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Welcome to the webinar sponsored by:

The Iowa Department of Public Health, Iowa Gambling Treatment Program PREVENTION OF PROBLEM GAMBLING VIA A SPE LENS

PRESENTED BY: JULIE HYNES

APRIL 25, 2018 1:00 - 2:30 PM, CENTRAL TIME ZONE

Webinar 4 of 6 – Webinar Series 2018

Looking to the Horizon: *Trends in Problem Gambling Prevention, Treatment, and Recovery Services*

"SPF'ing" PROBLEM GAMBLING with existing prevention efforts.

Julie Hynes, MA, CPS

lowa Department of Public Health Webinar

April 25, 2018

FIRST THING FIRST:



Slide deck and resources from this webinar are online at: www.preventionlane.org

Objectives:

- Identify common risk and protective factors for the prevention of problem gambling
- Discuss using Strategic Prevention Framework in efforts
- Gain practical tools to bring back for use with target population(s)

LET'S BE REAL.

There are a lot of challenges that prevent us from preventing problem gambling.



Tobacco



THE BARRIERS IN PROB. GAMBLING PREVENTION ARE REAL.

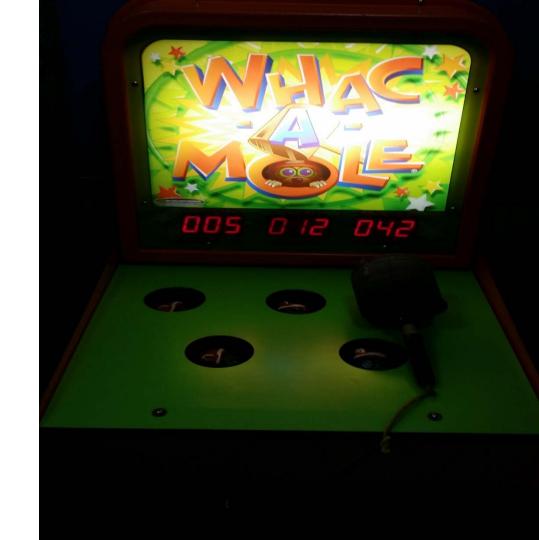
Substance Abuse



Problem Gambling

COMMON CHALLENGES:

- Lack of funding
- Lack of resources
- Limited research
- Perception of harm Industry
- Always something else that takes priority



SUBSTANCE USE DISORDERS

U.S. Pop. With Past Year Problem ¹

20.8 Million 7.8% aged 12+

2016 Public Funds Invested into SUD Treatment³

\$24.4 Billion \$14.7 B Federal \$9.7 B State

GAMBLING DISORDERS

U.S. Pop. With Past Year Problem ²



5.45 Million (3.8 times smaller)

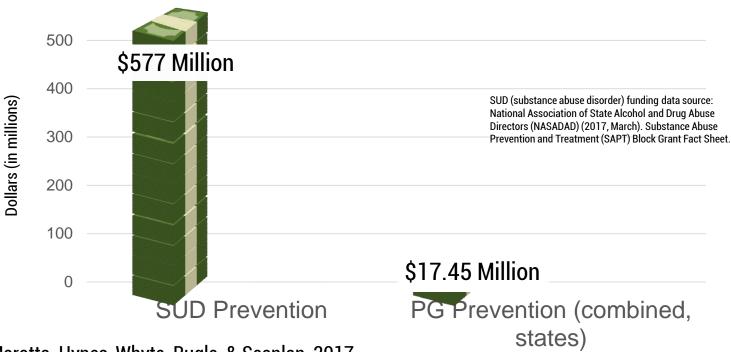
2016 Public Funds Invested into Problem Gambling Services⁴

\$71.6 Million (341 times smaller)

¹ 2015 National Survey on Drug Use and Health. ² Williams, R.J., Volberg, R.A. & Stevens, R.M.G. (2012). ³SAMSHA Spending Estimates – Projections for 2010-2020 ⁴ APGSA & NCPG National Survey (2016)

SPENDING ON PROBLEM GAMBLING PREVENTION

Total spending: state agencies \$16.6M | affiliates \$854K Average spending: state agencies \$347K | affiliates \$17K



Source: Marotta, Hynes, Whyte, Rugle, & Scanlan, 2017

Poll Question 1

True or False:

Problem gambling is commonly addressed in prevention efforts.

