

**YOUTH GAMBLING IN CONNECTICUT 2008
STATUS AND CHALLENGES**

Report

to

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Executive Summary

Background and Purpose

During the 2005 legislative session, the Connecticut General Assembly awarded \$200,000 to the Connecticut State Department of Education to address the impact of gambling activities among Connecticut youth. Under the leadership of Senator Andrea Stillman, a meeting of the commissioners and staff from the State Department of Education (SDE), the Department of Mental Health and Addiction Services (DMHAS), and the Regional Action Councils (RACs) was held in September of 2005 to set the direction for implementation of the bill. The commissioners and Senator Stillman agreed that a coordinated effort would best achieve the intent of the bill, which was to support youth gambling awareness education efforts in Connecticut. The commissioners were asked to convene a Youth Gambling Prevention Work Group with co-chairs from each department. The Work Group, first convened in October 2005, continues to meet to address the issues of and concerns about youth gambling in the state. The Work Group comprises staff from the SDE, the DMHAS Prevention Division and Problem Gambling Services, RACs, Connecticut's Regional Educational Service Centers (RESCs), and the Connecticut Council on Problem Gambling (CCPG).

The term *problem gambling* describes gambling behavior that has a range of negative consequences for the gambler and/or other persons. Problem gamblers are typically divided into two groups, based on the number and severity of personal, psychological, and behavioral consequences. Those experiencing the severest form of problem gambling are called *pathological* gamblers. They suffer from an addiction-like disorder for which the American Psychiatric Association has established ten diagnostic criteria. *Pathological* gamblers meet five or more of those criteria, which include such gambling-related indicators as loss of control, preoccupation, the need to gamble with increasing amounts of money, and serious negative consequences. *Problem* gamblers engage in a less severe form of problem gambling and meet either three or four diagnostic criteria. A defining difference between the two categories of gamblers is the degree and persistence of loss of control gamblers experience over time.

Students surveyed who have experienced significant gambling-related difficulties are considered *probable pathological* or *probable problem* gamblers. The qualifier *probable* is included because *pathological* gambling describes a psychiatric condition whose presence can be established only through clinical evaluation by a qualified mental health professional. When reporting survey results, the qualifying term should always be used when referring to pathological and problem gamblers.

The Work Group identified several objectives as intermediate steps to preventing and reducing youth problem gambling, including data gathering and program planning, implementation, and evaluation. To develop current data, the Work Group contracted with researchers from Yale University. Their study, *Gambling Behavior Among High School Students in the State of Connecticut*, answered key questions and identified such selected risk and protective factors as parental expectations, early access to gambling, and concern over the gambling of a close family member.

To understand the state of gambling prevention within schools, the Work Group developed a second study, *The Regional Action Council School Readiness Survey: A Community Assessment on Youth Gambling and Youth Problem Gambling Prevention*. The study's primary objective was to assess the state of gambling prevention in participating schools, according to a six-stage scale of "readiness." To determine a school's stage of readiness to prevent gambling-related problems, the survey asked about the presence of key indicators, such as gambling behavior on school property, enforcement of gambling policies, and prevention programs and activities.

The Work Group also initiated four gambling prevention pilot programs that schools and communities can readily adapt. It also marketed, distributed, and conducted training on the single-session gambling-specific educational module “Beat Addiction: Choose the Right Path.”

Key Findings of *Gambling Behavior Among High School Students in the State of Connecticut*

Student Participation in Gambling

Ninety percent of the 4,523 students surveyed reported having gambled in the past year. Students reported low to moderate participation in most forms of gambling. However, the level of participation in some gambling activities, especially those that are age restricted or illegal, should raise concern.

Problem Gambling Prevalence

Of the total sample, 10.4 percent were classified as probable problem or pathological gamblers. Of those who reported gambling within the previous 12 months, the combined rate of problem and pathological gambling rose to 13.2 percent.

Family Attitudes and Concerns

Forty-eight percent of students who had gambled within the previous 12 months said their parents would either disapprove or strongly disapprove of their gambling. Forty-three percent of *all* students thought their parents were indifferent to their gambling. The gambling of a close family member caused 11.8 percent of all students worry or concern, either currently or in the past.

Age of Initiation of Gambling

Early initiation to gambling may be an important predictor of future gambling problems. The researchers found that 66 percent began gambling between the ages of 12 and 17, and about 32 percent of all students began gambling at age 11 or younger. About 33 percent of students classified as probable problem or pathological gamblers reported starting gambling at age 8 or younger.

