The Prevention of Gambling Problems in Youth: A Conceptual Framework

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Despite increased awareness of the need to begin educating young children about the potential dangers of gambling, empirical knowledge of the prevention of adolescent problem gambling and its translation into science-based prevention initiatives is scarce. This paper poses the question of whether or not the common elements of tobacco, alcohol, and illicit drug abuse prevention programs can be applied to gambling prevention. Common risk and protective factors across addictions, including gambling, appear to point to the need to develop a general model of primary, secondary, and tertiary prevention. The authors present the need for science-based prevention initiatives and describe a general adolescent risk-taking model as a basis for science-based prevention of adolescent problem gambling and other risk behaviors.

KEY WORDS: youth gambling; addictive behaviors; risk taking; prevention.

A recent report by the Australian Productivity Commission cautions against attempts to quantify the costs and benefits of gambling industries (Australian Productivity Commission, 1999). Nevertheless, several reports (e.g., Azmier & Smith, 1998; National Gambling Impact Study Commission, 1999; Walker & Barnett, 1999) have sought to provide a detailed picture of the significant economic, social, and individ-

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ual costs that gambling has incurred. Grasping the consequences of adolescent problem gambling is an even more arduous task in light of the widespread attitude that youth are not often active contributors to society, and the perception that few have significant gambling or gambling related problems. Youth problem gamblers are not viewed as hitting the same 'rock bottom' that often typify and motivates the adult problem gambler to seek treatment nor is there generally a loss of jobs, homes, or families, associated with significant youth gambling problems.

Yet our current empirical knowledge of youth problem gambling includes a profile of the adolescent gambler that reflects the serious nature of gambling-related problems for youth. Adolescent problem gamblers have been found to have lower self esteem (Gupta & Derevensky, 1998b), higher rates of depression (Gupta & Derevensky, 1998a, 1998b; Marget, Gutpa & Derevensky, 1999; Nower, Derevensky, & Gupta, 2000), poor general coping skills (Marget, Gupta & Derevensky, 1999; Nower, Gupta & Derevensky, 2000), higher anxiety (Gupta & Derevensky, 1998; Vitaro, Ferland, Jacques & Ladouceur, 1998) and are at heightened risk for suicide ideation and attempts (Gupta & Derevensky, 1998). (For a detailed summary of our current existing empirical knowledge of adolescent problem gamblers see the reviews by Derevensky & Gupta, 2000; Gupta & Derevensky, 2000).

Immediate consequences of adolescent problem gambling have been identified in several studies. Problem and pathological gambling has been shown to result in increased delinquency and crime, disruption of familial relationships and decreased academic performance (Fisher, 1993; Gupta & Derevensky, 1997a; Ladouceur & Mileault, 1998; Wynne, Smith, & Jacobs, 1996). These youth are greater risk-takers and are at increased risk for the development of an addiction or polyaddictions (Gupta & Derevensky, 1998a; Lesieur & Klein, 1987; Winters & Anderson, 2000).

Speculation of the long-term consequences of adolescent problem gambling does not present a promising outlook. Current adolescent prevalence rates of problem gamblers, estimated to be between 4–8% of the adolescent population, are two to four times that of adults (Gupta & Derevensky, 1998a; Jacobs, 2000; National Research Council, 1999; Shaffer & Hall, 1996). Furthermore, the rapid movement from social gambler to problem gambler (Gupta & Derevensky, 2000; Gupta & Derevensky, 1998a) and the identification of gambling as a rite of initiation into adulthood (Svendsen, 1998) points to the possibility that adolescents are also more susceptible to developing gamblingrelated problems.

Given the widespread proliferation of the types of gambling activities attractive to youth and their widespread availability, the negative consequences associated with problem adolescent gambling should provide sufficient incentive to find ways of dealing with such costs and preventing problem development whenever possible. Increased efforts to understand the economic, social and psychological costs of gambling, and the recognition of the adolescent population as being particularly at risk for developing problem behaviors such as delinquency and substance abuse (Baer, MacLean, & Marlatt, 1998; Jessor, 1998; Luthar, Cicchetti, & Becker, 2000a) and gambling-related problems (Gupta & Derevensky, 1998a; Gemini Research, 1999; Wynne, Smith, & Jacobs, 1996) amplifies the necessity for effective prevention initiatives targeting children and youth.

While it has been noted that little progress has been made in understanding the treatment of problem adolescent gambling or the characteristics of those seeking help (Gupta & Derevensky, 2000), empirical knowledge of the prevention of this disorder and its translation into science-based prevention initiatives is particularly scarce. In fact, it has only been in the past two decades that an interest in general human development has converged with the examination of causes and remedies for psychological disorders (Coie et al., 1993). This new conceptual approach which Coie and his colleagues termed *prevention* science has formed the basis of school-based prevention efforts. Fortunately, the field of prevention of youth gambling problems can draw upon the substantial research on adolescent alcohol and substance abuse prevention which has a rich history of research, program development and implementation, and evaluation. Researchers, treatment providers, and educators would benefit by incorporating our current knowledge of youth gamblers with the insights of substance abuse prevention to help shape the future directions for the prevention of youth gambling problems.

PREVENTION

To lay the foundation for youth problem gambling prevention efforts, it is important to operationally define what is meant by the term 'prevention' as this has been a source of contention amongst mental health professionals (Luthar, Cicchetti, & Becker, 2000b; Robinson, 2000). Prevention can best be viewed as those efforts that seek to evade the onset of a particular problem behavior, and subsequently promote outcomes that are significantly better than one might expect (Luthar, Cicchetti, & Becker, 2000a). This definition is predicated upon the empirical data suggesting that most individuals are affected negatively by particular adversity (this adversity is often dependent upon the frequency, duration, and severity of such occurrences at a given developmental period). From a developmental psychopathology perspective, the efficacy of prevention programs aimed at minimizing problem gambling will be most effective if conceptually driven from research on resiliency during adolescence, given the finding that gambling remains a highly socially acceptable adult activity (Azmier, 2000; Gupta & Derevensky, 1997a).

Resilience Research in Youth

The resiliency literature is predicated upon the findings that some individuals appear more immune to adversity, deprivation and stress than others. For example, one child raised in a family with parental conflict and substance abuse may do well while another sibling may go on to develop an addiction, suicidal ideation or suicidal behavior. It remains inevitable that all individuals face stressful life events and children, similar to adults, have different adaptive behaviors and often unique ways of coping. A child living with a parent who has a gambling problem may ultimately develop similar gambling behaviors, other psychological problems and/or delinquent behaviors. On the other hand, we know that certain individuals who have been exposed to excessive and pathological gambling by a parent appear to be resilient. These youth may become community involved citizens, excel academically, and enter healthy mentoring relationships with another adult. Such youth, who do well despite experiences of multiple stressors, are perceived to be 'resilient' (Garmezy, Maston, & Tellegen, 1984; Werner & Smith, 1982).

Similar to other psychological constructs, the theoretical and empirical literature on resilience lacks consensus on its definition (Tarter & Vanyukov, 1999). Luthar et al. (2000a) conceptualize resilience as a dynamic process encompassing positive adaptation within the context of significant adversity. Resiliency is not a fixed attribute and can vary, depending on the adversities faced, developmental period, and the general environment surrounding. Those youth who have not developed a gambling problem or other addictive behavior despite unfavorable circumstances, have adapted at that particular time, to the various stressors (risk factors) they face.

Resiliency has been thought to be related to biological, self-righting dispositions in human development (Waddington, 1942, 1957) and to the protective mechanisms that work in the presence of stressors (Rutter, 1987; Werner & Smith, 1982). Resilient youth seem to be able to more effectively cope with stressful situations and emotional distress in ways that enable them to develop appropriate adaptive behaviors and to go on and become competent people. It is important to note that a young person can be more resilient in relation to one outcome but not another. For example, a child may grow up with an alcoholic parent and be academically and socially competent but struggle with depression. As we examine the construct of resiliency and its relationship to youth problem gambling, we need to differentiate between *forms* of resiliency and *domains* of resilience.

According to Masten, Best and Garmezy (1990), resiliency can consist of three types: a) at-risk youth showing better-than-expected outcomes, b) the maintenance of positive adaptation despite the occurrence of stressful experiences, and c) the ability to recover well from trauma. Research on resiliency and youth problem gambling is expected to follow the first two of these forms although Jacobs (personal communication) has recently speculated and argued for investigating early trauma in individuals with gambling problems. Delineating areas of competency, such as social, academic, and emotional competencies will help preventionists to formulate more realistic goals and strategies for prevention programs and to examine specific outcomes of programs.