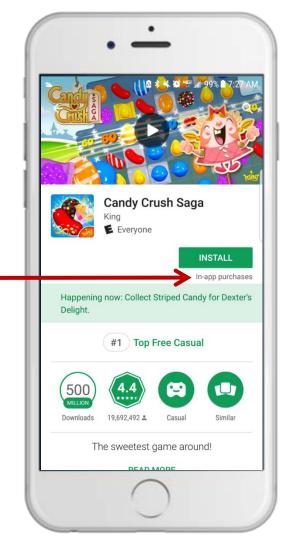
WHY IT'S SO IMPORTANT

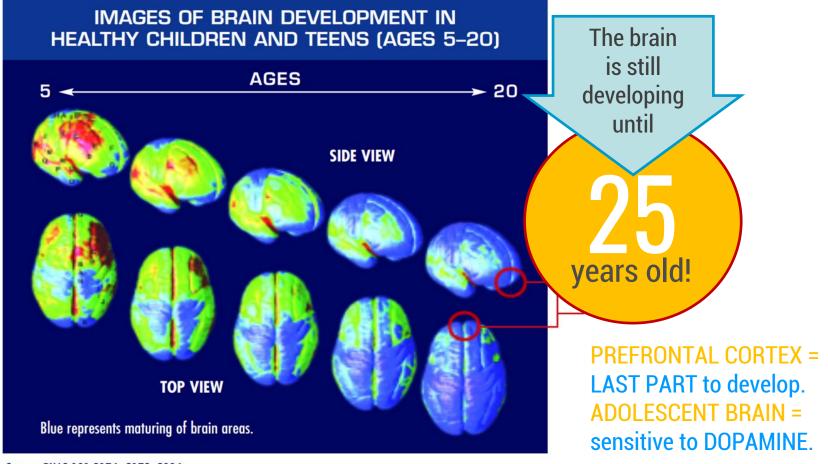




We don't think of these things as gambling.

Therefore, we don't think our young people are gambling.





Source: PNAS 101:8174-8179, 2004.

OTHER AT-RISK GROUPS?

















RISK & PROTECTIVE FACTOR FRAMEWORK IN PROBLEM GAMBLING **40 Developmental Assets**

Adverse Childhood Experiences (ACEs)

RISK & PROTECTIVE FACTOR THEORY

- Decades of research from Hawkins & Catalano and others (Biglan, Embry, etc.)
- Four domains
 - Parent
 - School
 - Community
 - Individual/Peer

RISK & PROTECTIVE FACTOR THEORY

- Problem behaviors share common risk factors
- Exposure to more risk factors increases risk, is exponential
- Protective factors buffer risk, build on strengths

Risk Factors for Adolescent	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
-Problem Behavior						
Availability of Drugs	\square	-	-	-		
Availability of Firearms	-		-	-		
Community Laws and Norms Favorable toward Drug Use, Firearms & Crime	V	<u> </u>	-	-		
Media Portrayals of Violence	-	-	-	-	V	
Transitions and Mobility	V	✓	-	\square	-	✓
Low Neighborhood Attachment and Community Disorganization	\checkmark	/	-	-	/	
Extreme Economic and Social Deprivation	✓	V	V	✓	✓	
Family:					,	
Family History of High Risk Behavior	\checkmark	✓	V	V	✓	✓
Family Management Problems	\checkmark	✓	✓			✓
Family Conflict			✓		\checkmark	✓
Favorable Parental Attitudes and Involvement in the Behavior	V	V	-	-	V	
School:						
Academic Failure in Elementary School	V	✓	V	V	✓	☑
Lack of Commitment to School	V	✓	✓	✓		
Individual/Peer:						
Early and Persistent Anti-Social Behavior	\checkmark	✓	V	Ø	\checkmark	☑
Friends who Engage in Problem Behavior	\checkmark	✓	✓	V	✓	
Gang Involvement	\checkmark	✓	-	-	✓	
Alienation and Rebelliousness	\checkmark	✓	-	✓	-	
Favorable Attitudes toward the Problem Behavior	V	✓	☑	V	-	
Early Initiation of the Problem Behavior	\checkmark	V	V	V	~	
Constitutional Factors	\square	✓	-	-	\checkmark	✓

