

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

A Developmental Myth: The Immunity of Affluent Youth

Meredith Gillespie, B.A.

International Centre for Youth Gambling and High-Risk Behaviors

Throughout the past century, there has been a growing awareness in the fields of psychology, sociology, medicine and education of the unique developmental risks faced by low-income children and adolescents. It is interesting to note, however, that the risks and needs of those falling at the other end of the socioeconomic spectrum have been almost completely neglected (Luthar, 2003). Intuitively, this dearth of exploratory research may reflect an assumption that these children are no different than middle class youth, whose developmental trajectories have been explored quite extensively. Another potential explanation is that these youth lead significantly privileged lives, free of risk, and thus do not warrant further exploration.

Nevertheless, researchers have recently taken steps towards investigating the unique characteristics of affluent children's lives, having recognized that a) no child is immune to environmental stressors and that b) extreme environments, regardless of type, are likely to have their own sets of problems (Luthar, 2003; Luthar & Becker, 2002).

Preliminary studies suggest that affluent youth may show elevated rates of internalizing problems, specifically depression and anxiety, as well as substance use (Luthar &

Becker, 2002; Luthar and D'Avanzo, 1999). In a study by Luthar and D'Avanzo, one in five suburban girls in the 10th grade reported clinically significant levels of depressive symptoms, at a rate three times higher than the national U.S. norms. In this same study, the incidence of clinically significant anxiety among males and females (22% and 26%, respectively) was also higher than the national rates (17%). Similarly, the reported use of alcohol for girls (72%) and reported use of illicit drugs for boys (59%) were also found to be substantially higher than normative samples.

Substance use was significantly linked with depressive and anxiety symptoms, suggesting that these youth may be more likely to use substances as a means to alleviate emotional distress. Substance use by males was linked to popularity with peers, intimating that the suburban teen peer groups endorsed such high-risk behaviour. Also of note was the finding that these rates of depression, anxiety and substance use reported by affluent teens were higher than those reported by their inner-city counterparts.

A follow-up study by Luthar and Becker (2002) generalized the aforementioned findings to a younger age group. In a cross-sectional study of sixth and seventh grade students in another high SES community, seventh grade students showed similar elevations in depression, anxiety and substance use. Compared to normative samples,

rates of clinically depressive symptoms were twice as high among seventh grade girls. Their study also replicated findings regarding the correlates of substance use for affluent youth: internalizing symptoms for both genders, as well as high levels of popularity among seventh grade males.

Why might socio-economically privileged youth be at risk? Two particularly significant causes of

INSIDE THIS ISSUE

A Developmental Myth	1
Bet You Didn't Know	2
Detention Centres and Gambling	3
New CASA Report	4
High-Risk Research at a Glance	5
Let's Talk Prevention	7
Durand Jacobs Award	8
On-line Gambling Study	8
Public Health Focus	9
Gambling Lawsuits	10
Effects of Casino Design	11
New Publications	12
* * *	
News from Centre	13
Be Web Aware	14
Upcoming Events	14

SPRING

Continued on page 2

distress have been reported by sampled populations in affluent communities: achievement pressures and isolation from adults. Within these communities, children may feel forced to excel in both scholastic and extracurricular pursuits, as a means to maintain the status quo, resulting in high levels of stress (Luthar, 2003). Similarly, excessive involvement in extracurricular activities, the absence of adult supervision and constant parental career demands have been targeted as factors responsible for affluent teens' reports of feeling emotionally distant from their mothers and fathers. A tremendous disconnection may exist between these teens and their families. In support of these assertions, national survey data from the U.S. Department of Health and Human Services (1999, as cited in Luthar, 2003), found that among 12 to 17-year-olds, closeness to parents was inversely related to household income.

Research investigating the risks faced by affluent youth is only in its inception. However, it is important that particular disturbances experienced by this population be recognized, especially given recent

findings suggesting that they may be at greater risk for internalizing problems and substance use. Few studies have looked at socio-economic factors as related to youth gambling.

It has also been suggested that affluent parents may be less likely to seek help for their children, despite their financial resources; they may resist intervention in order to protect themselves from shame as well as to prevent impediments to their child's future professional success (Pollak & Schaffer, 1985; Wolfe & Fodor, 1996). Therefore, efforts must seek to sensitize parents and educators to the particular stressors that exist among youth in an affluent context. A greater awareness of the psychological costs of busy, competitive lifestyles is a preliminary step, which can be presented via books, news media and workshops with parents, schools and community groups.

No child is immune to risk, regardless of the material resources that may be at his or her disposal.

References

- Luthar, S. S. (2003). The culture of affluence: Psychological costs of material wealth. *Child Development, 74*, 1581-1593.
- Luthar, S. S., & Becker, B. E. (2002). Privileged but pressured? A study of affluent youth. *Child Development, 73*, 1593-1610.
- Luthar, S. S., & D'Avanzo, K. (1999). Contextual factors in substance use: A study of suburban and inner-city adolescents. *Development and Psychopathology, 11*, 845-867.
- Pollak, J. M., & Schaffer, S. (1985). The mental health clinician in the affluent public school setting. *Clinical Social Work Journal, 13*, 341-355.
- Wolfe, J. L., & Fodor, I. G. (1996). The poverty of privilege: Therapy with women of the upper classes. *Women & Therapy, 18*, 73-89.



Bet You Didn't Know...

The origin of Valentine's Day is actually an ancient Roman lottery! It dates back to the 4th century B.C. In the rite of passage to the god Lupercus, young men took part in this annual lottery. They drew the names of young teenage girls from a box and the girl assigned to each young man would then be his sexual companion for the following year.

