

Youth Gambling International

International Centre for Youth Gambling Problems and High-Risk Behaviors
Centre International d'étude sur le jeu et les comportements à risque chez les jeunes

FEATURE ARTICLE

Putting Gambling in its Place: A Geographical Study of VLT Accessibility and Play by Montreal Youth

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Over the last decade or so, video lottery terminals (VLTs) have proliferated in several Canadian Provinces and other countries. In the city of Montreal, for example, there are multiple VLT gambling outlets. Intense public opposition recently prompted the Government of Quebec to stop the expansion and to reconsider concentration of these machines in a small number of more 'manageable' sites. Some critics have claimed that VLTs are 'targeted' to vulnerable populations (i.e., youth, poor), but as of yet, none has properly examined the evidence. Early in 2002 an interdisciplinary team of three geographers (Jason Gilliland, Sherry Olson, and Nancy Ross) and two child psychologists (Jeffrey Derevensky and Rina Gupta) set out to examine the impact of VLT accessibility and youth gambling. Using a novel paradigm, we took a geographical approach to examine some of the socio-spatial dimensions of VLT access and play in Montreal. This article provides a brief overview of the ongoing project, which aims to determine whether placement of VLTs and the socio-economic environment influences youth gambling behaviour.

Our focus on the social characteristics of placement of machines comes out of growing acknowledgement that long-term, large-scale behaviour change is best achieved not by focussing on individuals, but rather by changing social norms, and by altering access to 'opportunities' for

the behaviour to occur (Ross & Taylor 1998). We focus our attention on VLTs because they are extremely addictive and particularly attractive to underage youth with gambling problems (Gupta & Derevensky, 2000). VLTs are similar in many respects to video arcade games but with the opportunity to wager money. These machines offer multiple games including blackjack, poker, keno, slots, and others with individual bets starting as low as 5 cents. Although in Canada, VLTs are restricted to establishments with liquor licenses to exclude minors, studies have shown that underage youth have somewhat regular access (Gupta & Derevensky 1998).

To discover whether the socio-economic environment of urban neighbourhoods influences the opportunities for youth to gamble, we used a geographic information system (GIS) to integrate several local databases and apply sophisticated computer techniques of spatial analysis. A GIS is a set of principals, methods, and tools used to acquire, store, transform, analyze, and display spatial and non-spatial data. The GIS organizes data in a way that makes it easy to measure distances, to count entities or phenomena in different places, and to explore the implications of alternative decisions or policy constraints. Because of these features, geographic information systems are widely employed: in marketing to target surveys and

advertising to selected age and income levels, in public health studies to locate clinics and test for effects of proximity to contaminated sites, in resource management to track emergency vehicles, and, ironically, in casinos to evaluate slot machine revenues per location.

To demonstrate how we are using GIS in this project, let us examine a close-up map (about two square kilometres) of a neighbourhood in Montreal (see map). Although this map is static, the map was

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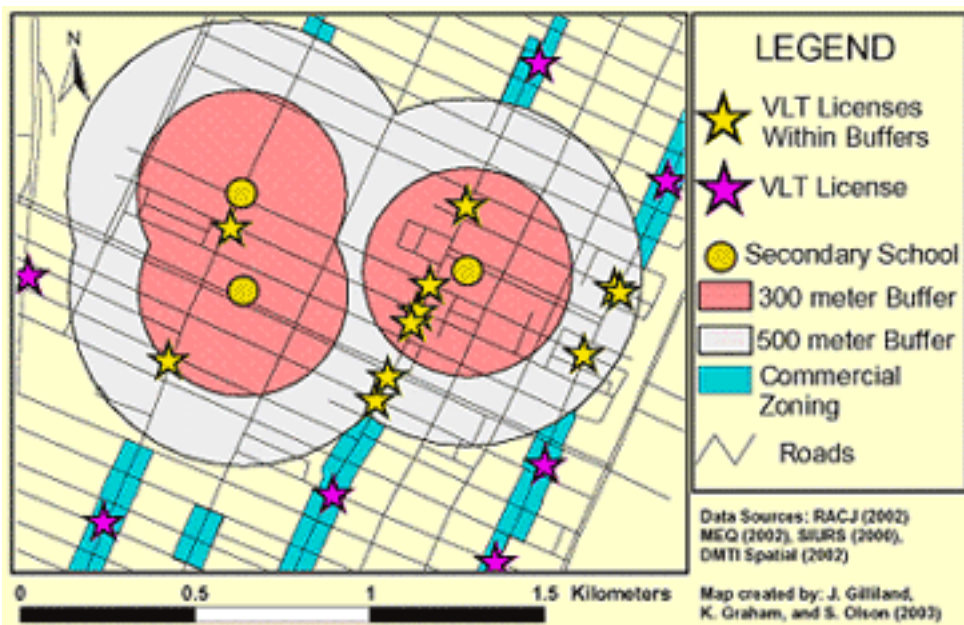
constructed through a dynamic process by adding layer upon layer of selected data and performing spatial queries about relationships between the layers. We began by mapping all of the establishments with VLT licenses by street address (indicated with stars). By adding the layer of land use zoning, we can see that the spatial distribution of VLTs is not random; VLTs are concentrated on commercially zoned streets (identified in blue). Since this project is concerned with the vulnerability of youth, we have focused our attention on the areas