RISK FACTORS BY DOMAIN

FAMILY

- Family conflict
- Family history antisocialbehavior Low SES
- Parental use (gambling)

SCHOOL

- Academic failure & poor school performance
- Low school commitment

Barnes et al., 1999; <u>Dowling et al., 2017</u>; Hayatbakhsh et al., 2006; Johansson et al., 2009; King & Delfabbro, 2016; Raylu & Oei, 2002; Scholes-Balog et al., 2014; Shead et al., 2010; Volberg, 2008; Winters et al., 2002

COMMUNITY

- Exposure to gambling
- Availability & accessibility
- Media portrayal

INDIVIDUAL/PEER

- Male
- Early initiation
- Early big wins
- Rebelliousness
- Delinquency
- Impulsivity
- Competitiveness
- Interaction w/ antisocial peers

- Friends' use/pressure
- Substance use, tobacco use, alcohol use
- Psychological distress, mental health issues

PROTECTIVE FACTORS BY DOMAIN COMMUNITY

- + Encouragement of prosocial behavior
- + Parental supervision
- + High socioeconomic status

SCHOOL

+ Connection

Barnes et al., 1999; <u>Dowling et al., 2017</u>; Hayatbakhsh et al., 2006; Johansson et al., 2009; King & Delfabbro, 2016; Raylu & Oei, 2002; Scholes-Balog et al., 2014; Shead et al., 2010; Volberg, 2008; Winters et al., 2002

INDIVIDUAL/PEER

- + Female
- + Prosocial involvement
- + Early losses
- + Boredom
- + Awareness of risk

Poll Question 2

Which of the following risk factors are specific to problem gambling?

- Early initiation
- Availability
- Community laws/norms
- Family attitudes/involvement
- All of the above

Applying the Strategic Prevention Framework (SPF) to Problem Gambling Prevention

Applying Strategic Prevention Framework (SPF) to Problem Gambling Prevention

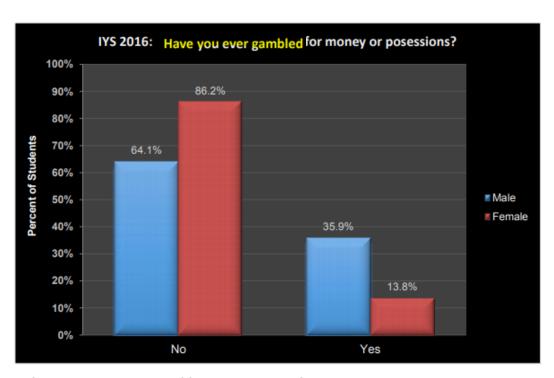


1. ASSESSING. Do you have your community's baseline of what's needed?



- Risk & protective factors
- Existing resources / gaps
 - Readiness?

ASSESSING. What we tend to ask youth...



Source: 2016 Iowa Youth Survey, as reported in Jones & Arndt, 2017.

2016 Iowa Youth Survey: ATOD

Ever Gambled?					
Lifetime Use of:	No	Yes	Risk Difference		
Alcohol	23.2%	46.9%	23.7%		
Binge Drinking	3.6%	9.6%	6.0%		
Marijuana	6.7%	14.9%	8.2%		
Drugs	14.9%	29.0%	14.1%		
Tobacco	6.4%	16.0%	9.6%		

Source: Jones & Arndt, 2017.

2016 Iowa Youth Survey: Mental Health

Ever Gambled?				
Within Past 12 Months:	Yes	No	Risk Difference	
Feeling Worthless	56.1%	48.6%	7.5%	
Thoughts of Suicide	17.5%	11.9%	5.6%	
Depressive Thoughts	21.1%	17.2%	3.9%	

Source: Jones & Arndt, 2017.

