



## BEATING THE ODDS: PREVENTING TEENAGE PROBLEM GAMBLING

SEPTEMBER 2010



## Beating the odds: preventing teenage problem gambling

September 2010

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## Executive Summary

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- GamCare have recently recruited a Head of Education Development to plan and implement a strategy of education and prevention work aimed at young people. The first output of this position is this document, which aims to explore the literature and political context surrounding youth gambling and problem gambling in the UK; to critically examine approaches which could be used to educate about and prevent youth problem gambling; and to provide an assessment of GamCare expertise and abilities relevant to education and prevention.
- The rate of problem gambling is over three times as high amongst young people than amongst adults in the UK. Young people start gambling sooner in life than they do other risky activities such as alcohol, drug or tobacco use, and earlier onset of gambling activity has been linked to the increased likelihood of developing a gambling problem later in life. However, gambling is less likely to be seen as a problem for young people by authority figures such as parents. Only 5% of parents would take steps to deter their children from gambling; whereas the vast majority would try to deter young people from other risky behaviours.
- One of the key aims of the Gambling Act 2005 is 'protecting children and other vulnerable persons from being harmed or exploited by gambling'. The Responsible Gambling Strategy Board is currently in the process of seeking advice from their expert panel on Education and Prevention.
- An effective strategy on educating about and preventing problem gambling in young people needs to have two aims: to deliver information and teach skills about how to gamble responsibly; and to educate about when, how and where to ask for help if needed. GamCare's aims in developing an education and prevention strategy around problem gambling for young people are to enable young people to:
  - Acquire the knowledge and skills necessary to make informed choices about gambling
  - Be able to access honest, accurate and relevant information about gambling
  - Know where to go for help.
- Importantly we also want to enable those who come into contact with children, whether it be parents, family members, teachers youth workers or health professionals, to be able to give, honest accurate and relevant information and advice about gambling and the risks of gambling too much, and to be aware of the sources of help.
- GamCare has a unique combination of: treatment expertise; experience and authority in advice provision; gambling and problem gambling research skills; and responsible gambling expertise, which mean we are well-placed to be involved in both the design and delivery of any strategy
- GamCare's education and prevention strategy should include a range of specific and focussed pilot projects to educate young people, their parents and communities, including teachers and the workforce who may come into professional contact with young people, about problem gambling. Importantly, the Strategy should also develop new channels of communication to make responsible gambling information and GamCare services more accessible to young people.

## 1. Introduction

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- 1.1 GamCare, the national association for gambling care, educational resources and training, has been involved for over 12 years in the delivery of advice and interventions to problem gamblers, their families and other concerned parties, alongside awareness raising about problem gambling for the general public.
- 1.2 There have been a number of projects implemented by GamCare which have individually looked at raising the profile of problem gambling on the national agenda. However given the recent changes in the national approach to gambling and problem gambling - including the introduction of the Gambling Act 2005 and the new tripartite arrangement for commissioning research, education and treatment in the gambling field made up of the Responsible Gambling Strategy Board (RGSB), Responsible Gambling Fund (RGF) and the GREaT Foundation - GamCare has identified a need to develop a proactive strategy targeting young people through education and prevention initiatives. As such, GamCare have recently created a new post to look at issues relating to education and prevention of problem gambling amongst young people, in the context of the new political and regulatory climate. The RGSB has a specific Panel whose aim is to make recommendations to the RGF about priorities in this area and it is hoped that there will be close links developed between the Education and Prevention Panel and GamCare.
- 1.3 The first output of the new post is this document, which aims to outline the current literature regarding young people<sup>1</sup> and problem gambling and to place it in the context of both GamCare's and the RGSB's aims and objectives<sup>2</sup>. The document will outline the problem of youth gambling as we know it from the academic literature, critically examine the various approaches that could be taken to tackle it, and explore the role that GamCare might best play in delivering them. The aims of this document are therefore to:
- Explore the literature and political context relating to youth gambling and problem gambling in the UK;
  - Critically examine the approaches that could be used to educate about and prevent youth problem gambling;
  - Provide an assessment of expertise, both in-house and in our partners and contacts, and in this context discuss the roles GamCare is best placed to perform.

## 2. Background and context

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- 2.1 Whilst for many people gambling is an enjoyable, recreational pastime, for a significant minority a dependency can develop that is difficult to control. While we do not fully understand the reasons why certain people become dependent on gambling, we do know from the literature that it is likely to be

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<sup>1</sup> The definition of a young person varies in the literature, but for the purposes of this document, young person refers to anyone under the age of 24, and adolescent refers to those aged between 11 and 18.

<sup>2</sup> Research, Education and Treatment: An initial strategy and priorities. RGSB, UK. October 2009

due to a combination of psychological, social and biological reasons<sup>3,4</sup>. Some groups are more vulnerable to developing gambling problems than others, and one of these groups appears to be young people. To understand the problem we should first look at what we know about rates of participation in gambling, rates of problem gambling and identify the problems which go alongside problem gambling.

## 2.2 Gambling and Problem Gambling in Great Britain

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- 2.2.1 Great Britain has high rates of gambling participation in comparison to other jurisdictions<sup>5</sup>. 68% of the adult<sup>6</sup> population in Great Britain has participated in some form of gambling in the past year<sup>7</sup>. Despite this Britain has one of the lowest rates of problem gambling in the developed world (0.6% of the population currently a problem gambler, as defined by the DSM-IV criteria). This is similar to the prevalence rate found in the previous 1999 prevalence survey<sup>8</sup> indicating a stable picture. However this is currently a period of regulatory change: the introduction of the Gambling Act (2005) has led to wider accessibility of some forms of gambling. Gambling companies are now allowed to advertise their products on television. Regulations preclude this advertising from being designed to appeal to a young audience, however many channels air poker tournaments and other gambling programmes, often featuring celebrities such as actors, singers and sportsmen. Poker players are being recognised as sporting celebrities in their own right, with endorsements and sponsorship deals to prove it. Although such programmes are aimed at adults, like many other forms of adult entertainment they clearly appeal to young people. The cohorts examined in the most recent prevalence studies grew up when gambling was less normalised and accessible than it is today. It has also been asserted that with the growth in access to and use of the internet, the number of those gambling online is likely to increase in the future, and it is of course particularly difficult to 'police' underage gambling online (particularly if parents are prepared to collude with children to circumvent age verification processes). This may have implications for our younger generations, and it could be speculated that adult prevalence studies conducted in the future may begin to show higher rates of gambling and problem gambling as today's cohort of youth grow older unless education is improved. This may hold serious implications for public health and society in the UK. Some of the problems associated with problem gambling include anxiety, depression, suicide, domestic violence, crime<sup>9</sup> as well as wider social and economic problems.

