings

For more information: 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

CSAP strategies: Information dissemination, education, alternatives, environmental

IOM strategy: Universal

Populations appropriate for this best practice: Not specified

For more information: 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

IOM strategy: Universal

Populations appropriate for this best practice: Middle school youth, parents, and community at large

For more information: 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

IOM strategy: Selective, indicated

Populations appropriate for this best practice: High school youth at high risk, Alternative high school students, various 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

IOM strategy: Universal

Populations appropriate for this best practice: 7th grade students, various 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

IOM strategy: Indicated

Populations appropriate for this best practice: Students in 6-12th grade who show signs of poor school achievement and potential for dropping out

For more information: 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

IOM 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

IOM strategy: Universal

Populations appropriate for this best practice: 14-17 years old; various cultural backgrounds

For more information: 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

IOM 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

IOM strategy: Indicated, Selective, Universal

Populations appropriate for this best practice: 6-11 years old, various ethnic groups, children with conduct problems

For more information: <http://www.strengtheningfamiliesprogram.org/>

TOBACCO-FREE ENVIRONMENT POLICIES

Hypothesized common risk factor to problem gambling addressed: Community laws and norms favorable toward use

CSAP strategies: Environmental

IOM strategy: Universal

Populations appropriate for this best practice: Not specified

For more information: <http://modelprograms.samhsa.gov>

THE FOLLOWING ARE 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

IOM strategy: Universal

Populations appropriate for this 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

IOM strategy: Universal

Populations appropriate for this 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

IOM strategy: Universal

Populations appropriate for this practice: K-6th grade students

For more information: www.nche.org

TEENAGE HEALTH TEACHING MODULES

Hypothesized common risk factor to problem gambling addressed: Favorable attitudes toward use

CSAP strategies: Education, information dissemination

IOM strategy: Universal

Populations appropriate for this practice: Middle school, high school students

For more information: <http://modelprograms.samhsa.gov>

APPENDIX C

Effective Problem Gambling Prevention: Lessons Learned⁴

Information Campaigns

When most people think of problem gambling prevention they think of information campaigns targeted specifically at gambling. Campaigns are directed at the general public and usually contain information consisting of one or more of the following elements (e.g., AADAC, 2001; Jackson, Thomas, Thomason, & Ho, 2002; Murray, 2003):

- Encouragement to know your limits or gamble responsibly
- Warnings about the potential addictive nature of gambling
- Identification of the signs/symptoms of problem gambling
- Information about where people can go for help or more information on problem gambling (i.e., treatment agencies; 24 hour telephone help-lines)
- Provision of the true mathematical odds of various gambling activities
- Efforts to dispel common gambling fallacies and erroneous cognitions
- Provision of guidelines and suggestions for problem-free gambling

The information itself is provided:

- On the gambling product (e.g., odds printed on the back of lottery tickets, responsible gambling messages on electronic gambling machines (EGMs))
- On posters and pamphlets at gambling venues and elsewhere throughout the community
- In the form of public service announcements on radio, television, and newspapers
- By means of presentations, plays (Bell, 2004), or videos (most often presented in educational settings)
- On government, social agency and/or gambling provider websites. Examples of some teen-oriented websites are: <http://www.zoot2.com>, <http://www.luckyday.ca>, <http://inyaface.co.nz>, <http://www.wannabet.org>, <http://www.thegamble.org>, www.responsiblegambling.qld.gov.au, <http://www.youthbet.net>

Information/awareness campaigns are **relatively inexpensive ways of delivering preventive health messages to a large portion of the population**, and are intended to counter the often considerable commercial efforts to promote the product. The mass media is a particularly **good way of reaching young people**, as they are estimated to spend almost twice as many hours watching TV (22,000 hrs) as they spend in formal education (12,000 hrs) (Worden et al., 1988).

⁴ Source: Williams, R. J., West, B. L., & Simpson, R. I. (2007b). *Prevention of problem gambling: A comprehensive review of the evidence*. Report prepared for the Ontario Problem Gambling Research Centre, Guelph, Ontario, CANADA. August 1, 2007.