2016 Iowa Youth Survey, Problem Gambling Report: Recommendations

- Prevention efforts should target young males before the eighth grade.
- Examine potential protective factors that contribute to females' less frequent gambling behaviors.
- Consider using gambling behaviors as an indicator/risk factor for substance use and mental health problems. □

2016 Iowa Youth Survey, Problem Gambling Report: Recommendations (cont).

- Ensure that adolescents in gambling treatment programs receive substance use and mental health screening.
- Gambling interventions should incorporate multicultural considerations for race, ethnicity, and social class.
- Investigate the Iowa Gambling Exposure Scale (IGES) as a simple screening tool for problematic gambling activity among youth.

Additional Considerations

Community Readiness Tool

Community Readiness Manual



Barbara A. Plested Pamela Jumper-Thurman Ruth W. Edwards

Handbook revised March, 2016

Plested, B.A., Jumper-Thurman, P., & Edwards, R.W (2016, March). Community Readiness Manual, The National Center for Community Readiness, Colorado State University, Fort Collins, Colorado

Additional Considerations

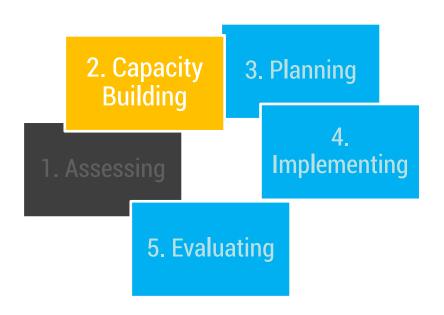
Typical stages for problem → gambling interventions

(Apologies for the Comic Sans)→

	STAGE	DESCRIPTION			
_					
1	1. No Awareness	(PROBLEM GAMBLING) is not generally recognized by the community/leaders as an issue (or it may truly not be an issue).			
i	2. Denial / Resistance	At least some community members recognize that (PROBLEM GAMBLING) is a concern, but there is little recognition that it might be occurring locally.			
;	3. Vague Awareness	Most feel that there is local concern, but there is no immediate motivation to do anything about it.			
4	4. Preplanning	There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.			
į	5. Preparation	Active leaders begin planning in earnest. Community offers modest support of efforts.			
(6. Initiation	Enough information is available to justify efforts. Activities are underway.			
7	7. Stabilization	Activities are supported by administrators or community decision makers. Staff are trained and experienced.			
8	3. Confirmation/ Expansion	Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.			
9	9. High Level of Community Ownership	Detailed and sophisticated knowledge exists about (PROBLEM GAMBLING) prevalence and consequences. Effective evaluation guides new directions. Model is applied to other issues.			

https://www.oregonpgs.org/wp-content/uploads/2017/12/CRM-Manual-Specific-to-Problem-Gambling.pdf

2. CAPACITY BUILDING. Do you have the support you need?



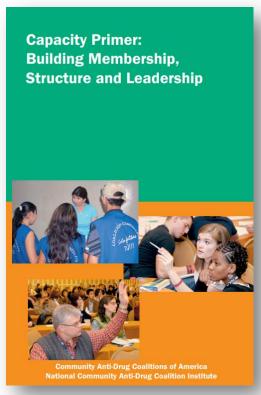
- What resources do we have?
- Who are our stakeholders?
- How do we get their buy-in?

Ideas...

- Local gov't/tribal agencies
- Nonprofit partners
- Schools
- Businesses
- Casinos
- Law enforcement / judicial system

- Community groups
- Youth
- Faith community
- EAP services
- Parents
- Who else?

CAPACITY BUILDING RESOURCES



Capacity Building Activity

The following activity is designed to help coalitions build their capacity through recruitment. This activity can be done one of two ways: either within the coalition or also as a presentation to various service clubs and organizations. The main idea is to gain new members and eventually have a coalition that represents the twelve sectors of the community outlined by the DFC.