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<sup>3</sup> Griffiths M, & Delfabbro P. (2001) The Biopsychosocial Approach to Gambling: Contextual Factors in Research and Clinical Interventions. *eGambling: The Electronic Journal of Gambling Issues* 5

<sup>4</sup> Marlatt, G., Curry, A., & Gordon, J. (1988) A longitudinal analysis of unaided smoking cessation. *Journal of Consulting and Clinical Psychology* 56: 715-720

<sup>5</sup> Powell, J. and Tapp, A. (2009) The Use of Social Marketing to Influence the Development of Problem Gambling in the UK: Implications for public health. *International Journal of Mental Health and Addiction* 7(1): 3-11

<sup>6</sup> Wardle et al's 2007 prevalence survey included those aged 16 and over.

<sup>7</sup> Wardle, H., Sproston, K., Orford, J., Erens, B., Griffiths, M., Constantine, R., & Piggot, S. (2007). *British Gambling Prevalence Survey 2007*. London: National Centre for Social Research, 2007

<sup>8</sup> Sproston K, Erens B, Orford J. *Gambling behaviour in Britain: results from the gambling prevalence survey*. London: National Centre for Social Research, 2000

<sup>9</sup> Bland, R.C., Newman, S.C., Orn, H., Stebelsky, G. (1993) Epidemiology of pathological gambling in Edmonton. *Canadian Journal of Psychiatry* 38:108-112

## 2.3 Problem Gambling in Young People

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- 2.3.1 Despite legislative efforts to prevent the participation in many forms of regulated gambling by children and adolescents, there is little doubt that young people continue to engage in both regulated and unregulated forms of gambling<sup>10</sup>. International prevalence studies have found that between 60% and 80% of young people have taken part in a gambling activity within the past year<sup>11,12</sup>. This is comparable with the 68% of adults who are reported to have taken part in gambling activities in the past year in Great Britain<sup>7</sup>. However, the most recent research<sup>13</sup> looking at the prevalence of youth gambling and problem gambling in Britain identified that 21% of 12-15 year olds have gambled within the last week, and that 2% of adolescents are estimated to have a gambling problem. Whilst this figure shows a decrease in both rates of participation and rates of problem gambling since previous prevalence studies carried out in 2003 and 2005, the figures are still worryingly high. The rate of problem gambling found in adolescents is over three times as high as the problem gambling rate found in adults, and suggests that young people may be particularly susceptible to developing gambling problems.
- 2.3.2 In addition to the problems associated with excessive gambling outlined in the previous sections, there are a number of problems which may particularly affect adolescents. In terms of mental health, adolescent gambling has been associated with major depression, anxiety, ADHD, low self esteem, and personality disorders<sup>14 15 16</sup>. Young problem gamblers are also more likely to be involved in alcohol and substance abuse, theft, truancy and exhibit poor educational performance<sup>17</sup>. Young males are more likely to develop problems than females, though females are still affected. In terms of ethnicity, while Asian children are no more likely to gamble than those from other ethnic backgrounds, they have been shown to be more likely to be problem gamblers, highlighting the need for cultural issues to be researched<sup>18</sup>.
- 2.3.3 So why are young people particularly at risk of developing gambling problems? Young people participate in gambling more so than they do in any

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<sup>10</sup> Derevensky, J.L., & Gupta, R. (2004). The measurement of youth gambling problems. In *Gambling Problems in Youth: Theoretical and Applied Perspectives*, ed. Derevensky & Gupta, 121-143. Kluwer Academic/Plenum Publishers: New York.

<sup>11</sup> Derevensky, J.L., Gupta, R., Dickson, L., & Deguire, A-E. (2004). Prevention efforts toward reducing gambling problems. In *Gambling Problems in Youth: Theoretical and Applied Perspectives*, ed. Derevensky & Gupta, 211-230. Kluwer Academic/Plenum Publishers: New York

<sup>12</sup> National Research Council. (1999). *Pathological gambling: A critical review*. National Academy Press: Washington D.C

<sup>13</sup> Ipsos MORI (2009): "British Survey of Children, the National Lottery and. Gambling 2008-09: Report of a quantitative survey", London, NLC

<sup>14</sup> Dickson, L. M., Derevensky, J. L., & Gupta, R. (2002). The prevention of gambling problems in youth: A conceptual framework. *Journal of Gambling Studies*, 18, 97-159.

<sup>15</sup> Fong, T. W. (2006). Pathological gambling in adolescents. *Adolescent Psychiatry*, 29, 119-147.