In AD 496, Pope Gelasius put a stop to this pagan practice by giving a holy alternative, a substitute lottery. The new game consisted of drawing the names of Saints. Those taking part were then supposed to emulate the life of their assigned Saint for the next year.

St. Valentine was chosen as the patron for this new ritual, thus replacing the pagan god Lupercus. St. Valentine had died as a martyr in AD 270 when he was sentenced to death by Emperor Claudius.

The new practice was not very popular, and young Roman men continued to seek the affection of women they wanted at that time of the year.

Instead of drawing names from a box, they started to send handwritten love messages. These messages would normally include the name of St. Valentine.



So a new tradition was started; the tradition of what later came to be Valentine cards.

Modern lotteries have not forgotten Valentine either. It seems every special day or festival can be used to "let go" and do some extra gambling. It could be a lucky day! You never know. For example, in Britain the National Lottery has launched the instant win game Cash Couples. You click on nine hearts, and if three couples are revealed, you are a winner.

We hope you all had an enriching Valentine's Day!

Gambling Among Youth in Detention Centers

Maggie E. Magoon, Ph.D.

International Centre for Youth Gambling and High-Risk Behaviors

With adolescent pathological gambling prevalence rates exceeding adult rates (4-7% vs. 1-3%) (NRC, 1999), prevention and education programs are long overdue. This is particularly true for high-risk or vulnerable populations, such as youth involved within the juvenile justice system. Studies reveal that pathological gambling in incarcerated populations is markedly higher than normal populations, with adolescent rates falling between 20-38% (FCCG, 2002; Westphal & Johnson, 1999; Westphal, et al., 1998). Pathological gamblers typically have increased rates of criminal offenses specifically perpetrated for the purpose of gambling (to participate or pay off debts) (Gupta & Derevensky, 2000).

The International Centre for Youth Gambling surveyed 55 adolescents (40 males, 15 females) residing in juvenile detention centers in Montreal, as a result of criminal and delinquent activities. Participants ranged in age from 12-18 years old. Two groups were defined, non-pathological gamblers and probable pathological gamblers (PPGs).

In this small sample, 83.6% reported having gambled in the past year, with 67.4% of them having gambled once a week or more. The most popular activities played were personal games of skill, the lottery, cards, sports pools, and bingo. The mean age of gambling initiation was 11.8 years, with a range of 5-15 years old. Although 62.2% of the sample reported beginning gambling at 12 years old or younger, age of initiation was not significantly related to gambling frequency or severity. Eighty-two percent of the sample were categorized as non-pathological gamblers (males=31, females=14), 18% were PPGs (males=9, females=1), based upon the DSM-IV-J, and 54.5% gambled more than once a week. The most frequently endorsed reasons for gambling were to win money, enjoyment, and

excitement. PPGs were significantly more likely to gamble alone, gamble at convenient stores and bingo halls, and gamble to feel older. Prevalence rates for delinquent acts committed for the sole purpose of gambling were significantly higher for PPGs vs. non-PPGs. These acts included: any illegal acts (non-PPG=11.1%, PPG=60%), borrowing money (non-PPG=13.9%, PPG=80%), stealing money in general (non-PPG=19.4%, PPG=60%), taking



money from someone they live with (non-PPG=11.1%, PPG=80%), stealing money from outside the family or shoplifting (non-PPG=11.1%, PPG=40%), and skipping school (non-PPG=13.3%, PPG=60%).

Although prevalence rates for substance use, suicidal ideation/attempts, depression, sensation-seeking, and loss of a parent through death or divorce in this sample are high overall, no significant differences between PPGs and non-PPGs were found. The only variable differentiating the two groups is that of maternal gambling. The difference seems to be accounted for by non-gambling mothers serving as positive role models. The inability to significantly differentiate between PPGs and non-PPGs is not surprising as these adolescents exhibit high overall rates of participation in risky behaviors independent of their

gambling behavior.

With respect to gender, females were significantly more likely to seek help for a substance use or gambling problem, be at-risk or clinically depressed, attempt suicide, and regularly use stimulants. Males were significantly more likely to gamble to relax and to win money. While not significant, proportionately more females than males reported regular use of alcohol, depressants, hallucinogens, and cigarettes; stole, committed illegal acts, and took money from someone they lived with in order to gamble; and reported experience seeking and disinhibition. Proportionately more males than females reported stealing money from outside the home and reported thrill and adventure seeking.

Higher rates of participating in illegal activities for this population may be expected; however, when committed for the sole purpose of gambling, playing may serve as a precursor to committing illegal acts necessitating gambling-related secondary and tertiary prevention programs be established in detention centers. In more typical samples of adolescents, PPGs are more likely to engage in a number of at-risk behaviors (Fisher, 1992, 1993; Gupta & Derevensky, 1998b); however, this was not the case in the current sample. Nevertheless, Jessor (Jessor, 1998) points out that treating only one domain or behavior may help somewhat, but for long-term success the constellation of risk factors must be addressed and offset by protective factors. Enhancing protective factors such as including parental figures in prevention and education programs may help deter adolescents from at-risk behavior and provide positive role models. Finally, while gender differences are routinely reported in typical adolescent populations (Gupta, 1997, Gupta & Derevensky, 1998a, gender differences

Continued on page 4

in the current sample were either negligible or female prevalence rates were higher than that of males. Further research is needed to understand the differences and similarities occurring between incarcerated males and females. It seems that within this sample, females share more similarities with male PPGs and frequent gamblers which put them at considerably greater risk than females in the normal population. Early identification and prevention for females at-risk for such behaviors is important.