Key Findings of the School Readiness Survey

Gambling on School Property

Fifty-six percent of high school students had observed student gambling on school property. Thirty-three percent said that card games, including poker, were of greatest concern for youth. Forty-two percent of school administrators reported that their schools sponsored or supported gambling events for project graduation, after prom parties, parent-teacher casino fund-raising nights, or 50/50 raffles.

School Gambling Policies

Forty-seven percent of school faculty and staff did not know whether their schools had gambling policies for students. Seventy-three percent of administrators reported that their schools had policies governing student gambling.

School Readiness for Problem Gambling Prevention

Only 27 percent of student respondents reported that gambling information was included in school curricula. However, 72 percent of administrators described moderate to high readiness to raise awareness of youth problem gambling among students, faculty, and parents.

Key Recommendations

Increase Gambling Education at Home and in Schools

Parents are the most important prevention resource. The Work Group recommends making significant efforts to inform parents about the risks of gambling and the importance of setting appropriate family policies, modeling appropriate behavior, and clearly communicating accurate information and expectations.

Existing school-based prevention programs and strategies should be enhanced to include relevant gambling information. Schools should have a role in delivering gambling prevention information to parents. Schools should also consider building student capacity for decision making by infusing gambling-related information into health classes and academic curricula.

Develop and/or Enforce School Gambling Policies

Connecticut schools need to develop clear gambling policies; effectively communicate them to students, faculty, and parents; and consistently enforce them.

Reduce Youth Access to Gambling Sites, Products, and Activities

The Division of Special Revenue, in collaboration with other stakeholders, should develop and implement improved measures to reduce access to age-restricted forms of gambling. This offers an important opportunity to reduce probable problem and pathological gambling among youth.

Identify, Refer, and Treat Youth Problem Gamblers

Data indicates that about 10.4 percent of students have some level of gambling problem and may need assistance. According to a 2003 Connecticut Council on Problem Gambling study, intervention and treatment services for young people do not exist in most Connecticut communities. Stakeholders need to identify and address gaps in services, including those concerning identification and referral of student problem gamblers and those troubled by the gambling problem of a family member. All prevention and treatment programs should be funded to include an evaluation of their effectiveness.

Conduct Ongoing Data Collection and Analysis on Youth Gambling

Intermittent studies are needed to determine changes in gambling participation and associated harms. Additional studies of vulnerable sub-populations are also recommended. Studying population-specific risk and protective factors, as well as pathways into and out of problem gambling, could aid the development of prevention and treatment programs for sub-groups and all youth.

Embed Gambling Prevention in Other State Prevention Policies, Plans, and Programs

Research has demonstrated a significant relationship between substance abuse or dependence and problem or pathological gambling. Prevention programs that reduce risk factors and promote protective factors for substance abuse or dependence may already contribute to problem gambling prevention. Such programs should be enhanced to include programs, policies, and plans that address gambling-specific risk and protective factors.

Summary Report of the Connecticut Youth Gambling Work Group

About the Partners

The Work Group was the first collaboration between DMHAS and the Department of Education devoted exclusively to addressing youth gambling. Also joining the Work Group were representatives from the Connecticut Prevention Network, which comprises the state's 14 Regional Action Councils (RACs). Since 2000, the RACs have served as Problem Gambling Services' (PGS) primary resource for youth gambling prevention.

Integral to the Work Group were the Connecticut Council on Problem Gambling (CCPG) and the Regional Educational Service Centers (RESCs). For more than 20 years, the Council has collaborated with PGS to address youth gambling. The RESCs, which provide consultation and assistance to the state's primary and secondary schools, were first-time collaborators.

Scope of Work

The Work Group needed baseline data to better understand the nature and scope of youth gambling and answer important questions: How prevalent is youth gambling? What kinds of gambling are popular among young people? What kinds of problems do young people experience as a result? Information to inform prevention efforts and the reduction of gambling-related problems among young people was also needed.

Gambling Behavior Among High School Students in the State of Connecticut, conducted by Yale University researchers, assessed the rates of *any* gambling participation and probable problem and pathological gambling and examined selected risk and protective factors such as parental expectations, early access to gambling, and concern over the gambling of a close family member.

