The stereotypical problem gambler portrayed in movies is usually a hard-living, risk-taking man who makes bad decisions that generally astound most of us with their lack of forethought in the face of almost certain financial ruin. James Caan’s character, Axel Freed, in the movie *The Gambler* comes to mind, as in one scene he bets on a basketball game he is certain to lose. In another example, Phillip Seymour Hoffman portrays the title character of the movie *Owning Mahowny* based on a true story about a banker who risks his job, his relationships and his freedom betting millions of dollars embezzled from customers’ bank accounts.

In the real world of gambling disorders, not all problem gamblers display such high levels of self-destructive impulsiveness. There is a great deal of variability among problem gamblers we see in treatment. The prototypical gambler is male, but many more women report gambling problems than in the past. Some problem gamblers have histories of drug or alcohol addictions, while others may have never experienced such problems. Some begin gambling in adolescence, while others start in their 50s, 60s, or even later in life. Gamblers also display a very broad range of risk taking, with some gamblers being quite risk-averse outside of their gambling pursuits.

Additionally, people report many different reasons for gambling. Some gamblers seek the thrill and excitement of being “part of the action.” Others seem to gamble as a way of managing their emotions. In some cases, gambling is a social pursuit, and in others people may gamble to be alone. Some gamblers prefer games where there is a lot of action and strategizing like betting on sports or poker, while others may be more focused on games of pure luck like slot machines or lotteries. Diverse motives for gambling have led some researchers to hypothesize that there may be different types (or subtypes) of problem gamblers, and that understanding the factors that contribute to gambling among different types of gamblers might help clinicians to better tailor problem gambling treatments.

Early models of subtyping problem gamblers can be found in the scientific literature dating back to the 1970s (see Milosevic & Ledgerwood, 2010 for review). However, the concept of subtyping did not really catch hold until the publication of a seminal article by Drs. Alex Blaszczynski from the University of Sidney Australia, and Lia Nower from Rutgers University (2002), describing their Pathways Model of subtyping problem gamblers. Noting that the previous models could not adequately explain all of the psychological, social and biological causes of problem gambling, the Pathways Model is an attempt to develop a conceptual framework that includes each of these contributing factors, while also acknowledging that the path to a gambling disorder may differ from person to person.

Blaszczynski and Nower proposed three distinct pathways through which an individual may develop a gambling problem. The first, behaviorally conditioned subtype, includes gamblers who have the least severe gambling problems,
and may fluctuate between heavy regular gambling and excessive gambling. Excessive gambling may be more a result of bad decision-making, cognitive distortions and environmental contingencies (e.g., an early big win) rather than any underlying psychological vulnerabilities or impaired control. Emotionally vulnerable gamblers, on the other hand, have the same environmental factors contributing to their excessive gambling, but they also tend to use gambling as a maladaptive way of coping with depression, anxiety and stressful life events. An example would be a gambler who uses a slot machine to “zone out” and not think about negative affect and experiences.

Finally, antisocial-impulsive gamblers are those who seem to most resemble the “typical” gambler portrayed in popular culture; these individuals often display significant levels of psychological problems. They tend to be impulsive and have higher rates of antisocial personality disorder. Further, antisocial-impulsive gamblers are thought to have neurological deficits related to impulse control, and are more likely than other gamblers to display a wide range of behavioral problems aside from gambling including alcohol/drug misuse, suicidality, low boredom tolerance and legal problems.

Several studies using a variety of methods and problem gambling populations have revealed subgroups of problem gamblers that more-or-less resemble those portrayed by the model (e.g., Bonnaire, Bungener, & Varescon, 2009; Gupta et al., in press; Turner et al., 2008; Vachon & Bagby, 2009). In one recent study, we categorized treatment-seeking pathological gamblers (N = 229) into subtypes based on the Pathways Model using scores from questionnaires assessing anxiety, depression and impulsivity and measured changes in problem gambling severity throughout treatment follow-up (Ledgerwood & Petry, 2010). Compared with behaviorally conditioned gamblers, emotionally vulnerable and antisocial-impulsive gamblers had higher psychiatric and gambling severity, and were more likely to have a parent with a psychiatric history. Antisocial-impulsive gamblers were also more likely to have antisocial personality disorder, history of substance abuse treatment and inpatient psychiatric treatment, have a parent with a substance use or gambling problem and had the highest legal and family/social severity scores. These findings were all consistent with the Pathways Model.