concentrated near secondary schools with approximately one third of all VLTs in Montreal being located within 500 metres of a secondary school, and about half of all secondary schools in Montreal are located within 500 metres of a VLT (Gilliland et al. 2003).

The work described here is limited to an examination of the distribution of VLT opportunities in relation to the distribution of vulnerable populations (i.e., youth). This type of geographical analysis, although valuable, does not justify a

school, or on the way to and from school. If the preliminary findings hold up, this research will argue that the social environments conducive to problem gambling among youth have been intensified in recent years, but there are options for ‘calming’ public environments by further restricting video lottery sites in terms of minimum distance from a school. In reducing the visibility and access to the machines, we can perhaps prevent youth from developing gambling problems and reduce the temptations of others who have already stopped playing. This work demonstrates an urgent need for researchers and government decision-makers alike, to reconsider the place of gambling in our cities.

Project funding is provided through the *Fonds québécois de la recherche sur la société et la culture*. For further information about this project contact Jason Gilliland (jgillila@uwo.ca).



Secondary school exposure to VLTs in a Montreal neighbourhood

around schools. One powerful feature of a GIS is that it allows us to perform spatial queries. On the map shown here, for example, we have generated a 300-metre and 500-metre “buffer zone” around the three secondary schools to approximate the distances that students could easily walk in about five minutes during a lunch period or on the journey home. The map reveals a significant number of video lottery sites within a short walk of each school. It is possible to automatically highlight and count these immediate sites in order to calculate a measure of ‘VLT exposure’ for each school. Our preliminary work for the entire city suggests that VLTs are heavily

conclusion that pupils heavily exposed to VLTs are the ones actually playing the VLTs. Much of the research into the social environments conducive to health stops short of understanding how individuals interact with and perceive their environment. The qualitative and quantitative research that we will undertake this Fall will address this shortcoming by providing a fuller understanding of the journey to school as an environment of opportunity and risk, and perceptions of gambling opportunities in the public spaces that students frequent. Among the hypotheses we propose to test is that pupils who use VLTs regularly are using sites close to home, close to

References

- Gilliland, J., Gupta, R., Khan, S., Ross, N., & Derevensky, J. (2003). Assessing ‘Opportunity Structures’ for VLT playing and youth access: A case study. Paper presented at the *12th International Conference on Gambling and Risk-Taking*, Vancouver, May.
- Gupta, R., & Derevensky, J. (1998). Adolescent gambling behavior: A prevalence study and examination of the correlates associated with problem gambling. *Journal of Gambling Studies*, *14*, 319-345.
- Gupta, R., & Derevensky, J. (2000). Adolescents with gambling problems: From research to treatment. *Journal of Gambling Studies*, *16* (2/3), 315-342.
- Ross, N.A. & Taylor, S.M. (1998). Geographical variation in attitudes toward smoking: findings from the COMMIT communities. *Social Science & Medicine*, *46*, 703-717.

Making Sense of Marijuana Laws

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International Centre for Youth Gambling

Recent proposals to change Canadian marijuana legislation have led to widespread debate about the potential impact of its decriminalization. Bill C-38, which was introduced into the House of Commons earlier this year, proposes to amend both the Contraventions Act and the Controlled Drugs and Substances Act. While some critics are condemning the bill for effectively treating marijuana in much the same way as liquor or tobacco, others have expressed their support for the new legislation by pointing to the uneven and often disproportionately harsh nature of current enforcement procedures. Whether C-38 is passed or not, these issues are of special interest to anyone who works with children, given that according to Health Canada, roughly one third of Canadian teens report having used marijuana.

