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AICrime Reduction Matters

No. 73 13 November 2008

Gambling-related fraud: strategies for prevention and early intervention

As *AICrime reduction matters* no. 72 highlighted, problem gamblers sometimes turn to fraud to fund their habit. It is therefore likely that early-intervention strategies to prevent problem gambling will prevent some fraud.

A systematic review and meta-analysis were conducted on research of 13 early-intervention and prevention strategies for problem gambling: four randomised controlled trials and nine randomised cluster-controlled trials (Gray, Oakley Browne & Radha Prabhu 2007). Eleven of the studies were Canadian, one was Australian, and the other was from the United States, but many involved the same researchers and similar interventions. The interventions reviewed included early interventions and primary interventions for problem gambling, and encompassed the general community, of all ages and ethnic groups and both sexes. The only groups excluded were of those diagnosed with pathological gambling and those in primary, general-practice, or outpatient care. The techniques of intervention and prevention included video, lectures and activities, educational programs, warning messages, and a self-help workbook and motivational interview.

Four measures were used to gauge the success of the strategies: a change in gambling attitudes and/or misconceptions; improvement in gambling knowledge; improvement in gambling behaviours; and coping and problem-resolution skills. The reviewers cautiously suggested that the interventions seeking a reduction in gambling misconceptions or an improvement in gambling knowledge were more successful than those looking to improve gambling behaviours or to develop coping and problem-resolution skills. Only three studies, however, followed up with post-testing beyond six months, and the others' follow-up periods were usually directly following the intervention and brief. The study recognised this factor as a limitation, as problem gambling generally lasts for months or years (Gray, Oakley Browne & Radha Prabhu 2007).

The review concluded that implementation of primary prevention interventions should:

- address students aged 12 to 14 in years seven and eight
- be school-based
- be psycho-educational, for instance increasing awareness of gambling risks and developing coping skills if the individual feels the need to gamble
- use appropriately trained professional personnel or well-trained lay personnel
- employ a combination of methods, such as a video–activity–lecture combination (Gray, Oakley Browne & Radha Prabhu 2007).

It suggests younger students because gambling behaviour often begins around the age of 12 or 13 and because schools are seen as the easiest and most obvious way of reaching that age group, incorporating interventions into the curriculum. It treats education as indispensable in increasing participants' awareness of gambling risks and in promoting coping and problem-resolution skills useful when they feel the need to gamble. The reviewers stress, however, that even if the individual's knowledge and attitudes have changed towards gambling, gambling behaviour will not necessarily change.

Reference

Gray KL, Oakley Browne MA & Radha Prabhu V 2007. *Systematic review and meta-analysis of studies on early intervention and prevention for problem gambling*. Gambling Research Australia. [http://www.gamblingresearch.org.au/CA256902000FE154/Lookup/Meta-analysis/\\$file/Meta%20web%20complete%20report.pdf](http://www.gamblingresearch.org.au/CA256902000FE154/Lookup/Meta-analysis/$file/Meta%20web%20complete%20report.pdf)