

Gambling advertising and problem gambling: Is there a relationship?

FEATURE ARTICLE

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Over the last few years there has been a great deal of speculation over the role of advertising as a possible stimulus to increased gambling, and as a contributor to problem gambling (including underage gambling). Advertising of gambling is a potential public health issue if it can be shown that

advertising has a direct and material effect on gambling participation or that advertising has a direct affect on problem gambling outcomes (generally or for specific populations). Research in other areas (such as advertising and alcohol consumption) claim that virtually all econometric studies of alcohol advertising expenditures come to the conclusion that advertising has little or no effect on market wide alcohol demand (Nelson, 2001).

Much of the current gambling advertising consists of the promotion of lotteries. There appears to be little doubt that lottery advertising has been critical to the success of lotteries. Not only are they heavily advertised on billboards, television, radio, and in national and local newspapers, but they are so widespread that they are often difficult to avoid. As such, lotteries are more salient than other forms of gambling that do not have the same freedom to advertise (or have their own television show). In the United States, the National Gambling Impact Study Commission went as far as to claim that lotteries exploit those on low incomes. They reported that lottery gamblers with household incomes under \$10,000 (US) bet nearly three times as much as those with incomes over \$50,000. The report claimed that some lottery advertising had deliberately targeted people in impoverished neighbourhoods.

Very few researchers have examined gambling advertising and its effect on consumers. Almost all of the data to date is concerned with examining



attitudes toward gambling advertising in general. Furthermore, very little of this research provides insight into the relationship between advertising and problem gambling. However, this does not mean there are not interesting findings.

In the U.S., Grant and Won Kim (2001) examined the demographic and clinical features of 131 adult pathological gamblers. One of the questions they asked concerned gambling 'triggers', i.e., what was the impetus in provoking the urge to gamble. Just under half of the sample (46%; n = 60) reported that television, radio and billboard advertisements were a stimulus to gamble. They also reported that those gamblers who had urges triggered by advertisements also appeared to develop pathological gambling soon after the onset of initiation. Grant and Won Kim argued that constant exposure to specific triggers would naturally reinforce gambling behaviour, and offered this as an explanation why these individuals progressed to pathological gambling so quickly.

In New Zealand, Amey (2001)

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carried out a gambling survey among 1500 people in June and July 2000. A large majority of the sample (89%) recalled seeing or hearing some form of gaming advertising in the 12 months prior to the survey. Of those who had seen gaming advertisements, most could recall advertisements for lottery games (particularly Lotto). The number of people who recalled Lotto advertising was virtually identical to the number who reported playing the game (84%). Recollection of Daily Keno and Telebingo advertising was found to be considerably higher than the number of individuals who actually participated. Those who had played non-casino gaming machines, pokies, far exceeded the number of people who remembered seeing advertisements for this activity. Amey (2001) also reported an association between participation in gambling activities and recall in gambling advertising. Those who never or rarely gambled on these activities were less likely to report having seen gaming advertisements (83% compared to those who engaged in four or more gambling activities – 93%). These data while interesting are only suggestive of a relationship between gambling and advertising

The National Impact Commission Study reported that lottery advertisements target particularly vulnerable populations, specifically youth. Some lottery advertisements presented to the Commission revealed young people playing the lottery. The appeal of such images, and the illegality of underage lottery purchases in most states, raised justifiable concerns about the role of state governments as a promoter and participant in this type of gambling promotion. Other studies have peripherally examined the effect of advertising on adolescents but have reached no clear conclusions (e.g., Wood & Griffiths, 2001; 2002; Wood, Griffiths, Derevensky & Gupta, 2002).

It is very clear that the question of whether increased gambling advertising leads to increased gambling problems cannot be justifiably answered on the basis of such a small pool of data. Although there is a lack of research in this area, there are precedents that advertisements for the promotion of gambling, especially government run lotteries, should perhaps be placed in the same category as alcohol and tobacco promotions because of the potentially addictive nature of gam-



bling and the potential for being a major health problem. Many lobby groups claim it is time to ban gambling advertising with the same vigour as cigarette advertising although there is no evidence that this would work (particularly if the research on alcohol advertising is examined).