The Regional Action Council School Readiness Survey: A Community Assessment on Youth Gambling and Youth Problem Gambling Prevention sought gambling-related attitudes and perceptions among key stakeholders: parents, teachers, school administrators, school staff, youth workers, and students. The Work Group developed and funded the survey, the RACs administered it, and East of the River Action for Substance Elimination (ERASE) compiled the data.

The Work Group continued promotion of the previously distributed gambling-specific educational module "Beat Addiction: Choose the Right Path." To increase effective utilization of the module, the RESCs marketed "Beat Addiction" to schools and trained school health educators. A description of those interventions follows the results of the two studies.

Understanding Youth Problem Gambling

In recent years, gambling has emerged as a behavior of concern for young people. As such, it joins substance use, bullying, sexual activity, and other risky behaviors that young people may use to cope with challenges and problems, including those that are commonly part of adolescent development. Gambling, for some, will lead to a range of problems that may include the development of the addiction-like disorder pathological gambling. Among the problems young gamblers may experience:

- money losses greater than they can afford;
- a preoccupation with gambling that leads to a narrowing of interests and distraction from school work, family life, and other important aspects of living;
- a desperation over need for money that leads to illegal acts;
- the unauthorized use of credit cards that results in credit and debt problems for family members;
- interpersonal conflict over lost money and money owed and even violence due to such perceived wrongs as inability or unwillingness to pay debts or cheating;
- early success at gambling that leads to a devaluing of the work needed to achieve goals;
- lies to conceal gambling or debts that lead to a loss of trust and lying to hide other problems;
- a reliance on gambling to cope or solve problems that delays emotional development.

The lack of scientific study on the development and continuance of gambling and recovery from problem gambling among young people hampers a full understanding of many aspects of youth gambling. However, data on the prevalence of youth gambling and problem gambling are accumulating. A number of U.S. and Canadian studies estimate the rates of the psychiatric disorder pathological gambling among young people. *Pathological* gambling, the medical term for *compulsive* or *addictive* gambling, is a chronic failure to resist impulses to gamble that leads to substantial negative consequences. The *Diagnostic and Statistical Manual (DSM)* of the American Psychiatric Association describes the key feature of the disorder as a “persistent and recurrent maladaptive gambling behavior that disrupts personal, family, or vocational pursuits.”

Prevalence research also provides estimates of serious gambling-related problems—*problem* gambling—that do not meet a sufficient number of criteria for *pathological* gambling. Most studies have estimated higher rates of probable pathological and problem gambling among young people than among adults older than 25. College studies in Connecticut (Engwall et al., 2004) and other states show rates of problem gambling similar to those found at the high school level.

Predicting whether a student will experience gambling-related problems is extremely difficult. Some risk factors that have predictive value are being male or a member of a minority group; using alcohol, tobacco, and other drugs; and having a family history of addiction or mental illness. Not *all* risk factors are necessarily present in every student who develops a problem. Some ways individuals vary:

- A student fills an emotional or social need, such as the desire for inclusion.
- A student finds gambling more pleasurable than most other activities.
- A student is a risk-taker who requires a high degree of stimulation.
- A student has difficulty accepting losses and gambles repeatedly to undo unfavorable results.
- A student experiences a range of behavioral and emotional problems, including anxiety; depression; school problems; early alcohol, tobacco, or drug use; or legal problems.

For such individuals, any form of gambling may lead to problems. Although most adult forms of gambling are risky, some are more so because they are easily accessible (lottery and online gambling), illegal, involve illegal acts, or involve potentially dangerous persons and situations. Gambling with bookies, gambling on credit, playing card games with adult strangers, sneaking into a casino, or wagering on one's own scholastic sporting event are examples of gambling that have added risk.

Survey of Gambling Behavior Among High School Students in the State of Connecticut

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Methodology

The Yale research team conducted an anonymous, self-administered survey of 4,523 high school students from ten geographically and socioeconomically diverse high schools. At most high schools, participants were students in grades 9 through 12.

Findings

Problem and Pathological Gamblers

Of the students surveyed, 10.4 percent were classified as probable problem or pathological gamblers. Of students who reported gambling within the previous 12 months, the combined rate of problem and probable pathological gambling rose to 13.2 percent. Those experiencing gambling problems were more likely to be male and Hispanic and report being on public assistance. They were also more likely to have low grades, less likely to engage in community or school activities, much more likely to live with a foster family and, on average, engage in ten different types of gambling. These findings do not mean that probable problem and pathological gambling are found only among individuals displaying these characteristics.

