



Internet Interventions for the Treatment of Problem Gambling

By Sally Gainsbury, Ph.D., Centre for Gambling Education & Research, Southern Cross University

The past twenty years has seen increases in gambling availability and opportunities due to changes in regulations and technological developments. Coupled with an expansion of social acceptance of gambling and its prominence in popular media and advertising, the potential negative consequences of gambling have also been increasingly recognised by key stakeholders. The personal and social costs of problem gam-

bling to individuals, families and societies is enormous, however, the vast majority of problem gamblers do not seek treatment suggesting that current treatment options do not meet the needs of a large proportion of gamblers who need help. Individuals are increasingly turning to the Internet to seek help for a wide variety of personal problems. Internet therapy and online self-help interventions have emerged as potentially effective forms of treatment for mental health and addiction disorders. Benefits of Internet-based interventions include increased availability, convenience and accessibility, privacy and anonymity, relevance, scalability and reduced costs for treatment providers and clients. The implementation of Internet treatment directly corresponds with moves by several international governments to implement mental health and addictions strategies that aim to reach out to previously untreated populations using innovative methods that are proactive and ongoing to provide high quality, effective, integrated, culturally competent, person-directed services and support.

Internet therapy involves the delivery of a formal, structured, evidence-based treatment program to individuals diagnosed with a specific disorder utilising Internet-based technology (Abbott, Klein, & Ciechomski, 2008). Typical programs run over a period of six to eight weeks and clients previously assessed to ensure suitability complete one online module per week. Modules are often based on cognitive behavioural therapy and motivational enhancement therapy principles and include readings (which may be presented using a variety of multimedia tools), interactive exercises including short answer questions, quizzes/self-assessments, and behavioural tools such as self-monitoring diaries, goal setting and relapse prevention techniques. Clients typically exchange emails with their therapist once per week to discuss progress and issues although contact can also occur through live chat, video conferencing or by telephone.

Online interventions are similar in structure to those of Internet therapy with the exception that clients work through all modules individually without therapist contact. Clients typically regis-

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ter with a program to enable a needs and suitability assessment. These programs allow them to track their progress and receive automated contact. For example emails with daily tips, help, advice or support at predetermined difficult periods. Completion of self-assessment allows clients to receive automated tailored normative feedback which demonstrates the extent to which their behaviour is typical (or in excess) of individuals of their age, gender, culture and nationality. Importantly, online interventions must use information gathered during assessment to individually tailor program material to ensure that it is culturally and personally relevant for each client. Online interventions may also include online forums/support groups enabling clients to ask questions, seek and provide support and discuss relevant issues with individuals facing similar difficulties. These interventions may be used as an adjunct to individual or group therapy, as a method of relapse prevention or during a waiting period prior to the commencement of face-to-face therapy.

The effectiveness of Internet-based programs for health and mental health problems appears equal to or greater than face-to-face therapy, brief interventions, educational and self-help options (Barak, Hen, Boniel-Nissim, & Shapira, 2008; Bennett & Glasgow, 2009; Cuijpers, van Straten, & Andersson, 2008). A recent systematic review of Internet-based therapies for addictions, including problem gambling concluded that there is preliminary evidence to support

the efficacy of this mode of treatment in achieving positive behavioural changes (Gainsbury & Blaszczynski, 2010). Self-guided Internet interventions have also been shown to be effective for health and mental health disorders (Barak et al., 2008; Newman, Szkodny, Llera, & Przeworski, 2011). Although there is evidence to suggest that some therapist contact may produce greater and more sustained reductions in addictive behaviour (Newman et al., 2011), some clients may prefer unassisted interventions. Preliminary evidence suggests that Internet-based interventions including tailored normative feedback may be effective in promoting behavioural changes among gamblers including problem gamblers (Cunningham et al., 2009; Wood & Williams, 2009).