<sup>16</sup> Gupta, R., & Derevensky, J. L. (2000). Adolescents with gambling problems: from research to treatment. *Journal of Gambling Studies*, 16, 315-342

<sup>17</sup> Tacade/International Gaming Research Unit (2007). *Just Another Game? Gambling Educational Materials For Young People Aged 13-19 Years*. Tacade: Manchester

<sup>18</sup> Ipsos MORI (2009): "British Survey of Children, the National Lottery and. Gambling 2008-09: Report of a quantitative survey", London, NLC -

other addictive behaviour<sup>19</sup> and are likely to start participating in gambling behaviours earlier than other risky behaviours such as cigarette smoking and substance abuse<sup>20</sup>. This may be due to the fact that some gambling activities (e.g. low stake/low jackpot slot machines) are legal for young people to play, whereas alcohol, drugs and tobacco are illegal. However it may also be due to the fact that young people are less aware of the dangers associated with gambling. The age at which young people first participate in gambling is worrying because younger people have been shown to be at a higher risk for developing problems related to their gambling behaviour; they are often introduced to the activity by family and friends who portray it as a harmless activity (but may possibly experience problem gambling themselves<sup>21,22</sup>). The tolerance of family and friends also makes it easier for young people to gain access to gambling activities. The role of family is particularly important - Ladouceur<sup>23</sup> found that only 5% of parents would try and stop their child from partaking in gambling behaviour; whereas the vast majority of parents would prevent their child from taking drugs, and over 60% would impose restrictions on alcohol use. It has also been shown that only 2% of adolescents ever gamble alone, whereas 59% of adults always gamble alone<sup>24</sup>. This has implications especially for explaining young people's access to restricted forms of gambling, as they may be relying on older friends or relatives as an access point to, and a means to pay for, the activity.

- 2.3.4 It has been shown that some young people gamble as a means of coping and avoidance, but as their gambling becomes problematic the more stresses they face and their need to gamble increases, thus creating a vicious circle whereby gambling behaviour is experienced as both a problem itself and a strategy for dealing with problems<sup>25</sup>
- 2.3.5 Adolescents typically exhibit egocentric characteristics and have a tendency towards believing in their own invincibility<sup>26</sup>. It has been suggested that the majority of adolescents believe that they are immune to the negative consequences of risky behaviours. Younger people are thought to have a developmental vulnerability due to the stage of their cognitive and emotional development. Piaget theorised that as young people grow up they go through various stages of development. He suggested that adolescents do not develop the ability to think critically about their behaviour until they

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<sup>19</sup> Gupta, R., & Derevensky, J. L. (1998a). Adolescent gambling behavior: a prevalence study and examination of the correlates associated with problem gambling. *Journal of Gambling Studies*, 14, 319-345

<sup>20</sup> Stinchfield, R. (2004). Demographic, psychosocial, and behavioral factors associated with youth gambling and problem gambling. In J. Derevensky, & R. Gupta (Eds.), *Gambling Problems in Youth: Theoretical and Applied Perspectives*. New York: Kluwer Academic

<sup>21</sup> Gupta, R., & Derevensky, J. L. (2000). Adolescents with gambling problems: from research to treatment. *Journal of Gambling Studies*, 16, 315-342

<sup>22</sup> Jacobs, D. F. (2000). Juvenile gambling in North America: an analysis of long term trends and future prospects. *Journal of Gambling Studies*, 16, 119-152

<sup>23</sup> Ladouceur, R., Boudreault, N., Jacques, C., & Vitaro, F. (1999). Pathological gambling and related problems among adolescents. *Journal of Child Adolescent Substance Abuse*, 8, 55-68.

<sup>24</sup> Valentine G, Hughes K. New forms of gambling participation: problem internet gambling and the role of the family. London, Responsibility in Gambling Trust, 2008.

<sup>25</sup> Griffiths. M.D., Wood, R.T.A. & Parke, J. (2007). Young people's gambling. In 'You Bet! Gambling Educational Materials For Young People Aged 11-16 Years. pp.84-101. Tacade: Manchester

<sup>26</sup> Winters, K., Stinchfield, R. and Kim, L. (1995) Monitoring adolescent gambling in Minnesota *Journal of Gambling Studies* 11: 165-183



reach the 'formal operational stage'<sup>27</sup>, which can occur from around age 11, however many young people only reach this stage of development in their late teens, and some not at all<sup>28</sup>. Factors such as social deprivation, poor parenting and educational attainment and the onset of mental health and/or behavioural difficulties can severely impact on such cognitive development. Piaget's theory has been criticized often due to its small sample size and lack of empirical basis; however other research<sup>29</sup> has shown that adolescent brain development is not complete until around the age of 25.

- 2.3.6 Young people have been shown to hold many erroneous beliefs with regards to the roles of superstition, luck and probability. Although this is thought to contribute to the higher rates of problem gambling found in adolescents it is important to note that such traits are often found in adults too<sup>30</sup>.
- 2.3.7 While not all adolescent gamblers will end up developing a problem, the negative effects of gambling on adolescents are serious and warrant a sustained and directed approach to addressing the issues. Research has shown a strong link between early age of onset of gambling behaviour and exhibiting gambling problems later in life<sup>31</sup>.

## 2.4 Political context

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- 2.4.1 The Gambling Act 2005 has as one of its three key aims 'protecting children and other vulnerable person's from being harmed or exploited by gambling' (Part 1). Creating a sound evidence base and strategy around education and prevention efforts should clearly be a key part of this aim. The Responsible Gambling Strategy Board was set up in 2008 in response to the request by Gerry Sutcliffe MP, Minister responsible for Gambling, that gambling research education and treatment be better co-ordinated. The RGSB has three advisory panels, one of which is responsible for developing a Prevention and Education Strategy. It is holding a series of stakeholder forums and panel discussions to identify both best practice and gaps in provision/knowledge; GamCare have been invited to make a presentation to a forum in April 2010. Currently we are unaware of any literature assessing the best framework for an education and prevention approach in the UK, which may be a result of the fact that there has been very little evaluation work conducted on prevention initiatives. However, as we set out below, we can gather some information from other jurisdictions and make some informed choices about where resources could be most effectively and efficiently spent.

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<sup>27</sup> Atherton J S (2005) Learning and Teaching: Constructivism in learning [On-line] UK: Available: <http://www.learningandteaching.info/learning/constructivism.htm>

<sup>28</sup> Siegler, R. (1991). Children's thinking. Englewood Cliffs, NJ: Prentice-Hall

<sup>29</sup> Giedd, 2004 J.N. Giedd, (2004) Structural magnetic resonance imaging of the adolescent brain, Annals of the New York Academy of Sciences 1021, pp. 77-85

<sup>30</sup> Griffiths, M., & Wood, R. T. A. (2000). Risk factors in adolescence: The case of gambling, videogame playing, and the internet. Journal of Gambling Studies, 16, 199-225.