Prevalence rates and gambler characteristics in the current study are similar to those found in the 1989 and 1996 prior studies of gambling behavior among Connecticut high school students conducted by Marvin Steinberg, Ph.D., and colleagues. (Kloos et al., 1997) Rates are also in line with results from other states. A meta-analysis of 22 studies of youth gambling conducted by Howard Shaffer, Ph.D., and colleagues found that combined rates of probable problem and pathological gambling ranged from 3 to 20 percent (Shaffer et al., 1999). More-recent studies have found rates similar to those of the three studies of Connecticut students.

Problem and pathological gamblers in the 2007 Connecticut study experienced high rates of associated risk factors, symptoms, and problems:

- 51 percent have experienced peer pressure to gamble—18 percent reported experiencing this seven or more times;
- 38 percent reported a growing internal pressure that only gambling relieved;
- 35 percent reported being turned away from a casino;
- 32 percent began gambling before age 8;
- 23 percent reported worry or concern about the gambling of a close family member;
- 21 percent gambled 14 or more hours per week.

Age of Initiation of Gambling

Early age of initiation suggests greater likelihood of developing a gambling problem. Of *all* students who had gambled in the previous 12 months, approximately 16 percent began gambling at age 8 or younger. However, 32 percent of probable problem or pathological gamblers reported starting at 8 or younger.

- 66 percent of students who gambled began between the ages of 12 and 17;
- about 32 percent started gambling at age 11 or younger.

Student Participation in Gambling

Ninety percent of the 4,523 students surveyed reported having gambled in the previous year. Three forms of gambling were most popular:

- 81 percent played cards with friends for money;
- 60 percent bet with friends;
- 42 percent received instant lottery tickets as gifts.

Students reported low to moderate participation in other forms of gambling. However, reported levels of participation in some forms of gambling raise some concerns. These include the following:

- 20 percent purchased instant lottery tickets;
- 16 percent gambled on slot or other machines;
- 11 percent wagered online;
- 6 percent gambled at a casino.

Indicators of Problem Gambling

Students who had gambled within the previous 12 months reported gambling-related problems:

- 22 percent reported chasing losses;
- 13 percent reported thinking that they should reduce their gambling;
- 10 percent reported that gambling was creating problems with friends or family;
- 10 percent reported having to wager larger amounts to achieve the same level of excitement;
- 10 percent reported lying to family and friends about the extent of their gambling;
- 9 percent reported not being able to stop gambling.

Parental and Adult Behavior and Concerns

- 48 percent of students who had gambled within the previous 12 months said their parents would either disapprove or strongly disapprove of their gambling;
- 43 percent of *all* students thought their parents were indifferent to their gambling;
- 11.5 percent of all students said the gambling of a close family member caused them worry or concern, either currently or in the past;
- approximately 40 percent of students who gambled had heard adults at school talking about their own gambling.

Student Response to Problem Gambling Prevention

Forty percent or more of all students described the following as “very important” for preventing gambling problems in people their own age:

- 67 percent—fearing the loss of valuable possessions, close friends, and relatives;
- 53 percent—adults’ not involving kids in gambling;
- 48 percent—participating in activities that are fun and free of gambling;
- 47 percent—having parents who don’t gamble;
- 45 percent—being asked for ID to purchase lottery tickets;
- 40 percent—having parents or guardians who are strict about gambling.

The Regional Action Council School Readiness Survey: A Community Assessment of Youth Gambling and Youth Problem Gambling Prevention

Prepared by Sarah Copeland, B.A., Prevention Director, ERASE.

Methodology

ERASE, under the supervision of the Work Group, managed the collecting, processing, and reporting of data on school readiness to address youth gambling concerns. ERASE enlisted the assistance of the state RACs to survey 624 key informants: students (167), parents (57), school faculty and staff (201), school administrators (62), and community youth services providers (137) from 93 Connecticut towns. Most RACs administered a minimum of 42 School Readiness Surveys to middle and high school personnel from four to five towns within their regions and an additional 12 surveys of other professionals in their regions. Of the 165 student respondents who completed the survey, 142 were high school students and 23 attended middle school.