Reaching young people is particularly important, as they may be more susceptible to commercial advertising promoting the product (a significant consideration in the case of gambling) (Atkin, 1995; Strasburger, 1995).

Although awareness campaigns to prevent problem gambling are relatively common across many jurisdictions, there is **limited research on their impact** (Auckland University of Technology, 2005). The evidence that does exist suggests that **improvements in knowledge and awareness are reliably produced in people who are asked to attend to these messages**. For example, a brochure on pathological gambling was found to effectively convey useful new information to members of the general public in Quebec who were shown it (Ladouceur, Vezina, Jacques, & Ferland, 2000). Similarly, videos on gambling have resulted in improved knowledge of gambling and problem gambling among Grade 11 and 12 students in Quebec (Ladouceur, Ferland, Vitaro, & Pelletier, 2005) as well as elementary school children (Ferland, Ladouceur, & Vitaro, 2002; Lavoie & Ladouceur, 2004).

Awareness campaigns appear to have a very limited impact *if people are not explicitly asked to attend* to the information or have no intrinsic interest in it. For example, Indiana implemented a statewide awareness campaign to promote responsible gambling using radio announcements, billboards, brochures, newspaper advertisements, posters, pens, and t-shirts, press conferences, and problem gambling town hall meetings.. Najavits, Grymala, and George (2003) found that only 8% of the general public recalled seeing or hearing any advertising. However, of that 8%, 72% reported that the advertising had increased their knowledge of problem gambling. (One percent of the total sample took action based on seeing/hearing the ad such as calling the help line).

A similar result was obtained in Ontario, Canada. Turner, Wiebe, Falkowski-Ham, Kelly, and Skinner (2005) found that 66% of the Ontario public was unaware of any initiatives to reduce problem gambling. This is notable considering that Ontario is cited as spending proportionally more on problem gambling prevention, treatment, and research than any other jurisdiction in the world (Sadinsky, 2005). However, people who participated in slots and instant lotteries were significantly more likely to be report being aware of initiatives to reduce problem gambling, suggesting that gamblers may be noticing the presence of the help line number on tickets and slot machines. A more recent initiative in Ontario found that a media campaign to dispel myths about how slot machines worked was successful in significantly reducing these fallacies among a random sample of 900 Ontario gamblers in February 2005 before the campaign started, compared to a random sample of 900 gamblers in April 2007 after the campaign was completed (OLG, 2007).

In 1995 the Victoria Department of Human Services in Australia initiated a state-wide problem gambling awareness program consisting of a 5-week multi-language radio, newspaper and billboard advertisement phase in the first year, a 14-week television advertisement phase in 1996, and a 30-week radio and television advertisement phase in 1997 and 1998. Jackson, Thomas, Thomason and Ho (2002) evaluated the program, concluding that it produced an increased number of callers to the gambling helpline, and an increase in the number of new

clients entering treatment. There was also more collaboration between help services and the staff at gambling venues, many of whom attended training/information sessions about problem gambling. In 2001, the Victoria government initiated a similar informational campaign which reportedly resulted in a 70% increase in calls to the helpline and a 118% increase in clients presenting themselves to treatment (Victoria Department of Human Services, 2002).

It is important to note that providing support to distressed gamblers or recruiting problem gamblers into treatment is a much less satisfactory prevention outcome than results showing that awareness campaigns help inoculate the general public from developing gambling problems in the first place. There is no direct evidence on the effectiveness of awareness campaigns as a *primary* prevention tool for problem gambling, however, and the general public's lack of awareness of these initiatives is not very encouraging.

Fortunately, there is considerably more literature on the utility of public information/awareness campaigns for other health behaviors that contain lessons for the prevention of problem gambling (Byrne, Dickson, Derevensky, Gupta, & Lussier, 2005). In general, research has found that sustained information/awareness initiatives have significant potential to improve people's knowledge and/or change their attitudes at a community-wide level (Centre for Addiction and Mental Health [CAMH], 1999; Duperrex, Roberts, & Bunn, 2006; Grilli, Ramsay, & Minozzi, 2004; Sowden & Arblaster, 2005). Indeed, population surveys have long been known to show that mass media are in fact the leading source of information about important health issues, such as weight control, HIV/AIDS, drug abuse, asthma, family planning and mammography (Chapman & Lupton, 1994).

