



In Recovery At Risk: Cultivating Problem Gambling Awareness With Recovery Programs For Young People

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“We know they are out there but we’re not seeing any . . .” were the words of Philip Yassenoff, the director of Oregon’s largest problem gambling treatment program, referring to the lack of young people entering gambling treatment. Philip is not alone in noticing persons under the age of 25 rarely seek treatment although young adults have the highest rate of gambling-related problems compared to any other age cohort (Derevensky & Gupta, 2004; Haroon, Derevensky & Gupta, 2003; Welte, Barnes, Tidwell & Hoffman, 2008; Gupta & Derevensky, 2004). Armed with the knowledge that gambling problems disproportionately impact young people, many state agencies that administer problem gambling services have implemented programs targeting youth (Marotta et al., 2014). Since a small proportion of problem gambling youth seek formal treatment, efforts to address youth gambling are often directed toward prevention initiatives. Unfortunately, the current state of problem gambling prevention is not robust in terms of programs with demonstrated effectiveness (Ladouceur, Goulet & Vitaro, 2013; Keen, Blaszczynski & Anjou, 2016). Furthermore, in a recent review of empirical studies of prevention programs for youth gambling, the investigators noted that all programs adopted a “one-size fits all” approach. Because problem gamblers are not a homogeneous group, universal intervention approaches may not be effective for many people suffering from problem gambling or at high-risk of developing a gambling disorder (Allami & Vitaro, 2015).

Under chance circumstances, a promising new avenue emerged for addressing gambling behavior among high-risk youth. In an effort to streamline supervision meetings for addiction recovery mentors (peer delivered service workers), a group supervision meeting was formed with Certified Recovery Mentors from two distinctly separate programs; Voices of Problem Gambling Recovery (VPGR) and 4th Dimension Recovery Center (4D). Eric Martin, a Certified Recovery Mentor Supervisor, is the clinical supervisor for these two Portland, Oregon based organizations. VPGR offers a peer mentor program entitled the HOPE Program (Help, Opportunity, Perseverance, and Education) comprised of problem gamblers in recovery whose life experience and training enables them to provide mentorship services to those new to recovery from gambling problems. The HOPE Program’s Certified Problem Gambling Recovery Mentors are all over the age of 45. 4D is a young person’s recovery center that provides a supportive place and community for young people struggling with chemical addictions. 4D also offers a peer support program where recovering young people, who are Certified Recovery Mentors, work with individuals ages 13 to 35. When peer mentors from these two organizations began sharing a supervision group, remarkable changes occurred within each organization. During an interview for this article, Eric Martin noted, “The dynamic of young and old was noticeable and had a positive effect on both groups. It was hopeful and inspiring to hear stories from each group.”

4D, like many recovery organizations and 12-step programs for drugs and alcohol, held gambling-themed fundraising events like a Monte Carlo night. Since the two groups have been meeting together for supervision, the 4D organization has decided to take the event off of their calendar in sensitivity to the knowledge that those with drug and alcohol addictions are more vulnerable to developing a gambling problem. Tony Vezina, the Director of Peer Services at 4D, stated to this author, “I have seen gambling become a substitute addiction among those in recovery for drugs and alcohol yet before our clinical supervision was shared with VPGR I didn’t think twice about holding gambling-related activities in our recovery center nor did I ask anyone about their gambling.” Eric Martin reflected on the group discussions saying that, “when we talked about the Monte Carlo night and the non-profit fundraising events on the website, it took a small amount of education to rapidly change people’s attitudes. When you are offering recovering drug and alcohol addicts education about other addictions, people can have a remarkable paradigm shift.”

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Ever since the problem gambling peer mentors have been sharing supervision with the peer mentors of the 4th Dimension Recovery Center, both groups and the organizations they work for are doing more to reach out and address gambling among young people. The two organizations are cross-referring clients to one another, VPGR is reaching out to other programs for young people, and the 4th Dimension Recovery Center now actively offers problem gambling education to the 400 young people that come through the sessions they offer each month.

