# NC PROBLEM GAMBLING PROGRAM

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*If gambling is more than a game, free help is available.*

# Youth Problem Gambling and Youth Prevention Education

## What Communities Need to Know

### Gambling Facts You Should Know

- People who report having three or more Adverse Childhood Experiences (ACEs) are three times more likely to have a problem with gambling.
- Sixty to 80 percent of adolescents (ages 12 to 17) across the globe gamble each year.
- People in their teens and twenties have the highest rates of problem gambling.
- Youth with gambling problems are more likely to use tobacco, drink heavily and use drugs.
- Research has uncovered youth participate in gambling-themed games online.
- The gaming and gambling ecosystems have merged to attract more players and expand markets.
- Youth who gamble have a greater chance of living with a gambling disorder as an adult.
- Youth with parents who are experiencing problems with gambling have a greater chance of developing a problem with gambling.

### Defining Problem Gambling

Gambling disorder includes all gambling behavior patterns that compromise, disrupt or damage personal, family, workplace or school environments. The basic symptoms are 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. In extreme cases, problem gambling can result in financial ruin, loss of career and family, or even suicide.

### Risk Factors for Developing a Gambling Disorder

| *Biological* | *Environmental* | *Direct* |
|---|---|---|
| Impulsive<br>Risk Seeking<br>Vulnerable to addiction<br>Vulnerable to mental health | Abuse and Neglect<br>Parent or peer gambling<br>Societal acceptance Availability of gambling<br>Low income<br>Low education<br>High stress and Low Support<br>Unsafe gambling | Lack of knowledge of gambling<br>Gambling serving a psychological need<br>Rewarding early gambling experience |

## Protective Factors for Preventing a Gambling Disorder

| *Biological* | *Environmental* | *Direct* |
|---|---|---|
| Self-controlled<br>Risk averse<br>No predisposition to addiction<br>No predisposition to mental health problems | Nurturing and disciplined upbringing<br>Parent and peer non-gambling<br>Societal non-acceptance of gambling<br>Gambling not readily available<br>High income<br>Higher education level<br>Safe provision of gambling<br>Low stress and high support | Knowledge of gambling<br>Healthy coping strategies<br>Not having a rewarding early gambling experience |

There are many risk and protective factors, which lead to addictions as well as prevent addictions. The list above does not cover every risk and protective factor; however, it provides a framework to utilize when developing a prevention initiative.

## Why focus on risk and protective factors?

Risk and protective factors include genetics, personality, values, early problem behaviors, parental and peer modeling, school and community environment, and societal values. In many people, the same risk factors that lead to problem gambling also lead to other problems such as other addictive behaviors, mental health problems, interpersonal problems, poor health practices, school and work problems, and antisocial behaviors. Adolescents exposed to well socialized peer groups, supportive families and teachers, and good schools and communities assist in preventing high-risk behavior.

## What are youth problem gambling prevalence rates?

- 3-8% of adolescents are living with gambling disorder
- 8-15% are at-risk for problem gambling
- 1.1 million youth ages 12-17 exhibit gambling disorder behaviors
- 5 million youth have serious gambling related problems
- Recent research indicates as “gambling severity increases from no gambling to social/ occasional gambling to problem gambling we see a linear increase in individuals who report: (Derevensky, 2021)
    - Living with someone with mental health issues
    - Living with someone with a drinking problem
    - Living with someone who has been incarcerated
    - Increased domestic violence, abuse (verbal, physical, sexual, neglect)
    - Increased suicide ideation
    - Increased reported suicide attempts

## How can communities engage in prevention work?

Community-based processes and strengthening resources involves coordinating programs with other agencies, developing and evaluating programs, assessing community needs, engaging in strategic planning, providing training and technical assistance, and engaging in coalition and workgroup building activities. This would be an example of the Strategic Prevention Framework (SFP) at work and as a tool that can be used to inform, build capacity, implement, and evaluate intervention programs.

## What is youth prevention education?

Educational policies and programs are vital in prevention work in the public health space. Educational programs can close the gap in health equity. Health and education are tied together in many ways. Someone experiencing toxic stress due to the role of genetics and environment will have lower academic achievement and lower quality relationships. Youth need subject-matter knowledge and problem-solving skills and an awareness of one's emotions and those of others. In addition, youth need competencies to be taught to them throughout development. This means looking beyond basic skills in reading, writing and math or thinking skills like making decisions or creative thinking, but it means youth today need to be taught intentionally about personal qualities like self-esteem, responsibility, self-management, sociability, and integrity. Educational attainment is associated with a higher income, an increase in mental and physical health, and a healthier overall life expectancy. Providing youth with a sense of agency, emotional awareness and regulation, and social support through education can – and has – impacted youth as they advance beyond high school. In addition, evidence shows that when youth are engaged in education of high-risk behaviors such as substance misuse using the Social Norms Theory of debunking myths and providing health literacy not only decreases the behavior, but also makes an impact on knowledge, attitudes, and beliefs. These are key indicators in understanding the success of a youth prevention education program. Youth prevention education can also be seen as harm reduction because it assists the young person's ability to make smarter choices.