As the law now stands, unlawful possession of cannabis is a criminal offence. A conviction for possession of 30 grams or less is punishable by a fine of up to \$1,000 CND, imprisonment for up to six months, or both. In all cases, an individual who is convicted receives a criminal record. Under the new legislation, cannabis would remain illegal but offenses such as possession of 15 grams or less would not result in a criminal record and would instead be punishable with fines of up to \$400.

Why is this relevant? In Canada, marijuana use is highest among young people aged 16-24. According to a recent report produced by the Special Senate Committee on Illegal Drugs, the average age of introduction to cannabis is 15 years. Although the report points out that

most youth “experimenters” stop using cannabis, it also notes that regular users were generally introduced to cannabis at a younger age. Recent findings published in the *Journal of the American Medical Association* also support the notion that earlier initiation is likely to lead to heavier use of marijuana and other drugs. Michael Lynskey and his associates reported that among a sample of twins, individuals who used cannabis by age 17 were 2.1



to 5.2 times more likely to abuse other drugs compared to a twin, who did not use cannabis before the age of 17 (Lynskey, Heath, Bucholz, Slutske, Madden, Nelson, Statham, & Martin, 2003). These findings lend support to the so-called “gateway theory” suggesting that marijuana use leads to the use of “hard drugs” such as cocaine or heroin. However, there is still much debate about the gateway theory. Alternatively, Andrew Morral and his colleagues produced a common-factor model which was able to account for drug use without relying on a gateway theory, instead positing

a relationship between factors such as a natural propensity for drug use coupled with drug availability (Morral, McCaffrey, & Paddock, 2002).

Gateway theory aside, it is clear that many Canadian teens are putting themselves at risk. According to the Canadian Medical Association, probable short-term effects of marijuana use include cognitive impairment, psychomotor impairment, anxiety, dysphoria, and panic. Chronic use can lead to dependence, mild cognitive impairment, lung infections, chronic bronchitis, and exacerbation of psychosis. Cannabis use may also be to blame for numerous traffic accidents and for low birth-weight babies. The negative health effects of cannabis use have led many to wonder if decriminalization might be sending young people the wrong message. Critics argue that decriminalization will ultimately lead to increased use, particularly among young people. Research seems to indicate, however, that a reduction in penalties for the possession of small amounts of marijuana does not necessarily result in increased use (Hall, 1997; MacCoun and Reuter 2001). As well, proponents of decriminalization point out that at present most resources are now directed at law enforcement. They argue that money could be better spent on public health and education.

So what are we to make of all this? As parents, educators, and professionals we need to focus energies on prevention and education. While decriminalization may not necessarily lead to increases in the prevalence of marijuana use, changes in legislation must be combined with effective prevention

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programs designed to help youth understand that continued marijuana use is unhealthy and can lead to dependence. In fact, the Canadian Medical Association (CMA) has argued exactly that. In a report released last March, the CMA supported decriminalization but only in conjunction with a national illegal drug strategy promoting awareness and prevention, including a cannabis cessation program for comprehensive treatment. The CMA also recommends that early education programs be put in place in order to denormalize drug use before children hit adolescence.

Many researchers have suggested that the period of late childhood or early adolescence is an ideal time to begin systematically educating young people about drug use (Siegal & Biener, 2000; Peracchio & Luna, 1998). Targeted social marketing campaigns are one important tool for changing attitudes and behaviours, as are school- and community-based programs. Health Canada has produced an excellent compendium of best practices for drug prevention, available on-line at www.hc-sc.gc.ca/hecs-sesc/cds/index.htm. The Substance Abuse and Mental Health Services

Administration of the US Department of Health and Human Services (SAMHSA) also offers a wide range of effective prevention programs at www.samhsa.gov. For prevention on a smaller scale, Dr. Marsha Rosenbaum's website, Safety First, is a great resource at www.safety1st.org. Taking a harm-



reduction approach, Safety First offers a wealth of information including a comprehensive guide to everyday prevention for parents, teachers, or anyone else who acts as a role model to young people.

This Fall, when Parliament reconvenes, once again the issue of decriminalization will be under debate in the House of Commons. Bill C-38 could be ratified, modified, or thrown out altogether. Whether decriminalization occurs or not, there is a growing need for targeted interventions designed to

educate youth and to change norms and behaviours surrounding cannabis use.

