



Preventing Adolescent Gambling Problems

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The landscape of gambling internationally has continued to evolve at an unprecedented rate. While traditional land-based gambling continues to flourish (e.g., casinos, racinos, card rooms, lotteries), technological advances have enabled more and more individuals to wager from the comfort of their own homes. Never before have there been such a multiplicity of different types of gambling activities that are easily accessible and readily available. Globally, gambling during the past decade has represented one of the fastest changing and growing industries in the world, with technological developments creating new innovative forms of gambling (e.g., fantasy and daily fantasy sports, skins gambling based upon skilled interactive games). While some jurisdictions (e.g., Atlantic City) have shown declines in gambling revenues, much of these revenues can be accounted for by increases in gambling opportunities in neighboring states. In other jurisdictions, for example, Macau, sociopolitical restrictions have limited the frequency of casino visits, ultimately curtailing revenues. In spite of these few blips, gambling continues to expand internationally. Gambling opportunities have become so prolific and widespread that it is difficult to find jurisdictions in which some form of gambling is not government controlled, regulated, organized, or owned, and even in jurisdictions without regulated forms of gambling, non-regulated gambling (e.g., among peers or online gambling) continues to flourish. Internationally, gambling continues to be viewed as a socially acceptable form of entertainment in spite of the acknowledged social, familial, and personal costs associated with excessive problematic gambling.

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14.1 Adolescent Gambling

Most often considered an adult activity, there is a plethora of research suggesting gambling's popularity among adolescents (see [1–4]). This is likely a result of gambling's general social acceptability, governmental endorsements, advertisements, the allure associated with casinos, technological advances for easy accessibility, parental acquiescence, and the way in which gambling has been positively portrayed in the media. With television shows and movies depicting gambling's glamour and excitement (e.g., *21*, *Runner Runner*, *Casino Royale*, *The Gambler*, *CSI Las Vegas*, etc.) and televised world championship poker tournaments where young people win millions of dollars (recent World Series of Poker multimillion-dollar tournament winners have most often been in their 20s), gambling has become commonplace among youth. In spite of the fact that almost all jurisdictions have legislative statutes prohibiting children and adolescents from engaging in regulated forms of gambling (e.g., lottery, casinos, horse racing, machine gambling, online wagering), many young people continue to be actively engaged in both regulated and non-regulated (e.g., card games and sports wagering among peers, fantasy sports leagues, etc.) forms of gambling.

Prevalence findings examining youth gambling behavior have consistently revealed that adolescents (12–17 years of age) have managed to participate, to some degree, in practically all forms of social, government-sanctioned, and non-regulated gambling activities available in their homes and communities [1, 2, 4]. Typical forms of gambling among teens include card playing for money (poker, while waning, is still popular), sports wagering, dice, and board games with family and friends; betting with peers on games of personal skill (e.g., pool, bowling, basketball, and other sports); and arcade or video games for money and purchasing lottery tickets (especially scratch tickets). While a number of adolescents report engaging in other forms of gambling, including gambling in bingo halls and cardrooms and gambling on electronic gambling machines (slot machines, video poker machines, sports wagering through a bookmaker, wagering via Internet gambling sites), gambling on these types of activities are often age and accessibility dependent ([3–8]).

In general, adolescents' gambling behavior has often been found to be dependent upon a number of factors including local availability/accessibility of games, the geographical proximity of gambling venues, the individual's gender (males gamble more frequently, wager larger amounts of money, and are typically more actively engaged in sports wagering, whereas female adolescents have been shown to prefer lottery ticket purchases and bingo), and age restrictions (age regulations in certain jurisdictions vary considerably and are often dependent on the type of gambling activity). For example, lotteries typically require a lower age than the age required to access a casino, with older teens and young adults preferring machine gambling, poker, and casino playing. There is also research suggesting one's cultural background and heritage, when controlling for accessibility, can influence adolescent gambling prevalence rates (see [4, 7, 9]).

