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Preventive Strategies for Young Adults Gambling Habits

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Abstract

Gambling is a popular pastime that many individuals, including adolescents and young adults, participate in. While gambling can be a harmless form of entertainment, it can also become addictive and lead to negative consequences such as financial difficulties, relationship problems, and mental health issues. To address this issue, preventive gambling programs for adolescents and young adults have been developed.

Preventive gambling programs aim to raise awareness about the risks and consequences of gambling, and to provide individuals with the tools and resources they need to make informed decisions about their gambling behavior. These programs often use a combination of education, counseling, and support to help individuals develop healthy gambling habits and avoid problematic gambling behaviors. The reviewed gambling prevention programs generally showed good results in terms of reducing the frequency and severity of gambling, and also regarding cognitive variables, such as misconceptions, fallacies, knowledge, and attitudes towards gambling. Finally, we highlight the need to develop more comprehensive prevention programs that incorporate rigorous methodological and assessment procedures before they are widely implemented and disseminated.

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Introduction

One of the most effective preventive gambling programs for adolescents and young adults is schoolbased education programs. These programs are designed to provide students with information about the risks and consequences of gambling, as well as strategies for managing their gambling behavior. Schoolbased programs may also include interactive activities, such as role-playing and group discussions, to help students better understand the impact of their gambling behavior on themselves and others.

Another type of preventive gambling program for adolescents and young adults is online education and counseling. These programs are designed to provide individuals with information and support about gambling behavior through online platforms such as websites and mobile applications. Online programs may offer self-assessment tools, information about responsible gambling, and counseling services to help individuals manage their gambling behavior.

In addition to education and counseling, preventive gambling programs for adolescents and young adults may also offer support groups and peer counseling. These programs provide individuals with a safe and supportive environment where they can share their experiences and receive support from others who are going through similar challenges. Support groups and peer counseling may be offered in person or online, and may be led by trained professionals or peer facilitators.

While preventive gambling programs have been shown to be effective in reducing problematic gambling behavior among adolescents and young adults, there are still challenges to be addressed. One of the biggest challenges is reaching individuals who may be at risk for developing problematic gambling behavior but are not yet aware of the risks. Additionally, preventive gambling programs may not be effective for individuals who have already developed a gambling addiction.

Epidemiological studies conducted in many countries around the world have shown that the first gambling experiences take place between the ages of 10 and 19 years. Moreover, evidence suggests that a younger age of onset is related to greater severity of gambling problems and that young people are one of the most common age groups to suffer from gambling disorders. This implies that these ages are key periods in the individuals' relationship with gambling. What is more, these individuals are at a high risk of finding gambling appealing, mainly owing to their likelihood to consider it an economically advantageous activity, a belief that is also strongly associated with developing gambling disorder.

Discussion

The efficacy of the programs included in this systematic review remains somewhat unclear given important methodological flaws that include problems with measurement, high variability between types



of instruments and results, and short-term follow-up assessments. Although most of the studies did not include long-term results, the short-term benefits of these prevention programs highlight improvement in knowledge, a reduction in gambling frequency, and fewer erroneous notions about gambling among adolescents and young adults. However, when follow-up assessments are not performed, there is no way of knowing whether gambling behaviors are really affected in the long term. It would be preferable for studies to assess behavior-related results over a period of six months or longer because there seems to be evidence that effects are lost over time. In relation to the amount of money wagered/lost, it is difficult in this population group to detect reductions given that the amounts that tend be involved are not high; in addition, many of the instruments were self-report methods, with the consequent limitation of the reliability of the data. It is necessary to highlight the importance of using objective and validated measurement instruments for results that are appropriate to the aims of each study or intervention.

Conclusions

In conclusion, preventive gambling programs for adolescents and young adults are an important tool in reducing problematic gambling behavior and promoting healthy gambling habits. These programs offer education, counseling, and support to individuals who may be at risk for developing gambling problems. While there are still challenges to be addressed, preventive gambling programs have the potential to make a significant impact on the lives of young people and their families.

The outlook for gambling is continuously changing as a result of new technologies, new forms of gambling, social acceptance, and greater ease of access, which is cause for increasing concern. Youth gambling is an important public health problem that must be addressed; however, researchers and clinicians have yet to develop a set of best practices for the prevention of gambling. More longitudinal and evidence-based studies are required that are designed on a solid theoretical base, with recruitment for and implementation of programs in settings other than education. In addition, more studies should be conducted in Europe and Spain, particularly among young adults. We believe the incorporation of youth gambling into the framework of public health, using a multidimensional perspective that acknowledges individual and social determining factors and draws on the principle of health promotion is a suitable approach to enable these problems in the young population to be tackled. There is still a great deal of work to be done, particularly with regard to prevention, which is only now beginning to gain attention.



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