Ultimately, however, any system of characterizing problem gamblers in different subtypes is only useful if it helps us to understand how best to help them. So far, few have looked at how people categorized into different subtypes respond to treatment. In the same study described above, we examined how well problem gamblers in each subtype responded to behavioral treatments. We predicted that: 1) the behaviorally conditioned gamblers would start off with much less severe gambling problems than the other two subtypes; and 2) the behaviorally conditioned and emotionally vulnerable gamblers would demonstrate better treatment outcomes than the antisocial-impulsive gamblers. We made this second prediction believing that high levels of impulsiveness among our antisocial-impulsive gamblers would interfere substantially with treatment.

Our treatment findings were mixed. As expected, antisocial-impulsive and emotionally vulnerable gamblers demonstrated greater gambling severity throughout treatment than behaviorally conditioned gamblers. However, contrary to our initial predictions, all three subtypes demonstrated similar patterns of treatment response. We did not expect that antisocial-impulsive gamblers would improve at the same rate as the other two groups, but they did. This finding provided us with hope that, even for our most challenging clients, treatments are effective in reducing the burden of gambling problems.

The evidence now seems clear that problem gamblers cannot be characterized simply as impulsive individuals who experience a loss of control over their gambling behaviors. While impulsivity is a difficulty for many problem gamblers, it is important to acknowledge that many may gamble primarily as a way to alleviate depression, or to cope with stress, or because of contingencies associated with the gambling environment itself. Further, even our most impulsive problem gamblers can benefit from treatment.

Nevertheless, there are still several unanswered questions about problem gambling subtypes that must be addressed before models such as the Pathways Model will truly help problem gamblers. First, we do not yet have a basic, agreed upon way of categorizing problem gamblers into different subtypes. There are currently attempts to develop and validate as-
sessments to assign problem gamblers to different subtypes, and when complete, these assessment tools will be valuable to clinicians treating gambling disorders. Second, even if we can accurately assign problem gamblers to different subtypes, there are currently no studies that address which treatments would be most appropriate for each subtype. For example, antidepressant medications have demonstrated mixed effectiveness in the treatment of gambling disorders, but perhaps their effectiveness would be greater among emotionally vulnerable problem gamblers. Similarly, perhaps treatments designed for individuals with substance use disorders will be most effective among antisocial-impulsive gamblers.

From a treatment perspective, the idea of subtyping problem gamblers is exciting because it offers the hope of providing greater benefit to our patients via accurate tailoring of treatment. However, the field is currently in a very early stage, and much more research needs to be done to understand the ultimate ability of these models to improve our understanding of gambling problems. Once we have begun to fully explore these important treatment issues, we will have a much better understanding of how useful subtyping measures might be in helping problem gamblers in treatment and recovery.

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References

Centre Fundraising Campaign in Full Swing

Due to restricted government infrastructure funding, the Centre has initiated a fundraising campaign to help us maintain our ability to develop and deploy empirically-based prevention and harm-minimization programs. The Centre is housed on McGill University’s main campus in the heart of Montreal, Canada. McGill University is a public university and recognized charitable organization.

Donations are welcome and can be made to:

The International Centre for Youth Gambling Problems and High-Risk Behaviors
McGill University
3724 McTavish Street
Montreal, Quebec H3A 1Y2

Official letters of contributions and tax receipts will be forwarded
The Annual Holiday Campaign

The Holiday season is approaching quickly, and we are thrilled to begin another year of our annual Holiday Campaign. This will mark the fifth year that the National Council on Problem Gambling (NCPG) and the International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University have partnered with lotteries around the world to share the message that lottery tickets should not be purchased as holiday gifts for children.