While there is ample research suggesting that adolescents typically have gambled for money sometime before reaching 18 years of age, most teens do so occasionally with few experiencing gambling-related problems. Youth gambling, similar to adult gambling, can be viewed on a continuum ranging from non-gambling to social/occasional/recreational gambling to problem/pathological/disordered gambling. Within the adolescent gambling literature, the terms *social/occasional/non-problematic/recreational gambling* have typically been used to denote occasional infrequent gambling. Adolescents deemed *at risk* for a gambling problem typically endorse a number of gambling-related problems on gambling diagnostic screens but fail to reach clinical criteria. Those individuals experiencing significant gambling-related problems, *disordered, problem, pathological, or compulsive gambling*, reach the clinical diagnostic criteria. Their gambling behaviors typically result in severe psychosocial, behavioral, economic, academic, interpersonal, mental health, and legal difficulties. It should be noted that youth exhibiting a gambling disorder often have a variety of concomitant mental health issues. For some, mental health issues drive these adolescents to gambling as a form of escape, while for others their gambling problems actually result in increased mental health disorders.

14.2 Adolescent Problem/Disordered Gambling

There is a large body of research suggesting that adolescents, as a developmental group, constitute a high-risk population for multiple risk-taking and addictive behaviors, including gambling problems ([1, 3, 4, 8–12]. Volberg et al. [4], while noting significant methodological differences in prevalence studies, concluded that between 60% and 80% of adolescents report having engaged in some form of gambling for money during the past year (age and accessibility dependent), with the vast majority of these adolescents being social, recreational, and occasional gamblers. However, reviews of prevalence studies of adolescent problem and disordered gambling have revealed that between 2% and 8% of adolescents report experiencing serious gambling problems with another 10–15% being at risk for the development of a gambling problem [4]. A recent analysis of international studies since 2000, with emphasis on European research, suggested that between 0.2% and 12.3% of youth meet the criteria for problem gambling [1]. These variability rates are often highly dependent upon different methodological approaches (e.g., instruments, different cut scores, use of different numbers of items, translations of instruments, timeframes) as well as accessibility and availability of gambling opportunities. There are also a number of recent longitudinal studies [13] that seem to suggest that disordered gambling may not be a stable construct over time for all individuals, with some individuals going from problem/disordered gambling to recreational/occasional gambling, while for others this can be a lifetime disorder. Examining the timeframe for disordered gambling remains quite important (e.g., past 6 months, past year, or lifetime gambling results in different prevalence rates). This also attests

to the findings that lifetime disordered gambling rates are always higher than past year rates (some adolescent studies have looked at past 3 months).

Overall, given our current knowledge and reliance on existing screening instruments, there remains substantial evidence to suggest that adolescent prevalence rates of disordered gambling are considerably higher than that of adults. Yet, in spite of the increased diversity of gambling activities, increased technological advances, and increased availability and accessibility, the prevalence rates of disordered gambling among our youth have remained fairly constant during the past two decades. Nevertheless, two important facts are necessary to note: (a) the population of young people during the past two decades has increased, thus resulting in an increase in the absolute number of youth experiencing gambling problems in spite of relatively stable prevalence rates, and (b) the concomitant behavioral, familial, social, educational, mental health, economic, and legal problems associated with adolescent disordered gambling will have not only short-term but lifetime implications [3, 14–23]. It remains important to note that pathological/disordered gamblers do not constitute a homogeneous group (e.g., sports gamblers are often different from poker players who are different from casino gamblers) and that some forms of gambling, impacted by their structural or situational factors, may be more problematic and symptomatic of problem gamblers (e.g., slot machines and electronic gambling machines have been called the “crack cocaine” of gambling and are designed to result in repetitive play [24]).

14.3 Understanding Adolescent Problem/Disordered Gambling: A Precursor to Prevention

As previously noted, while a substantial proportion of youth engage in occasional gambling, it is only a relatively small percentage who go on to experience significant gambling and gambling-related problems. Yet, for these individuals and their families, the negative consequences are pervasive, with many experiencing a wide range of multiple disorders (e.g., alcohol and/or drug use disorder, nicotine dependence, mood disorders, anxiety disorder, personality disorders, impulsivity, depression, and delinquency) [21, 23, 25]. There is also evidence that these youth score more poorly on measures of resilience and coping in the face of adversity [26, 27]. Given the multiplicity of concomitant mental health issues, a more general mental health approach to prevention may be important.

Individuals with gambling problems typically report having a preoccupation with gambling; multiple attempts at recouping losses; increasing wagers; lying to family members and peers about their gambling; a perceived illusion of control; an inability to understand random events; and high levels of anxiety, impulsivity, and/or depression when trying to reduce their gambling. For many of these youth, gambling represents a coping strategy in order to escape daily problems (familial-, peer-, and school-related) [28]. The need for increased money often leads these youths to borrowing increasingly large sums of money from peers, family members, and loan sharks and/or criminal behaviors. Understanding the early

warning signs of problem gambling can help deter youth from further gambling before their indebtedness becomes excessive.