In an overview of the psychology of lottery gambling, Griffiths and Wood (2001) reported that educating the public about gambling may actually be a trigger to gamble. They argue that regulation may best be achieved not through changing the structural characteristics of a gambling activity but through other practices. These could include prohibition of advertising, decreasing the number of outlets for gambling available and geographically locating gambling establishments away from sites where more vulnerable members of the population are found (e.g.

near schools, colleges, arcades, etc.). Similar to the National Gambling Impact Study Commission, they recommended that all relevant governmental gambling regulatory agencies ban aggressive advertising strategies, especially those that target people in impoverished neighbourhoods or youth anywhere. They also recommended that states with lotteries reduce their sales dependence on low-income neighbourhoods and heavy players in a variety of ways, including limiting advertising and number of sales outlets in low-income areas.

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Let's talk prevention[®]

Prevention and the Gambling Industry

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Two facts are rapidly established when examining the different efforts put forth to prevent gambling problems. First, the harm-reduction approach is largely advocated and endorsed in most prevention efforts. Harm-reduction implies the decrease of negative consequences associated with an addictive behaviour as opposed to eliminating the behaviour altogether. Thus, by developing skills to reduce the risks or the negative consequences, people can partake in risky activities, albeit in a responsible manner. Second, the gambling industry puts a great deal of emphasis on secondary prevention efforts where they attempt to reduce the negative consequences experienced by problem gamblers or at-risk gamblers. Examples of such programs include the self-exclusion programs found in many casinos as well as publicity efforts informing the population that help is available. To a lesser degree, the industry also participates directly and indirectly in primary prevention programs through efforts aimed at educating people about of the risks associated with gambling activities and by fostering responsible gambling behaviours. Although we applaud these efforts, we have to question if they are sufficient considering that budgets for publicity and promotion are much greater than those allocated to raise public awareness; promotion and publicity reaches far more people than prevention messages; and marketing strategies can be very aggressive, current attempts at prevention may not be sufficient.

Not everyone who gambles will develop a problem, in fact, most will not. However, it is often the combination of being ill-informed and having been highly solicited that can lead to problem gambling in certain individuals. While people are responsible for their own actions, many individuals need to further develop the skills required to make responsible choices when gambling, (especially since not all forms of gambling are managed by the industry). The gambling industry should be held accountable for the education of the public in this regard, and could play a very important role in primary prevention efforts, before risky gambling behaviour develops.

While continuing efforts to reduce harm amongst those who gamble in a problematic way, the gambling industry should also place an emphasis on preventing the onset of problem gambling and reducing the risks. Some provinces and states have made significant efforts at achieving awareness, and we recognize and appreciate these initiatives. Such messages would be most effective if coupled with other risk reducing efforts such as limiting access,

reducing promotion, and foregoing aggressive marketing strategies such as up selling. In addition, the gambling industry should offer products that are less attractive to children; especially those offered on CD-ROM.

The gambling industry is beginning to recognize the existence of problem gambling, which is an important first step. It has also started to take a few steps toward reducing harm for at-risk gamblers. Let's hope that these positive efforts will be continued, enforced, and reinforced by further strategies to reduce the incidence of problem gambling.



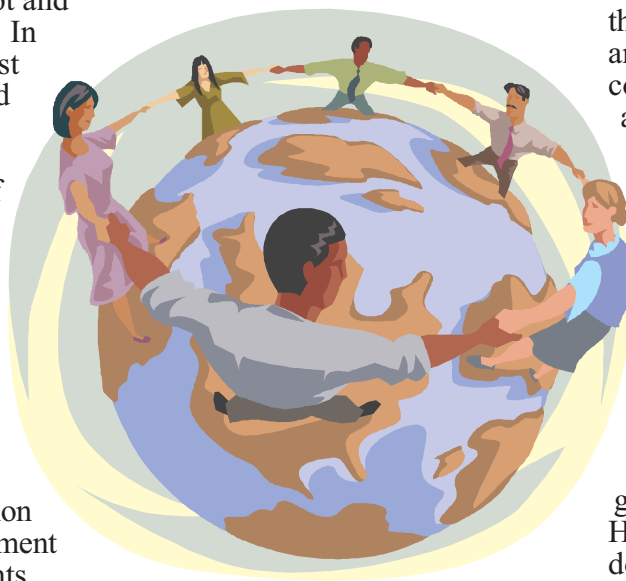
Encouraging Adolescents to Adopt and Maintain Health-Promoting Lifestyles and Change Health-Compromising Lifestyles