## Why have prevention education in schools?

Schools can be instrumental in the public health approach needed to address healthy and unhealthy behaviors. Programs that target at-risk behaviors through education are crucial in preventing the development of harmful behaviors into adulthood. According to Sloboda and Ringwalt (2019), schools are a socialization institution and provide a protective environment for students. The school can act as a socialization agent by educating, fostering prosocial attitudes and behaviors, and equipping students with the knowledge and skills they need to be responsible citizens. Most schools work tirelessly to provide a setting where students feel safe, supported, and that they belong. This is accomplished through having activities in schools that link parents, families, and school staff together to provide a quality educational experience for all students. This includes helping students understand all aspects of their health so they can make informed decisions. In addition, programs implemented in childhood and adolescence with protective effects lasting into young adulthood typically have employed behavior modification and behavior management, classroom management, and social and emotional skills education (US Department of Health and Human Services, 2021).

## What is Evidence-Based Prevention?

By implementing an evidence-based prevention intervention to fidelity, the program can be reproduced by other organizations and in different settings. Fidelity is meeting the standards of delivering the curriculum. The curriculum might include teaching manuals and other forms of program materials to help deliver the program, as the researchers did. Some curriculum providers offer training. Local capacity building efforts and resources are needed to make sure trainers are certified and there are appropriate monitoring and supervision measures in addition to evaluation. Longitudinal studies are needed to produce evidence-based programs, so this can also take resources, time, and considerable effort. Some constraints include the possibility of not having enough staff to deliver the intervention and the community not having any ownership over the program affecting sustainability of the program. There can also be staffing and resourcing constraints around continually evaluating the program, marketing the program, and providing technical support and training.

## What is an Adaptation of Prevention?

An adaptation of a program focuses on the concerns of the community and with a focus on cultural relevance. This also means cultural sensitivity by taking into consideration language and focus. By taking an evidence-based program, certain elements of the program can be adapted to be accepted by the community. Researchers often find that working with community leaders to integrate components into a program is accepted by the community and is meaningful when evaluating results. Maintaining community engagement and support can be a constraint during the selection process and the adaptation process.

## What is Community-Driven Prevention?

Community-driven implementation builds heavily on community leaders and partnerships with researchers. A community-driven approach can focus on community relevance and sustainability of the program. Maintaining community support and having effective resources for evaluation would be vital for the sustainability of the program. A community-driven approach allows for a specific targeted population to receive a unique program designed to meet their diverse culture, age and stage of life, and risk factors. It can also assist with any distrust of outside agencies and include community members in invaluable conversations around the importance of community partnerships and a shared vision.

## What Is Stacked Deck?

*Stacked Deck: A Program to Prevent Problem* G*ambling* is the only curriculum proven effective in changing youth gambling behaviors. *Stacked Deck* teaches young people to approach life as smart risk-takers, weighing the pros and cons of their actions to determine the odds of achieving positive results. In six interactive lessons, the program teaches about the history of gambling; the true odds and the *"house edge;"* gambling fallacies; the signs, risk factors, and causes of problem gambling; and skills for good decision-making and problem-solving. Each lesson includes a PowerPoint slide show and a family page.

## Is *Stacked Deck* an evidence-Based Program?

"Yes. The clinical controlled trial that evaluated *Stacked Deck* is published in a peer-reviewed journal (Williams, Wood & Currie, in press). The authors' research shows that *Stacked Deck* significantly:

- changes participants' attitudes toward gambling
- improves participants' knowledge about gambling and problem gambling
- improves participants' resistance to gambling fallacies
- improves participants' general decision-making and problem-solving skills
- decreases the frequency of gambling behavior among participants
- decreases rates of problem gambling among participants

## What is Choice Led Health?

Choice Led Health is a skills-based health curriculum, implemented in health and PE classes for grades 6-9, providing student learning experiences to deepen their knowledge and attitudes using a variety of participatory methods.

Choice Led Health, implemented in schools, acts as a powerful driver for prevention education, fostering healthy habits and countering detrimental ones within a public health framework. Programs that target at-risk behaviors through education are crucial in preventing the development of harmful behaviors into adulthood. According to Sloboda and Ringwalt (2019), schools are a socialization institution and provide a protective environment for students. The school can act as a socialization agent by educating, fostering prosocial attitudes and behaviors, and equipping students with the knowledge and skills they need to be responsible citizens. Most schools work tirelessly to provide a setting where students feel safe, supported, and that they belong. This is accomplished through having activities in schools that link parents, families,

and school staff together to provide a quality educational experience for all students. This includes helping students understand all aspects of their health so they can make informed decisions. In addition, programs implemented in childhood and adolescence with protective effects lasting into young adulthood typically have employed behavior modification and behavior management, classroom management, and social and emotional skills education (US Department of Health and Human Services, 2021). Building social and emotional skills helps children learn to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions, and can also help youth develop social competencies with communication, self-efficacy, assertiveness, and proper refusal skills.