The collaboration between 4th Dimension Recovery Center and Voices of Problem Gambling Recovery is just one example of a larger opportunity and strategy to address problem gambling among youth. The Substance Abuse and Mental Health Services Administration (SAMSHA) established the Recovery Support Strategic Initiative to promote partnering with people in recovery to guide the behavioral health system and promote individual, program, and system-level approaches (Substance Abuse and Mental Health Service Administration SAMSHA, 2016). This initiative has spurred the infusion of peer support, including peer-led and peer-implemented interventions, within youth recovery programs across the United States. SAMHSA defines peer recovery support as “peer-based mentoring, education, and support service provided by individuals in recovery from substance use disorders to individuals with substance use disorders or co-occurring substance use and mental disorders” (Recovery Support Services, 2011). Programs for young people emphasizing peer recovery support have been expanding within several communities. For example, Collegiate Recovery Programs, a campus-based peer support model for students recovering from substance abuse problems, grew exponentially in the past decade (Laudet, Harris, Kimball, Winters & Moberg, 2016).

Utilizing the growing workforce of adolescent and young adult peer recovery support specialists is a promising avenue to further reach young problem gamblers in need of help and to help prevent future gambling problems among individuals struggling with substance use disorders. As pointed out in a review of research on risk and protective factors associated with youth problem gambling, the authors summarized: “Clearly, data on adolescent substance use and gambling indicate that these behaviors tend to co-occur in youth suggesting that substance use should be viewed as a warning sign for comorbid gambling problems and vice versa” (Shead, Derevensky & Gupta, 2010). Research on adults mirror these findings in that there is a high co-occurrence of problem gambling and substance use disorders across the lifespan (Petry, Stinson & Grant, 2005).

Investigations into why so few problem gamblers seek professional help suggest that there are multiple barriers including problem recognition, a lack of desire for professional help, and shame (Gainsbury, Hing & Suhonen, 2014). These factors may be exacerbated among youth with gambling problems. As explained on the website for the Problem Gambling Institute of Ontario, “generally, youth and their families do not consider gambling to be an activity that has risk attached to it. There is a stigma attached to seeking help, and young people, feeling shame about

having a problem that has not received much public attention, may be reluctant to reach out for assistance” (Problem Gambling Institute of Ontario, 2016). Peer recovery support programs are potential vehicles to break down these barriers to obtaining help for gambling problems.

Exploration into the utility and effectiveness of integrating problem gambling interventions within existing youth oriented recovery programs are ripe for future research. Given the knowledge that problem gambling youth infrequently seek professional gambling treatment, that there is a high co-occurrence of gambling disorder and substance use disorders, and that more than ever youth are obtaining help for their addictions from peer delivered service programs, those of us in the problem gambling service field are well advised to explore opportunities to collaborate with youth recovery programs, particularly those that utilize peer-to-peer support.

About the Author

Jeff Marotta, a clinical psychologist by training, lives in Portland, Oregon, where he owns and operates a consulting company specializing in the evaluation, planning, and development of problem gambling treatment and prevention programs.

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Post Doctoral Position Available

An immediate opening for a post-doctoral fellow focused upon studying youth risk-taking behaviors is available. A doctorate degree in developmental, clinical, school/applied, social, experimental or health psychology, addictions research, or related field is required. Fluency in French is an asset. An understanding of addictions is beneficial but not required. The candidate must have skills in statistical analyses and research methodology, and experience in using SPSS and/or SAS for data analyses. The successful candidate should be highly motivated, have strong library research skills, experience in academic writing, strong analytic skills, and be able to conduct field-based research projects independently. We are searching for someone who is independent, yet who enjoys working in a collaborative environment. We are offering either a one-year or two-year position. Salary is commensurate with other post-doctoral positions. The successful candidate will work in the area of youth risk-taking behaviors and will become an active member of the International Centre for Youth Gambling Problems and High-Risk Behaviors. He/she will be responsible to the director of the centre and will work closely with the research faculty, other post-doctoral candidates and graduate students. Responsibilities will include developing and conducting field-based research studies, analysis of data, manuscript writing, assistance with grant writing, and literature searches. The candidate will also contribute toward the development, production, and distribution of a quarterly publication. Opportunity to present at national and international conferences is offered and the candidate is expected to publish in peer reviewed journals.