References

- Senate Special Committee on Illegal Drugs (2002). *Cannabis: Our position for a Canadian public policy*. Ottawa, Canada: Government of Canada.
- Canadian Medical Association (2002). *A public health perspective on cannabis and other illegal drugs: CMA submission to the Special Senate Committee on Illegal Drugs*. Canadian Medical Association.
- Roberts, G., McCall, D., Stevens-Lavigne, A., Anderson, J., Paglia, A., Bollenbach, S., Wiebe, J., & Gliksman, L. (2001). *Preventing substance use problems among young people: A compendium of best practices*. Ottawa, Canada: Office of Canada's Drug Strategy, Health Canada.
- Lynskey, M. T., Heath, A. C., Bucholz, K. K., Slutske, W. S., Madden, P. A. F., Nelson, E. C., Statham, D. J., & Martin, N. G. (2003). Escalation of drug use in early-onset cannabis users vs co-twin controls. *Journal of the American Medical Association*, 289, 427-433.
- MacCoun, Robert, & Reuter, Peter (2001). Evaluating alternative cannabis regimes. *British Journal of Psychiatry*, 178, 123-128.
- Morral, A. R., McCaffrey, D. F., & Paddock, S. M. (2002). Reassessing the marijuana gateway effect. *Addiction*, 97, 1493-1504.
- Peracchio, L. A., & Luna, D. (1998). The development of an advertising campaign to discourage smoking initiation among children and youth. *Journal of Advertising*, 27(3), 49-56.
- Seigel, M., & Biener, L. (2000). The impact of an antismoking media campaign on progression to established smoking: Results of a longitudinal youth study. *American Journal of Public Health*, 90, 380-386.

Bet You Didn't Know...

Is gambling morally OK?

The morality survey by Gallup, released May 14, shows that gambling is among the top five morally-acceptable behaviours. It's just behind divorce, the death penalty and medical testing on animals. What's not as acceptable, according

to the poll is homosexuality, abortion, suicide, cloning humans and men having affairs.

Source: Casino Wire

Wife to friend after returning from a trip to Las Vegas with her husband:

"I don't gamble much, and that's all Fred wanted to do. The most exciting part of the trip was when Fred mistakenly put a bus token in one of the slot machines and the security guards hauled him away."

No. 1 reason to gamble: To win!!
No. 2 reason to gamble: To win back!!
... and the chase continues.

Boredom and Risk Taking: How to Keep Kids Out of Trouble

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Prevention Specialist
International Centre for Youth Gambling

Summer is one of the most enjoyable seasons of the year because it is often synonymous with vacation, especially for youth. After having been confined to the rigorous structure of school, children and teenagers suddenly find themselves faced with the freedom of summer and the leisure to do numerous activities, or none at all, as their hearts desire.

activities which can sometimes lead to experiment with risk taking behaviours.

The Canadian Fitness and Lifestyle Research Institute as well as the U.S. Department of Health and Human Services suggest programs to reduce the risk of youth engaging in high-risk behaviours by giving them opportunities to get involved

activities promote healthy behaviour and can serve as a protective factor against numerous problem behaviours, such as gambling, drug and alcohol abuse and delinquency.

A multitude of activities can be organized throughout the summer vacation to prevent risk taking behaviours. Now that summer is over, we also need to provide our children and teenagers with opportunities to get involved in structured activities throughout the school year. As long as these activities don't interfere with school work, they can benefit children and teenagers' psychological well-being and protect them on many different levels.

For more information on successful programs and initiatives you can implement in your community, please visit the following sites:

<http://www.cflri.ca/>

<http://ncadi.samhsa.gov/yourtime/Default.asp>



Although idleness can sometimes be viewed as a way to recuperate from a long and sometimes strenuous school year, it can also rapidly lead to boredom. We are all familiar with the famous quote "an idle mind is the devil's workshop." With regards to children and teenagers, once boredom surfaces they seek out opportunities to occupy themselves. Furthermore, teenagers are more likely to seek out novel and exciting

in positive activities.

Positive activities are structured, exciting, challenging, and offer youth opportunities to enhance their self-esteem, acquire a sense of competency, develop life skills and self-discipline while forming meaningful positive emotional bonds with adults in a position of authority. Therefore, while structuring their free time to help youth to stay out of trouble, these

Evidence for Alternatives Activities as a Preventive Strategy

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The promotion of alternative activities as a prevention strategy has gained popularity in recent years. The alternatives approach stems from the assumption that participating in healthy activities deter youth from engaging in high-risk behaviour, either by fulfilling the need usually satisfied by such high-risk activities or by making them less attractive (Carmona & Stewart, 1996). There is also evidence to suggest that a low level of attachment to family and pro-social peers is associated with involvement in high-risk behaviours, specifically alcohol and drug use (Buckhalt, Halpin, Noel & Meadows, 1992). As a result, having opportunities to participate in meaningful activities that help youth develop a sense of attachment to peers, family, school, and the community can be an important protective factor (Elder et al., 2000; Resnick et al., 1997; Hardoon et al., 2003).