A Profile of Resilient Youth

If gambling prevention programs are to incorporate the promotion of resiliency among youth as its over-arching goal, it is important to describe the profile of the adolescents who have overcome diversities, such as growing up in a family where parental gambling is a problem, and gone on to be competent, healthy adults. Empirical research, in general, supports a positive profile that includes:

- Problem solving skills including the ability to think abstractly and generate and implement solutions to cognitive and social problems;
- Social competence which encompasses the qualities of flexibility, communication skills, concern for others, and pro-social behaviors;
- Autonomy which includes self-efficacy and self control;
- A sense of purpose and future as exhibited in success orientation, motivation, and optimism.

These general attributes have been shown to be consistent amongst resilient youth (Brown, D'emidio-Caston, & Benard, 2001).

A Resilience Focus in the Field of Tobacco, Alcohol, and Drug Abuse Prevention

Efforts aimed at preventing tobacco, alcohol, and drug use amongst youth have existed for many years. Its history of prevention has stimulated the field toward refinement of efforts through theoretical reformulations, evolution of research goals, refinement of research methodology and program evaluations. Most significantly, it is now generally acknowledged that it is crucial for prevention efforts to be empirically, science-based (Brounstein, Zweig, & Gardner, 1999). Despite findings that the majority of meta-evaluations and comprehensive studies of prevention efforts have generally revealed nonexistent or negligible effects in affecting alcohol and illicit drug use among adolescence (Gorman, 1995; Hansen, 1992) and smoking (Peterson, Kealey, Mann, Marek, & Sarason, 2000), the evolution of addiction prevention research has resulted in efforts that progressively have yielded better outcomes. While early prevention efforts were largely not theory driven, had ill-defined target populations, and lacked specification of outcome measurement variables, more recent science-based programs such as the Center for Substance Abuse and Prevention Eight Model Programs (Brounstein et al., 1999), are based upon the empirical evidence of their effectiveness and are currently being applied in several communities.

Theoretical and empirical research which point to commonalities between problem adolescent gambling and other addictions suggests that prevention efforts arrived at other addictions are rich sources of information to those working towards the prevention of youth problem gambling. Jacobs' General Theory of Addiction (1986, 1998) provides a useful theoretical framework from which to consider commonalities among addictions. His general theory of addiction construes addiction as a dependent state acquired over a period of time by a predisposed person in efforts to relieve a chronic stress condition (Jacobs, 1986). Accordingly, physiological and psychological predisposing factors must coexist and come into operation in a stressful environment. The theory further posits that addictive behaviors fulfill a need to escape from stressful realities. Multiple addictions are common among chemical dependencies (Winters & Anderson, 2000) and it has been found that severity in one addiction likely increases the severity in others (Nower, Gupta, & Derevensky, 2000). Evidence that adolescent problem gambling is consistent with Jacobs' theory of addiction (Gupta & Derevensky, 1998b) points to the need to examine similarities and differences among the addictions, analyze various risk and protective factors, and understand the coping mechanisms of those dealing with an addiction.

Risk and Protective Factors Across Addictions

Current prevention efforts in the fields of alcohol and drugs abuse have focused around the concepts of risk and protective factors and their interaction (Brounstein et al., 1999). These efforts seek to prevent or limit the effects of risk factors (those variables associated with a high probability of onset, greater severity, and longer duration of major mental health problems) and increase protective factors (conditions that improve an individual's resistance to risk factors and disorders). In doing so, it is believed that children will become more resilient. Children are not necessarily born resilient, for it seems that they acquire resilient qualities through the opportunities they have and particular situations to which they are exposed.

Risk factors constitute those factors that are precursors to unsuccessful coping or poor outcomes. Current etiological models emphasize complex interactions among genetic, biomedical and psychosocial risk and protective factors (Coie et al., 1993). As a result, successful risk-focused prevention programs focus upon eliminating, reducing, or minimizing risk factors associated with particular outcomes, be it problem gambling, alcohol, or drug addiction. Evidence of resiliency in children (e.g., Garmezy, 1985a; Rutter, 1987; Werner, 1986) has expanded the prevention field from a risk-prevention framework to one that includes both risk-prevention and the fostering of protective factors. Masten et al. (1990) suggest protective factors moderate or buffer the effects of individual vulnerabilities or environmental adversity so that the adaptational trajectory *is more positive than if the protective factors were not at work*. Protective factors do not necessarily yield resilience. If the strength or number of risk factors outweigh the impact of protective factors, the chances that poor outcomes will ensue increases. For example, positive peer group models that foster social competence and healthy behaviors may not be sufficient to buffer the effects of a verbally and emotionally abusive home environment. In this scenario, it is likely that an abusive home environment or other significant aversive problems significantly increases the likelihood of several problem behaviors, only one of which may be problem gambling.

A number of studies have examined the effects of a large number of risk and protective factors associated with excessive tobacco, alcohol, and substance abuse (see Table 1). These risk and protective factors have been grouped by the domains in which they operate. In their conceptual model, Brounstein et al. (1999) illustrate that each of these domains interact with the individual, who processes, interprets, and responds to various factors, based upon his or her own unique characteristics brought to the situation. The Center for Substance Abuse Prevention has incorporated this model, as it appears in Figure 1, as a conceptual framework for targeting high-risk groups and their potential outcomes. Protective and risk factors interact such that protective factors reduce the strength of the relation of the stressor for particular outcomes. For example, the effects of positive school experiences have been shown to moderate the effects of family conflict, which in turn decreases the association between family conflict and a number of problem behaviors (e.g., pathological gambling, alcohol and substance abuse, teenage suicide, and delinquency) (Jessor et al., 1995).

It should be noted that specific forms of dysfunction are typically associated with a number of different risk factors rather than a single factor. Similarly, a particular risk factor is rarely related to a specific disorder. Exposure to risk likely will occur in diverse ways and in numerous settings. Coie and his colleagues (1993) concluded that risk factors have complex relations to clinical disorders, the salience of risk factors may fluctuate developmentally, exposure to multiple risk fac-



Figure 1 A Conceptual Model for Understanding the Domains of Risk and Protective Factors that Influence an Individual's Behavior

Adapted from Understanding Substance Abuse Prevention: Toward 21st Century Primer on Effective Programs (P. Brounstein & J. Zweig, 1999). Center for Substance Abuse Prevention (CSAP) & Substance Abuse and Mental Health Services Administration (SAMHSA).

tors appear to have cumulative effects, and diverse disorders can share similar fundamental risk factors. The risk and protective factors found in Table 1 correspond to the domains delineated by Brounstein et al.'s (1999) model.

Risk and protective factors that operate on the level of the individual include physiological factors (e.g., biochemical and genetic), personality variables, values and attitudes, early and persistent problem behaviors, and substance use. These risk and protective factors have been found to operate in the family domain through family management practices, parental modeling, familial structure (single parent homes) and family climate including conflict resolution and socioemotional parent-child bonding. The peer domain is also particularly relevant in prevention of adolescent risk behaviors. Risk and protective factors have been found to operate through peer associations, social expectancies in regards to substance use, and through school performance. The school context also carries with it factors that impact

Table 1							
Risk and Protective Factors for Adolescent Substance (Alcohol, Illicit Drugs, and Marijuana) Use and Abuse with							
Corresponding Prevention Findings							

		Risk and Protective Factors					Intervention		
	Mechar	vism	_	Evidence (findings)	Related		Effects on Risk & Protective Factors (findings)		
Factor	Risk	Protective	Etiological Study		Interventions	Study			
INDIVIDUAL D a. Physiological F tors									
Biochemical	Biochemical ab- normalities		Zuckerman, 1987; Von Knorring et al., 1987; Tabakoff & Hoffman, 1988	Sensation-seeking, early-onset alco- holism linked to platelet monoamine ox- idase activity.					
Genetic	Male: increased risk for alcohol abuse		Chassin et al., 1996; Chassin et al., 1991	Males at in- creased risk for alcohol abuse.	Implement inter- ventions to chil- dren of alcoholics, es- pecially boys.				
	Gender of alco- holic parent:		Chassin et al., 1991						
	paternal alco- holism		Blum et al., 1990	Polymorphic pat- tern of dopa- mine D2 receptor gene suggests genetic susceptibility to at least one form of alco- holism.					