While knowledge and attitudinal changes have been fairly reliably obtained, *the ability of awareness campaigns to produce actual changes in behavior is much less common* (CAMH, 1999; Duperrex et al., 2006; Grilli et al., 2004; Slater et al., 2005; Sowden & Arblaster, 2005; Stacy, Bentler, & Flay, 1994). Furthermore, the knowledge and attitudinal impact of prevention messages often decays with time, requiring that they be repeated regularly (Duperrex et al., 2006; Vidanapathirana, Abramson, Forbes, & Fairley, 2004).

The exceptions to this failure to achieve behavior change are *situations where the information is personally relevant, behavioral change is comparatively easy to achieve, and/or the consequences of not changing behavior are significant* (Janz, Champion, & Strecher, 2002). For example, after extensive media reports on dietary studies relating cholesterol-rich foods with heart disease, consumption of beef, eggs and fatty milk products in North America declined. Similarly, reports on the risks of excessive sodium consumption were associated with increased use of salt-free food products. A decline in the use of birth control pills and IUDs between 1970 and 1975 correlated closely with publicity about their possible adverse effects (Jones, Beniger, & Westoff, 1980). Vidanapathirana et al. (2004) found that mass-media interventions have immediate effects in promoting HIV testing. In the gambling context, evidence of behavioral change is seen the increase in help line calls or treatment-seeking as reported by Victoria Department of Human Services (2002) and Jackson et al. (2002) (and, anecdotally, by agencies in other jurisdictions when promoting these services).

More Sustained and Directed Educational Initiatives

As noted above, the advantage of awareness campaigns is their potential to reach large numbers of people. They have two main disadvantages. First, the exposure of any individual to the message is uncertain. Second, the duration of the message is quite short for people exposed to it. Thus, it is useful to examine the effectiveness of more sustained and directed educational efforts to prevent problem gambling.

Statistical Instruction

It is a fairly commonsensical idea that if gamblers truly understood the negative mathematical expectation of gambling, they would be inoculated from over-involvement. However, the literature specific to the impact of improved statistical knowledge on gambling behavior is mixed, at best. For every study that shows a positive effect, there is another that shows no effect, and even if knowledge of the math behind gambling improves, it doesn't always lead to a change in gambling behavior. In many ways, it may be that teaching people about gambling odds is analogous to telling smokers about the harmful effects of smoking, or alcoholics about the harmful effects of drinking. Individuals involved in these behaviours are usually already aware of these facts. Knowing something and having this knowledge alter your behavior are often two different things. While knowledge is, in most instances, a necessary antecedent to changing or preventing harmful behavior, it is often not sufficient on its own (e.g., Stacy, Bentler, & Flay, 1994; Williams & Gloster, 1999). It would seem that prevention frameworks that rely heavily on providing gamblers with informed choices, may have limited preventative effects (Blaszczynski, Ladouceur, & Shaffer, 2004; Blaszczynski, Ladouceur, Nower, & Shaffer, 2005).

Comprehensive Programs

Elementary and high-school based prevention programs for problem gambling are relatively uncommon, but they do exist in some jurisdictions. Such programs typically have a broad scope of topics that include teaching statistical knowledge about gambling, providing information on the potentially addictive nature of gambling, explaining gambling fallacies, building esteem, and peer resistance training. Examples of these types of programs are Don't Bet On It in South Australia for ages 6 to 9; Gambling: Minimising Health Risks In Queensland for grade 5; Facing the Odds in Louisiana for grades 5 to 8; Kids Don't Gamble, Wanna Bet in Minnesota and Illinois for grades 3 to 8; Youth Making Choices for high school students in Ontario; Count me Out. in Quebec for ages 8-17, Hooked City In Quebec for grades 7-12; and Gambling: A Stacked Deck in Alberta for grades 9-12.