Research shows that the majority of adolescents gamble at least occasionally, and that lottery products may be a gateway to problem gambling. Youth gambling has been shown to be linked to other risk-taking and addictive behaviors such as smoking, drinking and drug use.

Last year, 30 lottery organizations worldwide formally participated in this initiative including:


We are continuing to expand our collaborative efforts to promote responsible gambling. This year, we have produced industry-specific materials which will help lottery corporations spread the message. The play-center insert shown here has been designed to publicize the effort and lottery corporations are encouraged to reproduce it and display it in their retail locations. The insert was designed to facilitate rapid and easy lottery corporation customization. A space is provided on the insert enabling lotteries to add their corporate logo prior to printing.

For more information about the campaign or to join this initiative, please contact Lynette Gilbeau, Research Coordinator, International Centre for Youth Gambling Problems and High-Risk Behaviors (McGill University), 514-398-4438 or lynette.gilbeau@mcgill.ca.

Scratch Lottery Tickets and Children

Findings from a recently published study conducted by Dr. Marc Potenza and researchers at Yale University indicate that children who receive lottery scratch tickets as gifts are more likely to gamble earlier in life. The study polled over 2,000 Connecticut high school students and found that teens who received scratch lottery tickets as gifts tended to have a more permissive attitude toward gambling than those who did not receive scratch lottery tickets. The researchers also reported a stronger association between age of gambling onset and problem gambling severity among those who received lottery tickets.
Environmental Influences Associated with Gambling in Young Adulthood

By Silvia S. Martins, M.D., Ph.D, Department of Epidemiology, Columbia University Mailman School of Public Health and Department of Mental Health, Johns Hopkins Bloomberg School of Public Health

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Social and environmental influences on gambling behavior are important to understand because localities can control the sanction and location of gambling opportunities (e.g., lottery and slot machine venues are more common in disadvantaged neighborhoods as compared to more affluent neighborhoods). A number of studies have reported that adults living in disadvantaged neighborhoods have higher frequencies of gambling behaviors and gambling problems. Some have postulated that individuals may gamble to escape everyday stress and hassles possibly brought on by their home and community environments. For example, among youth at an Indian Reservation marked with great poverty, 48% reported that they often “dreamt of solving their problems by winning a lot of money” and 33% felt gambling was a “fast and easy way to earn money.” On the other hand, the proximity or physical access to gambling venues might be what links neighborhood disadvantage to gambling activities and problems.

In densely populated and economically depressed neighborhoods, young people are influenced by cultural transmission of antisocial values. Our research group has been collecting data about gambling behaviors from a cohort of youth since 2004 (beginning at age 17). This study, initially funded by the National Center of Responsible Gaming was subsequently funded by the Eunice Kennedy Shriver National Institute on Child and Human Development, National Institutes of Health (NICHD-NIH). To date, seven different waves of gambling behavior data have been collected. Urban youth typically live in more disadvantaged neighborhoods and are more adversely affected by the negative consequences of alcohol and drug use and excessive gambling. In one of our recently published papers, we explored whether neighborhood disadvantage is associated with gambling among these urban young adults and whether differences in physical vs. compositional aspects of the neighborhood existed.

Data are from a sample of 596 young adults interviewed when they were 21-22 years who have been participating in a longitudinal study since entering first grade in nine public Baltimore inner-city schools (52% male, 88% African American, 69% received subsidized lunches in first grade and 49% lived in a single-parent household in first grade). Participants self-reported aspects of their neighborhood (e.g., having safe places to walk, often see drunk people on the street) and were ascertained on 10 neighborhood characteristics. Scores were divided into three different levels (low, moderate and high disadvantage) that reflected increasing aversive neighborhood conditions. Past-year gambling behavior was assessed using the 20-item South Oaks Gambling Screen (SOGS). The SOGS assessed the frequency (less than once a week or at least once a week) and type of gambling behaviors individuals engaged in during the past year. Those who reported past-year gambling also completed a checklist of 10 gambling problems (e.g., gambling more than intended, felt guilty about gambling) as described in the DSM-III-R.