Loh & Ball, 2000 Human genetic association studies have suggested that the GABAsub(A)beta2, alpha6, alpha, and gamma2, subunit genes have a role in the development of alcohol dependence, although their contributions may vary between ethnic group and phenotype. Noble, 2000 Studies show a strong association of the D-sub-2 receptor TaqI A minor (A1) allele with alcoholism. Kendler et al., Twin studies indi-2000; Kendler cate that heriet al., 1999; tability Maes et al., estimates for 1999; Prescott use, heavy use, & Kendler, abuse, and de-1999pendence are high. Effects are generally stronger for males than females.

		Risk and Pr	rotective Factors	Intervention			
	Mecho	Mechanism			Related		Effects on Risk ど Protective Factors
Factor	Risk	Protective	Etiological Study	Evidence (findings)	Interventions	Study	(findings)
b. Personality & Predisposing Fac- tors							
Impulsivity	Poor impulse control		Colder & Chassin, 1997	Impulsivity mod- erated the ef- fects of positive affectivity on both alcohol use and alco- hol-related im- pairment.	Early identifica- tion of impul- sivity and promoting of protective fac- tors in children who exhibit im- pulsive-related problems.		
			Cloninger et al., 1988	Impulsiveness in childhood pre- dicts frequent marijuana use at age 18.			
Sensation seeking	High Sensation- seeking		Cloninger et al., 1988	High sensation seeking predic- tive of early drug initiation.	Education and life skills pro- gram targeting economically disadvantaged, high-sensation- seeking youth.	Clayton et al., 1991; Har- rington & Don- ohew, 1997	Participants evalu- ated the pro- gram very positively. Sig- nificant pretest differences be- tween high and low sensation

 Table 1 (Continued)

						seekers were neutralized for alcohol and marijuana in both years of the program and for atti- tudes toward drugs in the first year.
Conventionality	Unconven- tionality	Colder & Chassin, 1999	Moderate alcohol use reflected unconven- tionality.	Facilitate involve- ment with con- ventional institutions e.g. schools, com- munity groups such as YMCA, religious insti- tutions etc.	LoSciuto et al., 1996; Taylor, et al., 1999	Program involv- ing community service in- creased bond- ing to community, in- creased positive responses to drug-related sit- uations, de- creased use and delayed onset of initial use in adoles- cents.

		Risk and I	Protective Factors			Intervention	
Factor	Mechan Risk	nism Protective	— Etiological Study	Evidence (findings)	Related Interventions	Study	Effects on Risk & Protective Factor (findings)
Emotional/Men- tal state	Poor psycholog- cal functioning Severe emotional problems/men- tally disabled		Colder & Chassin, 1999 Colder & Chassin, 1997	problem use of alcohol.	Include addic- tions interven- tions with interventions targeted to chil- dren exhibiting emotional diffi- culties, mental health issues and behav- ioural prob- lems.	Brounstein et al., 1999; Ficaro, 1999	Residential pre- vention & trea ment program that targeted adolescents with this facto in those who were economic cally disadvan- taged and involved in th law showed dh matic reduc- tions in alcohol, to- bacco, and marijuana use and a signifi- cant number chose absti- nence. Onset of initial was delayed. Re- maining absti- nent was foun to be related level of involv ment in the program.

 Table 1 (Continued)

	Early physical or sexual abuse during child- hood Trauma & aver- sive life events		Downs & Har- rison, 1998 Clark et al., 1997	 A positive association found between abuse and substance problems later in life even when controlling for variables such as parental alcoholism. Mediate between temperament, genetic risk, and substance abuse disorder 	Target interven- tions to chil- dren who have or at risk for abuse. Home visits	Brounstein et al., 1999; Ficaro, 1999 Berrueta-Clement et al., 1985; Johnson & Walker, 1987; Olds et al., 1988; Seitz et al., 1985	Positive program outcomes on youth use and delayed onset of initial use. Decreased child abuse by age 2. Reduced antiso- cial behaviour.
Self-confidence and well-being		Decreases the likelihood of participating in multiple prob- lem behaviors such as sub- stance abuse		outcomes.	Self-esteem build- ing as part of prevention and intervention programs.	Fritz et al., 1995; LoSciuto et al., 1996; Miller- Heyl et al., 1998; Rogers & Taylor, 1997; Taylor et al., 1999 Brounstein et al., 1999; Ficaro, 1999	Improvement in well-being, re- actions to drug- involving situa- tions and atti- tudes towards school. Impact on de- creasing sub- stance abuse among adoles- cents who have experienced mental health problems, in- cluding at- tempted suicide.

		Risk and I	Protective Factors	Intervention			
	Mech	hanism	_	Evidence (findings)	Related Interventions	Study	Effects on Risk & Protective Factors (findings)
Factor	Risk	Protective	Etiological Study				
		Social compe- tence			Life skills/social skills training (e.g. role play- ing, classroom assignments).	Botvin et al., 1995; Tremblay et al., 1994	Decreased levels of tobacco, al- cohol, and mar- ijuana use. Better school adjustment.
Ethnic and cul- tural identity	De-valuing of eth- nic identity	Strong ethnic identity	Brook et al., 1998	Each of the com- ponents of eth- nic identity offset risks or enhanced pro- tective factors from the ecol- ogy, family, per- sonality, and peer domains	Target interven- tions to immi- grant families and at-risk cul- tural groups.		Student showed gains in per- sonal, social, ethical atti- tudes, values and motives; decreases in drug use and delayed onset of initial use.
				lessening drug use.	Assist families in acculturation; ensure commu- nity supports are in place; af- firm ethnic identity.	Hernandez & Lu- cero, 1996	Families became more willing to discuss sub- stance use and abuse issues openly and make positive steps toward empowerment.

 Table 1 (Continued)

		Brook et al., 1998	Cultural knowl- edge, being cul- turally active, group attach- ment, and identification with Puerto Ri- cans offset the impact of risks on drug use.	Brounstein et al., 1999		
c. Values & Atti- tudes	Low religiosity	Brunswick et al., 1982	on any use.		Pettit et al., 1997; Solomon et al., 2000	Student showed gains in per- sonal, social, and ethical atti- tudes, values and motives.
				Group interven- tions aimed at the develop- ment of self- regulation of problem behav- iour.	Dishion et al., 1996	Decreases in problem behav- iour.
					LoSciuto et al., 1996; Rogers & Taylor, 1997; Taylor et al., 1999	Mentoring pro- gram targeting 11 to 13 year olds did not lead to signifi- cant positive changes in al- cohol, tobacco, and drug knowledge, values, and atti- tudes.

		Risk and I	Protective Factors	Intervention			
Factor	Meci Risk	hanism Protective	 Etiological Study	Evidence (findings)	Related Interventions	Study	Effects on Risk & Protective Factors (findings)
		Anti-drug atti- tudes	Zastowny et al., 1993	A strong predic- tor of adoles- cent healthy substance use.	A 'values-rich' lit- erature-based reading & lan- guage arts pro- gram.	Battistich et al., 1996; Solomon, et al., 2000	Successful in de- creasing sub- stance abuse prevalence rates and in- creasing stu- dents' sense of school commu- nity.
d. Early & Persis- tent Problem Be- haviors	Early conduct problems in multiple set- tings		Younoszai et al., 1999 Block et al., 1988; Brook et al., 1990; Lynskey & Fergusson, 1995; Sullivan & Farrell, 1999; Tarter et al., 1999	Increases likeli- hood for later substance use.	Early intervention with children with problem behaviors. Intervention strat- egies include social compe- tence training for children and parent training.		
	Persistent delin- quency & inter- nalizing problems in childhood		Loeber et al., 1999	Associated with persistent juve- nile substance use between 7– 18 years.			