## What other ways can communities engage in problem gambling prevention?

### *Mental Health Promotion*

Mental Health promotion has been seen as separate from prevention, but it is closely related to changing influences on the development of youth. Mental health promotion includes efforts to enhance individuals' ability to achieve developmentally appropriate tasks, a positive sense of self-esteem, and social inclusion and to strengthen their ability to cope with adversity. Mental health promotion takes a strengths-based approach to increase the ability of someone to manage frustration, stress, and strengthen resilience and coping strategies. Inclusion of these types of interventions in prevention and treatment is a shift.

### *Communication and Public Education*

Information dissemination or public education is one-way communication involving multi-media, community or school outreach events, printed materials, and social media. The most successful public education effort was the nationwide effort to reduce cigarette smoking. The harm of tobacco has been communicated through anti-smoking campaigns. However, the combination of prevention education and the Public Health Cigarette Smoking Act of 1969, which banned cigarette ads on TV and radio were also vital efforts to reduce smoking. Public education can also promote lifestyle factors in homes, schools, and communities. Widespread communication of principles and thought processes such as an understanding that prevention programs can reduce toxic events and experiences, environments can be nurturing, acceptance overrides confrontation and coercion, caregiver training can create nurturing environments, and adequate sleep, diet, and exercise is important to overall health and well-being are important to be able to even embrace basic principles of prevention. Public education can also be two-way communication with offering educational programs in non-school settings around health literacy, mentoring, peer leader programs, student and workforce programs, and parenting skills.

### *Positive Alternatives and Healthy Activities*

Positive alternatives and healthy activities are important for youth. Examples can include community service and volunteer initiatives, social or recreational opportunities or events, or youth and adult leadership programs. This can also be described as school and community bonding activities, which have been identified as key protective factors for youth. This can include mentoring and intentional outreach efforts. It can include clubs, sports, recreational activities, and so on. Engaging youth in alternative activities is vital in not only prevention, but also healthy brain development. The more experiences a person has, the more networks or neural pathways are created in the brain.

### *Screening and Referral*

Prevention screening can include screening for behaviors or phenotype features, community level, group, or individual risks. Indicated prevention is screening for symptoms and behaviors. Community level risk exposure could include poverty, violence, other neighborhood stressors, lack of safe schools, and lack of access to healthcare. It can also include screening for at-risk populations such as those who are living with a

mother who is experiencing depression. This can be risk exposure or selective prevention. Early identification of MEB disorders through screening and referral to services is vital in preventing a disorder from becoming a lifelong illness. Understanding the age of onset for many disorders is key in understanding appropriate times to screen or assess an individual. Recent meta-analysis of age of onset of disorders has uncovered that both anxiety and fear disorders and neurological disorders like ADHD and ASD can be identified in those ages 8-13. Eating disorders, OCD, and cannabis disorder age on onset is at ages 17-22 years and schizophrenia, personality, and alcohol use disorders age on onset is ages 17-22 years. "Overall, the global onset of the first mental disorder occurs before age 14 in one-third of individuals, age 18 in almost half (48.4%), and before age 25 in half (62.5%), with a peak/median age at onset of 14.5/18 years across all mental disorders (Solomi, 2021)." Screening and interventions are key in changing physical and mental health across the lifespan.

### *Enhancing Access*

Enhancing access means providing an equitable availability of a program or service. This can look like providing telehealth to rural communities or providing universal mental and physical healthcare coverage. This approach reduces barriers to equitable resources that engage the social determinants of health.

### *Changing Consequence*

Changing consequences at the federal, state, and local levels can create more barriers for youth to engage in high-risk behaviors. For example, considering policies that are more pro-nurturing and less punitive can provide environments that reduce the stigma of discussing mental health concerns and encourage help-seeking behaviors. Pro-nurturing environments are important agency policy and practices that need to change because research indicates that important protective factors to negate youth high-risk behaviors include feeling safe at home, school, and community and feeling connected to caring adults. Other examples of changing the consequence are creating policy to change behaviors by adding taxes or fines or increasing the age limit required to purchase a product or service. In the gambling world, this could be the government creating a policy charging casinos large fines for allowing youth to gamble in brick-and-mortar casinos or online.

### *Change Physical Design*

Changing the psychical design can enhance access or change the environment of a public place to increase healthy living and alternative activities. For example, tearing down an unoccupied building and creating a park that is well designed for families to access is changing the physical design to promote healthy activities.