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Promoting healthy lifestyles and healthy environments might not be enough to convince adolescents to adopt protective behaviours. There is plenty of evidence that, although public health interventions can successfully increase adolescent and youth's knowledge about health issues, this is not enough to convince adolescents to adopt and maintain healthy behaviours. In today's world of powerful fast food advertising, tobacco and alcohol industries targeting young people, televisions in every home, glamorization of sex, and peer pressure, youth are often inundated with messages that push health-compromising activities. The social pressure to adopt these lifestyles is becoming more and more powerful. Therefore, it is necessary to not only promote healthy behaviours through the provision of information but also implement strategies that help adolescents develop the skills they need to adopt and maintain new behaviours, and the capacity to move away from negative influences. This requires youth to become *actors of change* when making their *lifestyle choices*.

There has been a growing effort to identify, describe, analyze and replicate evidence-based intervention models that achieve behaviour change among adolescents, either by adopting and maintaining health-promoting lifestyles and/or changing health-compromising lifestyles. One of the key elements of successful health promotion and prevention programs is their underlying theoretical framework. The Adolescent Health Unit at the Pan American Health

Organization (PAHO), the World Health Organization (WHO) Regional Office for Latin American and Caribbean countries, contributes to this effort with a new document entitled *Youth, Choices, and Changes* and intends to be a tool for program designers. *Youth, Choices, and Changes* aims to help



program planners identify the most effective theoretical frameworks for adolescent health promotion and prevention programs tailored to the adolescent's developmental goals, needs and wants at different ages, gender and cultural background. The purpose is to encourage program developers to design, implement and evaluate programs or interventions for adolescents based on the most effective and meaningful theoretical frameworks to address local challenges. The document reviews the literature containing health promotion and behaviour change theories most frequently used in health education, with a critical analysis of their

application and effectiveness in adolescence.

Until now, there have been few efforts to analyze the concepts and constructs of behaviour change theories with a developmental perspective. Adolescents are in a state of constant change and rapid development. It is crucial to tailor the application of behaviour change and health promotion theories, concepts and constructs to adolescents of both genders as they progress through different stages of development in a complex web of socio-environmental factors. Effective interventions for adolescents can no longer pretend to target "adolescence" as a unified homogeneous group (e.g. 10-19 years old or 15-24 years old). Strategies and goals of interventions will vary for different adolescent stages and genders. The PAHO's Adolescent Health Unit proposes in this document a plan for addressing adolescent developmental stages that should be considered when planning effective health promotion interventions. Furthermore, PAHO's Adolescent Health Unit considers that one of the most abandoned age groups to be targeted by health promotion and prevention programs has been pre-adolescents. *Youth, Choices, and Changes* will serve as a guide for program designers to plan developmentally-appropriate goals for interventions, with an emphasis on promoting the adoption and maintenance of health behaviours beginning with pre-adolescence, instead of arriving late, when health-compromising behaviours are already established and need to be changed.

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The use of *behaviour change* theories and strategies is only part of understanding successful interventions. While many of these theories show great promise, they are empty without an understanding of adolescent development, their needs and wants, and their social context. A special concern is that changing beliefs and attitudes, and teaching skills to adolescents might not be enough to improve their health and well being. Adolescents must be *motivated* to use information, skills and services. Evidence also shows that taking a *strengths* approach by promoting skills and assets, as an alternative to preventing deficits, is more effective in engaging and motivating adolescents.

The Adolescent Health Unit at PAHO is proposing a new model that considers the *needs and wants of adolescents* when planning health promotion programs. Understanding adolescent's needs and wants will help design more effective programs, which can include effective behaviour change strategies. This approach will also empower adolescents and their communities to be actors in their own change and place health-promoting lifestyles among their goals.

