20 Lessons Learned in 20 Years of Prevention of Problem Gambling Work

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A Simple Format

- We are simply going to present 20 lessons we have learned over 20 years of prevention of problem gambling work (and 30+ years of general prevention work) allowing a few minutes for a few questions each time.
1. How We Start the Conversation is Critical to the “Buy-In”.

- “There’s no gambling problem here…”
- “Listening Tour”: Tell us what you know/have observed/remember about gambling.
- We “take the problem out of gambling”: Gambling Awareness
We Are Not as Alone as We Used to Be!

- Twenty years ago, prevention of problem gambling was rare indeed.
- We need to organize ourselves better.
- We need to see that our professional responsibilities go beyond our state/local jurisdictions – we have a responsibility to our field.
- Partner with other problem gambling professionals – treatment, intervention and recovery.
- Stay tuned to ACA and health care reform for opportunities.
3. **We Introduce Gambling as a “Co–occurring” Behavior**

- “What you talk about is interesting, but we are dealing with more important matters such as guns & bullying.”
- Site the research on cluster behaviors in adolescents.
- Gambling rarely, if ever, addressed in SA or MH TX.
The job of a preventionist is to be not needed.
Prevention occurs in the process as much or more than in the product.
Empowerment is a prevention strategy.
Must be willing to take the time to develop relationships.
Trust the process.

4. Empowerment Model Works Best
5. We Expand ATOD to ATODG.

- “Just do it.”
- Address the role gambling plays in ATOD behaviors.
- Align your messages with State promoted Health Standards.
6. Find Creative Ways to Open Doors

- Use colleagues to open doors for you.
- “Grant” programs.
- Offer resource for free and see who bites.
- Get on the agenda of appropriate statewide meetings.
- Join prevention networks.
7. **Science of Brain Development Is our Biggest Ally.**

- Educate yourself on the developing brain & how gambling is seductive to teens.
- The “time limited disorder” of adolescence sets young people up for future SU&MH problems.
I need to stop complaining about the lack of epidemiological data, look harder, find more, share more, and collect it on every project no matter how crude.
9. Our Approach is Not Anti-Gambling.

- Have a non-judgmental conversation about the pervasive, cultural, & “normative nature” of gambling.
- Explore how states benefit from legalized gambling.
- The “not anti” message engages parents, schools & stakeholders.
Think about capacity building always – in data collection, in readiness surveys, in planning, in implementation and in evaluation.

Our job is always looking to be out of work – we will always be needed somewhere.

Communities don’t need an answer, they need a process. We should be facilitators more than worker bees.
11. Deliver Our “Three Important Messages”

1. Gambling is not a risk–free activity.
2. If you choose to gamble, make sure it’s legal.
3. Know how to keep the problem out of gambling.
Prevention is about a process more than about service delivery – the process is our service delivery.

Do we treat people as objects, recipients or resources?

Be careful to design your processes in a way that ensures everyone has a voice.
13. Go for Infusion/Embedding into Existing Prevention Programs & Make Them “Replicable-able” and “Sustainable”.

- No time, funding or knowledge for PG prevention in schools (*Ct Youth Study, 2008*).
- Never a “one-shot deal”.
- How can “Gambling Awareness” be included in your “regular” Prevention work?
- CAP & Mental Health First Aid Models.
14. Awareness Tables at Events – Useful or Useless

- Depends on what your motive is.
- The information model of prevention, used alone, is a failure and can, at times, actually increase harmful behaviors.
- Be sure to capitalize on these events in terms of networking, opening doors, finding allies and educating.
15. Use the Peer-to-Peer and Youth-to-Adult Message.

- Youth Peer Leadership programs build protective factors.
- Involve youth in sharing information & awareness across the lifespan: it’s not only about kids w/gambling problems, it’s about engaging the community in the broader conversation.
16. Harm Reduction is a Prevention Message

- It is true that we would like people to not experience a single episode of problem gambling and therefore we concentrate on primary prevention, however –
- We need to be concerned about folks who have experienced some problems with gambling and use prevention tools to minimize that harm.
17. “Financial Literacy” is an Open Door

- NCAA promotes Financial Literacy.
- Credit & Budgeting education for transitioning HS Seniors.
- Consider “Gambling” entertainment and budget for it.
- Shout Out to “Financial First Steps – Financial Tips for Parents of Young Adults” www.financialfirststeps.org
18. Problem, Not Yet Pathological Gamblers, Should Be Part of Our Focus

- This would mean a move away from a strictly primary prevention focus as well as movement along the universal, selective and indicated continuum.
- Prevention tools can save people from immeasurable pain and disruption.
- We are part of a service continuum, not a distinct and isolated part.
19. Embrace the Public Health Approach & the Continuum of Care

- Shout Out to DIGIN: Capacity Building.
- The MADD Model.
- No “tool” goes unused!
To start with – they are both about wellness. In the continuum of prevention, intervention, treatment and recovery, the two most closely related just might be prevention and recovery.

Join your recovery networks – the opportunities for collaboration are endless!
Time for questions and comments.

Thank you!