### *Public policy*

Public policy changes can create change on an environmental level at both the micro and macro levels. For example, the tobacco control movement and Smoke-free laws have dramatically decreased exposure to cigarette smoke. Increasing the drinking age from 18 to 21 and increasing taxes on beer are also examples of policies that have made an impact. Policies to reduce poverty and increase access to services are vital. In addition, policies shifting schools and juvenile justice systems away from the use of punishment and replacing them with positive methods to increase prosocial behavior are needed. Policy changes can also change organizational systems processes, by-laws, and procedures. Public policy is needed at all levels and across all organizations to create lasting environmental shifts in perspectives and processes in order to provide equity when considering the health disparities created by social determinants of health.

## How do I learn more?

Please reach out to Alison Wood, Youth Prevention Coordinator with the NC Problem Gambling Program at alison.wood@dhhs.nc.gov or visit the website to learn more about our youth prevention grant opportunities at NCDHHS Problem Gambling – More Than A Game.

**REFERENCES:** Ballard, P., Pankratz, M., Wagoner, K., Ross, J., Rhodes, S., Azagba, S., Eunyoung, S., Wolfson, M. (2021). Changing the course: supporting a shift to environmental strategies in a state prevention system. *Substance Abuse Treatment, Prevention, and Policy*. Changing course: supporting a shift to environmental strategies in a state prevention system (biomedcentral.com) • College Gambling Facts and Statistics. (2018, April 23). *National Council on Problem Gambling*. National Survey on Gambling Attitudes and Gambling Experiences - National Council on Problem Gambling (ncpgambling.org) • Derevensky, J., Ivoska, W. & Richard, J. (2021). Understanding adolescent gambling problems from a high-risk framework: Implications for prevention and treatment. Paper presented at the National Council on Problem Gambling annual conference, Washington, D.C., (presented remotely) July. • Gainsbury, S., King, D, Abarbanel, B., Delfabbro, P., & Hing, N. (2015) Convergence of gambling and gaming in digital media. *Melbourne: Victorian Responsible Gambling Foundation.* • Gambling on College Campuses. (n.d) *National Center on Responsible Gaming.* Retrieved from: Fact Sheet: Gambling on College Campuses – CollegeGambling.org • Institute of Medicine. 2009. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington, DC: The National Academies Press. https://doi.org/10.17226/12480. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities | The National Academies Press • Jones, D. & Arndt, S. (2017). IYS 2016: Problem Gambling Report. Iowa City: Iowa Consortium for Substance Abuse Research and Evaluation. Retrieved from: http://iconsortium.subst-abuse.uiowa.edu • Monaghan, S., Derevenksy, J., An appraisal of the impact of the depiction of gambling in society on youth. (2008). *International Journal of Mental Health and Addiction,* vol. 6, no.4, pp. 537-550. • Park, K., Losch, M., Muilenburg, R., Zubrod, A., (July, 2019). Gambling Attitudes and Behaviors: A 2018 Survey of Adult Iowans Toward Prevalence of Gambling. *Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa.* Retrieved from: https://idph.iowa.gov/igtp/reports • Poole, J., Kim, H., Dobson, K., Hodgins, D., (March, 2017). Adverse Childhood Experiences and Disordered Gambling: Assessing the Mediating Role of Emotion Dysregulation. *Journal of Gambling Studies.* 33, 1187-1200(2017). • Rhode Island Regional Orientation Guide for Prevention Coalitions. (2018). Rhode Island Prevention Resource Center. RI-Orientation-Guide-FINAL-5.22.18.pdf (riprc.org) • Seiner, J. (2018). eSports betting platform gets license for video game gambling. *Denver Post*. Retrieved from: Unikrn esports platform licensed for video game gambling (denverpost.com) • Sloboda, Z., & Ringwalt, C. L. (2019). The School: A Setting for Evidence-Based Prevention Interventions and Policies. *Advances in Prevention Science*, 147–163.https://doi.org/10.1007/978-3-030-00627- 3_9 • US Department of Health & Human Services. (2021). 2021 National Survey of Drug Use and Health (NSDUH). SAMHSA.gov. https://www.samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases • Williams, R., West, B., Simpson, R., Prevention of Problem Gambling: A Comprehensive Review of the Evidence and Identified Best Practices. (October, 2012). *University of Lethbridge Research Repository.* Retrieved from: https://opus.uleth.ca/bitstream/handle/10133/414/2007-Prevention-OPGRC.pdf • Williams, R., Wood, R., Stacked Deck: A Program to Prevent Problem Gambling, Scope and Sequence. (2010). *Hazelden Publishing*. • Williams, R., Wood, R., Stacked Deck: A Program to Prevent Problem Gambling, Facilitator's Guide. (2010) Retrieved from: https://www.hazelden.org/HAZ_MEDIA/7931_stackeddeck.pdf