There is consensus that the most effective approach is to design a broad mix of initiatives at each level of intervention (individual, interpersonal, community and policy level) tailored to the needs and

circumstances of each country rather than concentrating on changing individual behaviours. In *Youth, Choices, and Changes* the Adolescent Health Unit at PAHO recommends designing programs that implement interventions at each ecological level, supported by a conceptual framework that includes at least one theory, guiding the design of interventions at each level, and also considers the needs and wants of the different actors of change, with a developmental perspective.

Youth, Choices, and Changes will be available in early Spring 2003. For more information, please contact Dr. Cecilia Breinbauer at breinbac@paho.org

Dr. Rina Gupta and Dr. Jeffrey Derevensky visit South Africa as guests of the National Responsible Gaming Programme

Drs. Gupta and Derevensky spent a week in Cape Town, Johannesburg and Pretoria in an effort to better understand the needs and current initiatives of the South African responsible gambling programme. With multiple casinos, a countrywide lottery, and the rolling out of electronic gambling machines in the very near future, there is an ever-growing need and awareness that harm minimization programs need to be developed and implemented. As guests of the National Responsible Gaming Programme, headed by Kerry Capstick-Dale, Dr. Rodger Meyer and Professor Peter Collins, and Hazel Petrig and Loren Jordaan who work on the youth and seniors prevention program, Drs. Gupta and Derevensky had the opportunity to learn firsthand about the many problems facing youth in South

Africa. In addition to providing a workshop at Kenilworth Place Addiction Centre in Cape Town, they discussed the need for a continuation

Cape Minister of Social Services and Poverty Alleviation, Marius Fransman. Drs. Gupta and Derevensky stressed the need for



more research to better understand the cultural and socio-economic differences, prevalence, and patterns of high-risk behaviours of South African youth. In a meeting with the South African Responsible Gambling Trust Drs. Gupta and Derevensky argued for continued research in identifying the risk and protective factors associated with problem gambling and other high-risk behaviours for South African youth. They emphasized the need for action-based research that can help provide valuable

information to be used in the development of risk-prevention programs. Many projects were discussed and closer collaboration was agreed upon.

of programs aimed at high-risk youth in meetings with the Western Cape Minister of Education, Andre Gaum; the Western Cape Minister of Agriculture, Tourism and Gambling, Johan Gelderblom; and the Western

Refocusing our Gaze from the Individual to Society

Carmen Messerlian, M.Sc.

International Centre for Youth Gambling

Problem gambling among children and youth is a growing public health concern. While gambling activities are predominantly seen as an innocuous adult pass time, more and more youth, exposed to the availability and accessibility of many forms of legal and illegal gambling, are succumbing to the temptation and pressures to participate. Current research shows that problem gambling in adolescents can lead to serious adverse outcomes including delinquency, crime, depression and suicide that have a far-reaching impact on our broader society. The burden of problem gambling among youth is socially invisible and masked by popular misconceptions. Public perception and knowledge is misguided largely as a result of the promotion of gambling as a harmless form of entertainment and enjoyable activity. The gambling industry perpetuates a vision of gambling as entertaining, glamorous and as a means of achieving financial freedom. Youth are particularly attracted to this vision. Consequently, they may be more vulnerable to gambling's potentially detrimental effects as they are unaware of the risks and negative outcomes associated with excessive gambling and more easily fall prey to the allure of the promise of money, excitement and success. Furthermore, gambling problems in children and adolescents often go unnoticed as they are difficult to measure and observe. Despite its overwhelming negative social impact, problem gambling in children and adolescents has only recently emerged as a significant public health issue (Korn & Shaffer, 1999). To date, very little has been

done to assess, counter, or prevent the burden problem gambling inflicts on youth and society.