There is little doubt that attention to the prevention of a gambling disorder as well as other mental health and behavioral disorders is important. A report from the National Research Council and Institute of Medicine concluded that there is emerging evidence for the cost-effectiveness of prevention initiatives for multiple mental, emotional, and behavioral disorders. We have long argued the potential value of prevention of gambling and other addictive disorders among youth but have stated that these programs should be evidence-based [3, 16].

14.4 The Correlates and Risk Factors Associated with Problem Gambling

Given youth problem or disordered gamblers are not a homogenous group, there is no single constellation of risk factors predictive of a gambling disorder. Nevertheless, considerable research during the last 25 years has focused on identifying those risk factors associated with excessive gambling problems and has identified possible protective factors as a way to minimize problems through early prevention strategies and clinical interventions [3, 23, 29–33].

Gupta et al. [34] and Derevensky [3] have suggested that adopting a bio-psycho-social-environmental framework may serve to promote a better understanding of the onset and developmental course of gambling problems. Addressing these correlates will likely enhance the robustness of prevention initiatives. Reviews by Derevensky [3] and Shead et al. [23] point to a wide range of empirical studies suggesting (a) gender differences (males tend to gamble more frequently, make larger wagers, have an earlier age of onset, engage in a wider variety of gambling behaviors, and report more pervasive gambling problems). Additionally, males report a preference for sports betting and wagering on games of skill, while females prefer gambling on the lottery and bingo; (b) youth with gambling problems frequently report having parents who gamble excessively, engage in other addictive behaviors, and/or have been involved in illegal activities; (c) for older adolescents, one's peer group plays an important role in endorsing or promoting gambling, and adolescent disordered gamblers report having friends with similar gambling interests; (d) youth with a gambling disorder report having positive attitudes toward gambling and perceive it to be a socially acceptable pastime; (e) while youth with gambling problems understand the negative consequences associated with excessive gambling, they don't view themselves as having a gambling problem; (f) risks associated with disordered gambling are viewed as a long-term consequence and not of immediate concern; (g) cultural, ethnic, and regional differences have been shown to impact disordered gamblers; and (h) problem gamblers who score higher on measures of excitability and extroversion tend to have difficulty conforming to societal norms, and experience difficulties with self-discipline, have been shown to exhibit higher state and trait anxiety scores, are more impulsive, are greater risk takers, and are more self-blaming and guilt prone. Adolescent disordered gamblers

have multiple mental health issues, including being at heightened risk for suicide ideation, suicide attempts and risky behaviors.

14.4.1 Protective Factors

A limited number of studies have focused on identifying the protective and buffering factors thought to reduce and/or minimize the incidence of adolescent disordered gambling. While there exist some unique risk factors associated with problem gambling compared with other adolescent high-risk and addictive behaviors, Dickson-Gillespie et al. [16] in a comprehensive study concluded that family cohesion played a significant role as a protective factor. There is also evidence that familial and peer disapproval of gambling may be a reliable protective factor. In a number of studies, resilience has been shown to be a possible protective factor for youth gambling problems and other adolescent high-risk behaviors [27].

14.5 Prevention of Gambling Problems

Unlike prevention programs developed to help prevent substance abuse and dependency as well as a number of other mental health issues, prevention programs aimed to minimize disordered gambling have been hindered by a number of factors, myths, and common misconceptions including that (a) age restrictions on government-regulated gambling activities deter and prohibit adolescent participation, (b) disordered gambling is an adult disorder and as such underage individuals cannot have gambling problems, and (c) adolescents have little available discretionary funds for gambling. In spite of these misconceptions, the international prevalence research of youth disordered gamblers all point to addressing youth gambling within a social and public health policy framework. Historically, the focus in prevention research, in general, was initially to identify risk and vulnerability factors among at-risk populations. However, the identification of risk and vulnerability factors by themselves has been limited for prevention efforts since a large number of these factors are difficult to minimize (e.g., poverty) or identify (e.g., sexual abuse), as well as the fact that many high-risk youths never actually develop the anticipated negative behaviors. As a result, an attempt to identify variables and interactions between variables that might act as buffers or protective factors to counteract the risks associated with aberrant behavior has been postulated.