In conclusion, utilizing a prevention framework that identifies youth in the typical adolescent population who share at-risk characteristics and building resiliency may deter youth from becoming involved in delinquent activities and other high-risk behaviors. Further, identifying factors that protect adolescents in the normal adolescent population can be instituted in residential programs (i.e., building or re-building a supportive system for treatment and aftercare). Incorporating treatment and follow-up into rehabilitation programs for incarcerated adolescents may well minimize the

risk of relapse and future criminal acts. As many programs currently exist for treatment of substance use and addictions in residential settings, the inclusion of gambling programs should be made readily available to prevent recidivism of pathological gambling and gambling related criminal offenses.

Reference

Fisher, S. (1992). Measuring pathological gambling in children: The case of fruit machines in the U.K. *Journal of Gambling Studies*, 8(3), 263-285.

Fisher, S. (1993). Gambling and pathological gambling in adolescents. *Journal of Gambling Studies*, 9, 257-288.

Florida Council on Compulsive Gambling, Inc. (2002). Gambling education and prevention needs assessment for juveniles in residential detention centers of the Florida department of juvenile justice. Maitland, FL: The Florida Council on Compulsive Gambling, Inc.

Gupta, R. (1997). Toward testing a general theory of addictions: An examination of gambling, risk-taking, and related personality variables in adolescents. [Dissertation Abstract] *Dissertation Abstracts International*, 60(12-A), 2000, 4331, US: University Microfilms International.

Gupta, R., & Derevensky, J. (1998a). An empirical examination of Jacobs' General Theory of Addictions: Do adolescent gamblers fit the theory? *Journal of Gambling Studies*, 14(1), 17-49.

Gupta, R., & Derevensky, J. (1998b). Adolescent gambling behavior: A prevalence study and examination of the correlated associated with

problem gambling. *Journal of Gambling Studies*, 14(4), 319-345.

Gupta, R., & Derevensky, J. (2000). Adolescents with gambling problems: From research to treatment. *Journal of Gambling studies*, 16(2/3), 315-342.

Jessor, R. (1998). New perspectives on adolescent risk behavior. In R. Jessor (Ed.), *New perspectives on adolescent risk behavior*. Cambridge, UK: Cambridge University Press.

National Research Council. (1999). *Pathological gambling: A critical review*. Washington, DC: National Academy Press.

Westphal, J.R., & Johnson, L.J. (1999). Gambling behavior among residents in the Louisiana juvenile justice system. Unpublished manuscript.

Westphal, J.R. Rush, J.A., Stevens, L., & Johnson, L.J. (1998). Gambling behavior of adolescents in residential placement in northwest Louisiana. *Southern Medical Journal*, 91(11), 1038-1041.



NEW CASA REPORT: INDIVIDUALS WITH EATING DISORDERS LIKELIER TO ABUSE ALCOHOL AND ILLICIT DRUGS – AND VICE VERSA

Food for Thought: Substance Abuse and Eating Disorders is the first comprehensive examination of the link between substance abuse and eating disorder. The 73-page report revealed that up to one-half of individuals with eating disorders abuse alcohol or illicit drugs, compared to 9% of the general population. Conversely, up to 35% of alcohol or illicit drug abusers have eating disorders, compared to 3% of the general population.

The exhaustive report found anorexia nervosa and bulimia nervosa as the eating disorders most commonly linked to substance abuse and for the first time identified

the shared risk factors and shared characteristics of both afflictions.

“The public health community, parents and policy makers must educate our children about healthy body images from a very young age, and treatment and prevention programs must address the common co-occurrence of substance abuse and eating disorders,” stated Susan Foster, vice president and director of policy research and analysis at CASA, who spearheaded the project.

A copy of the report can be found at: www.casacolumbia.org



Predicting Male and Female Adolescents' Involvement in Dating Violence from Different Types of Childhood Maltreatment

Tanya Bergevin, Ph.D.

Director of Clinical and Applied Research

International Centre for Youth Gambling and High-Risk Behaviors

Research to be presented at the biennial meeting of the Society for Research in Adolescence, Baltimore, Maryland (March, 2004)

Defined as an abuse of power designed to control a romantic partner through physical, sexual, or psychological harm, dating violence has become a major public health concern affecting between 25% and 50% of male and female adolescents (Jackson, Cram, & Seymour, 2000). Experiences of dating violence have been associated with a wide range of negative outcomes including substance abuse, delinquency, heightened levels of aggression, risky sexual activity, and suicidality (Silverman, Raj, Mucci, & Hathaway, 2001; Wolfe, Wekerle, Reitzel-Jaffe, & Lefebvre, 1998). As such, it is critical to shed light on the developmental pathways leading to adolescents' involvement in abusive romantic relationships.

By negatively impacting social, emotional, and behavioural adjustment across development, child maltreatment is the most commonly cited precursor for the involvement in violent romantic relationships (Wekerle & Wolfe, 1999). Despite the fact that (a) different types of childhood maltreatment frequently co-occur, and (b) within violent teen couples both partners are likely to be both the perpetrator and recipient of violence, it is premised that specific forms of childhood maltreatment differentially predict adolescents' overall patterns of involvement in dating violence. Specifically, the current study examined how verbal, physical, and sexual forms of child maltreatment predict the perpetration of (a) physical violence, (b) psychological violence, and (c) experiences of victimization (collapsed across psychological and physical dimensions) in boys' and girls' dating relationships.

Participating grade 11 students (188 female, 144 male, mean age = 16.6

years) completed self-report measures on childhood experiences of maltreatment, as assessed by the Childhood Experience with Violence Questionnaire (Walsh, MacMillan, Trocme, Boyle, Jamieson, & Daciuk, 2000), as well as measures of dating violence and victimization, as assessed by a modified version of the Revised Conflict Tactics Scale (Straus, Hamby, McCoy, & Sugarman, 1996).