The results revealed that one-third of the sample had gambled in the year preceding the interview; 42% gambled more than once a week, and 31% had a gambling-related problem (reported at least one past-year gambling-related problem in the SOGS-RA). Males were not only more likely to gamble in
the past year (37% vs. 25%, p=.002), but gambled more frequently (49% vs. 33%, p=.03), and reported higher rates of gambling-related problems (37% vs. 22%, p=.04) than females. Those living in Moderate and High (33% and 41%) disadvantaged neighborhoods were significantly more likely to be past-year gamblers than those living in Low (23%) disadvantaged neighborhoods (Figure 1).

Frequent gambling among past-year gamblers did not appear to be associated with level of neighborhood disadvantage. Gambling problems among past-year gamblers, on the other hand, were highest in High disadvantage neighborhoods (49%), followed by Moderate (27%), then Least (10%) disadvantage neighborhoods. Models that took into account the other characteristics estimated that those living in High disadvantaged neighborhoods were ten times more likely than those living in Low disadvantaged neighborhoods to have gambling problems.

Two subcomponents of the neighborhood scale were also identified; one that reflected the Inhabitants (e.g., people getting beaten up or mugged, seeing people using or selling drugs or being drunk) and the other their Surroundings (e.g., safe places to spend time outdoors, property damage or theft). Nearly 60% of the sample lived in neighborhoods with high inhabitants disadvantage or high surroundings disadvantage. Gamblers living in an area with high inhabitants disadvantage were more likely to gamble frequently and have a gambling problem than those living in neighborhoods with low inhabitants disadvantage (Figure 2).

Our findings are consistent with findings from studies conducted among older adult samples that residents of neighborhoods with more disadvantage gamble more (since we compared residents living in high, moderate and least disadvantaged neighborhoods within our sample). However, characteristics pertaining specifically to the neighborhood’s inhabitants (e.g., personality factors, engagement in deviant behaviors, being exposed to neighbors who engage in deviant behaviors) might be more important in specifying who will develop gambling problems than merely the fact of living in a more physically deprived neighborhood. Further study of the spatial distribution of gambling venues (e.g., lottery outlets) will be needed to determine whether the relationship is simply due to greater proximity and accessibility to gambling venues, or due to the fact that environmental influences present in disadvantaged neighborhoods promote gambling, or whether it is a combination of these environmental influences as well as accessibility/proximity to gambling venues that promotes gambling activities.

When planning the location of new gambling outlets, cities should try to minimize the harmful effects of problem gambling among already deprived communities. The ecology of disadvantaged neighborhoods may promote gambling pathology, and the availability of gambling opportunities may promote gambling participation and pathology.
References


CASA Report on Family Dinners

The recently released 2012 CASA (The National Center on Addiction and Substance Abuse at Columbia University) Family Dinners report states that teens who have frequent family dinners (5-7 per week) are more likely to have a good relationship with their parents. Frequent family dinners seem to ameliorate the relationships between teens and both their mothers and fathers and these enhanced relationships appear to have protective influences on the teens.

The report indicates that when compared to teens who say they have an “excellent” relationship with their father, teens who have a “less than very good” relationship with their dad are:

• Almost four times likelier to have used marijuana;
• Twice as likely to have used alcohol; and
• Two and half times as likely to have used tobacco.

When compared to teens who expressed having an “excellent” relationship with their mother, teens having a “less than good” relationship with their mom are:

• Almost three times likelier to have used marijuana;
• Two and half times as likely to have used alcohol; and
• Two and half times likelier to have used tobacco.

Children Gambling before the Age of 10

University of Tazmania researchers in their “Weighing up the Odds” study which polled 606 adolescents aged 14-17 years of age have reported that:

• One in 20 participants reported gambling for the first time before they turned 10 years of age and one in 10 reported gambling before they turned 16 years of age.
• Participants reported that toy gambling games, friends and advertising were more likely to influence them to gamble. Family and teachers were reported more often as influencing participants against gambling.