Alternative activities can occupy adolescents' free unstructured time, provide youth with meaningful social activities and help them develop life skills, as well as provide them with the opportunity to interact with peers and develop healthy relationships with adults. Alternative activities can range from athletic, recreational, or arts programs, to community drop-in centres and programs aimed at high-risk youth. Alternative activities aimed at preventing alcohol or drug use, however, tend not to include substance abuse-related content.

The Center for Substance Abuse Prevention at the Substance Abuse and Mental Health Services Administration (SAMSHA) reviewed the effectiveness of alternative activities as a strategy for the prevention of substance use among youth (Carmona & Stewart, 1996). Given the limited research on the types

of activities and implementation methods that are most likely to be effective, SAMSHA asserts that it remains unclear how best to design an alternatives program. Further, they maintain that most programs are implemented because they sound like a good idea and not because there is strong evidence to support them.



Despite incomplete research, the studies analyzed in this review indicate that alternative approaches are more likely to be effective when they specifically target those youth at greatest risk of developing problems and the activities are attractive and appropriate to the target group. Furthermore, alternative programs are most effective when they include a skill-building component. Since high-risk youth may have fewer opportunities to participate in constructive activities and develop personal and social skills, they have the potential to benefit the most from such programs. As research indicates, youth who have healthy personal and social skills are less likely to engage in high-risk activities (Block et al., 1988; Shedler & Block, 1990). The analysis further suggests that alternative strategies produce desirable results when combined with other

prevention strategies.

Although most alternative activities have been developed with the aim of preventing or reducing alcohol and drug use among youth, strategies and lessons can nevertheless be applied to gambling prevention. Given that many youth engage in high-risk activities including gambling as result of boredom, low level of attachment to family and pro-social peers, and inadequate social and life skills among other risk factors, alternative programs may be an important component of community-based prevention. However, in order to be most effective, alternatives need to be inbedded into existing public health efforts which include environmental policy changes, public education, harm-reduction and other school-based prevention programs.

References:

Buckhalt, J., A., Halpin, G., Noel, R. & Meadows, M. E. (1992). Relationship of drug use to involvement in school, home, and community activities: Results of a large of adolescents. *Psychological Reports*, 70, 139-146.

Carmona, M. & Stewart, K. (1996). *A Review of Alternative Activities and Alternative Programs in Youth-Oriented Prevention*. CSAP Technical Report -13. Substance Abuse and Mental Health Services (SAMSHA), National Center for the Advancement of Prevention (NCAP).

Elder, C., Leaver-Dunn, D., Wang, M., Nagy, S. & Green, L. (2000). Organized group activity as a protective factor against adolescent substance use. *American Journal of Health Behavior*, 24, 108-113.

Hardoon, K., Derevensky, J. & Gupta, R. (2003) Empirical vs. perceived measures of gambling severity: Why adolescents don't present themselves for treatment. *Addictive Behavior*, 28, 1-14.

Shedler, J. & Block, J. (1990). Adolescent drug use and psychological health: A longitudinal inquiry. *American Psychologist*, 45, 612-630.

Know the Score...it's about knowing more

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Responsible Gambling Council
(Ontario)

Background

Research released by the Canadian Centre on Substance Abuse and the Responsible Gambling Council in 2001 found that 7% of young Ontario adults (18 to 24 years old) experienced moderate to severe gambling problems, almost twice the rate found in the general population. Young adults sometimes fail to recognize the potential risks of gambling. Furthermore, this age group can often be considered risk-takers. They also live in a time when gambling has become socially acceptable and is of little concern to family members or friends.

In order to reach a significant number of at-risk youth (18-24), the Responsible Gambling Council (RGC) encouraged the involvement of the post-secondary community. In 2001 we approached health services departments of Ontario colleges and university and invited their participation in a pilot initiative called *Know the Score*. Eight Ontario campuses agreed to participate including Algonquin College, Brock University, Carleton University, University of Guelph, Humber College, Lakehead University, Laurentian University and the University of Windsor.