Overview of Key Findings

The most important findings of the RAC-administered survey concern overall school readiness to prevent problem gambling. School administrators were asked to rate their schools' readiness to participate in any of eight prevention strategic planning activities and to identify barriers to problem gambling prevention. In addition, they were asked to rate their schools according to a six-stage scale of gambling prevention readiness. Schools with the lowest level of readiness "tolerate(s) and encourage(s) youth gambling." High readiness schools have existing programs, are planning new efforts targeting special at-risk populations, and conduct on-going evaluation. At the mid level of readiness, schools are planning prevention activities and preparing for implementation.

All informants contributed information about other key indicators of readiness, such as awareness of school gambling policies, observed staff and student gambling behavior, school-sanctioned gambling activities, and current gambling-related prevention activities. In addition, the survey sought to understand important differences between student and adult observations and attitudes.

Student Participation in Gambling

Fifty-six percent of high school students had observed students gambling on school property. More than 65 percent of high school students perceived five forms of gambling as popular among their peers: betting on card games, betting on sports with friends, gambling on the Internet, buying or receiving instant lottery tickets, and betting on sports pools.

Respondents from the total sample said that card games, including poker (about 33 percent), betting on sports pools (30 percent), and Internet gambling (14 percent) were the forms of gambling of greatest concern for young people.

School Gambling Policies

Forty-seven percent of school faculty and staff did not know whether their schools had gambling policies for students, and 54 percent were unaware of the consequences of gambling at school.

Seventy-three percent of school administrators said their schools have policies regarding student gambling, but only 32 percent said their schools have policies governing faculty and staff gambling.

Forty-two percent of school administrators reported that their schools sponsored or supported gambling or simulated-gambling events such as raffles, casino nights, and after-prom and “project graduation” gambling events

School Readiness for Problem Gambling Prevention

Only 27 percent of students reported that gambling information was included in school curricula.

Seventy-two percent of administrators described moderate to high readiness to raise awareness of youth problem gambling among students, faculty, and parents.

Eight-five percent of administrators indicated moderate to high readiness to collaborate with prevention-focused organizations.

Seventy-five percent of administrators described similar levels of readiness to develop gambling policies.

In terms of the six-level readiness continuum, 89 percent of administrators described their schools’ readiness to prevent gambling-related problems as low-moderate to moderate readiness.

Key barriers to prevention identified by school administrators included lack of class time, limited financial resources, and lack of knowledge about effective youth gambling prevention.

Despite barriers, most school administrators reported considerable willingness to participate in youth gambling prevention. For example, more than 70 percent expressed moderate to high readiness to develop prevention policies, collaborate with prevention organizations, identify barriers to prevention, and raise awareness.

Divergent Student/Adult Perceptions

More than 53 percent of all students and 56 percent of high school students reported observing student gambling activities on school grounds during school hours; only 31 percent of school personnel reported witnessing the same behavior.

Although 73 percent of school administrators said their schools had policies concerning student gambling, only about 52 percent of faculty and staff, 49 percent of students, and 29 percent of parents said their schools had such policies.

Almost 98 percent of school administrators said student gambling policies were enforced; less than 48 percent of students agreed.

School administrators were twice as likely to state that gambling prevention is part of their curricula (56 percent) than either faculty and staff (25 percent) or students (27 percent).

Gambling Prevention Interventions

Concurrent with efforts to fill the information gap, the Work Group sought proposals from RACs for four pilot interventions based on proven substance-use prevention strategies and programs. Three pilot programs engaged local organizations in planning and delivering community-specific interventions. All three programs used students to educate peers and raise parental and other adult awareness of the risks associated with gambling. The fourth program is evaluating the effectiveness of a multi-session curriculum for students identified as at risk of developing gambling-related problems. Ongoing evaluation of this program continues to demonstrate its potential to reduce gambling behavior among high-risk students. Further development, informed by scientific evaluation, should raise it to the standard for recognition by the Center for Substance Abuse Prevention as a model program, giving it a unique status among gambling prevention programs.

The Work Group also promoted “Beat Addiction: Choose the Right Path,” a one-session, gambling-focused addiction awareness module, throughout the state. “Beat Addiction” places problem gambling in the context of other, more commonly understood, problem behaviors, such as addiction to psychoactive substances. By including discussion of other addictive disorders, “Beat Addiction” helps students and adults more readily understand problem gambling’s most salient features, such as “loss of control.” The combined discussion of problem gambling and substance use and abuse also accomplished the Work Group goal of minimizing the module’s demand on school resources.