These findings reinforce the ongoing need for early gambling awareness and prevention campaigns.
This year marks the twenty-fifth anniversary of the APA’s inclusion of pathological gambling in the DSM-IV. Yet, after 25 years, most people aren’t overly concerned about gambling among college students. Given the persistent threat of alcohol and drug use, as well as violence and unsafe sexual activity, gambling does not rank high on the list when it comes to the health of these young adults. While this perception is common, it is dangerously inaccurate. Gambling has become a serious problem for many college students and young adults and is accompanied by a host of negative consequences, including increased risk of suicide.

Access to gambling has grown exponentially. The expansion of lotteries, casinos, online gambling games, and the promotion of televised poker tournaments has given college students not only new opportunities to gamble, but also a sense that it is a low-risk activity that can result in a quick return on monies wagered. Community based organizations, businesses where students frequent, and some colleges are promoting and/or sponsoring poker tournaments or casino nights, further solidifying a student’s perspective that gambling is a “safe” activity. Hosting entities often promote events, such as “substance free weekends”, never realizing the potential short and long-term impacts this activity might have on a college student. For example, some colleges tout computer center gaming nights or similar activities as a “sober” alternative to consuming alcohol and are inadvertently using gambling as a reasonable substitution, which is a dangerous precedent.

Gambling among college students is on the rise. This is of particular concern, due to the fact that college students develop gambling problems at about twice the rate of other adults. An estimated 4-8% of college students are classified as problem gamblers and about another 10-14% are at risk of developing a gambling problem (LaBrie, R. A., Shaffer, H. J., LaPlante, D. A., & Wechsler, H., 2003). About 85% of college students have been involved in some form of gambling, and 23% report being involved on a weekly basis (Goudriaan, A. E., Slutske, W. S., Krull, J. L., & Sher, K. J., 2009). Problem gamblers ages 18-25 lose an average of $30,000 per year and have about $20,000 to $25,000 in credit card debt (Neighbors, C., Lostutter, T. W., Larimer, M. E., & Takushi, R. Y., 2001). About 29% of college students will bet on sports this year (Slutske, W. S., Jackson, K. M., & Sher, K. J., 2003). Prevalence rates of problem and pathological gambling among college students are among the highest of any segment of the population. College and university faculty, staff and administrators should be made aware of the prevalence of gambling on their campuses and the negative effects it is having on their students. Despite the prevalence of on-campus gambling, only 22% of U.S. colleges and universities have formal policies on gambling (McClellan, G. & Winters, K., 2006).

Eastern Connecticut State University (ECSU) is uniquely situated in rural Connecticut and is less than an hour away from two of the largest casinos in the western hemisphere. These casinos are coincidentally two of the region’s largest employers. Ergo, many of our students or their family/friends are employed by one of these casinos. An added concern for our students is the possible introduction of legalized on-line gambling within Connecticut in the near future. We are already seeing an increase in gambling in campus residence halls. Based on results of ECSU’s 2011 and 2012 online gambling surveys, we know that a significant number of our students gamble, many are at risk to develop gambling problems and a small number meet the diagnostic criterion for gambling problems. Both males and females are involved in gambling and our students’ introduction to gambling preceded their entry into ECSU with many being underage gamblers. The three most popular forms of gambling are poker, lottery instant scratch tickets and casino games.

To address the issue, for the past 4 years, ECSU has developed a “gambling awareness semester”, an annual campus-based program funded by a mini-grant from the Connecticut Council on Problem Gambling - HEDGE (Higher Education Gambling Education) grant program. This awareness program runs at the same time as the annual March NCPG National
Gambling Awareness week. The campaign is a community service learning project hosted by Bachelor of Social Work students in conjunction with their Social Work community practice and statistics classes. The objectives of the campaign are four-fold:

1. Increase awareness about responsible and safe gambling and the prevention of problem gambling by making students aware that gambling is potentially risky and should not be considered the “norm”.