Program

Know the Score is an interactive gambling awareness program for post-secondary students. It is delivered through Ontario colleges and universities. The program is run from October to March with display booths located in high traffic areas of campuses for four consecutive days. Student staff, hired and trained by the

Responsible Gaming Council, address peers with a set of five questions designed to increase gambling awareness. The questions dispel some common myths regarding randomness, share early signs of problem gambling, tell students where they can get help in their local community with gambling related problems, and suggest ways to keep their gambling safer. Information on locally available resources is also available. Participants able to correctly answer the entire questionnaire are eligible for various contest awards including tuition and gift certificates.

Evaluation

Six months after the program was implemented, the Council commissioned a formal evaluation of *Know the Score*. Approximately 500 student participants evaluated the program in order to determine whether or not RGC had met the goals of the program. Could students remember seeing the program, understand the messages, and remember the messages? We also included several questions about the participation and enjoyment of the program.

The evaluation found that students' retention of *Know the Score* key messages was close to 90% with 89%

of participants reporting that they were better informed about making decisions about gambling.

In terms of the medium used for reaching students with the *Know the Score* program:

- 97% believed that on-campus programs are an effective way of getting the message out
- More than 80% said that take-away materials are an important way of getting information to students
- 90% felt that the completion of a quiz was a good way to increase awareness
- 93% thought that a fun and friendly approach worked better than scare tactics

We also asked students if they used the information received from the program and found that a surprising 22% indicated that they had. Some responses that were reported included "A friend told me ways of tricking slot machines...by doing certain things to win and now I know it's not true," "I talked to a friend that has a gambling problem," and "the last time I went to a casino I limited the time, I took people with me, and limited the money I brought."

Program Goals	Effectiveness of Approach
To increase students' awareness of:	
1. common myths regarding randomness	• 85% reported an awareness of the myths surrounding randomness
2. early signs of problem gambling	• 89% agreed or strongly agreed that the program increased their awareness of the early signs of problem gambling • 98% felt that it was important to increase awareness of early signs
3. where they can get help in their local community	• 77% stated that they were now aware of counselling services available to help problem gamblers in the community
4. ways to keep gambling safer	• 84% of the students reported increased understanding of ways to keep gambling safer

Also encouraging, the survey found that 95% of the students we talked to said they had fun participating in the *Know the Score* program. Look for us at one of the eighteen (Ontario) campuses we visit this academic year! More information can be found at www.responsiblegambling.org

The Responsible Gambling Council is a non-profit organization funded by the Ministry of Health and Long-Term Care. The Council designs and implements awareness programs to inform consumers of the risks associated with gambling and ways to gamble responsibly, as well as of sources for assistance for those who are experiencing problems.



Thoughts from a Visiting Professor

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As Visiting Professor at the International Centre for Youth Gambling Problems at McGill my goals were two-fold, one to visit other research concentrations to orientate myself to emerging research themes and projects and secondly to present research findings from my own University, debating the implications for treatment and prevention of problem gambling. It has proven possible with the combined support of my University and the respective research centres to visit Edmonton, Halifax, Quebec and Toronto, with an additional policy discussion session with the Atlantic Lottery Corporation in Moncton, New Brunswick. This experience has been invaluable in making me aware of ongoing research developments as well as providing me with a better understanding of the nature of legalized gambling and its social impacts in the different provinces across Canada.

The two research outcomes presented in Vancouver from a series of research projects completed with colleagues at the University of Western Sydney

were: 1) that impaired control as reported by regular players across a series of large independent samples recruited in venues was a very common experience; and 2) that the main driver of this subjective experience was the intensity and positive valence of the emotion experienced while gaming.

The implications for treatment are that the contemporary emphasis on cognitive themes may be inappropriate and that the goal of controlled gambling may need to be revisited. In the context of prevention it was argued from a consumer protection perspective that the purchase point of gaming needs to be removed from the gaming sequence itself to a time prior to the session and to a place away from the gaming floor. In the context of the current move toward cashless systems of gaming the different ways of regulating such a principle were vigorously debated given the potential to eliminate problem gambling and underage gambling in a way not possible with other addictive behaviours such as drinking alcohol.

The two months have proved to be very valuable not least for the opportunity to meet in person many colleagues with whom contact over the years has been restricted to email. I am deeply appreciative of the kindness and courtesy extended to me throughout my stay. The Centre has not only provided me with the essential work facilities but also an active scholarly environment (with real espresso coffee); my sincere thanks to the Directors, staff and students for their warm welcome.



Dr. Mark Dickerson was a Visiting Professor in June and July.

Interesting New Research

Cote, M-A., Vitaro, F., & Ladouceur, R. (2003). Attitudes, knowledge, and behavior of Quebecois parents regarding youth gambling. *Canadian Psychology, 44*(2), 152-161.