In examining youth problem gambling through a public health lens, we recognise that the behaviour and health of each member of society is profoundly influenced by its collective characteristics and social norms. People and society in many cultures around the world have



come to regard gambling as common, acceptable, and normal. However, acceptability does not always imply healthy. On a societal level, an increase in the number of gambling opportunities necessarily implies an increase in the number of social gamblers, and consequently this results in an increase in the number of problem gamblers. Applying Rose's (1992) theory of prevention to gambling, the prevalence of gambling disorders in a society (the visible part of the iceberg) is a function of society's overall level of gambling participation (the underlying mass). The population's average level of gambling participation predicts the number of deviant individuals. The

normal majority tends to define what is considered abnormal. Although only minority of youth develop a gambling problem, and many adolescents who gamble experience few negative effects, from a public health and population-based perspective the greater the number of young "social" gamblers that exist, the greater potential for more of them to develop a gambling addiction. Public health and

gambling professionals must consider what effect a *decrease* in a population's overall level of gambling participation might have upon the prevalence of gambling disorders; and what effect would an *increase* in the age of exposure have on the number of youth with gambling problems. In order to make a significant impact in the overall prevalence of gambling-related problems in youth, public health strategies must focus on reducing the total number of young "at-risk" gamblers (those individuals not meeting the criteria for pathological

gambling, but nevertheless are exhibiting a number of gambling-related behaviours and problems), as well as helping those youth who gamble infrequently or in a low-risk manner from becoming "at-risk".

The parochial view that gambling disorders are solely an individual's problem must be challenged if we are to realize the goals of prevention. Gambling expansion and gambling disorders need to be defined as a community and social problem, and not merely the problem of defective individuals. Similar to alcohol and drug use, a population-based approach aims to shift the moral responsibility for prevention from the individual to society. In contrast,

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Internet Gambling May Indicate More Serious Problem

According to a study published in this month's *Psychology of Addictive Behaviors*, people who use the internet to gamble may have a more serious gambling problem than people who gamble in other ways do.

The study warns that the explosive growth of the internet will likely lead to more online gambling opportunities – and more of the health and emotional difficulties that accompany gambling disorders, including substance abuse, depression and risky sexual behaviour. Researchers have recently found similar reactions in brain circuitry associated with gambling and drug use (see ADAW, May 28, 2001).

Psychologists George T. Ladd and Nancy M. Petry, of the University of Connecticut Health Center surveyed the gambling behaviours of 389 people seeking care at the university's health clinics. They found that nearly 11% of those surveyed were problem gamblers, and over 15% met the criteria for pathological gambling.

The resulting 26% rate for disordered gambling far exceeds the 6.7% rate derived from general population surveys done since 1993, including

the National Gambling Impact Study Commission, the researchers wrote.

The most common forms of gambling reported by the participants were lotteries (89%), slot machines (82%), scratch tickets (79%), card playing (71%), sports betting (57%), bingo (56%) and animal betting (53%). Internet gambling was reported by just over 8% of the survey respondents.



However, the researchers found that the majority of those with internet gambling experience had the most serious levels of gambling behaviours, known as Level 2 (problematic) and Level 3

(pathological). Only 22% of the survey participants without any internet gambling experience were Level 2 or 3 gamblers, compared with 74% of the participants with internet gambling experience who were classified as Level 2 or 3 gamblers.

The researchers also discovered other characteristics of internet gambling: They were more likely to be unmarried or younger than those who never used the internet for gambling and they tended to have lower education and income levels than non-internet gamblers did. The researchers found the latter discovery surprising since internet use is typically associated with people who have higher levels of education and higher income.

No significant gender differences were found between internet and non-internet gamblers. The researchers wrote that the internet may be a draw for gamblers who are seeking an isolated and anonymous context for their gambling behaviour.

Source: *Alcoholism & Drug Abuse Weekly*

The International Youth Gambling Centre is currently engaged in a large study examining internet gambling among youth...watch for the results!

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within a traditional high-risk model, individuals are identified and treated for *their* gambling problems, often through government sponsored treatment programs, and are held responsible for *their* health. This approach implies that gambling disorders can be eradicated if only we were able to eliminate the minority of whom can not gamble responsibly. Governments tend to favour action confined to a needy minority rather than considering that their social policies may actually be affecting the health of the public (Rose, 1992). A population-based approach seeks to shift the whole

distribution of risk factors in a favourable direction and works at setting prevention goals at all levels of risk. Heeding lessons from past research, public health and gambling professionals must build upon current knowledge and refocus their gaze from the individual to society, and seek to balance high-risk strategies with those that strive to address gambling issues from a community perspective.