 Table 1 (Continued)

e. Substance Use	Delayed onset of initial use	Grant & Dawson, 1997, 1998.	Each year of de- layed alcohol use decreased the odds of life- long depen- dence and lifelong use.	Establish preven- tion programs encouraging healthy atti- tudes and drug education be- fore initiation of substance use.	Brounstein et al., 1999; Dumas et al., 1999; Ficaro, 1999; Johnson et al., 1996; LoSciuto et al., 1996; Metz, 1995; Miller-Heyl et al., 1998; St Pierre et al., 1992, 1997; Taylor et al., 1999	Several programs have suc- cessfully in- creased the latency of first tobacco, alco- hol, and drug use as well as contributing to reduced alco- hol, tobacco, and drug use.
		Hawkins et al., 1997	Younger age of al- cohol initiation was strongly re- lated to higher levels of alco- hol misuse at age 17–18 and mediated the effects of par- ent drinking, proactive par- enting, school bonding, peer alcohol initia- tion and eth- nicity, all measured at age 10–11, and perceived harmfulness of alcohol use measured at age 10–11 and age 11–12.			

		Risk and F	Protective Factors	Intervention			
Factor	Mech Risk	hanism Protective	– Etiological Study	Evidence (findings)	Related Interventions	Study	Effects on Risk & Protective Factors (findings)
		Late onset of drunkenness	Thomas et al., 2000	Later onset di- minished fu- ture levels of alcohol misuse and sexual risk taking.			
	Early initiation (prior to 15–16 yrs).		Dishion et al., 1999; Flem- ming et al., 1982	The earlier the initiation, the greater the fre- quency of us- age effects found for alco- hol, marijuana, and cigarettes.			
	Prior drug use		Sullivan & Farrell, 1999				
FAMILY DOMAIN							
a. Family Manage- ment Practices	Poor family man- agement prac- tices		Baumrind, 1983; Chassin et al., 1996	Data consistent with father's monitoring and stress as possi- ble mediators of paternal al- coholism ef- fects;	Facilitate social support by pro- viding family support groups; teach family management skills to par- ents.	Dishion et al., 1996; Pentz et al., 1990; St. Pierre et al, 1997; St. Pierre & Kaltreider, 1997; Werch et al., 2000	

 Table 1 (Continued)

	Peterson et al. 1994; Windle et al., 1996	nondirectivenss, and permissive- ness related to children's drug use. Failure to moni- tor children; in- consistent parenting prac- tices and/or harsh disci- pline.	School-based pre- vention pro- gram incorporating home activities whereby chil- dren complete activities with their families relevant to what students learn in school.	Battistich, et al., 1996; Pettit, et al., 1997; Sol- omon et al., 2000	No measure of in- creased family functioning taken.
Family manage- ment practices that strengthen bonding, prob- lem-solving skills and social competence.	Reilly, 1979 Baumrind, 1983	Families of ado- lescent drug users exhibit common char- acteristics of negative com- munication patterns, unre- alistic parental expectations, and unclear and inconsi- stent behaviour limits. Parent authori- tativeness re- lated to children's pro- social, assertive behaviours.	Target unin- volved, dis- tanced parents, single-parent households. Programs that provide educa- tion and sup- portive activities to help families cope with daily life or specific crises; educa- tional activities and leadership activities in which parents assume a major role in plan-	St. Pierre et al., 1997; St. Pierre & Kaltreider, 1997	Youth demon- strated proso- cial changes in their attitudes and their per- ceived ability to refuse drugs and alcohol. No significant effects on social skills, attitudes toward alcohol and cigarettes and substance abuse behav- iours. Lack of effects may be attributable to low base-line of substance use.

		Risk and Pr	otective Factors		Intervention		
Factor	Mech Risk	panism Protective	Etiological Study	Evidence (findings)	Related Interventions	Study	Effects on Risk & Protective Factors (findings)
		Parental monitor- ing	Thomas et al., 2000	Parental monitor- ing mitigated later levels of alcohol misuse.	ning and im- plementing.		
b. Family Drug Abuse Behaviour and Involvement in Illicit Activ- ities	Family history of substance abuse		Merikangas et al., 1998		Institutional placement with multiple inter- ventions.	Brounstein et al., 1999; Ficaro, 1999	Residential inter- vention and prevention pro- gram involving distancing from drug using par- ents signifi- cantly decreased drug and alcohol use and delayed onset of initial substance use.
					Target interven- tions to chil- dren whose siblings or par- ents are users/ abusers and in- volved in illicit activities. Hold family-ori- ented social ac- tivities for high- risk families.	Horn, 1998; John- son et al., 1996; Strader et al., 2000.	

 Table 1 (Continued)

Train high-risk parents in rele- vant alcohol and drug is- sues.	Horn, 1998; John- son, et al., 1996; Strader et al., 2000	Parents sustained gains in level of knowledge and beliefs about drugs and alco- hol.
Teach high-risk parents family management, including im- proving com- munication about, setting expectations for, and defin- ing conse- quences for youth alcohol- and drug-re- lated behaviour.	Johnson et al., 1996; Strader et al., 2000	Parents reported short-term im- provements in communication with their chil- dren. However, these perceived gains were not corroborated by youth. Positive family commu- nication medi- ated parental maternal and paternal bond- ing.
	Kumpfe et al., 1996	Increased paren- tal self-efficacy, monitoring, and parent dis- cipline.
	Kazdin et al., 1992 Dishion et al., 1992	Reduced parental stress. Reduced parental negative disci- pline.

		Risk and P	Protective Factors	Intervention			
Factor	Mech	Mechanism		Exidence (finding)	Related Interventions Study		Effects on Risk & Protective Factors
Factor	Number of mem- bers abusing substances in a household	Protective	Etiological Study Ahmed et al., 1984	Evidence (findings) Increases chil- dren's use and intentions to use abusable substances.	Interventions Distancing from chemically de- pendent par- ents and providing healthy adult models.	Fritz et al., 1995; LoSciuto et al., 1996; Miller- Heyl et al., 1998; Taylor et al., 1999	(findings)
	Involving chil- dren in paren- tal alcohol or drug-using be- haviors (e.g. getting a beer for a parent)	No models for problem sub- stance use	Ahmend et al., 1984; Sullivan & Farrell, 1999	Modeling of problem sub- stance use in- creases likelihood of children's use and intentions to use abusable substances.	Providing individ- ual and motiva- tional counselling to increase teens' awareness of the effects of parents' behav- iour, motivating adolescents to join counseling groups.	Brounstein et al., 1999; Kumpfer et al., 1996	A residential in- tervention pro- gram found that 72.2-, 58.5- and 26.9 per- cent reported no longer using alcohol, mari- juana, and to- bacco, respectively. Re- maining absti- nent was related to level of participation in the program

 Table 1 (Continued)

Nurco et al., 1996 Increases likeli-

Deviant behavior

among family

members

hood of narcotic addiction. Group counsel-

ling with the 1999 aims of correct- St. Pierre et al., Community-based 1992; St. Pierre ing mispercepprogram that tions about et al., 1997 increased knowledge normative substance use and about alcohol, better undertobacco, & ilstanding of parlicit drugs and decreased faents' substance vorable attiuse. tudes toward marijuana. Participants had significant decreases in marijuana and tobacco use and marginally significant decreases in alcohol use over time. Educational dis-Brounstein et al., -see above cussion groups: 1999 focus on issues of adolescence, attitudes, and feelings concerning substance use. Drug education Decreased use of Botvin et al., with multivear 1995; Ellickson alcohol, tobooster seset al., 1993; St. bacco, and Pierre et al., marijuana. sions. 1992; St. Pierre et al., 1997

Brounstein et al., -see above

		Risk and I	Protective Factors	Intervention			
Factor	Mechar Risk	nism Protective	 Etiological Study	Evidence (findings)	Related Interventions	Study	Effects on Risk & Protective Factors (findings)
			Brook et al., 1992	Buffer teens from negative peer influences and drug availabil- ity.			
c. Family Climate	Family conflict and disruption		Colder & Chassin, 1999; Nurco et al., 1996; Ned- dle et al., 1990	/	Provide support groups for chil- dren experienc- ing family stresses such as divorce, con- flict, and death. Programs that involve parent- child activities that emphasize skills building and establish- ing peer sup- port, social/ meal times. Annual parental skill reinforce- ment work- shops.	Fritz et al., 1995; Miller-Heyl et al., 1998	A program that target families with pre- schoolers in- creased parental sense of competence use of nurtur- ing family man agement strategies, ap- propriate mon- itoring techniques, and decreased use of harsh pun- ishment. Chil- dren exhibited increases in communica- tion, problem- solving, and

 Table 1 (Continued)

					reasoning skills in comparison to control group peers. Program success was greatly due to the positive changes on one key risk factor for early onset of and sus- tained sub- stance use: dysfunctional family environ- ment.
Parental attitudes		Barnes & Welte, 1986	Permissive paren- tal attitudes to- ward children's drug use pre- dicted alcohol use among 7 th - 12 th graders.	Fostering of health-wise atti- tudes in young children in school preven- tion programs.	
	Perceived paren- tal support	Frauenglass et al., 1997	High levels of perceived social support from family is nega- tively associated with drug use among His- panic adoles- cents.		