The attitudes, knowledge, and behaviours of parents regarding youth gambling were assessed. The randomized sample consisted of 597 parents of children aged 5 to 17 years. Data was collected by telephone survey. Their results indicate that most parents are cognizant about problem gambling among youths. Findings further indicate that parents have accurate and realistic attitudes toward youth gambling. Interestingly, these findings suggest that parents tend to overestimate the prevalence of problem gambling among youth, and underestimate the probability that their own child has gambled and that he/she may have a gambling problem. The majority of parents approve the implementation of prevention programs in schools and many would be interested in participating in such activities if they were offered to adults. The results underscore the pertinence of informing parents about youth gambling and highlights their openness towards and preferences regarding prevention interventions.

Prinz, R.J., & Kerns, S.E. (2003). Early substance use by juvenile offenders. *Child Psychiatry & Human Development, 33*(4), 263-277.

Although the interconnection between delinquency and substance

use in adolescence is well documented, considerably less is known about substance-use initiation in childhood for juvenile delinquent populations. This descriptive study examined early substance initiation in childhood as reported by 189 adolescents who were incarcerated for juvenile offenses (93 males, 96 females; 58% African American, 42% European American). Youth were individually interviewed using



an adapted version of substance related questions from the National Household Survey. Juvenile justice system records were reviewed to characterize offense histories. A majority of males and females reported using at least one substance (other than cigarettes) such as alcohol, marijuana, or inhalants by age 13. Alcohol use reportedly occurred by age 10 for 17% of the youth. For a substantial portion, early initiation turned into frequent early

use. For example, 32% of the males and 39% of the females reported drinking alcoholic beverages at a frequency of several times per month or greater by age 13. Limited evidence related early substance initiation with subsequent substance abuse. Offense status was related to early substance initiation for females but not males. The study provided clear evidence that very early substance use is a significant problem among youth who end up in the juvenile justice system and that we need to find out more about the environmental and social variables affecting very early substance initiation.

Slutske, W.S., Jackson, K.M., & Sher, K.J. (2003). The natural history of problem gambling from age 18 to 29. *Journal of Abnormal Psychology, 112*(2), 263-274.

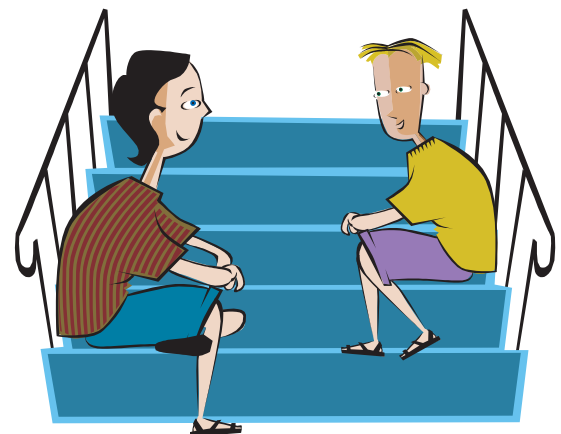
Aggregate-level prevalences and individual-level developmental trajectories of untreated problem gambling were examined in an 11-year, 4-wave longitudinal study spanning the adolescent through young adult years. The past-year prevalence, 3-4 year incidence, and lifetime prevalence of problem gambling from adolescence through young adulthood were relatively stable at 2%-3%, 1%-2%, and 3%-5%, respectively. Despite the stability of the prevalences at the aggregate level, problem gambling appeared to be more transitory and episodic than enduring and chronic at the individual level.

Voices from Youth

“When I was gambling, I woke up every day thinking this was going to be a big day.” Male, Age: 17

“I want to jump out of a plane... I think it would give me a similar rush.” Female, Age 18

“When I lose, its really good because I am on mission...I have something to do...try to win my money back.” Male, Age:18



News from the Centre ...

New Staff

We would like to extend a warm welcome to Dr. Maggie Magoon who is joining the Centre as a post-doctoral fellow. Maggie completed her Ph.D., "Psychosocial Correlates of Adolescent Gambling" at Indiana University. Her main research interests focus on parental influences on adolescent gambling as well as investigating and disseminating youth gambling information to the juvenile justice system.

Dr. Tanya Bergevin will be joining our Centre as a clinical researcher. Tanya recently graduated from the Clinical Psychology program at Concordia University where she completed multiple research projects in the field of developmental psychology and developmental psychopathology. Tanya will be coordinating several of our research projects and will work with our clinical team.