In predicting physical violence, hierarchical multiple regression analyses revealed an interaction between sex and child sexual maltreatment (see Table 1); indicating that boys, but not girls, with a history of sexual maltreatment perpetrated more physical violence in romance than did others ($\beta = .37, p < .001, R^2 = 14\%$). Moreover, a positive trend indicated that those with histories of physical maltreatment, relative to others, also tended to perpetrate more physical violence in romance.

In predicting psychological violence, a significant effect emerged for sex, indicating that girls perpetrated more psychological (i.e., verbal/emotional)

violence than did boys ($\beta = .14, p < .05$). In addition, positive trends indicated that those with histories of verbal and physical maltreatment also tended to use psychological violence against partners, ($\beta = .13, p < .10$) and ($\beta = .12, p < .10$) respectively.

Finally, all three types of childhood maltreatment significantly predicted victimization in dating, with experiences of sexual maltreatment playing a particularly powerful role (see Table 2). In sum, different types of childhood maltreatment put boys and girls at differential risk for becoming involved in violent dating. By adopting a more gender-sensitive approach to studying the impact of child maltreatment, developmental trajectories leading to dating violence and other high-risk behaviours can be better understood, forecast, and prevented.

References

- Jackson, S. M., Cram, F., and Seymour, F. W. (2000). Violence and sexual coercion in high school students' dating relationships. *Journal of Family Violence, 15*(1), 23-36.
- Silverman, J. G., Raj, A., L. A., and Hathaway, J. E. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy and suicidality. *Journal of the American Medical Association, 286*(5), 572-579.
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., and Sugarman, D. B. (1996). The Revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues, 17*(3), 283-316.
- Walsh, C. A., MacMillan, H. L., Trocme, N., Boyle, M., Jamieson, E., and Daciuk, J. (2000). The Childhood Experiences of Violence Questionnaire. Unpublished Manuscript, McMaster University, Toronto, CA.
- Wekerle, C., and Wolfe, D. A. (1999). Dating violence in mid-adolescence: Theory, significance, and emerging prevention initiatives. *Clinical Psychology Review, 19*, 435-456.
- Wolfe, D. A., Wekerle, C., Reitzel-Jaffe, D., and Lefebvre, L. (1998). Factors associated with abusive relationships among maltreated and nonmaltreated youth. *Development and Psychopathology, 10*, 61-85.

Continued on page 6

Table 1
 Summary of Hierarchical Multiple Regression Analysis Predicting Physical Violence in Dating from Different Types of Childhood Maltreatment

Predictors of Physical Violence in Dating	Upon Entry			At Final Step			Stepwise Statistics	
	β	t	% ^a	β	t	% ^a	R^2	ΔR^2
Step 1								
Sex	.17	2.97**	.03**	.12	2.05*	.01*	.03**	
Step 2								
Verbal Maltreatment	-.03	-.50	.00	-.02	-.26	.00	.08**	.05**
Physical Maltreatment	.12	1.85(*)	.01(*)	.11	1.85(*)	.01(*)		
Sexual Maltreatment	.19	3.34**	.04**	.24	3.84***	.05***		
Step 3								
Verbal Maltreatment X Sex	.03	.58	.00	.03	.58	.00	.11*	.03*
Physical Maltreatment X Sex	.11	1.78(*)	.01(*)	.11	1.78(*)	.01(*)		
Sexual Maltreatment X Sex	-.15	-2.47*	.02*	-.15	-2.47*	.02*		

(*) $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

a = The amount of variability accounted for

Table 2

Summary of Hierarchical Multiple Regression Analysis Predicting Victimization in Dating from Different Types of Childhood Maltreatment

Predictors of Victimization in Dating	Upon Entry			At Final Step			Stepwise Statistics	
	β	t	% ^a	β	t	% ^a	R^2	ΔR^2
Step 1								
Sex	.03	.48	.00	-.02	-.48	.00	.00	
Step 2								
Verbal Maltreatment	.17	2.86**	.03**	.16	2.66*	.02*	.17***	.17***
Physical Maltreatment	.14	2.35*	.02*	.14	2.40*	.02*		
Sexual Maltreatment	.28	4.96***	.07***	.23	3.82***	.04**		
Step 3								
Verbal Maltreatment X Sex	.01	.25	.01	.01	.25	.01	.18	.01
Physical Maltreatment X Sex	-.07	-1.26	.00	-.07	-1.26	.00		
Sexual Maltreatment X Sex	.10	1.80	.00	.10	1.80	.00		

(*) $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

a = The amount of variability accounted for



Let's talk prevention®

THE INTERNET AND HOW IT CAN HELP

Anne-Elyse Deguire, M.Sc.

Prevention Specialist

International Centre for Youth Gambling and High-Risk Behaviors

Unlike other high-risk behaviors such as tobacco, alcohol and drug use, gambling is particularly concerning as teens do not need to cross social barriers to access it. Indeed, they can easily wager among themselves on card games, professional sporting events or games of skill. Also, unlike many other high-risk behaviors, gambling has been generally perceived to be a relatively harmless social activity with few negative consequences. It continues to be highly promoted, endorsed and often state sponsored. Many forms of gambling, both regulated and non-regulated, are generally readily accessible to underage individuals in spite of legal prohibitions.

Research has generally shown that ease of accessibility is a precursor to the development of pathological gambling and the National Research Council's (1999) review of the literature concluded that teenagers are a particularly vulnerable group and at greater risk for developing gambling related problems. There is also ample evidence that most teenagers use the internet on a fairly regular basis. While this represents a potential problem with respect to Internet gambling, the Internet can be used as a way to help disseminate important information and deliver sensitization and prevention programs warning youth of the potential dangers associated with excessive gambling.