Importantly, Internet-based interventions appear to be suitable for youth and young adults dealing with gambling-related issues (Monaghan & Wood, 2010). Young people have specific barriers to accessing mental health services. These include time, costs and travel, as well as being overwhelmed by personal issues, lack of confidence in seeking help, not recognizing the extent of problems as well as a preference to turn to informal sources for help (Owens et al., 2002; King et al., 2006). Upwards of 90 to 95% of teenagers report regular Internet use in most developed countries and the Internet is rapidly becoming a source of information and help for youth (Monaghan & Wood, 2010). Internet-based self-help, guided and therapy treatment interventions for smoking

and alcohol use have shown positive treatment outcomes in adolescents and young adults as compared to face-to-face treatment and control groups (Monaghan & Wood, 2010). There is also emerging evidence to suggest that youth are more likely to seek help online than using telephone or face-to-face services (Rodda, 2010). Therefore, Internet-based therapy and self-help interventions may represent an extremely important treatment and support strategy to assist youth in managing their own and other's gambling-related problems.

Given the newness of this mode of treatment for problem gambling, it is essential that any Internet intervention program be based on empirical evidence where possible and that research be an integral component of any intervention developed and implemented. Internet-based treatment options are not intended to replace traditional services, but such interventions may be an extremely useful addition for individuals who have accessed existing treatments and for those unwilling or unable to access traditional treatment options. Online interventions may be utilised by those at-risk of gambling-related problems to prevent the development of pathological gambling and have the capacity to reach a large number of individuals to provide brief screening and interventions and more in-depth therapy where necessary. Internet-based treatment may be a highly cost-effective and beneficial option for treating for problem gambling.

Acknowledgment

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References

- Abbott, J.M., Klein, B., & Ciechomski, L. (2008). Best practices in on-line therapy. *Journal of Technology in Human Services*, 26, 360-375.
- Barak, A. Hen, L., Boniel-Nissim, & Shapira, N. (2008). A comprehensive review and a meta-analysis of the effectiveness of Internet based psychotherapeutic interventions. *Journal of Technology in Human Services*, 26, 109-160.
- Bennett, G.C., & Glasgow, R.E. (2009). The delivery of public health interventions via the Internet: Actualizing their potential. *Annual Review of Public Health*, 30, 273-292.
- Cuijpers, P., van Straten, A., & Andersson, G. (2008). Internet-administered cognitive behavior therapy for health problems: A systematic review. *Journal of Behavioral Medicine*, 31, 169-177.
- Cunningham, J.A., Hodgins, D.C., Toneatto, T., Rai, A., & Cordingley, J. (2009). Pilot study of personalized feedback intervention for problem gamblers. *Behavior Therapy*, 40, 219-224.
- Gainsbury, S., & Blaszczynski, A. (2010). A systematic review of Internet-based therapy for the treatment of addictions. *Clinical Psychology Review*, doi:10.1016/j.cpr.2010.11.007
- King, R., Bambling, M., Lloyd, C., Gomurra, R., Smith, S., Reid, W. et al. (2006). Online counselling: The motives and experiences of young people who choose the Internet instead of face to face or telephone counselling. *Counseling and Psychotherapy Research*, 6, 169-174.
- Monaghan, S., & Wood, R.T.A. (2010). Internet-based interventions for youth dealing with gambling problems. *International Journal of Adolescent Health and Medicine*, 22, 113-128.
- Newman, M.G., Szkodny, L.E., Llera, S. J., & Przeworski, A. (2011). A review of technology-assisted self-help and minimal contact therapies for anxiety and depression: Is human contact necessary for therapeutic efficacy? *Clinical Psychology Review*, 31, 89-103.
- Owens, P.L., Hoagwood, K., Horwitz, S.M., Leaf, P.J., Poduska, J.M., Kellan, S.G. et al., (2002). Barriers to children's mental health services. *Journal of the Academy of Child and Adolescent psychiatry*, 41, 731-738.
- Rodda, S. (2010, December). Gambling Help Online: Program Engagement and Client Characteristics. Paper presented at the National Association for Gambling Studies 20th annual conference, Gold Coast, Australia.
- Wood, R., & Williams, R. (2009). Internet gambling: Prevalence, patterns, problems and policy options. Report prepared for the Ontario Problem Gambling Research Centre: Guelph, ON. ♦

Fundraising Campaign: Can You Help??