The 12 Sectors

THE 12 SECTORS			
1. Youth	2. Parents	3 Business Community	4. Media
5. School	6. Youth Organizations	7. Law Enforcement	8. Government
9. Other Organizations involved	10. Health Care	11. Civic and Volunteer	Religious or Fraterna
in Reducing Substance Abuse	Professionals	Groups	Organizations

1. For the Coalition

Items Needed:

- 1. 1 sheet of paper per person with the 12 Sectors listed
- 2. Sticky Poster or way of placing the poster on a wall. This poster also needs to have lines placed on it, in order for information to stay clear and not get lost
- 4. 6 participating members minimum

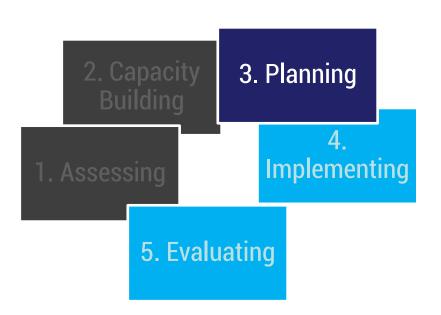
Activity Procedures:

- 2. After it has been reviewed, ask each individual where they think the coalition is lacking representation
- 3. Once the group has come to a consensus, write the decided upon Sector name on the top of the Poster 4. At this point, have the coalition divide into teams of two
- 5. Then instruct the members that each team is responsible for coming up with 2 names of individuals they know
- 6. When they have come up with their two names (should be given a 5 minute maximum time limit) have each team write the names on the poster
- 7. Once all of the names are listed on the poster, ask "Who would be willing to recruit these individuals?
- 8. At the end have a minimum of two individuals signed up to recruit those who have been listed.

- 1. Ways to contact the listed individuals would be through email, phone, in person, online, est,
- It is vital to make contact with each individual at least 3 times. If one way does not work, try another.
- 3. When contacting the individual, present the facts of drug use and abuse in your community.
- 4. Then, ask the individual where about their views on the subject and ways they think it could be resolved
- 5. Quickly explain the CTC process happening in your community and ask if the said individual would be interested in joining with the process.
- 6. When contacting an individual, it is important to have created some form of investment, even if that particular individual is not able to commit to joining the coalition. Asking questions of the individual is a great way to do this. Even if you can only get the person on your coalition's email list, it is still a success and may prove to be an

Left: https://www.cadca.org/sites/default/files/resource/files/capacityprimer.pdf Right: http://drugs.indiana.edu/spf/docs/Capacity%20Building%20Activity.doc

3. PLANNING!



- What 1-2 risk & protective factors are most important to address?
- Do we have existing tools?
 - Is this thing feasible?

USING CSAP'S EFFECTIVE PREVENTION

STRATEGIES

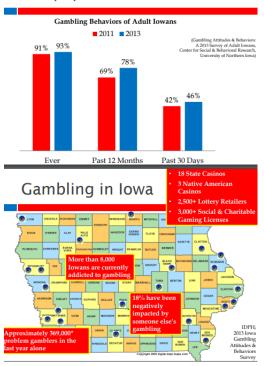
Research: it takes ongoing efforts in all six areas for prevention to really work

- ☐ Information

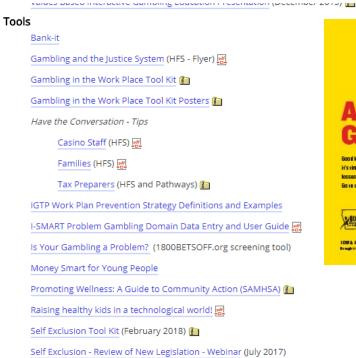
 Dissemination
- □ Prevention Education
- ☐ Alternative Activities
- ☐ Community-Based Processes
- □ Problem Identification/
 Referral
- ☐ Environmental/Policy Approaches

INFORMATION DISSEMINATION

Is it popular in Iowa? You bet!



Presentations, PSAs, etc.