<sup>31</sup> Stinchfield, R. (2004). Demographic, psychosocial, and behavioral factors associated with youth gambling and problem gambling. In J. Derevensky, & R. Gupta (Eds.), *Gambling Problems in Youth: Theoretical and Applied Perspectives*. New York: Kluwer Academic



### 3. Prevention and Education Approaches

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3.1 Across jurisdictions, concerns about the individual and social costs of problem gambling have been growing in recent years, and in order to address this concern a variety of education and prevention initiatives have been adopted at a rate which has outpaced the emergence of empirically supported gambling specific interventions. 'Best practice' has been identified through evaluations of efficacy in the fields of education around substance misuse prevention. For example, most schools in the UK deliver education around drug and alcohol awareness and sexual health. Teachers have a wealth of educational materials, handbooks, and guides in order to inform their practices which have been developed and evaluated for use within educational settings. However the same is not true for gambling education. Due to a lack of evaluation there are no standard 'best practice' guidelines developed or suggested around problem gambling. Nevertheless, based on previous prevention work it can be argued that problem gambling prevention could be based on a public health model. Gambling has much in common with other risky behaviours and it may be that we can learn from best practice in education and prevention in other fields and apply similar principles to gambling education and problem gambling prevention.

3.1.1 Williams, West and Simpson<sup>32</sup> classified prevention initiatives for problem gambling into educational initiatives, designed to change internal knowledge and skills in order to 'inoculate' and deter people from problem gambling and policy initiatives, intended to prevent problem gambling through the restriction of access and availability of gambling activities (see Figure 1).

*Figure 1: Williams et al. (2007) Classification of Prevention Initiatives for Problem Gambling*

1. Educational
  - Upstream - family interventions
  - Information/awareness campaigns
  - Educational initiative
    - Statistical instruction
    - Comprehensive programmes
  - On-site information centres
2. Policy
  - Restriction on:
    - Venues etc;
    - Age, residents etc;
    - Structural/situational characteristics.

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<sup>32</sup> Williams, R.J., West, B., and Simpson, R. (2007). Prevention of Problem Gambling: A Comprehensive Review of the Evidence. Report prepared for the Ontario Problem Gambling Research Centre, Guelph, Ontario, Canada

- 3.1.2 It is clear that policy restrictions by themselves are not successful; as demonstrated previously, a large proportion of young people in Britain do gamble, and a significant minority develop gambling problems, despite such restrictions being in place. It is not for this document to consider policy initiatives, and as such the focus will therefore be on education initiatives. Some possible problem gambling prevention initiatives are not necessarily aimed solely at youth but may have an impact on youth gambling, and are therefore worth considering under the banner of education and prevention.
- 3.1.3 It is worthwhile remembering that there are two aspects to developing an education and prevention strategy around problem gambling; firstly, how to gamble responsibly; and secondly, how and where to ask for help.
- 3.1.4 The aim of this section is to outline the types of activities which could come under each section in Williams' classification, along with examples of such initiatives and where possible discussion of efficacy and effectiveness in the context of evaluation studies available. While it is of vital importance to consider the cost effectiveness of each of these initiatives, at this stage an examination of this is not possible as there is little information available about the cost of such strategies previously.

### 3.2 Upstream interventions

- 3.2.1 Williams<sup>33</sup> described upstream interventions as strategies which are aimed at strengthening families, and creating effective parenting practices. Parenting classes may be a useful area to target for outreach and awareness raising, as such an approach has been shown to be effective in preventing and educating communities around drugs, alcohol and related problematic behaviour, and it has been asserted that this may also apply to the prevention of problem gambling. The evidence presented above in relation to parental attitudes towards gambling (see section 2.3.3) highlights that a significant amount of effort is needed to change attitudes towards gambling and awareness of problem gambling at a community and family level. Whilst we know that families can be important contributors to the development of problematic gambling behaviour, they also play an important part in identifying problems, and helping young people to face up to the situation and deal with their problems. Another important aspect of an upstream intervention is the development of good supportive schools and community environments.

### 3.3 Information/Awareness campaigns

- 3.3.1 Awareness campaigns may be general or targeted, and it is important at the outset to be clear about objectives, audiences and message. For problem gambling there are several distinguishable target audiences:
- People who are already gamblers
  - People affected by problem gamblers but who may not be gamblers themselves

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<sup>33</sup> Williams, R.J., West, B., and Simpson, R. (2007b). Prevention of Problem Gambling: A Comprehensive Review of the Evidence. Report prepared for the Ontario Problem Gambling Research Centre, Guelph, Ontario, Canada

- Groups thought to be at highest risk (e.g. young people, particular ethnic or social groups etc)
- General public
- Professionals or others who may come across problem gamblers in their work
- Parents, and any others who may have an influence over young people's attitudes.