Due to restricted government infrastructure funding, the Centre has initiated a fundraising campaign to help us maintain our ability to develop and deploy empirically-based prevention and harm-minimization initiatives. The Centre is housed on McGill University's main campus in the heart of Montreal, Canada. McGill University is a public university and recognized charitable organization. Donations can be made to: The International Centre for Youth Gambling Problems and High-Risk Behaviors, McGill University, 3724 McTavish, Montreal, Quebec H3A 1Y2. Official letters of contributions and tax receipts will be forwarded.

Emerging Problems for Emerging Adults? An Investigation of Gambling Habits Among University Undergraduate Students

By Sylvia Kairouz, Ph.D., Associate Professor & Director, Lifestyle and Addiction Research Lab,
Concordia University, Department of Sociology and Anthropology

Young adults in universities have a wide range of recreational pursuits available at their fingertips. Gambling is one of them, and one worth heeding. The reasons pertain to the higher risk for excessive gambling and gambling problems among this vulnerable group. University years constitute a transitional period in a young person's life, with significant changes on both personal and social levels. This period is often associated with high prevalence of risky addictive behaviors, such as gambling problems, at-risk drinking, tobacco, and illicit drug use (Adlaf M. et al., 2005; Arnett, J.J., 2005; Tucker, J.S. et al., 2005). Understanding patterns of gambling and associated problems among young adults is critical to the application of efficient and targeted preventive actions.

It is estimated that almost 105,000 undergraduate students attend a university program on the Island of Montreal every year. In the midst of this cosmopolitan milieu, opportunities for gambling are numerous. We conducted the University Student Gambling Habit Survey 2008 (ENHJEU), using a representative sample (N = 2,139) of full-time undergraduate students from three universities and their affiliated professional schools in Montreal, with

Table 1. Prevalence of gambling and gambling activities, and severity of gambling problems among undergraduate students (N=2,139)

| | % | CI 95% |
|---|------|-------------|
| General Gambling Prevalence | 59.0 | 56.7-61.1 |
| State-run activities | | |
| Lottery | 37.9 | 35.7-40.1 |
| Horse/Dog racing | 0.6 | 0.4 - 1.1 |
| Video Lottery terminal/Coin slot machines | 17.4 | 15.7 - 19.2 |
| Table games* | 5.2 | 4.2 - 6.2 |
| Non state-run activities | | |
| Bingo | 4.0 | 3.2 - 5.0 |
| Table poker** | 19.4 | 17.7 - 21.3 |
| Betting on sports or Sporting events | 6.0 | 4.9 - 7.2 |
| Card games/Board games | 3.0 | 2.3 - 3.9 |
| Games of skills | 9.4 | 8.1 - 10.8 |
| Internet gambling | 4.3 | 3.4 - 5.3 |

Notes: * Could be state run activity as well; ** Could be non-state run activity as well.

a response rate of 41%. The survey sought to perform a contextual analysis of game-play patterns/problems and associated risky behaviors.

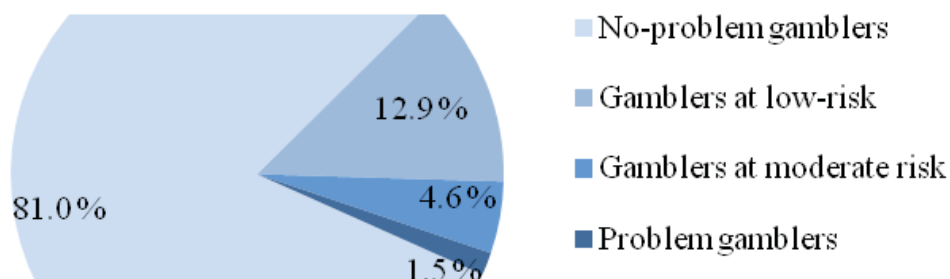
How Popular is Gambling Among University Students?