Visitors

Dr. Ron Frisch, University of Windsor and Chairman of the Board of the Ontario Problem Gambling Research Centre visited our Centre this summer.

Centre Symposium

The Centre will be holding a one day Symposium, November 5th 2003, on youth gambling to discuss findings from our research, prevention and treatment programs. This Symposium will be conducted in French. All are welcome – please contact us at: (514) 398-1391 for more information.

Grants & Awards

Along with Drs. Dagher and Gunn, Dr. Jeffrey Derevensky and Dr. Rina Gupta were awarded a grant from

the Institute for Gambling Research, Harvard Medical School for research on Dopamine release in response to monetary reward measured with positron emission tomography.

On June 4th Dr. Marvin Steinberg, Executive Director of the Connecticut Council on Problem Gambling, presented Dr. Jeffrey Derevensky an award for his International leadership in addressing youth problem gambling through research, training and advocacy. The award was presented to Dr. Derevensky at the Connecticut Council's Annual Meeting.



New Publications and Presentations from the Centre

Derevensky, J., Gupta, R., Hardoon, K., Dickson, L., & Deguire, A-E. (2003). Youth gambling: Some social policy issues. In G. Reith (Ed.), *Gambling: Who wins? Who loses?* New York: Prometheus Books, pp. 239-257.

Derevensky, J., Gupta, R., Dickson, L., Hardoon, K., & Deguire, A-E. (2003). Understanding youth gambling problems: A conceptual framework. In D. Romer (Ed.), *Reducing adolescent risk: Toward an integrated approach*. California:

Sage Publications, pp.239-246.

Dickson, L., Derevensky, J., Gupta, R. (2003). Youth gambling problems: The identification of risk and protective factors. Report prepared for the Ontario Problem Gambling Research Centre, Ontario, 152 pp.

Hardoon, K., Derevensky, J., & Gupta, R. (2003). Empirical vs. perceived measures of gambling severity: Why adolescents don't present themselves for treatment. *Addictive Behaviors*, 28, 933-946.

Derevensky, J. (2003). Youth gambling: Some critical issues and a cause for concern. Invited address presented to the meeting of the Connecticut Council on Problem Gambling, Guilford, Connecticut, June.

Derevensky, J., Gupta, R., Hardoon, K., Dickson, L., & Deguire, A-E. (2003). Youth gambling: Implications for social policy. Paper presented at the annual meeting of the National Council on Problem Gambling, Louisville, June.

Messerlian, C., Derevensky, J., Gupta, R. (2003). A new way forward: A public health approach to youth problem gambling. Paper presented at the annual meeting of the National Council on Problem Gambling, Louisville, June.

Nower, L., Gupta, R., & Derevensky, J. (2003). Depression and suicidality among youth gamblers: An examination of comparative data. Paper presented at the annual meeting of the National Council on Problem Gambling, Louisville, June.

Deguire, A-E., Gupta, R., & Derevensky, J. (2003). Youth gambling problems: From research to prevention. Poster presented at the annual meeting of the Society for Prevention Research, Washington, D.C., June.

We hope everyone had a wonderful summer! !

YOUTH GAMBLING PROJECT

The YMCA Youth Gambling Program is funded by the Ontario Substance Abuse Bureau of the Ministry of Health and Long-Term Care. It was developed to support youth, parents, guardians, professionals, and other role models about the potential harm associated with youth gambling. Since the first presentation in October 2001, the program has reached almost 50,000 youth and adults. The project has also recently expanded from 7 sites to 18 sites across the Province of Ontario. The YMCA Youth Gambling Project supports youth to weigh the costs and benefits of gambling by creating and facilitating a discussion of where gambling fits into young people's lives.

For more information visit: <http://www.ymcatoronto.org/gambling/> or contact Tom Walker, Director, YMCA Youth Gambling Project (416) 928-3362 x 2123.

YGI Newsletter

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Upcoming Events

Third International Conference on Gambling in New Zealand

New Zealand, New Zealand

September 11-13, 2003

www.gamblingissues.co.nz/content/Flyer%20Article%202003.pdf

Youth Addictions Conference

Saskatoon, Saskatchewan

September 25-27, 2003

<http://www.sdh.sk.ca/calender/ppsu.htm>

Contact: madillg@sdh.sk.ca;

Substance Abuse in the 21st Century: Positioning the Nation for Progress

CASACONFERENCE

New York, New York

October 8-10, 2003

www.casacolumbia.org

Regulating Addictions

Harvard University and

the National Center for Responsible Gaming

Las Vegas, Nevada

December 7-9, 2003