Korn, D., & Shaffer, H. (1999). Gambling and the health of the public: Adopting a public health perspective. *Journal of Gambling Studies*, 15, 289-365.

Rose, G. (1992). *The Strategy of Preventive Medicine*. Oxford: Oxford University Press.

Bet You Didn't Know...

There is evidence that a form of craps can be dated back to the time of the Holy Roman Empire. Soldiers in the Roman Legions used to shave down pig knuckles into the shape of cubes, and toss them onto their inverted shields as a form of entertainment while in camp. Hence we get the term “to roll the bones.”

Cold turkey is the term used to describe the state addicts are in when withdrawing from drug addition, especially heroin. Origin: In the state of drug withdrawal the addict's blood is directed to the internal organs leaving the skin white and with goose bumps and thus resembling a turkey.

Source:
<http://www.idiomsite.com/coldturkey.htm>

Canada Casinos Go Smoke Free. Effective July 2003, some casinos in Canada will put away their ashtrays and officially be non-smoking establishments. The Casino de Montreal, the Casino de Charlevoix, and the Casino de Lac-Leamy, along with the Hilton Lac-Leamy Hotel will provide smokers with special smoking areas, but casino patrons and hotel guests will be obliged to refrain from smoking in all gambling areas, bars and restaurants. Loto-Quebec's casinos are among the very few gaming establishments in North America to

offer an entirely smoke-free environment.
Source: www.canada.com

How much profit did Indian casinos rake in last year?

Last year 290 Indian casinos in 28 states pulled in at least \$12.7 billion in revenue. Of that sum, Time magazine estimates, the casinos kept more than \$5 billion as profit. That would place overall Indian gaming among Fortune magazine's 20 most profitable U.S. corporations with earnings exceeding those of J.P. Morgan Chase & Co., Merrill Lynch, American Express and Lehman Bros. Holdings combined.
Source: Time Magazine

Voices from Youth

What gambling does for me...

The casino was open all the time, and I know that any time I needed somewhere to be, there would be people there and something exciting for me to do. I went when I didn't feel like going to class, when I didn't want to be at home. I went when I

had a lot of work to do because for the time I was sitting at the table I forgot about my work. I don't like going there with people anymore. I just want to be alone and be able to do my thing. I was happy there.

Female, age 18

* * *

“It was a game in the beginning, then I used it to kill time, then I realized it was a great escape.”

Male, age 17

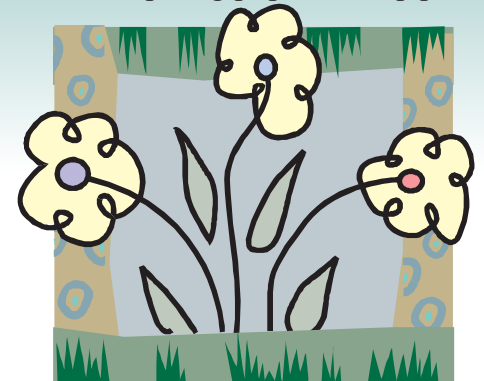


Developing Adolescents: A Reference for Professionals

The American Psychological Association is pleased to announce the publication of “Developing Adolescents: A Reference for Professionals,” a 44-page booklet designed to provide professionals who work with adolescents with basic information about healthy adolescent development. The publication presents research-based information about what is known about the physical, cognitive, social, emotional, and behavioural development of adolescents, and provides information to help professionals relate more effectively

to young people. “Developing Adolescents” was produced with funding from the Federal Office of Adolescent Health Partners in Program Planning for Adolescent Health initiative, a multi-disciplinary project that works to promote adolescent health activities nationally. “Developing Adolescents” is available by request from APA at: Office of Public Interest Initiatives, Public Directorate, 750 First St., NE, Washington DC, 20002-4242; email: publicinterest@apa.org. Single copies are free; additional copies are available

at a cost of \$5.00 each. Developing Adolescents is also available on line at: www.apa.org/pi/pii/develop.pdf



Current Publications

Anderson, C.B., Pollack, K.I., & Wetter, D.W. (2002). Relations between self-generated positive and negative expected smoking outcomes and smoking behavior: An Exploratory Study Among Adolescents. *Psychology of Addictive Behaviors*, 16(3), 196-204.