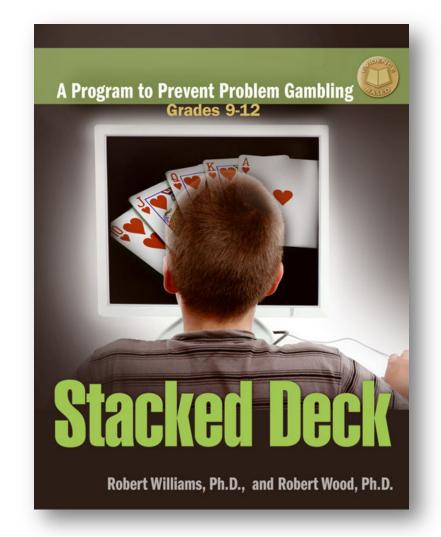




https://idph.iowa.gov/igtp/prevention

EDUCATION

There is exactly one (1) problem gambling curriculum in the National **Registry of Effective Programs & Practice** (NREPP).

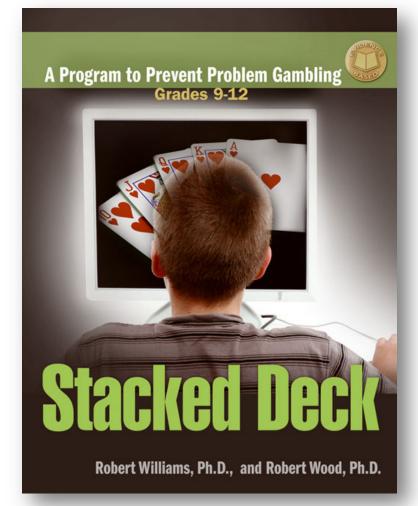


EDUCATION: Stacked Deck

Grades 9-12 | 5-6 lessons

Goals:

- teach young people the facts about gambling & related risks
- encourage responsible decision making
- prevent young people from becoming problem gamblers



EDUCATION

REALISTIC FOCUS: Integration. Why?

We don't have time! Same risk & protective factors! Or money.

COMMUNITY-BASED PROCESS

- Integrate with existing AOD coalition
- Develop PG prevention coalition

Mission:

To reduce the negative effects of problem/disordered gambling in Lane County.

Goals:

- Increase community awareness about the effects of problem gambling, and promote awareness that problem gambling is a preventable and treatable public health problem.
- Reduce gambling behavior among youth by addressing the risk factors that may increase the risk of problem gambling and promoting the protective factors that may minimize the risk of problem gambling.
- Build and maintain partnerships of individuals, agencies, and community groups to help support community approach to problem gambling prevention.
- Work to mitigate the harms of gambling by advocati statewide policy changes



POLICY (ENVIRONMENTAL CHANGE)

- Testifying to legislature
- Retail scans/assessments

sessments	
	Is on shopping carts Is on sign (neon or free-standing) Is on sign (neon or free-standing)
	Is on sing! Is on sign (neon or free-standing) Is on sign (neon or free-standing) Is near youth directed areas (ice cream Is near youth directed areas (ice cream)
raik vi Haligout Geally visible:	Is near youth directed alcolor is near youth directed alcolor is near youth directed alcolor is near youth (young adults
Talk of Hangout Clearly	lar kids' activities, toys, es
yes, specify park/hangout:	cooler, kids' activities, (c) 7. Appeals to youth/young adults Appeals to youth/young adults
	Appeals to Youth/Ye Includes bilingual messaging Includes symbols/language
Comments on "PLACE":	Includes bilingual message. Includes UO symbols/language Include
Comments on	Includes UO symbols/langues Number of tobacco advertisements in view: Y N U NA
	t tohacco advers
	Number advertising:
	Gambling/lottery advertising: Is only in areas where minors are
OUTSIDE ADVERTISING & PROMOTION Y N U NA	prohibited Is only where lottery/scratch-it tickets
T A DVERTISING & PROMOTION U NA	Is only where lottery/scram
OUTSIDE ADVENT	
Check all that apply:	Is below 4 feet Is near youth directed areas (ice cream Is near youth directed, toys, etc)
	Is below
Accepts EBT or SNAP Accepts EBT or snap in sight of door	Is near youth directed afcets see see see see see see see see see se
Accepts EBT or agating in sight of door	cooler, kius evmbols/language
Youth congregation	cooler, kids' activities, key Includes UO symbols/language Appeals to youth/young adults Appeals to youth/young adults Appeals to youth/young adults
Leadyertising: Topolo Hobaces Diettery	
	Includes billings :- Ily/ gender distins
Advertising of declaration Galcohol Ga	Appears to Personal Includes bilingual messaging Appears to be racially/ gender distinct Appears to No Symbols/language
Neon/illumini	includes 00 of
Reader board	micros advertises
"Sandwich board" or "Sandwich board" or "Itobacco Diottery	Number of gambinos
free-standing	7th Ave. Rm. 520, Edg
Sign on pole	Program, 151 W.
Reader board "Sandwich board" or free-standing Sign on pole Please return to: Lane County Public Health Prevention	
Lane County Public Hear	
please return to: Lane	
Ficus	