There has been very little published evaluation of these programs. Gaboury and Ladouceur (1993) evaluated a 3-session program in Quebec that was based on an alcohol prevention model. The program covered an overview of gambling, discussion of legal issues, how the gambling industry manipulates the chances of winning, beliefs and myths about gambling, and the development of pathological gambling. A sample of 289 juniors and seniors from 5 high schools completed the program. Whereas the evaluation showed that the students did learn about gambling and coping skills, these effects did not significantly influence their gambling attitudes or behavior six months later.

An unpublished study by Ferland, Ladouceur and Jacques (2000) also obtained mixed results. This program targeted 1207 youths in grades 8, 9 and 10 in Quebec, with half receiving three interactive meetings, and the other half acting as the control school. The program provided information on knowledge of/misconceptions about gambling activities, social problem solving, and excessive gambling. Results at three months post-intervention indicated that the program produced a significant improvement in knowledge about gambling and decrease in gambling misconceptions. However, there was no improvement in social problem solving ability, a skill thought to be lacking in individuals at risk for problem gambling. The impact of the program on actual problem gambling behavior is unknown, as this outcome was not assessed.

The International Centre for Youth Gambling Problems and High-Risk Behaviors in Montreal, Quebec undertook an evaluation of their interactive CDs for the prevention of problem gambling in youth (Hooked City for grade 7-12 students and The Amazing Chateau for grades 4-6). Several months after being exposed to these interactive CDs, students had significantly improved knowledge about gambling, more awareness of the signs of problem gambling, and fewer gambling fallacies. However, there was no significant change in gambling behavior, although there was a trend in this direction (IGYGPHRB, 2004).

Encouraging results have been obtained from a high school curriculum in Alberta called Gambling: A Stacked Deck. This program was first piloted in a Calgary high school in 2001 (Davis, 2003) and later revamped in 2002 and again in 2003 based on their implementation in other high schools in southern Alberta (Williams, Connolly, Wood, & Currie, 2003; Williams, Connolly, Wood, Currie, & Davis, 2004). The nature and content of the curriculum was derived from existing programs and a careful study of what was known to be effective in other primary prevention programs (Durlak, 1997; Durlak & Wells, 1997; Lipsey & Wilson, 1993; Mullen, Simons-Morton, & Ramirez, 1997; Weissberg & Gullotta, 1997). The resulting program contained the following elements:

- Information concerning the nature of gambling and problem gambling.
- Exercises to make students less susceptible to gambling fallacies.
- Information on the true odds involved in most gambling activities.
- Teaching and rehearsal of decision making and social problem-solving skills.
- Teaching and rehearsal of adaptive coping skills.

The format of the program was as important as the content. Format elements included:

- An entertaining and engaging delivery.
- A strong emphasis on skill learning and application of knowledge.
- A program consisting of 5 consecutive sessions, each lasting one hour.
- A program that also targeted the social environment of the people receiving the intervention, accomplished by ensuring all students in the targeted grade at the school received the program, so as to influence the person's primary peer group.

Over 1,600 students from 12 different schools received the program and another 400 students served as the control group. At 3-6 months following the end of the program, students in the intervention group had significantly more negative attitudes toward gambling, better knowledge about gambling, fewer gambling fallacies, and significant decreases in all measures

gambling behavior relative to both baseline and the Control Group. There were no changes in decision-making skills, other high risk activity, or prevalence of problem gambling (Williams, Wood, & Currie, in preparation).

While the results of this study are encouraging, the programs long-term effectiveness is unknown. It is also sobering to examine literature from other fields (e.g., health promotion, tobacco and drug use), where results indicate that even with comprehensive educational approaches, effects on the desired behaviour are often small (Merzel & D.Afflitti, 2003; Sowden & Stead, 2005; Thomas & Perera, 2006; Wandersman & Florin, 2003) or nonexistent (Gates, McCambridge, Smith, & Foxcroft, 2005; Secker-Walker, Gnich, Platt, & Lancaster, 2002).

Environmental/Policy Approaches

For a detailed review of the evidence for and against various environmental approaches, including the hypothesized impact of various policies used to prevent problem gambling, please refer to the full Williams et. al. (2007) report at <http://www.responsiblegambling.org/articles/2007-Prevention-OPGRC.pdf>.