Predicated upon the belief that preventing mental health and substance use disorders and related problems in children, adolescents, and young adults remains critical to one's physical health and emotional well-being, early intervention is thought to have a better chance of reducing/minimizing the risks associated with mental health and substance use disorder. Thus, understanding the risk and protective factors of a specific disorder enables one to develop more effective prevention strategies. Williams et al. [35] argued that social scientists need to strive to develop *Best Practices* for programs and their implementation. Such policies could include (a)

information dissemination, (b) education, (c) provisions for alternative activities, (d) strict regulatory and environmental policies and local community-based assistance, (e) the identification of high-risk individuals and activities, and (f) intervention for both high-risk individuals and those in need of treatment. While this sounds relatively simple, Ammerman et al. [36] suggest that potentially threatening public health challenges are indeed complex and that effective universal programs are difficult to develop.

14.5.1 Abstinence Versus Harm-Minimization Approaches

When addressing gambling prevention programs for youth, prevention approaches, in general, can be conceptualized as falling into two general categories: those emphasizing abstinence or those promoting harm minimization (sometimes referred to as harm reduction). While these two categories are not necessarily mutually exclusive, prevention programs for each of these approaches are predicated on different goals and processes. A harm-reduction framework incorporates policies, programs, or strategies that help individuals to reduce the harmful, negative consequences incurred through involvement in a risky behavior without requiring abstinence [30, 37]. In most jurisdictions, youths are typically (legally) prohibited access to government-regulated gambling venues, supporting an abstinence approach. However, the question remains as to whether abstinence is a realistic goal for youth when the research clearly suggests that the majority of adolescents report having gambled for money on one or more activities (some on regulated forms of gambling, while others report gambling among peers) and a growing body of research reveals that parents do not particularly view gambling among their underage children as being highly problematic [38]. This highlights both the paradox and the confusion as to which primary prevention approach to promote abstinence or harm reduction.

14.5.2 Harm-Minimization Programs

Universal adolescent harm-reduction programs are intended to modify inappropriate attitudes toward risky behaviors, enhance resilience and positive decision-making, as well as educate youth about the short- and long-term risks associated with a particular behavior [39]. Most youth gambling prevention programs promote a harm-minimization framework and emphasize “responsible gambling” [39]. The fact remains that there is universal acceptance that the age of onset of gambling is a significant factor associated with problem gambling (the earlier one begins gambling, the more likely they are to develop a gambling problem [4, 7, 11, 29, 30, 40]). As such, one salient approach, where feasible, is to delay the age of onset.

Most of the available gambling prevention programs designed for youth have typically incorporated a number of harm-minimization and educational objectives, including (1) highlighting the difference between games of chance and games of

skill; (2) educating participants about erroneous cognitions, probability, and the independence of events; (3) dispelling the myth of the “illusion of control” regarding random events; (4) addressing issues of independence of events; (5) articulating the warning signs associated with problem gambling; and (6) providing resources to aid individuals either experiencing a gambling problem or who are at risk for a gambling problem [3, 41, 42]. Some more comprehensive prevention curricula seek to encourage the development of interpersonal skills, foster effective coping strategies, provide techniques to improve self-esteem, and offer ideas for resisting peer pressure [39].

Comprehensive and substantive elementary- and high school-based prevention programs for problem gambling are relatively rare but in fact do exist [35]. However, it should be noted that independent of the type of prevention program, for any program to be effective, it will require a sustained, multifaceted, and coordinated approach if it is to reach a wide range of youth. While this chapter is intended to discuss adolescent gambling prevention initiatives, it must be recognized that gambling problems represent only one type of high-risk behavior and that such programs should be generally thought of within a larger context of mental health programs.

While there exists a limited number of prevention initiatives for youth (see [43]; the International Centre for Youth Gambling and High-Risk Behavior’s website www.youthgambling.com) (see Table 14.1), new forms of gambling, in particular online and mobile gambling, are making accessibility much easier. To compound this issue, we have online social casino games that simulate actual gambling activities with higher payout rates that may be encouraging individuals to gamble (see [44–46]). The similarities between gambling and gaming have been articulated by Griffiths et al. [47]. These types of games could be breeding a new generation of gamblers. The Morgan Stanley report [48], on social gambling, suggested that social gambling offers the potential to “teach young people to gamble.” There is little doubt that such games actually normalize gambling among children and adolescents.