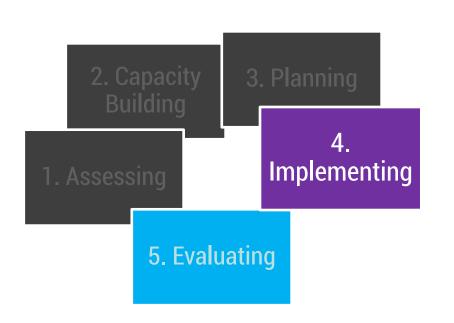
ALTERNATIVE ACTIVITIES

- Mini-grants for video development
- Art search / contest
- For existing events: provide PG prevention material at at casino nights





4. IMPLEMENTING: The Part Everyone Wants to Skip To!



- Can we do this while maintaining fidelity?
- Are we evaluating this initiative?

- Can we keep this going?

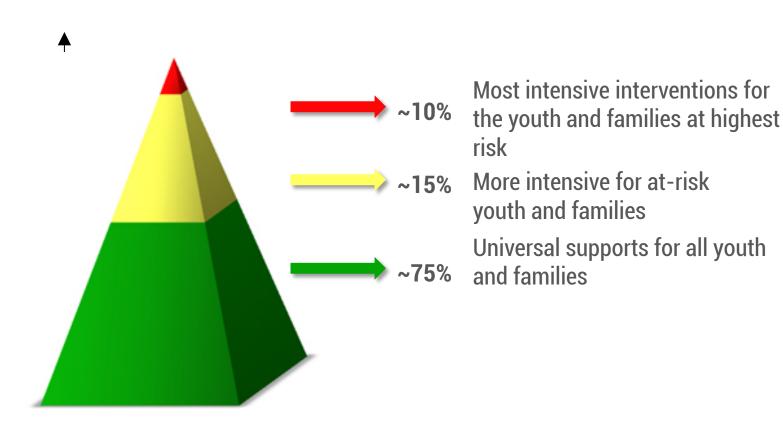
RESEARCHERS RECOMMEND <u>OVERALL</u> PREVENTION INITIATIVES AS MOST EFFECTIVE.

i.e.,

- Prevention efforts that address RISK FACTORS common to other problem behaviors;
- Prevention efforts that address PROTECTIVE FACTORS (e.g., prosocial behaviors)

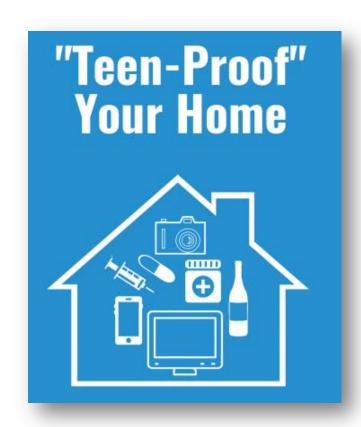
Examples: Alcohol & drug curricula, Life Skills programs, parenting programs, etc.

THE RIGHT SUPPORT TO THE RIGHT YOUTH



A Few Other Ideas...