The study results showed that more than half of the respondents (59%) reported to have gambled in the past year (see Table 1). The most popular activities appeared to be the purchasing of lottery tickets (38%), followed by poker games (19%), and video lottery

terminals (17%). Conversely, betting on card and board games (3%), and playing bingo (4%) were the least popular activities. Overall, Internet gambling was revealed to be significantly more popular among university students than the general adult population, with about 4% betting money online compared to approximately 1.3% in the general adult population of Québec in 2009.

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Graph 1. Severity of gambling problems among gambling university students (N=1,256)



Is Gambling a Problematic Activity for University Students?

A major public health concern is to determine the severity of gambling problems among university students. Overall, we found that the majority of gamblers (81%) gambled without reporting any problems, and 13% were determined to be at low risk for developing a problem (see Graph 1). However, close to 5% of students faced a moderate risk of developing gambling problems and 1.5% were identified as probable pathological gamblers. Thus, a substantial segment (over 6%) of students who gamble met the threshold for risky and problematic gambling behavior.

Problems caused by gambling often extend to major life areas as well. The young adults in our study reported problems in various major life areas due to gambling, including financial issues (6%), problems in relationships with family (4%) and friends (3%), and difficulties with their studies (3%). The highest proportions of problems were reported by table games gamblers (16%), poker players (10%), and sports bettors (9%).

Is Gambling Riskier in Some Contexts than in Others?

There seem to be contextual factors, such as gambling locations (public, private) and presence of partners, which might be associated with gambling problems. Accordingly, the safest location with respect to excessive gambling behaviors was a private residence, and the riskiest one was the Internet. Incidentally, the Internet was the venue of choice primarily for poker (75%) and VLT gambling (24%) – two of the most popular activities among students. Poker players who ventured into poker online were five times more likely to be at moderate risk or to experience gambling problems. VLT gamblers choosing casinos or bars to engage in their preferred pursuit faced an increased likelihood of being a problem gambler. Conversely, the presence of partners, such as friends and family members, was linked to a decrease in the likelihood of problem gambling for each of those two activities.

It is also to be noted, that for poker and VLTs, gambling in a private residence and/or gambling with partners, had a protective effect with respect to spending, while gambling on the Internet and/or gambling alone, were associated with significantly higher spending (Kairouz, S. et al, 2010).

Are there Parallel Behaviors which Increase the Risk for Gamblers?

According to our study results, yes. The likelihood for harmful and hazardous drinking, cannabis and illicit drug use increased with gambling and gambling severity. Moderate-risk gamblers and problem gamblers were considered at higher risk for the aforementioned behaviors compared to non-gamblers and low-risk gamblers.

Conclusion

On a final note, young adults occupy a precarious position with respect to gambling. Not old enough to fully realize the potential detrimental outcomes inherent in this activity, but old enough to enjoy a newfound freedom from parental controls. Last, but not least, awareness campaigns should focus on the risks associated with particular types of gambling, such as online poker, especially given its increasing popularity among students and its association with problems.

REFERENCES:

- Adlaf M., E., A. Demers, and L. Gliksman, Enquête sur les campus canadiens 2004. 2005, GRASP - Université de Montréal. p. 141.
- Arnett, J.J., The Developmental Context of Substance Use in Emerging Adulthood. *Journal of Drug Issues*, 2005. 35(2), 235-253.
- Kairouz S, Nadeau L. Le projet ENHJEU : Analyse contextuelle des jeux de hasard et d'argent chez les étudiants universitaires. Montreal, QC: Fonds Québécois de la recherche sur la société et la culture (FQRSC); 2010. Report No.: 2008-JA-124820
- Tucker, J.S., et al., Substance Use Trajectories From Early Adolescence to Emerging Adulthood: A Comparison of Smoking, Binge Drinking, and Marijuana Use. *Journal of Drug Issues*, 2005. 35(2), 307-332. ◆