3.3.2 Such initiatives are usually developed by governmental health or social service agencies, schools or commercial gambling providers. Information can be provided:

- On the gambling product itself - e.g. stickers for gaming machines, on the back of scratchcards, in advertising. GamCare's contact details are currently printed on gaming machines and on the back of National Lottery tickets and scratchcards. Currently in the UK there is no responsible gambling information on National Lottery terminals, which is an issue that may need to be addressed given that the lottery is the most participated in form of gambling;
- Via posters/leaflets;
- Public Safety Announcements - through TV, radio, print media or online;
- Presentations, plays<sup>34</sup> or videos, often presented in educational settings;
- Interactive CDs/games;
- Provider websites - some examples include [www.zoot2.com](http://www.zoot2.com); [www.wannabet.org](http://www.wannabet.org); [www.thegamble.org](http://www.thegamble.org); [www.youthbet.net](http://www.youthbet.net); [www.gambleaware.co.uk](http://www.gambleaware.co.uk)

3.3.3 Although gambling and problem gambling awareness campaigns are relatively common across jurisdictions, there is very limited research on their impact. Often, resources are introduced with little clarity of purpose or pilot testing to see whether they 'work', and without an aim it is difficult evaluate whether a programme has in fact 'worked'. The most prolific evaluative work has been done on short, school-based presentations. An example is the "*It's your lucky day*" programme (aimed at high school aged children) trialled in Manitoba<sup>35</sup>. This program was an interactive, multimedia based session, facilitated by a specialist addiction prevention counsellor which promoted discussion and learning around the following five objectives: the definition of gambling; myths and fallacies of gambling; how gambling works; signs of problem gambling; and awareness of where to go for help and advice. Pre and post intervention tests showed improved knowledge of gambling and problem gambling, and decreased gambling fallacies one month after presentation. No follow up evaluation was carried out to assess whether these changes were sustained, and there was no data collection to explore the relationship between increased knowledge and behavioural change. An evaluation of an interactive CD-ROM in Quebec<sup>36</sup> found that months after using the CD young people had significantly improved knowledge about gambling, more awareness of the signs of problem gambling and fewer

<sup>34</sup> Bell, L. (2004). Using performance to engage youth. Paper presented at Symposium 2004. Available at <http://www.responsiblegambling.org>.

<sup>35</sup> Lemaire, J., deLima, S. & Patton, D. (2004). *It's Your Lucky Day: Program Evaluation*. Addictions Foundation of Manitoba.

<sup>36</sup> International Centre for Youth Gambling Problems and High-Risk Behaviors. (IGYGPHRB). (2004). New CD ROM prevention tool. <http://www.youthgambling.com/>.

gambling fallacies. However they also found little effect on actual gambling behaviour.

- 3.3.4 GambleAware is a website aimed to increase awareness around responsible gambling for adults in the UK. Educari's evaluation of the GambleAware site<sup>37</sup> did not examine its effectiveness or efficiency, due to timeframe and the fact that the website was relatively new and modest, but did report that its poor position on search engines may be limiting its reach, and that its impact was also limited. Although stakeholders gave the website a positive reception, there was little assessment of the impact on users, though potential users of the site, i.e. problem gamblers, criticised it for its minimalism and lack of interactive features. It is important to remember that the GambleAware site was aimed at a general, adult audience rather than at a young population.
- 3.3.5 Awareness initiatives generally have been shown to have little impact unless people are specifically requested to attend to the information or they have an intrinsic interest in the topic<sup>38</sup>. While awareness campaigns may reach a large proportion of the population, the extent to which at-risk groups are specifically exposed to the information is unclear, and the amount of information taken on board by them appears relatively low. Turner<sup>39</sup> found that 66% of the Ontario population didn't recall ever seeing any initiatives to reduce problem gambling; this despite the fact that Ontario has been cited as spending more on prevention, treatment and research per capita than any other jurisdiction<sup>40</sup>. However more sustained approaches have been shown to be effective in other health areas<sup>41,42</sup>.
- 3.3.6 Other public awareness initiatives, such as advertisements showing the health dangers of smoking, benefits of wearing seatbelts, the risks of speeding or driving under the influence of drugs or alcohol, may have valuable lessons which can be applied to education around problem gambling in particular for young people<sup>43</sup>. Although many of these campaigns are directed primarily at an adult audience, it is important that public health messages which are aimed at young people should not have the unintended consequence of making the behaviour seem like a desirable, attractive activity. Importantly, Friend & Ladd (2009) note that in order for public health campaigns to be effective, they need to address potential industry resistance, however they rely on the tobacco industry as a model on which to base problem gambling

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<sup>37</sup> Educari (2009) Evaluation of Gamble Aware website for RIGT. Educari: Norfolk.

<sup>38</sup> Najavits, L. M., Grymala, L. D., & George, B. (2003). Can advertising increase awareness of problem gambling? A statewide survey of impact. *Psychology of Addictive Behaviors*, 17(4), 324-327)

<sup>39</sup> Turner, N.E., Wiebe, J., Falkowski-Ham, A., Kelly, J., & Skinner, W. (2005). Public awareness of responsible gambling and gambling behaviours in Ontario. *International Gambling Studies*, 5, 95-112.

<sup>40</sup> Sadinsky, S. (2005). Review of the problem-gambling and responsible-gaming strategy of the government of Ontario. Report to the Ontario ministry of health and long term care

<sup>41</sup> Byrne, A., Dickson, L., Derevensky, J., Gupta, R., & Lussier, I. (2003). An examination of social marketing campaigns for the prevention of youth problem gambling. Report prepared for the Ontario Problem Gambling Research Centre, Ontario

<sup>42</sup> Chapman, S. & Lupton, D. (1994) *The Fight for Public Health: Principles and Practice of Media Advocacy*. London: BMJ Publishing Group

<sup>43</sup> Friend, K.B. & Ladd, G.T. (2009) Youth Gambling Advertising: A Review of the Lessons Learned from Tobacco Control. *Drugs: Education, Prevention and Policy*. 16 (4) 283-297

prevention. The difference between the two industries is that there is no way to smoke responsibly, whereas it is possible to gamble responsibly. It may be more pertinent to consider public health campaigns about responsible alcohol consumption. However it is still important to ensure that consideration is given to the impact on the gambling industry when designing public health messages around problem gambling.