2. Heighten the awareness of Resident Advisors (RA) and Resident Directors (RD) enabling them to recognize and respond to underage illegal gambling behavior. Additionally, the program provides them with information on the risks and warning signs leading to problem gambling behavior.

3. Make students aware that: (a) gambling is a potentially high-risk recreational activity and (b) help for problem gambling is available on and off campus.

4. Update campus gambling policies.

Over the past 4 years, the ECSU’s Gambling Awareness Campaign events have included: local radio station broadcasts, a presentation by Joe Turbessi (recovering Texas Hold’em player from UCONN), a recovery panel of Gamblers Anonymous members, and gambling education events in residences. Social Work students presenting the gambling awareness activities developed and conducted pre and post surveys to gauge the impact on the knowledge and attitudes of participants. As part of their statistics class, the organizing students analyzed and presented the results.

Our 2012 gambling awareness campaign was 1 of 6 programs chosen to participate as part of the Prevention Showcase at the NCPG conference in June 2012. This showcase focused on how the students implemented, developed and evaluated their program. Of special interest was their development of a “model college gambling residence” policy, which ECSU is in the process of implementing. This new policy is a model for other universities to consider as it requires: mandatory gambling training for all Residence Advisors (RA); each RA to host a gambling education event annually in their dorm; gambling education and awareness be added to the annual freshman orientation and that students caught gambling on campus be sent for evaluation and treatment (if indicated) rather than expelled from housing (old policy).

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References


Helpful Links

• National Council on Problem Gambling http://www.ncpgambling.org
• The Council of Compulsive Gambling of New Jersey http://www.800gambler.org
• The Wager: Harvard Website http://www.basisonline.org/the_wager/
• The National Center for Responsible Gaming http://www.ncrg.org
• Gamblers Anonymous http://www.gamblersanonymous.org
• Gam-Anon http://www.gam-anon.org

Continued from page 8
Gambling Awareness/Prevention Initiative: Smart Choices Pilot Program

By Lynette Gilbeau, B.Ed. – International Centre for Youth Gambling Problems and High-Risk Behaviors

Between 2009-2012, the Pennsylvania Department of Drug and Alcohol Programs (DDAP), Division of Prevention funded a pilot project entitled Smart Choices. The Smart Choices Program is an educational and harm minimization gambling prevention program which incorporated several prevention/awareness tools developed by the International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University.

Multiple prevention programs for children in late elementary, middle and secondary schools were implemented during this three year period. As well, the Council on Compulsive Gambling of Pennsylvania (CCGP), as directors of the Smart Choices program provided in-service education, consultation to its many cooperating and collaborating partners. Numerous training sessions were provided by the CCGP Smart Choices directors as well as Drs. Gupta and Derevensky from McGill University during the three-year pilot program.

Materials Used in the Smart Choices Program

The Smart Choices program used materials developed by the International Centre for Youth Gambling Problems and High-Risk Behaviors including:

- Youth Gambling and Prevention Awareness: Level I
- Youth Gambling and Prevention Awareness: Level II-Revised
- The Amazing Chateau
- Hooked City

Participating Students

Within each of the three years, the number of students participating varied. In total, over 1,000 students in primary, intermediate and secondary schools directly participated in the Smart Choices pilot programs.

Research Plan

For each of the three years, an evaluation plan was implemented. This involved the completion of a pre-test, followed by a general introduction about making smart choices, and materials developed by McGill University, and the subsequent completion of a post-test survey. The survey questionnaires were developed by the team at McGill University’s International Centre for Youth Gambling Problems and High-Risk Behaviors. The pre-intervention and post-intervention surveys were administered by the CCGP Smart Choices team and sent to McGill University for scanning, data entry and evaluation.