With the surge of online gambling, prevention experts have developed a number of online “responsible gambling tools” which include limit setting (both time and money), in-game informative messaging, self-appraisal quizzes, pop-up messaging reminding players of time and money wagered, enforced breaks in play, self-exclusion procedures, behavioral tracking tools, and personalized feedback. It should also be noted that there are a number of research studies suggesting more problem gamblers among individuals gambling over the Internet than in traditional land-based forms of gambling (e.g., [18, 43, 49]). In a recent study, early mobile gambling among adolescents was found to be predictive of gambling problems among adolescents [50]. These findings have led to the development, implementation, and evaluation of programs focused on providing personalized feedback to gamblers as a prevention strategy. Auer and Griffiths [51], in a series of studies, attempted to examine whether or not a personalized feedback and information system given to players in real time while gambling online could in fact impact future gambling behavior. Their results suggest that providing personalized feedback incorporating normative measures may be an effective tool in modifying gambling behavior. As more and

Table 14.1 Youth gambling prevention programs

Prevention program	School level	Developer	Website
Amazing Chateau	Grades 4–6	International Centre for Youth Gambling Problems and High-Risk Behaviors—McGill University	www.youthgambling.com
Clean Break	Grades 8–12	International Centre for Youth Gambling Problems and High-Risk Behaviors—McGill University	www.youthgambling.com
Don't Bet on It	Grades 10–12	Responsible Gambling Council	http://curriculum.org/resources/dont-bet-on-it-8211-a-youth-problem-gambling-prevention-program
Facing the Odds	Grades 5–8	Harvard Medical School—Division of Addictions	http://www.divisiononaddictions.org/cmr/facing_the_odds.htm
Hooked City	Grades 6–8	International Centre for Youth Gambling Problems and High-Risk Behaviors—McGill University	www.youthgambling.com
Know Limits	Grades 7–12	International Centre for Youth Gambling Problems and High-Risk Behaviors—McGill University	www.youthgambling.com
Stacked Deck	Grades 9–12	Robert Williams and Robert Wood	http://www.uleth.ca/research/alberta-gambling-research-institute-agri
Wanna Bet?	Grades 3–8	Minnesota Council on Compulsive Gambling	http://www.nati.org/prevention_tools/youth.aspx
Youth Gambling: An Awareness and Prevention Workshop—Level I	Grades 4–6	International Centre for Youth Gambling Problems and High-Risk Behaviors—McGill University	www.youthgambling.com
Youth Gambling: An Awareness and Prevention Workshop—Level II	Grades 7–10	International Centre for Youth Gambling Problems and High-Risk Behaviors—McGill University	www.youthgambling.com

(continued)

Table 14.1 (continued)

Prevention program	School level	Developer	Website
Youth Making Choices: A Curriculum-Based Gambling Prevention Program	Grades 10–12	Centre for Addiction and Mental Health (CAMH)	http://www.problemgambling.ca/EN/ResourcesForProfessionals/Pages/CurriculumYouthMakingChoices.aspx
Youth Gambling Problems: Practical Information for Health Practitioners	Physicians	International Centre for Youth Gambling Problems and High-Risk Behaviors—McGill University	www.youthgambling.com
Youth Gambling Problems—Practical Information for Professional in the Criminal Justice System	Judges, Attorneys	International Centre for Youth Gambling Problems and High-Risk Behaviors—McGill University	www.youthgambling.com

more young people have smartphones, this represents a promising area for the development of prevention initiatives (for a comprehensive discussion see Marchica and Derevensky [52]).

A wide diversity of information/awareness campaigns have traditionally focused upon encouraging individuals to understand their gambling limits, provided warnings about the potentially addictive nature of gambling, enumerated the signs/symptoms/behaviors associated with problem gambling, provided information about where individuals can seek help for a gambling disorder, discussed the accurate mathematical odds associated with various gambling activities, dispelled common gambling fallacies and erroneous cognitions, and provided guidelines and suggestions for problem-free gambling [43]. A number of interactive, educational CD-ROM and DVD games as well as PowerPoint workshop presentations have been developed to help educate young people (see www.youthgambling.com/prevention). As well, educational programs targeting professionals such as individuals in the legal system (judges, attorneys) and physicians have been developed. Such resources have been shown to result in improved knowledge of gambling and problem gambling while helping to dispel some of the erroneous myths and cognitions surrounding gambling.