### 3.4 Curriculum programmes

- 3.4.1 Ready-made gambling prevention programmes may be useful in at least two ways. These programmes offer an expedient method to introduce problem gambling prevention into existing structures (e.g., classroom course curriculum). That is, by utilizing existing programme materials and methods, the time for development and pilot testing is greatly reduced. Secondly, some of these programmes can be adapted to fit into existing prevention efforts.
- 3.4.2 Programmes of education are relatively uncommon and the incidence of evaluated programmes is even lower. Recent examples of such programmes include:
- *"Don't bet on it"* - South Australia
  - *"Gambling: Minimising Health Risks"* - Queensland, Australia
  - *"Facing the Odds"* - Louisiana, USA
  - *"All bets are off"* - Michigan, USA
  - *"Kids don't gamble...wanna bet?"* - Minnesota and Illinois, USA
  - *"Youth Making Choices"* - Ontario, Canada
  - *"Count Me Out"* - Quebec, Canada
  - *"Problem Gambling Prevention Program"* - Florida, USA
  - *"Gambling: A stacked deck"* - Alberta, Canada
  - *"You bet!"* and *"Just another Game"* - UK
- 3.4.3 Without information on the particular aims and objectives of each initiative, and how each programme has been developed and implemented, it is difficult to draw conclusions on their effectiveness. Many of the education initiatives outlined above have either not been evaluated, or the evaluations are not yet in the public domain. It may be useful to conduct a critical content review of the materials as an approach to developing problem gambling materials in the future. However, evaluation studies have been published about *"Gambling: A Stacked Deck"* (Alberta, Canada) and *"You bet!"* and *"Just Another Game"* (UK) and the findings and implications are described below.
- 3.4.4 *Gambling: A stacked deck* - Alberta has obtained some encouraging results. This programme, aimed at 13 to 18 year olds, consisted of 6 sessions teaching about the nature of gambling; true odds and house edge; signs, risk factors, and causes of problem gambling; and skills for good decision making and problem solving. The theme of the programme was to approach life as a 'smart gambler' by determining odds and weighing pros and cons of your actions. After taking the programme, young people were found to have significantly more negative attitudes to gambling, improved knowledge about gambling and problem gambling, improved resistance to gambling, improved decision making and problem solving, decreased gambling frequency and decreased rates of problem gambling.

3.4.5 *You Bet! And Just another game?* - UK <sup>44</sup> provided gambling education materials for teachers and other professionals to help them plan lessons for young people aged between 11 and 16 (*You Bet!*) and 13 to 19 (*Just Another Game?*). It was evaluated in 2008<sup>45</sup>, though the work did not evaluate the effectiveness of the programme in altering gambling related cognitions and behaviour, but rather focussed on the style and content of the programme. The conclusions were that with better planning and alignment with best practice identified in other fields resources building on the materials could be a worthwhile endeavour. In particular the review recommended greater integration of problem gambling education into the curriculum, particularly around mathematics and PSHEe.

#### 3.4.6 *Integration into other parts of the curriculum*

Research has demonstrated that educating people about randomness and other underlying features of thinking in gambling fallacies can have a positive impact on problem gambling<sup>46</sup>; and has also shown that statistically trained college students tend to be less susceptible to certain fallacies<sup>47</sup>, and have better general reasoning skills for everyday problem<sup>48,49</sup>. Therefore this finding, taken together with Educari's conclusions that units of learning should be embedded in other parts of the curriculum such as mathematics, may suggest a fruitful approach to take. Gambling provides an interesting way of engaging young people in issues of financial management, statistical probability and risk. Research<sup>50</sup> has shown that problematic gambling and poor money management skills and debt are closely related, highlighting the importance of dealing with gambling as part of a wider economic awareness programme.

#### 3.4.7 *Training of Health and Education Professionals*

Although not mentioned as part of Williams' classification of prevention initiatives, the education of health and education professionals who may come into contact with young problem gamblers or youngsters at risk is vital. Many frontline staff are not aware of problem gambling, its effects or risk factors. Educating those most likely to come into contact with these issues equipping them to provide information and education, and letting them know where to signpost those affected by problem gambling is likely to be an important strategy. This will include teachers, youth workers and healthcare professionals.

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<sup>44</sup> Tacade/International Gaming Research Unit (2007). *Just Another Game? Gambling Educational Materials For Young People Aged 13-19 Years*. Tacade: Manchester

<sup>45</sup> Educari (2008) *Evaluation of TACADE youth education programme: A report for RIGT*. Educari, Norfolk.

<sup>46</sup> Ladouceur, R., Sylvain, C., and Boutin, C. (2000) "Pathological Gambling." In M. Hersen and M. Biaggio (eds.), *Effective Brief Therapies: A Clinician's Guide*. New York: Academic Press

<sup>47</sup> Benassi, V.A. & Knoch, R.L. (1993). The Intractable Conjunction Fallacy: Statistical Sophistication, Instructional Set, And Training. *Journal Of Social Behavior And Personality* 8, 83-96

<sup>48</sup> (Fong, G., Krantz, D., & Nisbett, R. (1993) The Effects of Statistical Training on Thinking About Everyday Organizational Behaviour And Human Decision Processes 56: 2855-62

<sup>49</sup> Kosonen P, Winne PH (1995) Effects of teaching statistical laws on reasoning about everyday problems. *Journal of Educational Psychology* 87:33-46

<sup>50</sup> Downs, C. & Woolrych, R. (2009) *Gambling and Debt Pathfinder Study*. Research Institute for Health and Social Change.

### 3.5 Summary

- 3.5.1 Problem gambling fits the biopsychosocial model of addiction. This has some important implications for a prevention strategy – firstly that due to the large number of risk factors for problem gambling, as well as the biological basis of some of them, the risk of problem gambling in a population may be reduced through prevention initiatives but is very unlikely to be eliminated; because many risk factors also apply to other addictions, generic prevention initiatives around risky behaviour are likely to be efficient and perhaps an essential component of problem gambling prevention; and finally because a multitude of internal and external factors contribute to problem or pathological gambling an effective prevention will likely require a sustained, multi faceted and co-ordinated approach.
- 3.5.2 GamCare needs to consider the impact of any education and prevention initiatives on its wider service delivery to ensure better coordination and integration of service provision. As a service provider of the National Helpline and treatment services for problem gamblers and affected others, consideration will need to be given about how these distinct services might meet the additional demands potentially created when communities and other services become more aware of problem gambling and require more advice and support.
- 3.5.3 GamCare should keep research and evaluation at the forefront during the delivery of any initiative.