Key Findings

While a number of differences were observed between groups, there is little doubt that the Smart Choices Program positively enhanced children’s awareness about some of the risks associated with excessive gambling. The data indicates that post-intervention children better understood:

- the concepts of luck versus skill
- erroneous cognitions and beliefs about gambling
- that practice does little to help their chances of winning in games of chance
- that gambling is not a good way to make money
- the risk and warning signs of problem gambling
- the fact that girls as well as boys can suffer from a gambling problem

Issues of concern included:

- the relatively high percentage of youth reporting sports wagering
- the small but identifiable number of youth involved in wagering via the Internet

DDAP with the CCGP has continued to show both regional and national leadership in helping prevent gambling problems and the Smart Choices program was viewed as a success. Further gambling prevention work with youth in Pennsylvania and at a national level remains warranted.
Recent publications and presentations

REFEREED PUBLICATIONS


CONFERENCE PRESENTATIONS


RESEARCH & POLICY REPORTS


BOOK CHAPTER


Upcoming Events

- **NAGS 22nd Annual Conference 2012**
  November 21-23, 2012
  Launceston, Tasmania

- **New Horizons in Responsible Gambling: Developments in Prevention & Response**
  January 28-30, 2013
  Vancouver, Canada

- **The 9th Nordic Conference: Changing Landscape Of Gambling - Treatment And Prevention**
  May 27-29, 2013
  Hamar, Norway
Dr. Derevensky’s Activities
This Fall has been a busy time. Dr. Derevensky was a plenary speaker at the 9th European Association for the Study of Gambling conference in Loutrakki, Greece where he actively took part in a number of sessions focused on youth gambling and the role technology is playing in the types of gambling activities in which young people engage. The conference was very well attended, with representatives from many countries present. After returning from Greece, he headed to Las Vegas to attend the National Center for Responsible Gaming Conference where he participated in both the conference and the scientific board meetings. More recently, Dr. Derevensky provided testimony concerning changing the criminal code of Canada to allow single sport wagering (currently only single sport horse racing is permitted while other forms of sports wagering must be done as a parlay). Finally, Drs. Tom Paskus (NCAA) and Jeff Derevensky presented the preliminary results from the 2012 Student Athlete Gambling study in which 23,000 college athletes participated at the NCAA Sports Wagering Conference in Indianapolis. These results will be compared to the 2004 and 2008 surveys of college student athletes. Stay tuned for some interesting findings.

Focus groups
Dr. Gupta and her research associates at McGill and Carleton University have been conducting focus groups on the topic of online gambling facilitation via social networking sites among those ages 18-24. In particular, the question at hand is “Do play-for-fun gambling games offered on social media sites such as Facebook pave the way to gambling for money online?” This is a very important and timely question due to the fact that social media sites are now starting to offer play-for-pay gambling games on their sites. Considering that college aged students tend to access social media sites several times per day, it is meaningful to gain a better understanding of the factors that are contributing to the climbing percentages of young adults who choose to gamble online. The research project, which is funded by OPGRC, is still under way and preliminary findings are very interesting, so check back for more findings. A final report should be available toward the end of this calendar year.

Youth Gambling and Prevention Training
In October, Dr. Gupta offered a day-long free training workshop to university graduate students on the topic of youth gambling and prevention. This initiative was part of a research project which is funded by SSHRC and awarded to Dr. Caroline Temcheff at the University of Sherbrooke. The goal of the research is to test the effectiveness of two prevention programs aimed at high school students. Graduate students from both McGill University and the University of Sherbrooke who are interested in taking part in the project and administering the prevention programs to high school students were provided with this training opportunity which included a synopsis of research on youth gambling, presentation of the prevention programs, and role playing in prevention administration.

Prevention and Research Project
Renee St-Pierre, in collaboration with the Groupe de recherche sur les inadaptations sociales de l’enfance (GRISE) at the Université de Sherbrooke, is offering partnering secondary schools a prevention program intended to educate and sensitize adolescents to the potential risks and consequences associated with excessive gambling. The prevention program is being offered within the context of a research project aimed at evaluating the effectiveness of various gambling prevention programs. This work will be extremely valuable for the development of better educational and prevention strategies.

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