Although several websites currently provide some information and facts

on gambling, only a few sites have been developed especially for children and teenagers. These multimedia, interactive sites include games, essential information concerning warning signs, probabilities, erroneous cognitions and quizzes in a colorful and engaging manner. Several of these sites are listed at the end of this article and I hope to keep you abreast of new developments and sites as they become available.



These initiatives are important for they can reach countless adolescents but they face a significant challenge—visibility and accessibility. Unfortunately, unlike online casinos, prevention oriented gambling site developers and agencies don't have the budget to widely advertise their sites through popup windows, banners, etc. One needs to do a dedicated and specific search for these sites in order to find them. As a result, prevention experts must

find inexpensive and innovative ways to disseminate the information and website addresses to teenagers.

Such ways may include advertisements and promotions in school bulletins, local newspapers, popular teen chat lines or through public service announcements. Targeting multiple groups including teachers, parents and more importantly teenagers themselves is important.

The Internet can be an excellent educational tool in helping prevent problem gambling amongst our youth. Teenagers enjoy surfing the net, especially interesting, interactive and dynamic sites developed just for them. Let's just make sure they know we are out there!

The following are several current sites offering gambling information and prevention:

<http://www.youthbet.net/>

<http://www.wannabet.org>

<http://thegamble.org/>

<http://www.responsiblegambling.qld.gov.au/education/schoolstuff/home/home.htm>

<http://www.zoot2.com/julstthefacts/gambling/index.asp>

<http://www.education.mcgill.ca/gambling/en/justforyouth.htm>

<http://www.teljeunes.com/>

If you know of any other worthwhile sites or are currently developing one, please send me a note and I'll be sure to share them.

Winner of Annual Durand Jacobs Award

The Centre is pleased to announce that the winner of this year's Durand Jacobs Award is presented to Robert H. Pietrzak for his outstanding paper entitled *Health and psychosocial correlates of older adult problem gambling*. This award is offered to graduate students who submit an outstanding theoretical or empirical paper related to the psychology of addictive behaviours. This annual award is dedicated to Dr. Durand Jacobs' lifelong commitment to the mentoring of students. An international panel of researchers comprised the selection committee.

Robert H. Pietrzak is an M.P.H. Candidate in the Graduate Program in Public Health and Clinical Research Assistant in the Department of Psychiatry at the University of Connecticut Health Center in Farmington, Connecticut, USA. His thesis research was conducted under the supervision of Dr. Nancy Petry at the UConn Gambling Treatment and Research Center. Mr. Pietrzak received his B.A. in Psychology from Clark University in Worcester, Massachusetts, USA, and is currently applying to Ph.D. programs in clinical neuropsychology.

Abstract

Objective. A number of regional prevalence surveys suggest that disordered gambling is a clinically significant problem among older adults. However, no known study has systematically evaluated health, psychiatric, alcohol, family/social, employment, and legal correlates of older adult problem gambling.

Method. Using a case-control design, 48 older adult problem gamblers and 48 controls matched on age, sex, and race were recruited from Connecticut and completed the Addiction Severity Index (ASI), Brief Symptom Inventory (BSI), and Short Form 36 Health Survey (SF-36). Multivariate general linear models evaluated between-group differences on these indices.

Results. Compared with older adult non-problem gamblers, older adult problem gamblers reported increased severity of medical ($p < .05$), alcohol ($p < .05$), family/social ($p < .05$), and psychiatric problems ($p < .01$) on the ASI. They also scored higher on depression, anxiety, paranoid ideation, and psychoticism subscales of the BSI (all p 's $< .05$), and lower on vitality, physical functioning, role-physical, general health, and

social functioning subscales of the SF-36 (all p 's $< .05$).

Conclusions. These results demonstrate that gambling-related problems are not limited to older adults who meet diagnostic criteria for pathological gambling, but that older adult problem, non-pathological gamblers may also suffer from serious health and psychosocial problems.

Increased primary prevention and screening efforts are needed to prevent, identify, and treat problem gambling among older adults.



Internet Gambling Study Now On-line

The Centre is currently conducting a study that examines the intersection between gambling behaviour and the World Wide Web. Because the on-line gambling industry is relatively new, there has been little research examining this new and rapidly expanding form of gambling. Researchers are interested in knowing more about



why people choose to gamble on-line. We are particularly interested in individuals of all ages who like to gamble on-line and who are willing to complete our internet-based questionnaire. If you or your organization would like to be involved, please visit our website: www.webgamestudy.org

Early Identification of At-Risk Gamblers

Carmen Messerlian, M.Sc.

Director of Program Development
International Centre for Youth Gambling and High-Risk Behaviors

Recent research suggests that there are increasing similarities between both at-risk gamblers and pathological gamblers. Some researchers have also pointed to a possible process which may see youth cycle between at-risk and pathological levels of gambling. Furthermore, research indicates that among youth there is a rapid progression from social gambler to problem gambler.

Generally, treatment programs target those individuals who meet the diagnostic criteria for pathological gambling. However, approximately 10-15% of young people are at-risk of developing a severe gambling problem. Although they do not meet all the DSM criteria, these young people experience one or more negative consequences associated with their gambling.

While a greater understanding of the risks associated with gambling is becoming apparent and prevention programs and treatment services for youth have begun to emerge, more can be done in the area of helping those youth who gamble in an at-risk manner but are not at a clinical level of pathological gambling.

Secondary prevention attempts to avert at-risk youth from progressing towards pathological gambling. One of the key strategies involves reorienting health services in primary care and social services facilities in order to ensure that

professionals working with youth are sensitive to their special needs, able to identify potential gambling problems, and intervene early. Specifically, this can be achieved by developing and implementing effective professional education and

including access to gambling screens, information pamphlets, treatment guidelines, and referral contacts.