		Risk and Pre	otective Factors		Intervention			
Factor	Risk	echanism Protective	Etiological Study	Evidence (findings)	Related Interventions	Study	Effects on Risk ど Protective Factors (findings)	
		Parental expecta- tions	Sullivan & Farrell, 1999	0,		Shuky	(Intended)	
d. Structure	Single parent structure		Thomas et al., 2000.	Indirectly related to greater alco- hol misuse through low- ered monitor- ing.	Encourage posi- tive community and school in- volvement.	Fritz et al., 1995; LoScuito et al., 1996; Miller- Heyl et al., 1998; Taylor et al., 1999	Mentoring pro- grams have been successful for adolescents in decreasing drug use and delaying onset of initial use.	
e. Bonding/Cohe- sion		Strong parental bonding; per- ceived caring and connected- ness	Bell et al., 2000; Brook et al., 1986; Resnick et al., 1997		Strengthen family bonding.	Brounstein et al., 1999; Dumas et al., 1999; Ficaro, 1999; Johnson et al., 1996; LoSciuto et al., 1996; Miller-Heyl et al., 1998; St. Pierre et al., 1997; St Pierre et al., 1992; Taylor et al., 1999	Several programs have promoted supportive and caring relation- ships between youth and fam- ily members, which has con- tributed to ei- ther delayed initial sub- stance initia- tion or decreased sub- stance abuse.	

 Table 1 (Continued)

	Spoth et a	ıl., 1996	Bonds are viewed as reflecting the adolescent's adoption of conventional societal atti- tudes and values. Parental attach- ment strongly related to young adoles- cent alcohol re- fusal skills.	Establish mentor- ing with an older adoles- cent or adult.	 Fritz et al., 1995; LoSciuto et al., 1996; Miller-Heyl et al., 1998; Rogers & Taylor, 1997; Tierney et al, 1995; Taylor et al., 1999 LoSciuto et al, 1996; Taylor et al., 1999 	Prevention and intervention programs in schools that provided men- toring found decreases in substance use, delayed onset of initial use, significant im- provement in well-being, greater commit- ment to com- munity and school and an increase in pos- itive attitudes towards elders; buffered against the risk of having sub- stance-abusing parents. School-imple- mented pro- gram that in- volved parents did not indi- cate increases in family bond- ing or effective parenting styles.
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		Risk and I	Protective Factors	Intervention			
	Mechan	vism	_		Related		Effects on Risk & Protective Factors (findings)
Factor	Risk	Protective	Etiological Study	Evidence (findings)	Interventions	Study	
PEER DOMAIN Peer Association	Expectations of social benefit		Kline, 1996		Substance and ad- dictions educa- tion.	Metz, 1995; Mil- ler-Heyl et al., 1998; St. Pierre et al., 1997; St. Pierre et al., 1992; Taylor et al., 1999	Several studies in- dicate the ef- fectiveness of programs that incorporate the goal of increas- ing adolescent drug knowl-
	Social alcohol expectancies			Predicted alcohol consequences beyond pre-ex- isting alcohol consumption, and parental al- coholism. Protective factor for physical & emotional health, vio- lence, sub- stance use, and sexuality in grades 7 to 12.	Teach students personal and social skills, em- phasizing how to reduce peer pressure to ex- periment with drugs.	Brounstein et al., 1999; LoSciuto et al, 1996; Tay- lor et al., 1999 St. Pierre et al., 1992; St. Pierre et al., 1997	edge. Adolescents showed signifi- cant decreases in use of drugs, marijuana, and cigarettes, and marginally sig- nificant de- creases in alcoholic be- haviour.

 Table 1 (Continued)

Reinforcement by drug-using peer	Association with peers having prosocial norms	Increases risk for use of ciga- rettes, alcohol, and marijuana.	Teaching social pressures resis- tance skills.	Shope et al., 1998	Prevention curric- ulum imple- mented in grades 6 & 7. Students re- ceived lessons on alcohol, to- bacco, mari- juana, & cocaine. Signifi- cant effects evi- dent at grade 7 were not main- tained through grade 12.
		Peer substance use behaviour predicts sub- stance use and peer norms predict adoles- cent substance misuse.	Curriculum-based program pro- moting conser- vative group norms regard- ing substance use.	St. Pierre et al., 1992; St. Pierre et al, 1997	Participants came to perceive fewer social benefits from smoking mari- juana and drinking alco- hol after 15- and 27-month posttests.
		Ferrell et al., 1992; Hansen & Graham, 1991; Jenkens, 1987; Resnick et al., 1997; Sullivan & Far- rell, 1999; Spoth et al., 1996	Protective factor on adolescent alcohol refusal skills.		

		Risk and Pro	otective Factors		Intervention		
	Meci	hanism			Related		Effects on Risk & Protective Factors
Factor	Risk	Protective	Etiological Study	Evidence (findings)	Interventions	Study	(findings)
SCHOOL DOM	IAIN						
Performance	Poor school per- formance	Adaptive school functioning	Bachman et al., 1991; Hundleby & Mercer, 1987; Kandel & Davies, 1986; Sullivan & Far- rell, 1999	Predictive of early substance initia- tion; mitigates escalation of substance use.	Promote aca- demic achieve- ment in a number of ways.	Battistich et al., 1996; Johnson, et al., 1996; LoSciuto et al., 1996; Pettit et al., 1997; Sol- omon et al., 2000; Strader et al., 2000; Taylor et al., 1999	Programs affected student's aca- demic self-es- teem. No measures of performance taken.
Bonding		Perceived con- nectedness with school	Resnick et al., 1997	School respon- siveness to stu- dent needs is related to re- duced sub- stance use. Protective factor for physical & emotional health, vio- lence, sub- stance use, and sexuality in grades 7 to 12.	Peer tutors and use of school for after-hours enrichment and parent ed- ucation.	Eggert et al., 1994; Gottfred- son, 1986; Kumpfer et al., 1991	Decreased sub- stance abuse & delinquency and improved grades.

 Table 1 (Continued)

Positive involve- ment	Jenkins, 1987; Resnick et al., 1997	Attachment and involvement in school, atten- dance and ex- tracurricular activities pro- tect against substance abuse.	Promote atten- dance and in- volvement by increased par- ental involve- ment and changes in classroom man- agement style. Educate and sup- port teachers' values of men- tal health and relationships at peer-teacher relations at school. Program incor- porating the training of school staffs in revised teach- ing practices that include co- operative learm- ing activities and improving understanding of interper- sonal relation- ships.	Hawkins et al., 1992 Battistich et al., 1996; Pettit et al., 1997; Sol- omon et al., 2000	Improved aca- demic skills, in- creased commitment to school and de- creased inci- dents of drug use in school. Improved teacher practices led to positive changes in classroom be- haviours which were related to students' sense of community.
			-	Fritz et al, 1995; Miller-Heyl et al., 1998	Similar results as those for mid- dle school and adolescents were indicated.

		Risk and P	Protective Factors			Intervention	
-		hanism	-		Related		Effects on Risk & Protective Factors
Factor	Risk	Protective	Etiological Study	Evidence (findings)	Interventions	Study	(findings)
					A teaching and problem-solving approach to discipline and classroom man- agement. Stu- dents have regular oppor- tunities to con- tribute.	Battistich et al., 1996; Pettit et al., 1997; Sol- omon et al., 2000	Students report having a stron- ger sense of community in their school which was asso- ciated with a large number of outcomes, including pre- ventative effects on alcohol and marijuana and marginal effects on tobacco use
					Implement school-wide cross-grade buddy pro- grams and other student services activ- ities.		Students also re- ported in- creases in academic self- esteem.