Please e-mail or mail letter of application, curriculum vitae and three reference letters to:

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Double Bet: Daddy and I - A Case Study

Ruth Tanami, BSW, PGDip, M.A. - Al-Sam Israel

This article documents a case study of a 15-year-old male (known as Ziv) who experienced a gambling problem and was treated at an Al-Sam Center in Israel. Al Sam is a non-profit Israeli organization that seeks to empower, treat and advise youth who have experimented with or use drugs, alcohol and/or suffer from a gambling addiction. Al-Sam is comprised of 15 branches throughout the country, with a staff specialized in the fields of addiction and adolescence. The therapeutic goal is for clients to attain the ability to cope independently with problems and to find alternate methods of self-actualization. Al-Sam is partly funded by the Services for Treatment of Addiction and the local Social Services, with sessions being free for clients.

Gambling in Israel

The national lottery in Israel was established in 1951, three years after Israel's declaration of independence. Its main goal was to raise funds to promote the country's health and educational systems, which were collapsing due to the influx of immigrants flocking to the country following the Second World War. To this day, gambling is only partially legal in Israel. Sports betting and the lottery, controlled by the state gambling monopolies, are permitted, both offline and online. All other forms of gambling are prohibited. The legal age for gambling is 18.

Over the past two decades, access to gambling activities has increased significantly worldwide and has been regulated in different countries. Along with this new regulation of gambling activities has come a shift in public opinion toward the acceptance of gambling. In Israel, similar to other countries, this shift in perception stems, in part, from the increasing commercialization of gambling, as well as from the increased availability of online gambling. Furthermore, popular local TV channels frequently advertise sports betting and the lottery.

Case Study – Ziv

Background

Ziv, a 15 year old male, is the youngest of three siblings in his family. Ziv's gambling involved a combination of excessive lottery play and sports betting.

Both Ziv's parents are immigrants from the Commonwealth of Independent States of the former Soviet Union (CIS). Although they have been living in Israel for many years, they still have difficulty speaking Hebrew and have a limited understanding of the culture. Family members have been involved in gambling activities since Ziv was a baby. One of Ziv's two sisters is currently in and out of prison for having committed robberies to alleviate endless debts resulting from her gambling problems. Ziv was 'formally' introduced to gambling by his father around the age of 12. This exposure occurred after his father's serious illness and hospitalization. Once out of hospital, unemployed and confined to a wheel chair, Ziv's father initiated outings with his son to the local lottery kiosk. Two years later, Ziv dropped out of school to stay at home and care for his father. During this period, Ziv stopped

interacting with his friends and stole money from his mother in order to gamble on his own. Due to his academic absence and his gambling activities, Ziv was referred to Al-Sam where he began gambling counseling with little motivation.

Treatment

Ziv attended 27 sessions that involved 'pet therapy' or Animal Assisted Intervention (AAI). As part of Al-Sam's treatment philosophy, parents or significant family members are also encouraged to participate in some of the therapy sessions. In this case, while Ziv was the focus of the intervention, we felt it was important for his parents to be included in the treatment plan. His mother participated in six meetings and seemed to personally benefit from them, however, working with Ziv's father proved to be extremely difficult. Unfortunately, after the first parental meeting, Ziv's father refused to return for counseling, claiming mistrust of the social services system. Grobatov (2010) explains that this type of mistrust, the withholding of information and suspicion expressed by CIS immigrants, stems from habits acquired in their country of origin. Attitudes towards the establishment and authority officials is complex and characterized by a duality; on the one hand, there is a background of discipline and obedience while on the other hand there is mistrust and non-cooperation. In most cases, the social worker is perceived as a representative of the establishment therefore not to be trusted. Ziv's father subscribed to these views and therefore the sentiment he passed onto Ziv was along the lines of "go to Al-Sam but say nothing."