Organisational development, including policy development, is yet another approach used to influence health services provision. This strategy includes developing standards of care in primary care settings that are oriented towards prevention and harm-reduction. Health centres and organizations are encouraged to develop policies outlining protocols for gambling prevention, treatment and support. Research-based treatment programs should also be implemented and be easily accessible in communities targeting both at-risk and pathological gamblers.

Mental health and primary care professionals are only beginning to fully recognize the magnitude and impact of youth gambling. As the risk of gambling occurs along a continuum, prevention intervention must focus on, and be targeted to, specific risk levels. Improving early identification of at-risk youth will help minimize the need and demand for more intense treatment. While further research is needed to better understand the processes involved in the acquisition, development and maintenance of gambling behaviour, health professionals and those working with youth play a critical role in identifying problem gambling early and limiting its progression.

training programs for primary health care professionals (e.g. physicians, school counselors, and social workers) so that adolescents at-risk for a gambling problem can be more easily identified.

With appropriate education and training, more professionals will have the knowledge and resources needed to understand the risks, recognize the signs of early gambling troubles in underage youth, and respond effectively. Staff should also have at their disposal the resources and tools needed to respond to youth gambling issues,



LAWSUITS WILL SHOWCASE

SOCIAL COSTS OF CANADA'S GAMBLING BONANZA

Quebec City lawyer Jean Brochu says he was robbed blind for years by bandits. Video lottery terminals, dubbed electric morphine for their addictive pull on some players, arrived in his favourite lunch-time pub in 1997. "I never went to a casino in my life except in the Dominican Republic 15 years ago," Brochu says. But he was soon spending extended noon-hours feeding the machines up to \$500 a day. Sometimes he would return after work, chasing ever-bigger losses. By the time his boss confronted him in December 1999, Brochu had sapped \$100,000 of his own money and stolen \$50,000 from his professional association (he was the treasurer).

Today, the married father of two grown sons is leading a class-action lawsuit to start this fall that will be tracked by the global gambling industry. Certified last May, the lawsuit alleges that Loto-Quebec should compensate some 119,000 VLT addicts for counselling and legal fees. Gambling debts would not be covered in claimed damages of about \$700 million. More than 500 plaintiffs have formally joined the lawsuit so far, said Brochu's lawyer, Roger Garneau. The case, and at least one other in Canada, will soon force provincial governments to defend in court the social costs of lucrative gambling policies. Brochu, 51, argues that warnings on VLTs such as "let the game remain a game" are not nearly strong enough to offset their addictive effects.

A judge took into account Brochu's addiction. He was conditionally discharged of his crime, fined \$1,500 and given two years probation. Today, he is back practicing law in the same legal aid office. Certification of his case says little about its merits. Skeptics say Brochu has launched an absurd attempt to escape his own irresponsible choices.

Jean-Pierre Roy, spokesman for Loto-Quebec, is confident that Brochu's claims will fail. The province's yearly budget for problem gambling programs, now about \$17 million, has doubled in the last 10 years, he says.

"The judge will recognize that an individual also has a personal responsibility towards gaming. Should we stop selling alcohol because some people are alcoholics?"

Still, gambling critics say it's time governments account for how addicts - especially among the poor, youth and seniors - have been caught up in a state-promoted betting boom. They are concerned, too, about statistics gathered in Alberta and Nova Scotia suggesting problem gambling may be linked to more suicides than previously thought.



Critics argue that provinces actually set aside relatively tiny shares of mammoth profits to treat, prevent and educate people about gambling addiction.

In Ontario and Quebec, those amounts have been eclipsed in recent years by hefty advertising budgets to encourage betting. Real estate broker Constantin Digalakis is suing the Ontario Lottery and Gaming Corp. for \$7 million. He went bankrupt after losing more than \$250,000, in part he alleges, because the province's self-exclusion program wasn't enforced.

Digalakis claims he was able to re-enter the commercial casinos and the slot lounge at Toronto's Woodbine racetrack even after signing a form that was supposed to ban him from all facilities. In their defence, the gaming corporation and casinos cite a portion

of the standard self-exclusion form that releases them from liability should a player breach the voluntary ban.

Ontario officials also say they spend the most of any North American jurisdiction on problem gambling. The province commits 2% of slot revenues from racetracks and charity casinos to research, treatment, education and prevention. Last year, that totalled \$21.7 million or 1.1% of profits.

But there are likely to be other lawsuits, given the stakes. Provinces generate significant revenues from casinos and VLTs - \$10.7 billion in 2001, says Statistics Canada. Of that, \$6 billion was profit. The figures don't include casinos, or bingos run by First Nations, charity casinos or the explosion of illegal Internet betting sites.

About 20 alleged gambling addicts have launched lawsuits against U.S. casinos in recent years. Courts there have not been sympathetic. In Canada, the dual role of provincial governments as regulators and prime beneficiaries sets up conflicting interests, says Peter Bowal, a law professor at University of Calgary. The federal government gave up control of gambling to the provinces in return for a small share of the profits - about \$50 million a year. Proponents stress that government involvement means a host of gambling-sponsored services and at least some help for problem bettors. There's also less chance for organized crime to move in.

In Quebec City, Jean Brochu says his lawsuit against Loto-Quebec is about holding governments accountable. His wife and family support him, he says, and he hasn't played a VLT since his boss confronted him three years ago. Win or lose, Brochu says he'll have no regrets. "I will have the satisfaction to have tried something. A lot of people are suffering."

Source:

http://www.casinoman.net/Content/casino_gambling_news/gambling_news_article.asp?artid=1001 Date entered: 24/02/2003

Urge to gamble linked to casino designs say U of G researchers

Published by the University of Guelph Communications and Public Affairs

Reducing the jarring noise and other stimuli in casinos can significantly lower a person's intent to gamble, according to new research by University of Guelph professors.

