NCPG
National Council on Problem Gambling
Prevention Committee

# Prevention of Gambling Disorders: A Common Understanding

## Adopted July 2015; Revised September 2015



***Website:***
*ncpgprevention.org*

*The Prevention Committee of the National Council on Problem Gambling (NCPG) is working to help provide a common understanding of "prevention" in the field of gambling disorders. This is the first of such definitions formally adopted by the Prevention Committee.*

The Prevention Committee of the National Council on Problem Gambling (NCPG) recommends a shift from "problem gambling prevention" to "prevention of gambling disorders." This reflects the recent inclusion of "Disordered Gambling" within the Substance-Related and Addictive Disorders section of the DSM-5 and reinforces the role of prevention within the current five overarching goals for the NCPG.

*"Gambling disorder" is the term that replaces prior terms "problem gambling" and "pathological gambling," and is the sole condition in a new category on behavioral addictions in DSM-5.*

This shift allows for alignment with the "public health model" approach as governments become increasingly more dependent upon gaming revenues, and there continues to be rapid growth in the availability of gambling throughout the United States. Ultimately, "prevention of gambling disorders" aligns with public health model tenets to protect vulnerable groups from gambling related harm and to foster and promote personal and social responsibility in all populations. NCPG is neutral on legalized gambling.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines Prevention as follows:

"Prevention is a ***proactive process*** that ***promotes the well-being of people*** and empowers an individual, group, or community to ***create and reinforce healthy lifestyles and behaviors*** to meet the challenges, events and transitions of life" (Substance Abuse & Mental Health Services Administration).

"Prevention of gambling disorders" includes strategies and activities directed at the general population, communities, special identified populations, families and individuals. These strategies and activities are combined and developed for particular populations throughout the lifespan and across the continuum of care. This "weave" of strategies and populations creates a more optimum outcome than a single intervention.

It is important to view prevention strategies as comprehensive; the understanding of prevention is often limited to strictly awareness and education efforts, and it is the Committee's recommendation that NCPG embraces a comprehensive approach to disordered gambling prevention. The most impactful prevention programs utilize many or most of the strategies listed below.

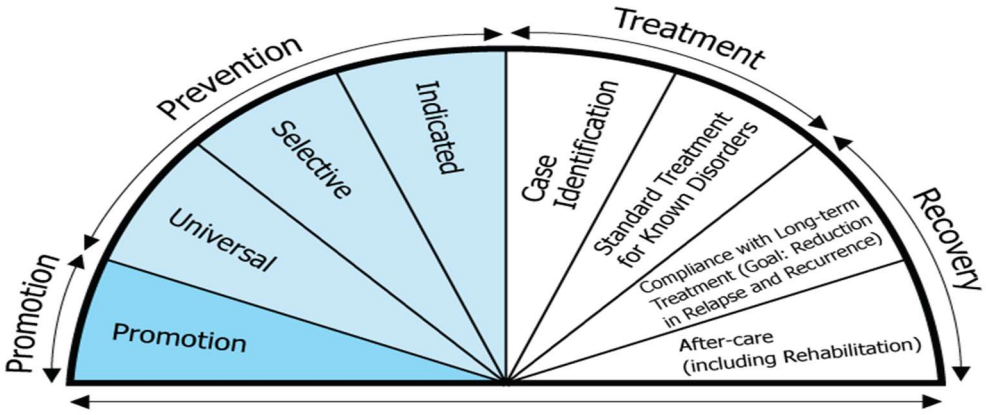
There are six strategies in the SAMHSA prevention model that apply to prevention of gambling disorders:

1. **Information Dissemination**: Promotes awareness and knowledge on the extent of problem gambling. Usually a one-way communication from source to recipient. Examples include pamphlets, public service announcements, guest speakers and billboards.
2. **Education:** Promotes awareness and knowledge with the added component of two-way communication between source and recipient and can take place over multiple points of impact, such as a multi-session course.
3. **Alternative Activities**: Promotes participation of select target populations (such as those who are underage, as well as those exhibiting or recovering from addictions) in activities that exclude alcohol, tobacco and other drugs, and gambling in order to offer and role model activities that are less risky, and acknowledge and increase protective factors.
4. **Environmental Policies:** Establishes or changes written and unwritten community standards, codes and attitudes; addresses policies and practices. Examples include: setting and enforcing state laws, school gambling policies, and NCAA rules on athletes gambling.
5. **Community-Based Process:** Enhance the ability of a select community to more effectively provide prevention and treatment services for alcohol tobacco, other drugs and gambling disorders. A process which evolves over time, includes multiple identified participants and increases skills and abilities. Examples include technical assistance, trainings, and community coalitions.
6. **Problem Identification and Referral**: Aims at identification of high risk individuals or populations who participate in risky activities or are perceived as potentially engaging in same. Does not include any activity designed to screen or otherwise determine if a person is in need of treatment. Examples include an

awareness program for college athletes, teaching senior citizens about money management, or awareness education for employees of a casino.

The Institute of Medicine Model (IOM) provides a perspective on prevention by offering the IOM Protractor that illustrates the continuum from prevention to treatment to maintenance/recovery via “Universal, Selected and Indicated” strategies. This helps clarify prevention services to target the broad population (universal), to those at higher risk (indicated) and to those already exhibiting some of the problem behavior (selected).

This model clearly identifies activities as prevention up to the point of diagnosis of abuse or dependence. Once the diagnosis is made, services become treatment and then maintenance-based.




*Above: The Institute of Medicine (IOM) Continuum of Care*

The Prevention Committee purports that this common understanding of prevention will help strengthen the disordered gambling services field by adding clarity to our ever changing roles and responsibilities while building bridges between the silos that have separated prevention, treatment and recovery services.

By integrating effective models of disordered gambling prevention into existing public health and behavioral health services, we have a framework that is consistent with an existing set of definitions.