## 4. Strategy Outline

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4.1 *Figure 2* suggests areas which an effective Education and Prevention Strategy for young people needs to explore. These are expanded on below and need to be examined in the context of previous research, and the opportunities for building in research protocols to add to the evidence base where possible and/or necessary. Each section also identifies GamCare's relevant expertise and capability and the links we have with outside agencies who could be involved. They also include avenues we could explore for assistance and collaboration, whether that might be financial or otherwise.

### 4.2 Upstream interventions

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- 4.2.1 Awareness raising and education of parents and wider communities is likely to be a vital part of a prevention strategy. This could form part of an outreach model, or a standalone project aimed at increasing knowledge and skills around responsible gambling in 'at risk' communities. We could work together with organisations which already deliver information to communities to train community workers in problem gambling awareness.

### 4.3 Education

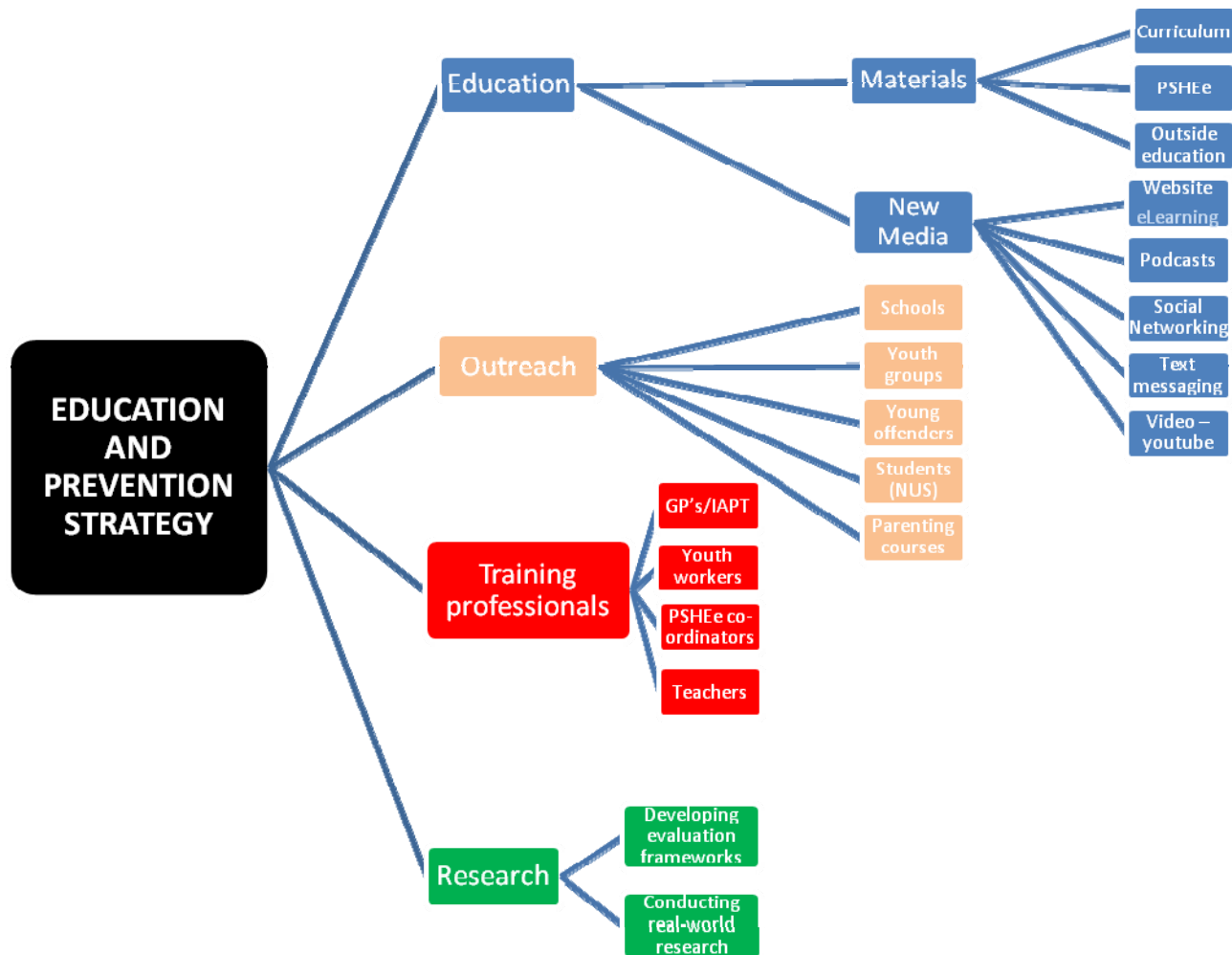
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#### 4.3.1 *Materials*

Consideration should be given to the production of educational materials for use by professionals working with young people. These materials could be utilised within mandatory courses in formal education, such as providing units of work which could fit into mathematics education, or within the PSHE curriculum, perhaps as part of the 'economic awareness' part of the curriculum. They could also be used outside standard educational settings, perhaps in pupil referral units, youth centres or within young offender institutions and probation services. The development of new training materials requires consideration to be given to time restrictions in existing education curricula and so it would be important to ensure that these materials are easy for teachers to implement and have links to curriculum objectives spelled out, so that including gambling education in an already packed timetable isn't dismissed as too time consuming. A related but equally important point is that teachers should be given enough information and support to feel empowered about discussing gambling in the classroom, without feeling they need to be overwhelmed with reading up on the subject. Pilot and research work could address this issue.

Under the umbrella of 'educational materials' could also come the redevelopment of marketing materials aimed at young people. New ways of reaching a young audience should be considered, for example through university mailing lists, and consideration should be given to the use recent technological advances in the dissemination of such materials (e.g. mobile phone technology, interactive web-based programmes, chatrooms). Materials could also be developed to promote something like a National Problem Gambling Awareness Day within schools.