 Table 1 (Continued)

School policy	Absence of school policies enforc- ing anti-drug behaviour	Felner, 1993	Those that dis- courage sub- stance use and related behav- iours are associ- ated with improved teacher prac- tices and posi- tive student outcomes.		DiCicco et al., 1984; Goffred- son, 1986	Increased use of treatment facili- ties by students and staff who participated in the workshops more likely to talk to students regarding sub- stance issues and refer others for help.
COMMUNITY D Access & availabi ity to substance	il- Increased avail-	Brook et al., 1992		Raise taxes on al- cohol.	Coate & Gross- man, 1988	Higher alcohol taxes found to be related to decreases in consumption and problem drinking conse- quences.
Resources	Disorganized neighborhoods	Brook et al., 1990; Fagan, 1988; Sampson, 1986	High population density, high residential mo- bility, physical deterioration and low levels of neighbor- hood cohesion or attachment face greater risk for a range of behavior problems in- cluding alcohol and illicit drug abuse.	Offer community service activities so that teens can provide ser- vices to others and become in- volved in con- structive activities out- side of school.	Johnson et al., 1996; Strader et al., 2000	A comunity based interven- tion program indicated that the level of community in- volvement me- diated child- parent bonding and sustained reduction in al- cohol abuse.

	Risk and Protective Factors				Intervention			
Factor	Mechanism				Related		Effects on Risk & Protective Factors	
	Risk	Protective	Etiological Study	Evidence (findings)	Interventions	Study	(findings)	
		Participation in organized groups	Elder et al., 2000	00 Participation in community groups contrib- utes to the de- velopment of leadership, sense of com- munity, helping other, and pro- vides alternative activities to drug use.	Establishment of supervised youth recre- ational/cultural programs.	Schinke et al., 1992	Decreased van- dalized housing units and re- duced drug use.	
						Jones & Offord, 1989 Schinke et al., 1992	Reduced juvenile arrests. Reduced delin- quency.	
				U	Print media to support com- munity organiz- ing and youth action initia- tives and com- municate healthy norms about underage drinking (e.g. providing alco- hol to minors is unacceptable).	Perry et al., 2000	Although final re- sults of the fi- nal phase of the compre- hensive pro- gram are not yet available, students in the intervention group were drinking less.	

 Table 1 (Continued)
SOCIETY/ENVIRO Access: retail prices; laws	ONMENTAL DOMA Absence of legal enforcement of underage drinking	IN	Maddahian et al., 1988; Gottfred- son, 1988; Laughery et al., 1993	Availability af- fected use of al- cohol and illegal drugs.	Increased taxes on alcohol and tobacco.	Coate & Gross- man, 1988	Increased beer prices reduce frequent youth drinking.
Norms: mass me- dia messages	Drinking as an ac- ceptable social behaviour		Colder & Chassin, 1999; Johston et al., 1991; At- kin et al., 1984	Socialization spe- cific to alcohol related to mod- erate alcohol use. More exposure to media cam- paigns promot- ing alcohol among teens reporting higher drinking levels.	Prevention strate- gies need to foster norms opposing drug use. Public ads warning of dan- gers of drug use and other risky behav- iours.	Palmgreen et al., 1995	Sensation- targeted ads reduced partici- pation in high- risk behaviours.
		Intolerant atti- tudes toward deviance	Jessor, 1993	Draw adolescents into more con- ventional be- haviors associated with school, church or the commu- nity and pro- tect against substance abuse.			

This chart summarizes the risk and protective factors, and prevention initiatives for alcohol and drug use. See Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (1999). *Preventing problems related to alcohol availability: Environmental approaches practitioners' guide Third in the PEPS Series.* Rockville, MD: Substance Abuse and Mental Health Services Administration, DHHS Publication No. (SMA) 99-3398.) for a summary of specific smoking prevention initiatives.

upon an adolescent's attitudes and behaviour. Academic performance, school bonding (perceived connectedness with school) and school policies have also been found to either buffer risk factors of substance abuse or are precursors to unsuccessful coping and the development of substance abuse. On the community level, risk and protective factors impact adolescent risk behavior via accessibility to substances, and the broadest level of societal environment, laws and attitude norms (those portrayed in the media must also be acknowledged as playing a significant role in adolescent substance use and abuse outcomes).

It needs to be noted that the studies presented identifying the protective mechanisms displayed in Table 1 do not differentiate between protective factors delineated by examining their interaction effects with risk factors, and those protective factors that may be more accurately defined as resources factors (Hammen, 1992). Resource factors similarly contribute to positive outcomes, independent of one's risk status and are identified by examining main effects with a targeted outcome variable. Both interaction and main effect factors have been shown to contribute to one's resilience and need to be considered in the design of effective prevention programs. Another interpretative caution of Table 1 is that several studies of risk factors do not differentiate between being at-risk for substance use and being at-risk for substance abuse, despite the delineation of prior substance use as a risk factor for substance abuse (Glantz, Weinberg, Miner & Colliver, 1999; Sullivan & Farrell, 1999; Tarter, Vanyukov, Giancola, Dawes, Blackson, Mezzich, & Clark, 1999) and conceptual differentiation between normal experimentation and abuse (Jessor, 1987; Shedler & Block, 1990).

In an attempt to conceptualize our current state of knowledge concerning the risk factors associated with problem gambling, a similar paradigm was created (see Table 2) based upon our current knowledge of youth with severe gambling problems. Within in the individual domain, poor impulse control, high sensation-seeking, unconventionality, poor psychological functioning, low self-esteem, early and persistent problem behaviors and early initiation are commonly found. Common risk factors in the family domain include a family history of substance abuse, parental attitudes, and modeling of deviant behavior. Within the peer domain, social expectancies and reinforcement by peer groups are common risk factors across addictions. School difficulties, access to substance or problem activity, and societal norms are

	Risk			Intervention	
Risk Factor/Correlate	Study	Evidence (findings)	Implications	Study	Effects on Risk Factor or Use/ Abuse (findings)
1. Physiological Factors					
(a) Biochemical	Gupta & Derevensky, 1998a	Increased physiological resting state; in- creased sensation seeking. More likely to be excited and aroused during gam- bling			
(b) Genetics	Blum et al., 1997	51% of problem gam- blers had DR02 gene			
(c) Gender	Derevensky, Gupta & Della Cioppa, 1996; Govoni, et al., 1996; Griffiths, 1989; Gupta & Derevensky, 1998a; Jacobs, 2000; Ladouceur et al., 1994; Stinchfield, 2000; Volberg, 1994, 1996, 1998; Wallisch, 1993; Wynne et al., 1996	Gambling is more popu- lar amongst males than females. Males are more likely to gamble and gamble more frequently. Fe- males prefer scratch tickets and lotteries whereas males prefer sports betting and card games.			
2. Personality Factors	Courte ⁰ Domonoul				
(a) Low conformity & self discipline	Gupta & Derevensky, 1997b; Taber et al., 1986				

Table 2	
Risk Factors and Correlates of Adolescent Problem Gambling with Corresponding Prevention Findings	

(continued)

Risk			Intervention		
Risk Factor/Correlate	Study	Evidence (findings)	Implications	Study	Effects on Risk Factor or Use/ Abuse (findings)
(b) High impulsivity	Gupta & Derevensky, 1997b; Zimmerman et al., 1985				
(c) High extroversion	Gupta & Derevensky, 1997b, 1998				
 B. Emotional/Mental State 					
(a) Self esteem	Gupta & Derevensky, 1998a	Adolescent pathological gamblers have lower self-esteem compared with other adolescents			
(b) Depression	Gupta & Derevensky, 1998a, 1998b; Marget, Gupta & Derevensky, 1999; Nower, Gupta, & Derevensky, 2000)	Adolescent problem gamblers have higher rates of depression			
(c) Suicide Attempts	Gupta & Derevensky, 1998a; Ladouceur et al., 1994; Lesieur et al., 1991	Adolescents with gam- bling problems report higher suicide ide- ation and attempts			
4. Poor Coping Skills	Margret et al., 1999, Nower et al., 2000	Adolescent with prob- lem gambling have poor general coping skills	Early prevention pro- grams need to focus on the development of coping skills.		