The Work Group understood that “Beat Addiction” needed active promotion for the module distribution to succeed. Furthermore, teachers needed to become more knowledgeable about youth gambling and trained to use the module. The RESCs proved invaluable in accomplishing those objectives by sponsoring regional trainings for health educators. In addition to increasing comfort with the subject matter, the teacher trainings built motivation to bring “Beat Addiction” into the classroom.

Using a “training of trainers” model, six professional development trainers representing the RESCs received instruction for training others to present the “Beat Addiction” module and received supporting information on youth gambling. These six then conducted regional trainings for 27 educational staff, including health educators, guidance counselors, prevention specialists, and community representatives.

One of the six “trainers of trainers” modified the “Beat Addiction” module to make it compatible with the Comprehensive Health Education Standards observed in Connecticut. The modified version offers additional resources and activities for effectively integrating gambling-related content into school curricula.

A booster session for trained trainers and additional introductory training sessions for front-line staff are planned for the spring of 2008. In addition, the RESCs and RACs will continue to advance collaboration among schools and community-based prevention professionals. The ultimate goal is the statewide use of “Beat Addiction” in all communities.

Comparison of Prevalence Rates of Youth and Adult Gamblers

The Yale research team, using the *DSM* subset of the Massachusetts Gambling Screen, found that 5.0 percent of the sample respondents with complete data were probable pathological gamblers and another 5.4 percent were probable problem gamblers.

In Connecticut, as in nearly every jurisdiction where the prevalence of probable pathological gambling has been studied, rates for youth are significantly higher than those for adults are. Connecticut's current 5.0 percent rate of probable pathological gambling among young people is about five times the estimated adult rate. One possible explanation is that pathological gambling may not be the same disorder in young people as it is in adults. The consequences for adults are typically of an exponentially greater magnitude, especially concerning finances and relationships. Another possibility is that adolescence is a developmental stage during which young people experience a number of transient problems as they seek novel experiences, test limits, and take significantly greater risks than most adults do. In addition, the brains of adolescents are less able to weigh consequences, understand contingencies, and predict outcomes. These are precisely the cognitive skills needed to manage gambling behavior during a developmental stage that greatly values activities promising high rewards with little effort. Furthermore, the current generation is coming of age during a time of unprecedented expansion of the variety and availability of gambling activities and products. The gambling industry, including state lotteries, and the popular culture glamorize and promote gambling, and norms that discourage gambling have dropped away.

Prevalence rates, although meaningful, may be less informative than the type and frequency of gambling-related problems reported by individual students. For example, 9 percent of students surveyed reported committing illegal acts related to their gambling, and approximately 50 percent of those had a gambling-related arrest.

Community Assessment of Youth Gambling and Youth Problem Gambling Prevention: Implications for Addressing Youth Problem Gambling

The studies reported above describe youth gambling behavior and the readiness of schools to address gambling concerns. High rates of gambling by students (90 percent within the past year) and the rate of probable problem gambling (10.4 percent) suggest the need for a range of services across the prevention, intervention, and treatment continuum of care. Prevention strategies targeting individual and environmental factors are necessary to reduce the number of new problem gamblers. Also needed are intervention services for those who have demonstrated risky gambling behavior and for those most at risk of developing gambling-related problems. Furthermore, a range of treatment services is required to assist students who experience significant problems because of their own or a family member's gambling. The absence of these services in schools and communities suggests an unmet obligation to safeguard the well-being of Connecticut students.

Preventing Problem Gambling

Resources devoted to preventing problem gambling may have the most profound impact on rates of gambling disorders and associated harms. As a result, the Work Group places special importance on the prevention component of the service continuum. It should be emphasized that prevention is not the job of a single entity such as schools. Instead, prevention requires effort from a range of stakeholders, including public and private gambling industries, regulatory and enforcement agencies, parents, social and community service organizations, and stakeholder agencies in state government.

Effective prevention requires the work of multiple stakeholders performing diverse tasks. Some efforts are directed toward individual students; others are directed at the environmental conditions that increase the likelihood of gambling problems. For example, addressing the environmental condition of easy access to age-restricted forms of gambling may involve Connecticut's gambling industry and the state regulatory agency. Individual prevention strategies typically address gaps in knowledge and skills, such as coping skills, decision making, problem solving, flexibility, resilience, and other ingredients of effective self-management. Schools, families, community-based agencies, and others are among potential collaborators to initiate and support individual strategies.