During counselling sessions, it became obvious that Ziv was extremely influenced by his father, who seemed to rely on Ziv for assistance as well as being a gambling companion. Furthermore, when Ziv's parents were asked to attend sessions, the rift between them was apparent and Ziv's role as a family mediator became clear.

As mentioned previously, Ziv's treatment involved pet therapy with a dog named Marley. The animal interaction was largely undirected and was used primarily as a stimulus for discussion and rapport-building between Ziv and his therapist. The relationship with the dog was intended to make coming to therapy sessions less daunting for Ziv.

Discussion

In Ziv's case, the family's dynamics and influences are notable on multiple levels. In analyzing the familial situation even before Ziv's birth, it is obvious that the immigration difficulties impacted the entire family as they did not feel part of the community in Israel. Although it is uncertain whether Ziv's father had been gambling in his native country, it is obvious that Ziv was impacted by his father's gambling activities once the family was residing in Israel. According to research in the area of adolescent gambling (Hardoon & Derevensky, 2002; Derevensky & Gupta, 2004; McBride, Adamson and Shelvin, 2010), Ziv displayed a number of

risk factors that make him more likely to gamble including: being a young male, belonging to a minority ethnic group, lower family income, and having family members with problematic gambling behaviors.

Moreover, another aspect of Ziv's behavior which is typical of individual's with gambling problems is the extremely close relationship with his father. Bowen (1985) describes the patterns that develop in families to defuse anxiety. In such families, a key generator of anxiety is the perception of either too much closeness (fusion) or too great a distance in relationships. Ziv is currently in the role of the 'family harmony keeper'. He set aside his needs (including school and friends) to achieve harmony within the family system. He cares for his father, gambles as a means to attempt to raise money for the family, acts as a referee in parental marital feuds, and also babysits his nephews, all the while his sister is in jail and his mother is at work.

Today, 8 months later, Ziv acknowledges and understands the hazards of gambling. He has acquired the skills to avoid gambling and has learned to exercise some control when gambling. In spite of his progress in controlling his gambling, family issues persist. There is still work to be done around the theme of separation-individuation and more work is required to address family discord and anxiety among family members.

Conclusion

When working with young teenagers experiencing gambling-related issues, it remains essential to involve the parents or other significant adults in the therapeutic process. By incorporating family members in the treatment sessions, therapists gain a better understanding of the variables affecting the patient (e.g., family

dynamics, the role of cultural background and ethnicity, potential gambling triggers). This valuable information can help elucidate the most effective treatment options.

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Centre Fundraising Campaign in Full Swing

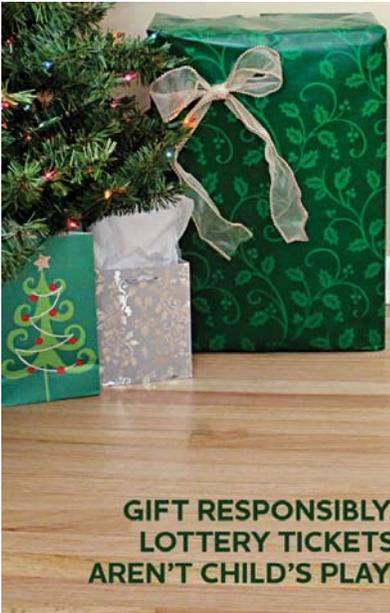
The Centre's ongoing fundraising campaign continues to grow with the support of corporate and private sponsors. Due to restricted government infrastructure funding, we have initiated a fundraising campaign to help us maintain our ability to develop and deploy empirically-based prevention and harm-minimization 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 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 Holiday Campaign



The Holiday season is approaching and once again the widely endorsed annual Holiday Lottery Campaign is underway. This annual campaign, a collaborative initiative of the International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University and the National Council on Problem Gambling (NCPG), encourages lottery corporations in North America and around the world to share the message that when gifting lottery tickets, it is important to keep the recipient's age in mind. Momentum and participation in this campaign is growing steadily and participation is free.