 Table 2 (Continued)

5. Persistent problem behaviors	Ladouceur et al., 1994; Maden et al., 1992; Omnifacts, 1993; Stinchfield, 2000; Winters et al., 1993	Adolescent problem gamblers engage in other addictive behav- iours (smoking, drink- ing, alcohol, illegal drug use) and often have a history of de- linquency.		
6. Ethnic & Cultural Identity	Lesieur et al., 1991; Wal- lisch, 1993; Zitzow, 1993	Are more likely to be non-white (in the U.S.)		
7. Gambling behaviors				
(a) Cognitive factors	Fisher, 1993; Tversky & Kahneman, 1973; Wagenaar, 1970, 1988	Consistently chase losses. Erroneous per- ceptions during gam- bling (e.g., view fruit machine playing as skillful).		Gaboury & Ladouceur, 1993
(b) Early Win	Griffiths, 1995			
(c) Early onset of gam- bling experiences	Gupta & Derevensky, 1997a, 1998a; Wynne et al., 1996			
8. Attitudes favorable to problem gambling	Derevensky, Gupta, & Emond, 1995; Wood & Griffiths, 2001	As children get older their fear of being caught in a gambling activity decreases. Ad- olescent attitudes and behavior toward gam- bling predict gam- bling behaviour in later adulthood.	Foster social norms op- posing childhood gambling experiences	
9. Familial Factors	Gupta & Derevensky, 1997a, 1997b	Pathological gamblers and youth in general report early gambling in the home and with family members. Sib- lings appear to be the predominant influ- ence.	The development of prevention programs designed to target ele- mentary aged chil- dren are required.	

(continued)

Risk			Intervention		
Risk Factor/Correlate	Study	Evidence (findings)	Implications	Study	Effects on Risk Factor or Use/ Abuse (findings)
	Browne & Brown, 1993; Fisher, 1993; Griffiths, 1995; Gupta & Dere- vensky, 1998a; Ide- Smith & Lea, 1988; Insight Canada Re- search, 1994; Wood & Griffths, 1998; Wynne et al., 1996	Pathological gamblers are more likely to have parents with an addiction or involve- ment in illegal activity	Target interventions to children whose parents or siblings are gamblers or problem gamblers.		
	Volberg, 1994; Winters et al. 1993	Problem gambling alone (without taking pa- rental problems into account) is associated with gambling prob- lems in children			
	Ladouceur et al. 1998	Lack of parental knowl- edge about adolescent problem gambling	Youth problem gam- bling prevention pro- grams should include information for par-		
10. School difficulties	Ladouceur et al., 1999; Lesieur et al., 1991; Wallisch, 1993	Truant from school to go gambling. Poor grades in school.	ents.		

 Table 2 (Continued)

11. Laws and Norms (a) Cultural norms	Gupta & Derevensky, 1996; Wood & Griffiths, 1998; Wood & Griffiths, 2000	Parents & family mem- bers are not aware of the dangers inherent in children regularly engaging in gambling activities; Educators are not aware of the numbers of children who are gambling on a regular basis.
(b) Media	Independent Television Commission, 1995; Fisher & Balding, 1998	A television lottery draw program found to be amongst the most popular television programs watched by teens in the UK
(c) Availability	Jacques et al., 2000; Griffiths, 1995	Greater accessibility found to be related to increased gambling, money spent on gam- bling, increased num- bers of problem gamblers.

This chart includes correlates of youth problem gambling in conjunction with risk factors for youth problem gambling as the body of empirical evidence on causal risk factors is limited.

common risk factors for school, community, and society domains respectively.

Although some research has been undertaken to identify risk factors of problem adolescent gambling (see Derevensky & Gupta, 2000; Griffiths & Wood, 2000; Gupta & Derevensky, 2000 for reviews) there are no studies on protective mechanisms, or more generally on resiliency, for youth with respect to problem gambling. This area is in need of considerable research. Protective factors that have been examined across other youthful addictions generally fall into the three categories: care and support, dispositional attributes such as positive and high expectations, and opportunities for participation (Werner, 1989). These characteristics appear to describe each domain that fosters resiliency in youth.

LEARNING FROM ADDICTION PREVENTION EFFORTS

Given the similarities in risk and protective factors across several addictions, (e.g., cigarette smoking, alcohol abuse, substance abuse), prevention specialists and educators are best advised to pay closer attention to the evaluations of substance abuse prevention. Implementing responsible prevention programs include incorporating knowledge acquired from basic and applied research, program testing and evaluation, multifaceted and multidimensional approaches, and ensuring prevention efforts strategies and materials are appropriate for the developmental level of their target group.

Incorporating Knowledge Acquired from Research

The need to apply research on risk and resiliency in the formation of theory-driven prevention programs, accompanied by scientific evaluation research, is clear. However, the field of addiction prevention has generated little systematic testing of interventions developed in line with competing models of adolescent drug use and evidence of program effectiveness tends to be cited selectively to support the use of certain programs (Brown & D'Emidio-Caston, 1995; Gorman, 1998). Issues that question the validity of supporting research include using high-fidelity subsamples (Gorman, 1998), various ways of analyzing data lead to different conclusions (Kreft, 1998), and the interpretation of effectiveness relative to the outcome measures used (Botvin, 1996).

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Such evidence suggests that successful techniques of widespread schoolbased drug prevention programs have not yet been adequately developed despite the vital importance of using schools as a basis for prevention through promotion of social and personal competence (Haggerty, Sherrod, Garmezy, & Rutter, 1994). If we are to create effective prevention programs to deter or minimize problem gambling, we need to give close consideration to these difficulties and work to maximize the impact of our current and future initiatives. Incorporating our current knowledge base of youth with severe gambling problems remains crucial.

Program Testing and Evaluation

Few prevention programs for youth problem gambling currently exist. Of those that are being implemented (Probability, Statistics, and Number Sense in Gambling and Everyday Life: A Contemporary Mathematics Curriculum program [Shaffer, Hall, & Vander Bilt, 1996]; Drawing the Line: A resource for the prevention of problem gambling [Nova Scotia Department of Health]; Deal Me In: Gambling Trigger Videos and Posters [Minnesota Institute of Public Health, Svendsen]; Spare Time, Spare Cash Video, [Alberta Alcohol and Drug Abuse Commission]; Problem Gambling: The Healing Circle, [Alberta Alcohol and Drug Abuse Commission]; Minor Bettors, Major Problems Video, [Canadian Federation for Compulsive Gambling, Ontario]; Improving Your Odds, [Minnesota Institute of Public Health, Svendsen & Griffin]; Wanna Bet? Curriculum Guide and Video, [Minnesota Council on Compulsive Gambling, North American Training Institute] many have no science-based principles and none have been systematically tested with the exception of a preliminary evaluation of The Count Me Out (Moi, je passe) (Le Groupe Jeunesse, 2000). This makes program testing and evaluation an incomprehensible task. Prevention programs need to be tested for effectiveness *prior* to their widespread implementation and require ongoing evaluation for program refinement. In quantitative research, the testing of a null hypothesis suggests that a program is considered ineffective until results are significant to reject the hypothesis of ineffectiveness. When it comes to testing the effectiveness of youth health-related prevention programs, this standard is often not applied. For example, it appears that interventions for problem behaviors (e.g., aggression, delinquency, and substance abuse) may actually inadvertently increase adolescent problem behavior, particularly when high-risk youth are grouped together to receive prevention and intervention programs (Brown & D'EmidioCaston, 1995; Dishion & McCord, 1999; Palinkas, Atkins, Miller, & Ferreira, 1996).

Program development is an ongoing evaluation process. Viewing various risk and protective factors in light of the domains in which they operate provides a means to specify program goals (targeting specific factors), to establish evaluation criteria, and to retrieve outcomes of the prevention program. Several of the program evaluations presented in Table 1 applied this method to program development and evaluation and in doing so, gained additional understanding about how the effects of specific risk and protective factors work. It is hoped that similar information gained from existing gambling prevention programs can be used to refine and improve such programs. Particularly important to school-based programs, is the need to conduct focus groups with teachers and children for input on program development and to evaluate teacher willingness to implement the prevention format.

Collectively, we need to ensure that scientifically validated prevention program evaluations are both credible and generalizable. For example, the Centre for Substance Abuse and Prevention advocates the use of programs that have demonstrated effectiveness based on program evaluations that have passed the test of 'scientific credibility.' The criteria it uses to determine the credibility of evaluations include: theory-driven findings, high fidelity implementation, quality of sampling design, the use of appropriate psychometric evaluation measures, appropriateness of data collection and analysis techniques, and addressing plausible alternative hypotheses concerning program effects, integrity, and utility (Brounstein et al., 1999). When we have scientific data concerning a program's effectiveness, we will have more confidence in its implementation with other groups of teens and in large-scale efforts. However, this type of program development, implementations and evaluation is a costly proposition. If educators, administrators, and public health officials fail to see the necessity for such programs, little funding shall be forthcoming, precluding the development of such prevention tools.