Realizing the potentially costly and daunting task of preventing gambling-related problems, the Work Group considered ways to accomplish its goals in the context of limited resources. One of the most important first steps requires the provision of training and technical assistance to prevention and treatment practitioners on the many characteristics gambling shares with other problem behaviors, particularly the short-term ability to alter mood and self-image. Additionally, practitioners need to build skills that assist them in applying the same approaches relevant to preventing other high-risk behaviors, such as the use of alcohol and other drugs, to preventing problem gambling. For example, refusal skills and media literacy skills, commonly part of substance-use prevention education, are likely protective factors for gambling behavior.

As noted above, many existing prevention programs that reduce risk factors and promote protective factors for the spectrum of behaviors of concern may already contribute to problem gambling prevention. The recommendations that follow describe the additional work needed to address those risk and protective factors that are gambling-specific. These recommendations should lead to delaying the age of initiation of gambling, interrupting the progression of gambling involvement, and reducing the exposure to harm associated with participation.

Youth Gambling Work Group Recommendations

The Work Group, based on accumulated data, proposes a course of action by state government, schools, parents, and communities. With an eye to controlling costs, many of the following recommendations encourage stakeholders to build the capacity for prevention, intervention, and treatment of problem gambling into existing programs and services.

Recommendation for the Formation of a Youth Gambling Task Force

The Work Group recommends the establishment of a multi-agency group or task force empowered to advance the recommendations that follow. Its first task should be the development of an action plan to implement best practices relative to this report's key findings at the program, community, and systems level. This group should consider adding other key stakeholders, including legislators; representatives from state departments that deliver social, mental health, addiction, family, educational, and criminal justice services; and the Division of Special Revenue. Organizations and individuals such as the CCPG, the RACs, parents, young people, and the gambling industry should also be represented.

Recommendations for State Government

State government should assume the primary role as advocate and funder of prevention, intervention, and treatment services for young gamblers and young people affected by the problem gambling of a close family member. As such, state government should convene stakeholders in the public and private sectors to address gaps in services across domains (research, prevention, intervention, and treatment). In addition, the state should implement the following recommendations:

It should develop and enhance environmental policy and enforcement practices that

- increase efforts to reduce access to age-restricted forms of gambling, including lottery products that significant percentages of students either purchase or receive as gifts;
- work with the casinos to prevent and discourage access to gambling machines and other casino games;
- educate parents through media campaigns about the emerging concern of youth wagering on the Internet and about involving young people in adult gambling, including giving lottery tickets to children and young people as gifts;
- integrate gambling prevention in existing prevention programs where feasible and appropriate.

The state should conduct periodic studies to determine changes in gambling participation and associated harms among young people. Studies of at-risk and problem gamblers should be made to estimate the service needs of these understudied populations. State government should also work with legislators, parents, and educators to examine study findings and support efforts to address problems.

According to a 2003 study conducted by the Connecticut Council on Problem Gambling, clinical services for young people with gambling-related problems and for youth affected by a family member's gambling do not exist in most communities (Steinberg, 2003). To address this gap in services, the state should convene stakeholders in the public and private sectors to develop age, gender, and developmentally appropriate gambling prevention, intervention, and treatment resources for youth at risk for problem gambling.

The Yale study data indicated that about 5.0 percent of students probably meet adult criteria for the psychiatric disorder pathological gambling. At minimum, those students need identification and assessment to determine the appropriate levels of care, which may include a range of services from psycho-education and supportive counseling to short-term residential treatment. The study identified an additional 5.4 percent of students approaching the diagnostic threshold for pathological gambling. Those students may benefit from similar interventions.

Research previously conducted in Connecticut and other states found that problem gamblers and at-risk young people are involved in a range of other high-risk behaviors. That suggests the need to screen young people with other problem behaviors for gambling problems. In addition, about 11 percent of respondents reported concern over the gambling behavior of a close relative. Those individuals may experience a significant level of distress and may need assessment; some may need clinical services.