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.

In 2015, 42 lottery organizations world wide formally participated in this initiative. We are continuing to expand our collaborative efforts to promote responsible gambling. We have produced industry-specific materials that will help lottery corporations spread the message including a playcenter insert. We also encourage lottery corporations to develop their own materials and responsible gambling initiatives based on the Holiday Campaign theme.

WLA Endorses the Holiday Campaign!

The World Lottery Association (WLA) has recently formally endorsed the Holiday Campaign. By supporting this initiative, the WLA joins the North American Association of State and Provincial Lotteries (NASPL) as well as the European Lottery Association (EL) in urging their lottery members to participate in this corporate social responsibility initiative. Additionally, we are grateful to the WLA for producing an impressive informational brochure about the Holiday Campaign that will be shared with member lotteries at the November Global WLA meeting in Singapore. We look forward to welcoming new participating lotteries and growing the reach of the important campaign message – that lottery tickets are risky gifts for children.



Recent Publications and Presentations

REFEREED PUBLICATIONS

Deans, E., Thomas, S., Daube, M., Derevensky, J. & Gordon, R. (2016). Creating symbolic cultures of consumption: An analysis of the content of sports wagering advertisements in Australia. *BMC Public Health*, 16, 208-225.

Deans, E., Thomas, S., Daube, M., & Derevensky, J. (2016). I can sit on the beach and punt through my mobile phone: The influence of physical and online environments on the gambling risk behaviours of young men. *Social Science & Medicine*, 166, 110-119.

Delfabbro, P., King, D. & Derevensky, J. (2016). Adolescent gambling and problem gambling: Prevalence, current issues and concerns. *Current Addictions Report*, 3(2), 268-274.

Hollingshead, S., Kim, A., Wohl, M. & Derevensky, J. (2016). The social casino gaming-gambling link: Motivation for playing social casino games determines whether gambling increases or decreases. *Journal of Gambling Issues*, 33, 52-67.

Temcheff, C., Paskus, T., Potenza, M. & Derevensky, J. (2016). Which diagnostic criteria are most useful in discriminating between social gamblers and individuals with gambling problems? An examination of DSM-IV and DSM-5 criteria. *Journal of Gambling Studies*, 32, 957-968.

BOOK CHAPTERS

Derevensky, J. & Gilbeau, L (in press). Preventing adolescent gambling problems. In A. Heinz, N. Romanczuk-Seiferth, & M. Potenza (Eds.). *Gambling disorders*. Berlin: Springer International.

CONFERENCE PRESENTATIONS

Derevensky, J., Marchica, L. & Zhao, Y. (2016). The current state of gambling-related health information found online. Paper presented at the European Association for the Study of Gambling conference, Lisbon, September.

Ricijaš, N., Derevensky, J., Dodig Hundrić, D., Maglica, T., Kranežlić, V. & Ferić, M. (2016). Parents' perception of youth gambling and other risk behaviors - Comparison between Croatian and Canadian parents. Paper presented at the European Association for the Study of Gambling conference, Lisbon, September.

Castren, S., Temcheff, C., Derevensky, J., Alho, H., & Salonen, A. (2016). Teacher awareness and attitudes regarding adolescent risk behaviours: A convenience sample of Finnish Middle and High School teachers. Paper presented at the European Association for the Study of Gambling conference, Lisbon, September.

CONFERENCE PRESENTATIONS (CONT'D)

Marchica, L., St-Pierre, R., Lupu, R., Lupu, V. & Derevensky, J. (2016). A cross-cultural comparative analysis of Romanian and Canadian Mental Health Professionals' perceptions of adolescent gambling. Paper presented at the European Association for the Study of Gambling conference, Lisbon, September.

INVITED ADDRESSES

Derevensky, J. (2016). Youth gambling: Myths, realities and new understandings. Invited talk at the 2016 Addiction and Mental Health Conference, Fredericton, N.B., October.