14.6 The Importance of Developing Responsible Advertising Policies and Guidelines

Although there is only a limited amount of information available concerning the specific impact of gambling advertisements on gambling behavior, youth are continuously bombarded by advertisements enticing them to “live the dream” or visit a destination casino. Never in any of these advertisements promoting gambling is there an accurate balance between the benefits associated with gambling and the risks and the potential problems associated with gambling. Rather, adolescents frequently report that these advertisements depict individuals who are winning, happy, and excited. Youth report being bombarded through the Internet with pop-up messages enticing them to gamble and offers of sign-up bonuses with a growing number of online gaming operators using social media advertising to invite individuals to gamble money or to play on their free sites [53].

Young people, similar to adults, are resistant to enticing advertisements for all types of products. They see the newest trends, clothes, food products, and movies not to mention gambling advertisements (there is a reason cigarette and alcohol advertisements are prohibited). Adolescents report having a good knowledge and recall of popular gambling commercials, are familiar with the slogans of land-based casinos and lotteries, and easily remember the expressions of those who have won. In a study examining lottery playing among adolescents, while adolescents readily recall tickets being advertised, only problem gamblers were more likely enticed to purchase these tickets [54]. This further suggests that legislative policies concerning the minimum age to gamble must be strictly followed, monitored, and enforced. Few jurisdictions levy fines or remove licenses for selling lottery tickets to underage

minors, although fines are more common for underage play among land-based casinos. St-Pierre et al. [55] found that only a moderate proportion of convenience store vendors (60%) were compliant with prohibiting underage youth from purchasing a lottery ticket in spite of legislative and regulatory statutes. Other strategies include prohibiting lottery products particularly attractive to youth. Currently, GamGuard and ASTERIG, tools designed to assess lottery products for their appeal to vulnerable populations, are being used by a number of lottery vendors internationally.

While a number of prevention programs exist primarily for adults (e.g., self-exclusion, telephone “hotlines” and problem gambling call centers, limiting access to cash through ATMs, prohibition of credit, player card and behavioral tracking systems, forcing individuals to take a break in play, the incorporation of responsible gambling modifications to EGMs (electronic gambling machines), there is a real need for parental supervision and education both at home and in the classroom. In a series of studies, Derevensky and his colleagues found that among 13 potentially risky adolescent behaviors (e.g., drug and alcohol use, bullying, drinking and driving, etc.), gambling among teens was the least concerning activity as evaluated by parents, teachers, and even mental health professionals [38, 56–58] suggesting the need for further public awareness of the prevalence of youth gambling and the warning signs and consequences of adolescent problematic gambling.

14.6.1 Evaluating Prevention Programs

In the field of youth gambling prevention, there have been relatively few published evaluations of youth gambling prevention or intervention programs [59]. According to Ladouceur et al. [41] in their review of youth gambling prevention program, evaluations concluded that the majority of the evaluative studies did not include measures of gambling behaviors or long-term outcomes. Short-term benefits of these prevention programs point to improved knowledge and a reduction in misconceptions about gambling among youth [41, 60]. However, without follow-up evaluations and measurement of gambling behaviors, it is unclear whether gambling behavior is actually impacted in the long term [41].

14.7 Some Final Thoughts

The landscape of gambling is continually changing with technological advances, new forms of gambling, and increasing ease of access. This changing landscape, with an emphasis on technological advances and new gambling opportunities (online and mobile gambling, fantasy sports), the inclusion of social casino games, and the normalization and social acceptability of gambling and the growing popularity of e-sports wagering, represents a growing concern. Mental health specialists studying teens have long suggested that adolescence is a developmental stage marked by significant physical, social, cognitive, and emotional changes. The continued expansion of gambling, the glitz and glamour associated with gambling, and

the social acceptance of the industry's expansion may result in more youth experimenting with gambling and ultimately more experiencing gambling-related problems. Whether these problems are short term or long term, the consequences can be quite severe. Researchers and clinicians have not yet realized *Best Practices* for treatment or prevention, and more longitudinal studies are needed.

Youth gambling, like many other adolescent risky behaviors, represents an important public health issue which needs to be addressed. Incorporating youth gambling into a public health framework [61, 62], using a multidimensional perspective recognizing the individual and social determinants, and simultaneously drawing upon health promotion principles, represent a plausible approach for addressing the issues of youth gambling and problem gambling. This issue is only beginning to gain attention.

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