Taking a Multifaceted Approach

Resiliency occurs after action is taken to alter the child's environment. Taking a multifaceted approach toward problem gambling means fostering in youth, strategies to successfully resolve stressful life events by addressing risk and protective factors in all areas that affect youth including individual, family, peer, school, community and society (Brounstein et al., 1999).

Findings from the field of adolescent alcohol and substance abuse leave us with the clear message that no one single approach to prevention appears to be uniformly successful (Baer, MacLean, & Marlatt, 1998). We must therefore look to a combination of strategies that work together towards the goal of nurturing resilience in youth.

The Center for Substance Abuse Prevention (1993) has outlined a number of strategies that can be combined in the development of school, family and community prevention programs that target each area that affects youth functioning. These strategies include: information dissemination, prevention education (critical life and social skills), offering alternative activities, problem identification and referral, community-based processes (training community members and agencies in substance use education and prevention) and active lobbying for policy alterations or additions that will aim to reduce risk factors and enhance protective factors for substance abuse.

In Table 1, a number of initiatives for addiction prevention are presented. The degree of success for each program is largely a function of its multifaceted interventions targeting the specific needs of its audiences. For example, the DARE To Be You (DTBY) program combined information dissemination, prevention education, problem identification and referral, and community-based strategies that were evaluated to have operated effectively in the individual, family and community domains (Brounstein, Zweig, & Gardner 1999; Fritz, Miller-Heyl, Kreutzer & MacPhee, 1995; Miller-Heyl, MacPhee & Fritz, 1998).

Adjusting the Material to the Developmental Level of the Child/Adolescent

It is crucial for programs to adjust the strategies and material of prevention programs to the developmental level of the individual receiving the intervention. Developmental research should form the basis of prevention strategies. For example, the age of the child and the peer grouping (e.g., grouping antisocial- and prosocial-inclined children together for prevention interventions) may impact whether the program has positive, negative or nominal effects on the participants (i.e., grouping antisocial adolescents together for intervention seems to be associated with more negative outcomes for older rather than younger children) (Dishion & McCord, 1999). Prevention programs also need to bear in mind that coping strategies and social, academic, and economic pressures change with the age of the child (Eisenberg, Fabes, & Guthrie, 1997) and ensure that materials and outcome measures are congruent with what is currently known about coping and adaptive behaviors at different ages.

Effective Prevention Flows from Effective Social Policy

Prevention programs represent a form of social policy. It has been argued that the strength of prevention programs that address problem gambling issues for youth are highly dependent upon their social policy foundation. We need to obtain clarity in the articulation of responsible social policies and ensure that they reflect findings from research based on resilience and effective program evaluations. Current policies that reflect the predominant attitude that gambling has few negative consequences and is merely a form of entertainment leaves little credence to effective youth problem gambling prevention initiatives. Changing widespread attitudes about problem gambling will empower prevention efforts to encourage youth to make healthy decisions about gambling and other potentially health-compromising behaviors.

Social policies concerning problem gambling among youth are relatively scarce. While most states and provinces have established laws concerning the legal minimum age of casino entry, several States and Provinces have yet to establish legislative policies in regards to adolescent gambling. Laws, policies and subsequent prevention programs for adolescent gambling need to be coherent. If gambling prevention programs were to promote zero-tolerance policies, it is inevitable that they would face the same difficulties several substance abuse programs have experienced, given the wide social acceptance gambling holds in our society (Azmier, 2000), lack of parental concern (Ladouceur, Jacques, Ferland, & Giroux, 1998), and the lack of gambling law enforcement (in particular the selling of lottery and scratch tickets to youth). Just as current research on substance abuse prevention suggests that programs may be more effective if substance use education policies and prevention services incorporate students' perceptions and attitudes (Brown & D'Emidio, 1995; Gorman, 1998), it is important to understand and incorporate youth perceptions of problem gambling into the development and evaluation of problem gambling policies and prevention programs.

A GENERAL THEORETICAL MODEL FOR THE PREVENTION OF ADOLESCENT RISKY BEHAVIOR

The commonalties amongst alcohol, tobacco and illicit drug use has already led to the integration of many of these programs into more general substance abuse prevention programs. Our examination of the commonalities of risk factors for problem gambling and other addictions provides sufficient reason to believe that gambling can similarly be incorporated into a more general addiction and adolescent risk behavior prevention programs. Current research efforts (Battistich, Schaps, Watson, & Solomon, 1996; Costello et al., 1999; Galambos & Tilton-Weaver, 1998; Loeber et al., 1998) suggests our contention to offer more general mental health prevention programs that address a number of adolescent risky behaviors (e.g., substance abuse, gambling, risky driving, truancy, and risky sexual activity).

Jessor (1998) provides us with a model from which we can view problem gambling as a form of adolescent risky behavior with health and life-compromising outcomes. The conceptual framework presented in Figure 2 has been adapted from Jessor's (1998) model and is predicated upon the rationale that it provides us with a theoretical foundation for general mental health prevention programs that are based upon fostering resiliency. The model represents current trends in thinking about adolescent risk behavior. Risk and protective factors operate *interactively*, in and across a number of domains (biology, social environment, perceived environment, personality and behavior). The risk and protective factors represented in Figure 2 have been previously identified from empirical research, much of which are found in Tables 1 and 2.

The adolescent risk behavior model provides flexibility, permitting us to incorporate current research on risk and resilience on an ongoing basis. Problem gambling has been included into this framework based upon a growing body of empirical research. Problem adolescent gambling has a number of unique risk factors (indicated in italics) including paternal pathological gambling, access to gambling venues, depression and anxiety, high extroversion, low conformity and self discipline, poor coping skills and adaptive behavior, persistent problem behaviors and early onset of gambling experiences. Problem adolescent gambling also shares a number of common risk factors with other health compromising behaviors (indicated in bold font). These include being male, normative anomie, models for deviant behaviour,





Adapted from Jessor (1998).

parent-friends normative conflict, low self-esteem, high risk-taking propensity, poor school work and school difficulties. The remaining risk factors in this model (presented in standard font) are those that have either not been studied or have not been found to be risk factors for problem gambling among youth but have been found to be antecedents for other adolescent risk behaviors.

As noted earlier, protective factors for youth problem gambling have not been examined. However, the significant factors of parentfamily connectedness and perceived school connectedness, which were found to be protective against every health risk behavior measure except pregnancy (Resnick et al., 1997), are likely also to help prevent youth from engaging in problem gambling.

As noted in Figure 2, variance in factors that influence whether an adolescent will engage in risk behaviors and variance in health outcomes amplifies the need to target the development of resiliency in children and youth. A wide range of factors work together to influence whether an adolescent will engage in gambling behavior including being male (biology), access to gambling venues (social environment), models for deviant behavior (perceived environment), depression and anxiety (personality), and poor coping skills (behavior). With the exception of early childbearing, adolescent problem gambling shares all health compromising outcomes similar to other youth risk behaviors. These outcomes vary from threats to physical health, compromises to various social roles (such as school failure or social isolation), threats to personal development (e.g., lowered self-concept) and compromises to typical tasks that prepare adolescents for adulthood such as acquiring motivation and skills to maintain a job. The illustration of numerous possible risk behavior antecedents, risk behaviors, and health-compromising outcomes in this model clearly points to the need for multifaceted approaches to prevention.

CONCLUDING REMARKS

Only recently have health professionals, educators and public policy makers voiced an acknowledgment of the need for prevention of problem gambling among youth. In light of the scarcity of empirical knowledge about the prevention of this disorder, the similarities between adolescent problem gambling and other risk behaviors, particularly alcohol and substance abuse, have been examined and found to be informative in our conceptualization of the future direction of youth gambling prevention programs.

In this review, we have illustrated the importance of using a conceptual model as the foundation for prevention efforts and have argued that research, development of prevention programs, and their acceptability into school-based curriculums should be conceptualized into a wider picture of youth problem and risk-taking behaviors. Despite our limited knowledge of the role of protective factors in adolescent gambling problems (and more empirical work needs to be done in this area), there is ample research to suggest that direct and moderator effects of protection can be used to guide the development of prevention and intervention efforts to help minimize adolescent risk behaviors. An adapted version of Jessor's (1998) adolescent risk behavior model provides a useful framework from which to begin the much needed development of effective, science-based prevention initiatives for minimizing problem gambling among youth.

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