Consumer studies professor Karen Finlay and psychology professor Harvey Marmurek found that the busier the casino is in terms of noise, colours, lights and people, the more likely both problem and non-problem gamblers are to take a chance.

"The amount of information that must be processed in a setting is called the 'information rate' and it enhances the amount you feel aroused, the amount you feel dominated, the degree to which you lose control," said Finlay. "Because a casino has a lot of lights, jackpots going ding, ding, ding, and other sounds, colours and people, we thought that varying the information rate might help reduce problem gambling behaviour."

Working with consumer studies professors Jane Londerville and Vinay Kanetkar, Finlay and Marmurek took video footage of two typical casino designs in Las Vegas and showed it to problem and non-problem gamblers. Before taking part in the study, all participants completed the 12 questions of the Canadian Problem Gambling Index so the researchers could determine their gambling behaviours.

They then surveyed the gamblers to measure their emotional responses to various settings and their urge to gamble through survey questions after they watched the videos. More than 400 participant observations were collected.

When the researchers eliminated the jarring and varied noises from the games and instead played recognizable music, the participants' urge to gamble was reduced by as

much as 14%. "When more stimuli were present in the gambling setting, the gamblers generally felt less pleasure, more arousal, higher levels of anxiety and greater loss of control," said Finlay. "This resulted in altered behaviour, such as a person exceeding the amount of time and money he or she intended to spend in the casino."

Emotional responses varied with the design of the gambling venue. Casinos generally fall into one of two designs: the "playground" model that combines comfort with an element of fantasy — running water, lots of vegetation, high ceilings and open space between the games — or the Friedman model where games are laid out in a maze-like pattern.



"The first step was to validate these two designs and recognize that they create differences in pleasure and arousal," said Marmurek.

In the playground model casinos, the elements are highly familiar and comforting and measure the highest in terms of individuals maintaining a positive psychological state and a low incidence of problem gambling behaviour. The researchers found that adding music to the mix in this design increased participants' desire to gamble because it was one more stimulus to process and resulted in increased anxiety and loss of control.

In Friedman's model where there are low ceilings with less space and a lot of noise, music helped reduce the amount of information to process and the level of anxiety, such that individuals had better control over their gambling behaviour.

Videos were used because the researchers could not test participants in actual casinos. "There is a good body of literature that says video simulations produce the same direction of results as would measurement in the field," said Finlay. Added Marmurek, "If anything, it probably underestimates the person's reaction because when you're there, the casino environment is more powerful."

Based on their findings, the researchers believe designing casinos with rooms containing comforting, natural, yet limited stimuli for problem gamblers could help control their excessive impulses. They're hoping their research will assist addiction counsellors in developing treatment plans and will lead to provincial regulations that will help problem gamblers.

The team of four researchers has received a \$184,000 grant from the Ontario Problem Gambling Research Centre to continue their research on casino design. Over the next year, they will hire videographers to capture a range of specific stimuli found in casinos — the brightness of lights, use of colour, flashing lights, degree of crowds — to pinpoint the stimuli causing gamblers to alter their behaviour. Their new study will focus on the loss of control some people experience as a function of casino design.

Source:
<http://www.gamblingresearch.org/content/detail.sz?cid=2640>

Interesting New Publications

Brown, S.A., & D'Amico, E.J. (2003). Outcomes of alcohol treatment for adolescents. *Recent Developments in Alcoholism, 16*, 289-312.

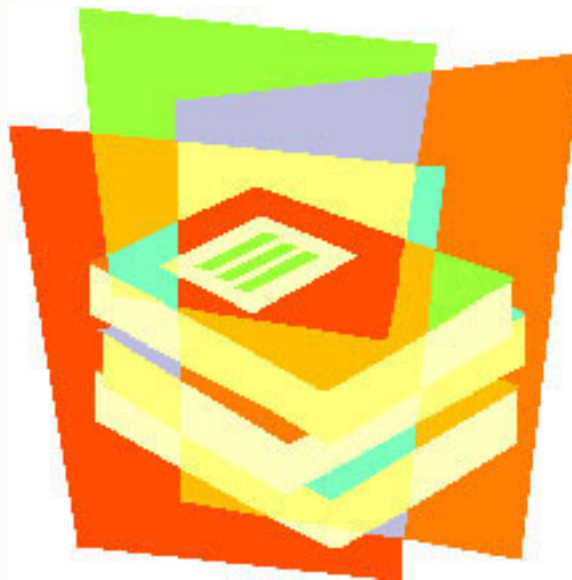
Alcohol and other drug use by youth continue to be an important focus. Both moderate and heavy alcohol consumption are associated with a higher risk of alcohol-related medical consequences and accidental injuries for youth. Despite knowledge of possible consequences, a high percentage (30%) of high school students nationwide reports episodes of hazardous drinking (five or more drinks on one occasion).

Increased awareness and concern related to adolescent substance use has led to the outgrowth of additional treatment facilities and programs for this age group. This chapter examines the impact of developmental factors on the assessment process and subsequent treatment of adolescent alcohol use disorders. In addition, treatment outcome research, intervention studies, relapse, and factors that may influence the recovery process of youth are discussed.

Flannery, W.P., Sneed, C.D., & Marsh, P. (2003). Toward an empirical taxonomy of suicide ideation: a cluster analysis of the youth risk behavior survey. *Suicide & Life-Threatening Behavior, 33*(4), 365-72.

In this study we examined adolescent risk behaviors, giving special attention to suicide ideation. Cluster analysis was

used to classify adolescents (N = 2,730) on the Youth Risk Behavior Survey. Six clusters of adolescent risk behavior were identified. Although each risk cluster was distinct, some clusters shared overlapping risk behaviors. Suicide ideation was central to two clusters: the Silent Suicide cluster and the Multiple Risk cluster. The findings demonstrate that suicide ideation is both a unique risk behavior for some adolescents and part of a generalized risk syndrome for other adolescents. A multiple subgroup framework is recommended for understanding adolescent risk behaviors.



