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A pilot trial of a peer-led gambling harm prevention intervention for adolescents (PRoGRAM-A)

What this research is about

The Preventing Gambling-related Harm in Adolescents (PRoGRAM-A) is a peer-led, social network intervention that aims to prevent adolescent gambling and reduce gambling-related harm (GRH). A pilot trial of PRoGRAM-A was carried out at six secondary schools in Scotland with students aged 13 to 15 years old. Four schools were randomly assigned to receive the intervention, while the other two served as control. The aim of the pilot trial was to determine whether to move forward with a full-scale phase III trial to assess effectiveness and cost-effectiveness.

What the researchers did

The six schools were recruited through an online information webinar. At each school, students in S3 (i.e., third year in secondary school) aged 13 to 15 years were invited to participate. At baseline, there were 762 students in the intervention schools and 352 in the control schools. At follow-up six months later, there were 598 students in the intervention schools and 295 students in the control schools.

The progression criteria to move forward with a full-scale phase III trial included: (1) recruitment of six schools; (2) five schools stay in the pilot study; (3) the intervention is delivered with 80% adherence to the manual; (4) the intervention is acceptable to students and staff; and (5) 70% of students complete the student questionnaire at baseline and follow-up.

The PRoGRAM-A intervention was designed to be peer-led. Peer supporters were nominated by their classmates and participated in a 2-day training workshop outside of their school. They used sociograms (i.e., social network maps) to identify and track whom they would talk to about gambling and GRH. Peer supporters received three follow-up support sessions that took place within their school.

Semi-structured interviews were carried out with teachers, parents/carers, professional stakeholders, and PRoGRAM-A trainers. Focus groups were also carried out with peer supporters and other students. One complete cycle of ProGRAM-A was observed at two schools to assess if the intervention was delivered as outlined in the manual.

This pilot study included a process evaluation, a health economic scoping study, and a social network analysis. The health economic scoping study aimed to estimate the direct costs of implementing PRoGRAM-A and to identify outcome measures for a future health economic evaluation. The social

What you need to know

PRoGRAM-A is a school-based, peer-led intervention for preventing gambling-related harm in adolescents. This study was a pilot trial of PRoGRAM-A that took place at six secondary schools in Scotland with students aged 13 to 15 years old. The aim was to determine whether to move forward with a full-scale phase III trial. All five criteria to progress to a phase III trial were met. The intervention was delivered with high adherence to the manual. It was acceptable to students, teaching staff, and other stakeholders (e.g., parents). The estimated average cost of delivering PRoGRAM-A to two groups of up to 30 peer supporters in one school was £8313.00, with an average cost of £28.08 per student.

network analysis evaluated the scope of the intervention in terms of reach, as well as the types of people that peer supporters spoke to.

What the researchers found

All five progression criteria were met. Six schools were recruited and retained in the pilot study. The intervention was delivered with 95% adherence to the manual. School staff and students were positive about the intervention. But the assent process was challenging for students and resource-intensive for the research team, as students did not understand what signature or initials were. Different ways of obtaining student assent are needed (e.g., ticking boxes or verbal consent). After removing 71 students who did not attend school but were included in the original class lists, 73% of students completed the questionnaire at baseline and follow-up.

The proposed primary outcome was self-reported gambling participation. But this relied on students' interpretation of what gambling is.

Process evaluation: Teachers recognized gambling and GHR as a growing concern and a topic of relevance to students. But they were not confident about addressing the topic within the current curriculum. Students reported wanting to learn more about gambling and GRH as a reason for their involvement. Peer-based learning was also viewed as a valuable approach. Peer supporters liked the interactive activities of the workshop that took place at a site outside of school grounds. They also found the interactions with trainers less formal than with teachers. However, trainers found it challenging to coordinate students and liaise with teaching staff. It might be beneficial to have the role of link teacher shared between two teachers.

Social network analysis: Peer supporters had 1555 conversations, representing 17.5% more people that they talked to than expected. A total of 42% of conversations were with people not identified in the sociograms during the workshop.

Health economic scoping study: The estimated average cost of delivering PRoGRAM-A to two groups of up to 30 peer supporters in one school was £8313. The average cost was £28.08 per student and £197.97 per peer supporter.

How you can use this research

The findings support the progression of PRoGRAM-A to a phase III randomized controlled trial. This research also supports embedding gambling harm prevention education within school curricula.

About the researchers

Angela Niven, Martine Miller, Freya Howell, and **Fiona Dobbie** are affiliated with the Centre for Population Health Sciences in Usher Institute at the University of Edinburgh in Edinburgh, UK. **James White** is affiliated with the Centre for Trials Research in the School of Medicine at Cardiff University in Cardiff, UK. **Leon Noble** is affiliated with the School of Earth and Environment at the University of Leeds in Leeds, UK. Please see the original article for more information on authors and affiliations. For more information about this study, please contact Fiona Dobbie at fiona.dobbie@ed.ac.uk.

Citation

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About Greo Evidence Insights

Greo Evidence Insights is an independent, non-profit organization specializing in research, knowledge mobilization, and evaluation in the health and well-being sectors. Greo transforms research and insights into actionable strategies to prevent and reduce harm related to gambling, gaming, technology use, and substance use. To learn more about funding for Research Snapshots visit our website.