Figure 2: Education and Prevention Strategy - potential avenues for exploration



### 4.3.2 *New Media*

There is considerable scope for developing an education strategy utilising new media, such as through the development of a website aimed at a young audience. Such websites could have an eLearning section which educators could access as part of lesson planning or which they could use with young people as part of a lesson itself. We could develop a separate website linked to the main GamCare website, which provides information for young people, parents, and professionals who work with young people, that is interactive, informative and aids the development of behavioural change through online support. We could place podcasts on such a site, and this could also be done on the original GamCare website for use with adults. We could make use of social networking sites and YouTube to develop videos about young people and gambling to increase awareness among young people. We could develop a text message service, which could be linked to our existing Helpline and Netline services: although *Figure 2* does not depict this, it could be both part of the treatment process and awareness development.

## 4.4 Outreach

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- 4.4.1 Our clinical team, counselling partners, and clients who have been through therapy could all have a role to play in the development of an outreach service, aimed at people with experience going out into the community to talk about problem gambling and its effects. Taking into account guidelines and procedures around risk and suitability of 'non-professional' speakers going into classrooms, this has been shown to be an effective model, particularly around peer awareness of teenage pregnancy. We could borrow from the literature and experience there to develop a seminar style of outreach, and this could be piloted and rolled out through a variety of avenues, including schools, youth groups, young offender's institutions, and to students via the NUS. Outreach work could also act as an adjunct to the development of educational materials, whereby our partners and services users could work to support teachers in the in-class delivery of our materials.

Another possibility could be to look into the role of drama in youth settings, perhaps working with drama groups to put on plays about gambling as a means of educating groups of people outside formal settings. We could borrow from the literature which has been evaluated in this area to develop such a programme<sup>51</sup>.

## 4.5 Training health, education and youth professionals

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- 4.5.1 It will be important to provide awareness training for professionals who come into contact with young (potential) gamblers, although this is not just a strategy which focuses on youth. Training GP's and Graduate Mental Health Workers or Primary Care staff recruited under the IAPT<sup>52</sup> initiative may be a useful strategy generally, and also impacts on effective signposting for young people. In addition to this, training could be developed for those who work specifically with young people about the risks, recognising warning signs and signposting to appropriate help. People who come under this umbrella include school nurses/counsellors, teachers, youth workers, healthy schools co-ordinators/LEA PSHEe coordinators. All these parties have conferences and CPD events which we could attend, so there are avenues through which we could reach a wide audience with limited expense.

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<sup>51</sup> Bell, L. (2004). Using performance to engage youth. Paper presented at Symposium 2004. Available at <http://www.responsiblegambling.org>.

<sup>52</sup> Improving Access to Psychological Therapies

## 4.6 Research

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- 4.6.1 GamCare is well placed to add to the evidence base about what teachers and young people want from educational materials, drawing from our current contacts and experience and also through potential pilot work, with a view to feeding this knowledge into the process of developing materials further down the line. We must also constantly have in mind that these initiatives should take place within a robust evaluation framework so that we can develop evidence to show what works and what needs improvement.

## 5. What should GamCare prioritise?

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5.1 GamCare has a number of significant strengths which we can draw upon in designing and delivering an effective education and prevention strategy for young people. These include:

- national and international standing as a source of advice and information about problem gambling
- extensive and continuing experience of dealing with those in crisis due to problem gambling, including family members and affected others
- a broad range of expertise, knowledge and experience in treatment
- specialists in the development of responsible gambling policies, materials and practices, able to provide advice and deliver training to the gambling industry , health and education professionals and others
- academic expertise, with staff with a strong track record in research and publication in the gambling and problem gambling field.

5.2 This unique combination of experience, knowledge, skills and abilities means GamCare is well placed to:

Lead on, design and deliver:

- Training for health, education and youth professionals
- Outreach work within schools/youth centres/probation/community projects etc, in conjunction with Partners
- Development of new channels of communication with young people as part of the further development of the existing HelpLine, ChatRoom and Forum services (including both elements of fact and information giving and eLearning) and use of new media to increase awareness about responsible and problem gambling (including podcasts, social networking sites and text messaging services)
- Setting up appropriate evaluation frameworks.

Partner with other expert bodies:

- Development of gambling specific educational materials for PSHEe curriculum
- Development of materials for use for brief education interventions outside formal educational settings, e.g. youth centres; probation; prisons etc
- Integrating awareness of gambling into the development of money management materials and materials for other curricula
- Developing evaluation frameworks for such programmes.
- Relevant research projects.

## 6. Summary and Conclusions.

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6.1 GamCare's aims in developing an education and prevention strategy around problem gambling for young people are to enable young people to:

- acquire the knowledge and skills necessary to make informed choices about gambling
- Be able to access honest, accurate and relevant information about gambling
- Know where to go for help.

6.2 Importantly we also want to enable those who come into contact with children, whether it be parents, family members, teachers youth workers or health professionals, to be able to give, honest accurate and relevant information and advice about gambling and the risks of gambling too much.

6.3 This document has considered a wide range of education and prevention initiatives and has looked at the available evidence about effectiveness. There are many avenues that warrant further work and GamCare needs to take strategic decisions to ensure our knowledge, expertise and experience are put to best use. This document has identified areas in which we could take the lead or act as partner/adviser.

6.4 In conclusion, the specific projects which could form our prevention and education strategy should include:

- Working with one (or more) of our partners to develop and pilot an approach for reaching young people and their parents within a specific locality;
- Developing materials for use in schools and other environments such as youth centres and pupil referral units;
- Training for professionals who work with young people as part of our workforce training strategy;
- Developing new channels of communication to make responsible gambling information and GamCare services more accessible to young people;
- Developing our approach to treatment, and our clinical governance frameworks, to increase accessibility to young problem gamblers and their families.