The expected outcomes of drug use figure prominently in models of drug motivation. This report presents the relations between self-generated expected outcomes of smoking and smoking behavior in 674 adolescents. Expected outcomes of smoking were related to current smoking, experimentation, and susceptibility among never-smokers, even after controlling for key correlates of smoking behavior, including gender, grade, ethnicity, and peer smoking. Although more negative than positive smoking outcomes were accessible from memory, more positive than negative outcomes were correlated with smoking behavior. Both the content and number of self-generated expected outcomes provided unique associative information. In sum, greater elaboration of smoking-related memory networks, as well as the specific content of those networks, appear to be associated with smoking behavior.

D'amico, E.J., Barnett, N., Monti, P.M., Colby, S., Spirito, A. & Rohsenow, D.J. (2002). Does alcohol use mediate the association between alcohol evaluations and alcohol-related problems in adolescents? *Psychology of Addictive Behaviors*, 16(2), 157-160.

Alcohol use becomes more frequent during adolescence, with the percentage of youth who drink doubling from 8th grade to 12th grade. The escalation in drinking behavior during adolescence is often associated with increased problems and other risk behavior, such as drunk driving. In this study,

adolescents (N=557) were recruited from an emergency department to assess their alcohol use, positive and negative evaluations about alcohol, driving after drinking, and problems experienced from drinking. Analyses explored the mediational role of drinking behavior between adolescents' evaluations and problems from drinking and between evaluations and driving after drinking. The findings indicated that drinking behavior partially mediated the association between positive evaluations and problems experienced from drinking but did not mediate the association between evaluations and drunk driving.



Dishion, T.J. & Owen, L.D. (2002). A longitudinal analysis of friendships and substance use: Bidirectional influence from adolescence to adulthood. *Developmental Psychology*, 38(4) 480-491.

The reciprocal relation between deviant friendships and substance use was examined from early adolescence (age 13-14) to young adulthood (age 22-23). Deviance within friendships was studied using direct observations of videotaped friendship interaction and global reports of deviant interactions with friends as well as time spent with friends. Substance use was assessed

through youth self report at all time points. Multivariate modeling revealed that substance use in young adulthood is a joint outcome of friendship influence and selection processes. In addition, substance use appears to influence the selection of friends in late adolescence. Findings suggest that effective preventions should target peer ecologies conducive to substance use and that treatment should address both the interpersonal underpinnings and addiction processes intrinsic to chronic use, dependence, and abuse.

Stinchfield, R. (2003). Reliability, validity, and classification accuracy of a measure of DSM-IV diagnostic criteria for pathological gambling. *American Journal of Psychiatry*, 160(1), 180-182.

The purpose of this study was to measure the reliability, validity, and classification accuracy of the DSM-IV diagnostic criteria for pathological gambling. Participants in this study were drawn from two sources; 803 men and women from the general adult population of Minnesota and 259 men and women who were admitted to a gambling treatment program. A 19-item measure of the DSM-IV diagnostic criteria for pathological gambling was administered, along with other validity measures. The DSM-IV diagnostic criteria were found to be reliable and valid. With the standard cutoff score of 5, DSM-IV criteria yielded satisfactory classification accuracy results; however, a cutoff score of 4 made modest improvements in classification accuracy and, most important, reduced the rate of false negatives. The DSM-IV diagnostic criteria for pathological gambling, when operationalized into questions, demonstrated satisfactory reliability, validity, and classification accuracy, and a cutoff score of 4 improved diagnostic precision.

News from the Centre ...

Karen Hardoon, a senior Research Coordinator, is the proud mother of a little baby girl. Serena Naomi Silver was born on January 6th. Karen, her husband Rob, and baby Serena are doing well. We wish them all the best!

Conference Presentations from the Centre

Derevensky, J. (2003). Adolescent problem gamblers: Some practical tips. Invited address to be presented at the Minnesota Department of Human Services annual conference. Minneapolis, Minnesota, March.