Derevensky, J. (2016). Daily Fantasy Sports gambling among youth: Should we be concerned? Invited presentation at the European Association for the Study of Gambling Conference, Lisbon, September.

Derevensky, J. (2016). Research, policy and programs associated with excessive use of Internet, digital and other communication and gaming platforms in Canada. Invited presentation to the World Health Organization meeting on Behavioural Disorders, Hong Kong, September.

Derevensky, J. (2016). Challenges for prevention and control of health problems associated with excessive use of Internet and related products in children and adolescents. Invited presentation by the Department of Health of Hong Kong, September.

Derevensky, J. (2016). Gambling disorders amongst youth and adults: Past, present and future concerns. Invited plenary talk to the Swedish Society of Addiction Medicine, Gothenburg, Sweden, August.

UPCOMING CONFERENCE PRESENTATIONS

Deans, E., Thomas, S., Daube, M. & Derevensky, J. (2016). How do gambling environments stimulate risky gambling behaviours? A qualitative study of Australian men. Paper to be presented at the International Congress of Behavioural Medicine, Melbourne, December.

Pitt, H., Thomas, S., Bestman, A., Daube, M., Derevensky, J. & Randle, M. (2016). Marketing techniques that may appeal to children in Australian sports betting television advertisements. Paper to be presented at the International Congress of Behavioural Medicine, Melbourne, December.

News Briefs...

U.S. Teen Rate of Illicit Drug Use

Recently, results from the European School Survey Project on Alcohol and Other Drugs (ESPAD) were compared to data from the Monitoring the Future study's national survey of 10th graders. According to Michigan News (University of Michigan), key findings for illicit drug use included:

- On average, 35% of U.S. students used an illicit drug in their lifetime compared to just 18% of European students.
- Cannabis use in the prior 30 days was highest in the U.S. (15 percent) and France (17 percent)—more than twice the average from all other 35 European countries.
- Lifetime use of amphetamines was by far the highest among the U.S. teens at 10 percent. For the other 35 ESPAD countries, the average was only 2 percent.
- The U.S., Ireland and Georgia had the highest rates of ecstasy use (which has been in decline in the U.S.) at 4 percent lifetime prevalence.
- The U.S. and Poland had the highest rates of lifetime hallucinogen use at 5 percent, compared to an average of 2 percent across the European countries.
- Lifetime cocaine use by U.S. teens was above average at 3 percent versus 2 percent on average in Europe.

(Source: <http://ns.umich.edu/new/releases/24210-compared-with-europe-american-teens-have-high-rates-of-illicit-drug-use>)
For more information, please see:

- 2015 ESPAD Report (<http://www.espad.org/report/home>)
- 2015 MTF Study (<http://monitoringthefuture.org/pubs/monographs/mtf-overview2015.pdf>)



Canadians and Gambling – Latest Angus Reid Survey

According to an Angus Reid report released in October 2016, Canadians do not strongly support expanded government involvement in gambling. Other important findings from this recent public opinion poll include:

- The majority of respondents (63%) indicated that provincial involvement in gambling is at minimum “more good than bad.”
- Only 9% would support expanded government involvement in gambling.
- One in four Canadians (26%) reported that they are personally affected by gambling – either they themselves are struggling with this addiction or because they have a close relationship with someone who is gambling excessively.

(Source: <http://angusreid.org/gambling/>)

News from the Centre...

Congratulations To...

Congratulations to Yaxi Zhao on her recent marriage to Jingtian (Steven) Hu. Wishing you both much happiness from the entire Centre team!



FRQSC Grant Awarded

Congratulations to Loredana Marchica on receiving an FRQSC four year grant.

Upcoming Events

- **Hôtel-Dieu Grace Digital Dependency Awareness Conference**
November 14, 2016
Windsor, Ontario
- **NAGS 26th Annual Conference**
November 23-25, 2016
Cairns, Australia
- **RGT Harm Minimization Conference 2016**
December 7-8, 2016
London, UK
- **New Horizons**
February 20-22, 2017
Vancouver, B.C.

YGI Newsletter

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