RESEARCH QUESTIONS
Is the harm reduction paradigm (i.e., policies designed to reduce the harmful consequences associated with risky behaviours) a promising approach to the prevention of adolescent problem gambling and other risky behaviors?

PURPOSE
Despite the growing popularity of the harm reduction approach in the field of adolescent alcohol and substance abuse, a harm reduction approach to prevention and treatment of youth problem gambling has remained largely unexplored. The aim of the present study was to examine whether the harm reduction paradigm is a promising approach to the prevention of adolescent problem gambling and other risky behaviors.

HYPOTHESIS
None stated.

PARTICIPANTS
Not applicable.

PROCEDURE
A universal, selective, and indicative prevention framework was used to present prevention initiatives that emerged from the harm reduction health paradigm for adolescent substance and alcohol abuse. The risk-protective factor model was then used as a conceptual basis for designing youth problem gambling harm reduction prevention programs (HRPPs).

MAIN OUTCOME MEASURES
Not applicable.

KEY RESULTS
Since several risk factors for problem gambling are also risk factors for other addictions, gambling could be incorporated into more general addiction and adolescent risk behavior prevention programs. A general mental health prevention program that addresses a number of adolescent risky behaviors may also be useful. Such a program would be most effective if it were to incorporate elements of both abstinence and harm reduction principles. A significant problem gambling risk factor that should be addressed is age of onset of gambling behavior, for research shows that younger age of initiation is correlated with the development of gambling-related problems. Thus, delaying the age of onset of gambling experiences would be fundamental in a successful prevention paradigm. Prevention experts and treatment providers should not advocate for a value neutral stance (e.g., accepting the adolescent's decision to engage in gambling) toward involvement in risky activities while conveying the expectation that youth are required to behave appropriately as citizens under the law. HRPPs need to communicate the message that legal age limits for gambling are in place for purposes of allowing time for preparing youth to approach risky activities with responsible values, attitudes, and behaviors. Differences between unstructured and structured gambling also need to be openly discussed with youth. HRPPs target risk factors by teaching youth emotional and cognitive coping skills and by providing cognitive decision-making tools (e.g., cost-benefit analyses). Teaching responsible gambling needs to begin around familiar substances other than gambling, and emphasize that most of the things we consume have the potential for both harm and benefit depending on the way we use them. School-based HRPPs need to target specific information about gambling to various age groups, educating youth about the forms of gambling they will most likely be exposed to at each particular age. Information on the harmful consequences that an adolescent may face, as well as strategies on how to gamble safely, also need to be topics of discussion. Since one of the central goals of science-based prevention is to promote resilience, HRPPs need to include components that enhance prominent protective and resource factors specific to the period of adolescent development. The protective factors (e.g., school connectedness) targeted in HRPPs interact with the risk factors of problem gambling to buffer the cumulative effects of these risks, disrupt the chain through which particular risk factors operate, or prevent the initial occurrence of the risk factor.

RESEARCH SYNOPSIS
altogether. Although there are currently no studies on protective mechanisms, or more generally on resiliency, for youth with respect to problem gambling, it is likely that the common protective factors found for several other problem behaviors also apply to problem gambling. Protective factors must be targeted in prevention programs, given their function of furthering healthy development. Protective factors, conceptualized as the building blocks of resilience, are “protective” because they promote general health by helping adolescents accomplish stage-related tasks while helping alter the life trajectories toward the onset or maintenance of problem gambling. HRPPs need to include strategies that can be expected to help adolescents accomplish stage related tasks, ensuring that the harm reduction approach is developmentally appropriate. Parent-family connectedness and perceived school connectedness are two factors that have been found to be protective against almost every health-risk behavior examined. HRPPs can promote resiliency toward youth problem gambling by including strategies aimed at fostering the value of responsibility and responsible behavior (particularly in the context of high-risk behaviors). The inclusion of strategies aimed at fostering the value (goal) of responsibility compensates for the limits of “teaching responsible gambling” (providing information and cognitive skills), and studies of resilience offer direction for prevention experts seeking to foster the values of responsibility and health. Connectedness is an aspect of one’s identity. Just as a resilient youth’s identity incorporates features of connectedness (limits and autonomy) through affective and cognitive experiences of limits and autonomy, responsibility and health need to be incorporated into the adolescent’s sense of self through cognitive and affective experiences. By encouraging this process, responsibility and health become less extrinsic ideals and more intrinsic senses (motivations and goals). Students need to have the opportunity to test these values in their real life experiences in order to validate them and know whether or not, or why, and to what end he or she will commit to them. Youth whose sense of self (character) includes a sense of responsibility and health have a greater likelihood of adapting when faced with new adversities. HRPPs need to incorporate means that offer youth opportunity for cognitive and affective exposure to responsible behavior and health and for testing validity. Finally, the task of promoting resilience by fostering particular values points to the need to explore the possibility of placing HRPPs for problem gambling into a more general mental health curriculum for students.

LIMITATIONS
None stated.

CONCLUSIONS
The authors used the risk-protective factor model as a conceptual basis for designing youth problem gambling harm reduction prevention programs. Implications drawn from the conceptual examination of harm reduction as a prevention approach to adolescent problem gambling provide valuable information for treatment providers (e.g., treatment providers need to take into account the individual characteristics and backgrounds of their clients, as well as the larger social context in which their clientele live). [Since today’s youth will be tomorrow’s adults, having free access to multiple forms of legalized gambling, the need for the introduction of harm reduction prevention initiatives to help youth become less vulnerable to the risks of a gambling problem is clear.] awkward sentence. Since today’s youth will be tomorrow’s adults with free access to legalized gambling, the need to introduce harm reduction prevention initiatives to help youth avoid the risks of gambling is necessary.

KEYWORDS: adolescents, gambling, prevention, theory

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