Jansen, R.E. (2003). Easy temperament as a protective factor: An examination of adolescents at risk. *Dissertation Abstracts International: Section B: the Sciences & Engineering, 64*(3-B), 1523.

Evidence suggests that difficult temperament is a risk factor for a myriad of problem behaviors. There has been a significant gap, however, in the research literature

regarding the potential differences easy, intermediate and difficult temperament functioning may have relative to one another upon influencing protection and vulnerability. In the current study, we investigated 271 adolescent from a high-risk setting. Adolescents were classified as either having an easy, intermediate or difficult temperament based upon cutoff scores derived from a temperament index. Results unequivocally provided support that easy adolescents exhibit greater emotional and behavioral functioning relative to the other temperament types. The Intermediate and Difficult groups demonstrated greater similarities to one another, but key differences were noted. Specifically, the Intermediate group had fewer total problem behaviors, more self-esteem and more social support than the Difficult group. Competing path models were developed to gain a better understanding of the interrelations between temperament, social support, perceived competencies, self-esteem and problem behaviors. Results provided greater support for a direct model, indicating that part of the influence of temperament upon these areas of functioning is directly attributable to temperament type. However, there were some differences with respect to gender across models. Results are consistent with the supposition that an easy temperament-positive outcome relationship is pronounced in the context of a high-risk setting.

News from the Centre ...

On February 4th, Drs. Gupta and Derevensky testified before the Senate of Canada hearings to amend the Criminal Code of Canada-Bill S-6 on lottery schemes. The Honourable Senator Lapointe proposes to limit the installation of lottery terminals and slot machines to racetracks and premises dedicated to gaming.

Centre Publications and Presentations

Watch for a forthcoming book which is currently being completed:

Derevensky, J., & Gupta, R. (Eds.). *Gambling problems in youth:*

Theoretical and applied perspectives. New York: Kluwer Academic Publishers.

Derevensky, J., & Gupta, R. (2004). The chase: Adolescents with gambling problems. *e-Gambling: The Electronic Journal of Gambling Issue.*

Derevensky, J., Gupta, R., & Magoon, M. (in press). Adolescent problem gambling: Legislative and policy decisions. *Gambling Law Review.*

Dickson, L., Derevensky, J., & Gupta, R. (in press). Harm reduction for the prevention of youth gambling problems: Lessons learned from adolescent high-risk prevention programs. *Journal of Adolescent Research.*



Felsher, J., Derevensky, J., & Gupta, R. (in press). Lottery playing amongst youth: Implications for prevention and social policy. *Journal of Gambling Studies.*

Gupta, R., Derevensky, J., & Marget, N. (in press). Coping strategies employed by adolescents with gambling problems. *Child and Adolescent Mental Health.*

Hardoon, K., Gupta, R., & Derevensky, J. (in press). Psychosocial variables associated with adolescent gambling: A model for problem gambling. *Psychology of Addictive Behaviors.*

Messerlian, C., Byrne, A., & Derevensky, J. (in press). Gambling, youth and the Internet: Should we be concerned? *Canadian Child and Adolescent Psychiatry Review.*

Nower, L., Derevensky, J., & Gupta, R. (in press). The relationship of impulsivity, sensation seeking, coping and substance use in youth gamblers. *Psychology of Addictive Behaviors.*

Ste-Marie, C., Gupta, R., & Derevensky, J. (in press). Anxiety and social stress related to adolescent gambling behavior and substance use. *Child & Adolescent Substance Use.*

Wood, R.T. A., Gupta, R., Derevensky, J., & Griffiths, M. (in press). Video game playing and gambling in adolescents: Common risk factors. *Journal of Child & Adolescent Substance Abuse.*

BE WEB AWARE

Be Web Aware is a national bilingual public education program on Internet safety. The objective of everyone involved in this project is to ensure young Canadians benefit from the Internet, while being safe and responsible in their online activities. Be Web Aware grew out of a series of discussion and a collective concern among Microsoft Canada, the Media Awareness Network and Bell Canada about online safety. A section related to gambling is worth visiting.

<http://www.bewebaware.ca>

YGI Newsletter

A Quarterly Publication by the International Centre for Youth Gambling Problems and High-Risk Behaviors

Editor
Carmen Messerlian, M.Sc.

Design
Lei Chen

3724 McTavish Street, Montreal, Quebec, Canada
H3A 1Y2

Phone: 514-398-1391

Fax: 514-398-3401

Email: ygi@youthgambling.com

www.youthgambling.com

Upcoming Events

Perspectives on Prevention – A Symposium on Problem Gambling

The Sutton Place Hotel, Toronto
April 18-20, 2004
Responsible Gambling Council
www.responsiblegambling.org

International Gambling Conference: Gambling and Problem Gambling in New Zealand: Taking Stock and Moving Forward on Policy, Practice and Research

Carlton Hotel, Auckland, New Zealand
May 13-14, 2004 (revised)
<http://pasinfo.net/events/event003.html>

3rd Annual Alberta Conference on Gambling Research: treatment of Problem Gambling: A Vision for the Future

The Banff Centre, Banff, Alberta
May 21-22, 2004
Alberta Gaming Research Institute
www.abgaminginstitute.ualberta.ca/events.htm

18th National Conference on Problem Gambling

Arizona Biltmore Resort & Spa - Phoenix, Arizona
June 17-19, 2004
www.ncpgambling.org/conference.htm

6th European Conference on Gambling Studies and Policy Issues

Malmo, Sweden
June 29-July 02, 2005