- Community presentations (NOT billed as "gambling presentation"!)
 - -PTO/PTA night ------
 - Include in suicide prevention trainings
- SBIRT add Brief Biosocial Gambling Screen questions
- Table tents in cafeterias
- Web banners
- Sharing example social media posts w/providers



Realistic Approaches for Working with Schools

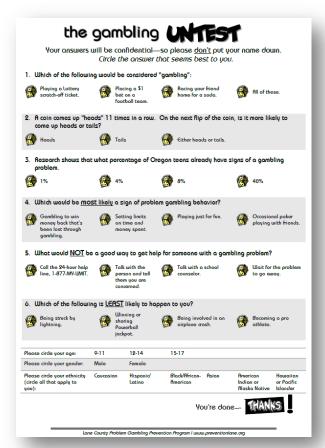
- · "How can we help?" approach
- Partnering with <u>any</u> ally
 - e.g., kid's friend's mom is assistant principal
- Tapping into community parenting programs
 - e.g., Strengthening Families
- Integrating with selective prevention programs
 - e.g., Reconnecting Youth
- Considering timing
 - e.g., not September or months during state testing

5. EVALUATION: The Part No One Ever Has Money For



- Have we done what we said we were going to do?
 - Were the "right" strategies addressed?
- What can we do to improve?

EVALUATION



- Pre/post-tests
- Surveys
- Longitudinal data on youth/adult surveys (attitudes & behaviors)
- Retail sales
- Added questions on existing evaluations

TAKING THE PLUNGE



It doesn't need to be complicated!!

Infusing problem gambling language within the context of the curriculum/ eval can easily meet fidelity requirements

Poll Question 3

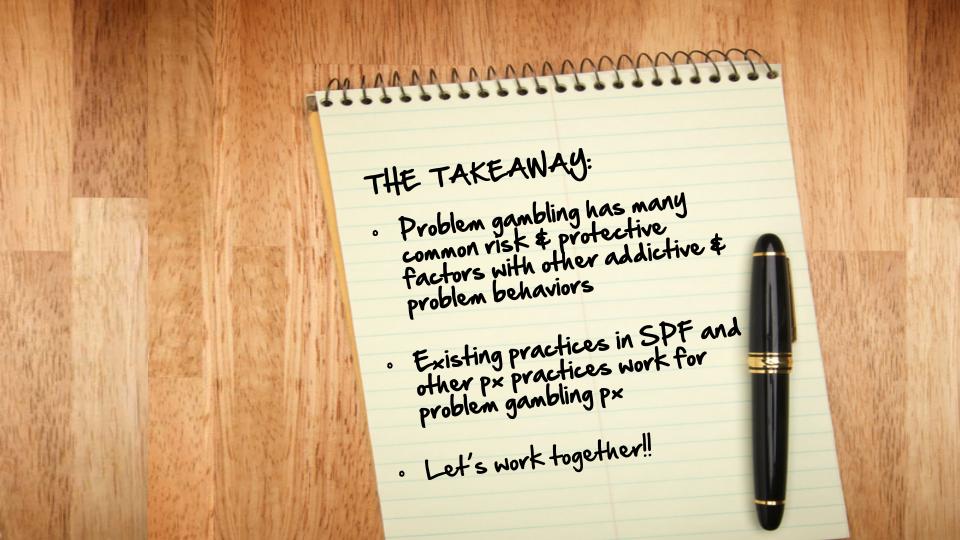
Which of the following steps in the Strategic Prevention Framework involves finding out which stakeholders might we tap to address problem gambling?

- Assessment
- Capacity Building
- Planning
- Implementing
- Evaluating

Poll Question 4

Of the following examples, which might be most feasible prevention strategy to in the IMPLEMENTATION PHASE of SPF, using the existing resources in your work setting:

- Develop new curriculum specific to problem gambling
- Implement a media campaign on youth and gambling
- Integrate problem gambling with other prevention messaging
- Change policies on gambling



I HANK YOU!





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facebook.com/ preventionlane



@Preventionlane @HynesUO

Question and Answer

We will now take time to answer questions and respond to comments that have been submitted.

Type your **question or comment** in the question box on the right-hand side.

broadcast.

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THANK YOU FOR ATTENDING THIS WEBINAR!