Recommendations for Schools

Most school administrators rated their schools' "readiness" to prevent gambling-related problems as low to moderate. This suggests that most schools have taken few steps toward creating an effective response to gambling concerns. One of the first steps, collecting data, has rarely been accomplished in a meaningful way. Schools can consider the results of the Yale and School Readiness surveys as starting points for their own efforts to assess gambling concerns. Schools should

- gather data that assesses school environment and conditions that support and discourage gambling;
- create gambling policies for students and all staff and determine their effectiveness;
- identify youth gambling norms in their schools and the community and consider how adult behavior, including school-sanctioned gambling activities, influences the norms;
- use these data to develop school-based strategies to embed gambling in existing prevention efforts. For example, include Beat Addiction in existing alcohol, tobacco and other drug curricula.
- raise awareness of gambling among students, faculty, and staff, drawing on the expertise and resources of community prevention organizations;
- provide and improve services for at-risk and probable problem gamblers;
- explore ways to enhance family motivation and capacity for problem gambling prevention by distributing informational materials, presentations, and signage at school events and reaching out to PTAs and PTOs.

Recommendations for Parents

According to students, parents are an important prevention resource in reducing youth problem gambling and other problem behaviors. Students saw adults' not involving kids in gambling and having parents who don't gamble as "very important" for preventing problem gambling.

Therefore, prevention strategies for parents should

- increase parents' awareness about the risks of gambling and problem gambling and the role early gambling initiation plays in increasing risk for future gambling problems;
- discourage parents from involving children in gambling activities, including the presentation of lottery tickets as gifts;
- create appropriate family gambling policies, model appropriate behavior, and clearly communicate accurate information and expectations at an early age.

Recommendations for Community Partners

Organizations such as RACs are poised to assist schools and communities with gambling-prevention expertise and other resources. RACs and similar organizations should

- promote the use of focus groups and surveys to identify community needs related to youth gambling;
- advocate for inclusion of gambling-specific information in existing school and community prevention efforts;
- convene and motivate local stakeholders to fill gaps in intervention and treatment services;
- enlist community providers such as social workers, pediatricians, youth service workers, and others who interact with children to screen for gambling problems in high-risk children and families.

Recommendations for DMHAS

- Problem Gambling Services staff should work closely with the DMHAS Prevention Unit to embed gambling prevention in existing plans and programs where appropriate.
- DMHAS staff should provide training and technical assistance to other state and community-based organizations on gambling prevention and build their capacity to infuse evidence-based strategies into their existing policies, plans, and programs.
- DMHAS should continue the development and evaluation of the four pilot prevention interventions initiated by the Work Group. This work is necessary to fill the need for programs to use in schools and other youth-serving organizations that meet criteria for “best practices” in prevention.
- DMHAS and the Division of Special Revenue should assess the feasibility of developing and implementing a pilot project aimed at assessing the extent to which underage youth purchase lottery tickets. This approach would include random, unannounced compliance inspections of lottery-ticket sales outlets and other venues.

Conclusion

Young people are attracted to behaviors and substances that change mood and self-esteem and may temporarily relieve stress or solve problems. Growing in popularity among young people, gambling may serve the same functions as other risky behaviors, such as tobacco, alcohol and other drug use and sexual activity. Similar to those activities, gambling is attractive and highly stimulating and can lead to serious negative consequences.

Research conducted under the direction of the Work Group provided answers to key questions concerning youth gambling behavior and the readiness of schools to address gambling concerns. This assembled data, particularly the high rate of gambling by students (90 percent within the past year) and the rate of problem gambling (10.4 percent), suggest need for a range of services across the prevention, intervention, and treatment continuum of care. The relatively low level of readiness by schools and communities to address these needs suggests an unmet obligation to safeguard the well-being of Connecticut's students.

In terms of the three primary components of a range of services, prevention strategies targeting individual and environmental factors are necessary to reduce the number of new problem gamblers. Also needed are intervention services for those who have demonstrated risky gambling behavior and for those most at-risk for developing gambling-related problems. Furthermore, a range of treatment services is required to assist students who experience significant problems because of their own or a close family member's gambling.

Many of the needed services can be delivered through existing programs by increasing their capacity to provide gambling-specific services. Many efforts, including altering environmental conditions such as access to age restricted forms of gambling, will require the collaborative efforts of multiple stakeholders. Primary to these efforts is the commitment from the highest appropriate levels of state government to mobilizing stakeholders within the public and private sectors.

In summary, the work group found a growing body of scientific evidence from Connecticut high schools that problem gambling is an emerging societal issue requiring significant attention and response from families, schools, communities, state government, and the gambling industry.

We submit this report with confidence that acceptance and implementation of its recommendations by state government, the gambling industry, and local communities will achieve a reduction in problem gambling and gambling-related harms among Connecticut youth, resulting in healthier communities both now and in the future.

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