Derevensky, J., Gupta, & Dickson, L. (2003). A conceptual framework for the prevention of problem gambling. Invited address to be presented at the Alberta Gaming Research Institute annual meeting. Lethbridge, Alberta, March.

Felsher, J., Derevensky, J., & Gupta, R. (2003). Lottery involvement amongst youth at risk for gambling problems. Paper presented at the Responsible Gambling Council (Ontario) annual conference, Toronto, Ontario, April.

Thiffault, P., & Bergeron, J. (2003). Personality factors and driver fatigue. Paper presented at the Fifth International Conference on Fatigue and Transportation, Fremantle, Australia, March.

Thiffault, P., & Bergeron, J. (2003). Exogenous Factors and Driver Fatigue: The impact of monotony. Paper presented at the Fifth International Conference on Fatigue and Transportation, Fremantle, Australia, March.

Dr. Rina Gupta and Dr. Jeffrey Derevensky testify before Quebec's Provincial Commission studying gambling

A Parliamentary Commission was held on February 11th in Quebec City to evaluate a Plan of Action recently proposed by Loto-Québec. This plan proposes many changes to the existing structure of the gambling venues currently offered



in Quebec. Amongst the biggest changes proposed are a reduction and redistribution of VLT machines, a fourth casino to be built in Mont Tremblant (a small city north of Montreal known for its ski hills and tourism), an extension of the Casino de Montreal, and increased accessibility to the Montreal Casino via construction of a free monorail that will run directly from the city. The plan proposes, as its primary tenet, to reduce gambling amongst locals and increase tourist participation in Quebec casinos. The plan suggests that by reducing the number of VLT machines, and by adding new features to new machines that were developed to

potentially reduce the risks of problematic play, Loto-Québec is taking steps to address and reduce pathological gambling problems amongst Quebecers.

Drs. Gupta and Derevensky were called upon by the Commission to provide expert testimony concerning the action plan. They expressed concern about the lack of research present to support the promise that the new gambling venues would not hurt the local community and cater mostly to tourists. They also emphasized the need for empirical research to evaluate the responsible gambling features on the newly implemented VLT machines. With respect to the redistribution of the VLTs, Drs. Gupta and Derevensky argued for the removal of VLTs from arcades, local restaurants, and those in close proximity to schools. They provided preliminary evidence from a study funded by the Ministry of Health and Social Services that indicates a higher concentration of VLTs in lower socio-economic areas and suggested that the reorganization of machines take this information into account.

Check out these interesting web sites:

Columbia University's Think Tank for the study of substance use:
<http://www.casacolumbia.org/>

Interactive site educating young children on the risks of gambling:
<http://www.thegamble.org>

Youth gambling information and in-school addiction awareness resources:
<http://www.888betsoff.com>

Upcoming Events

Prevention of Problem Gambling

University of Lethbridge, Alberta
March 27-28, 2003
www.abgaminginstitute.ualberta.ca

The Responsible Gambling Council (Ontario) Discovery 2003 Annual Conference

Toronto, Ontario
April 27-30, 2003
www.responsiblegambling.org

12th International Conference on Gambling and Risk-Taking

Vancouver, British Columbia
May 26-30, 2003
www.unr.edu/coba/game/confer.asp

17th National Conference on Problem Gambling

Louisville, Kentucky
June 19-21, 2003
www.ncpgambling.org



The National Council on Problem Gambling (United States) is pleased to announce the 1st Annual National Problem Gambling Awareness Week.

During the week of March 10-17, communities nationwide are working to raise awareness of the consequences of problem gambling and of the resources available for those whose gambling is causing disruption in their life.

The purpose of the week is to increase public awareness of problem gambling and to educate healthcare providers about problem gambling. This effort emphasizes the "Help and Hope" available for individuals who are experiencing problems associated with gambling behaviours. Participants include a broad coalition of over 50 government and state agencies, other healthcare providers, the gaming industry, and non-gaming organizations like the United Way. Treatment for disordered gambling is not only available, but is also effective in improving the lives of problem gamblers and their families. This initiative is also a celebration of the men and women who are overcoming problems associated with their gambling behaviour.

For more details visit:
www.ncpgambling.org or
www.apgsa.org

National Awareness Week

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