Definetheline.ca: Clarifying Blurred Lines between Cyber-Bullying and Socially Responsible Digital Citizenship

By Shaheen Shariff, Ph.D. Department of Integrated Studies in Education, Faculty of Education, McGill University

Bullying in any form is a serious matter, whether it occurs in the physical context, or online. Bullying behaviours are deeply rooted in societal attitudes of discrimination such as sexism, homophobia, racism and ableism. Bullying is fuelled by ignorance and intolerance, cowardice and disrespect. Historically, it has resulted in exclusion, isolation, lost reputations, loss of self-esteem, physical and emotional harm, and in too many tragic cases, death from beatings or suicide. Regrettably, adults are often the worst role models of bullying. Examples are everywhere – in global politics, institutions, health care, education, families and police forces. Sadly, it is often (not always), the vulnerable: seniors, children; the disabled, those from lower socio-economic or under-represented communities who are targeted. Moreover, our society appears increasingly obsessed with money, perfection, celebrity idolization, conformity and voyeurism. Our research (Shariff, 2009-11) reveals a disturbing trend among young adults and youth that suggests they are less sensitive to, or sometimes cannot distinguish the difference between harmless jokes or teasing and harmful threats, privacy infringement, and persistent pestering that can cross the line to become libellous, sexual or homophobic

harassment, criminal threats or even in the case of sexting, distribution of child pornography (as interpreted by the law).

Although the news media tend to frame reports of cyber-bullying in ways that suggest digital technologies are to blame, it is essential to remember that technologies provide mediums of communication – they are simply tools that enable and provide venues through which various forms of expression (positive and negative) can flourish. The Internet, smart phone technologies, and social media, combine to provide a powerful platform from which to communicate to a global and infinite audience. Social media and a range of digital technologies bring enormous opportunities for peaceful and supportive global interaction, international learning collaboration and fruitful educational partnerships. Every digital user (citizen) has the potential to reach communities in all corners of the world through transformational online leadership and responsible digital citizenship by embracing the fundamental principles that underlie constitutional rights to free expression, privacy, safety, fairness and equality.

Unfortunately, digital communications also allow for perceived anonymity, identity theft, cyber-hate and cyber-bullying. Our re-

search projects over the last eight years (Shariff, 2004-2011; Shariff, Zinga, Beran, 2008-10; Shariff & Churchill, 2008) have identified a policy vacuum with respect to the limits of free expression. Educators, parents, legislators and policy-makers all grapple with the line at which free expression impairs safety and privacy. To what extent can schools intervene when negative online expression takes place on private computers, outside school hours, when individuals from the school community (students or teachers) are the target of online jokes, rumours, modified photographs posted on YouTube or Facebook, persistent text messages or email? Online communications have blurred the boundaries of supervision and regulation and there is confusion about the limits of constitutionally protected expression. The tendency by schools is to adopt reactive, zero-tolerance approaches expelling or suspending offenders. Increased calls for legislation, banning of cell phones and filters abound, but this raises other blurred lines that need to be brought into focus. Increasingly the question becomes – just because there are new laws against cyber-bullying, will they necessarily be followed?

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In the U.S. and Canada, there are an increasing number of cases where students have been suspended for cyber-bullying, gossiping, joking about or demeaning peers/teachers and these individuals have challenged the schools with infringing their constitutional rights to free expression (Shariff, 2008-09). While Canadian cases seem to get settled out of court, American courts are litigating numerous cases and beginning to establish legal precedents and standards relating to online expression. The courts have established that if the expression materially or substantially interferes with learning

or the educational mission, then schools have a right to intervene. Moreover, if the expression takes place on school computers or websites, schools are at liberty to confiscate and remove the expression. Educators are now looking for proactive, preventative and educational ways to address on-line bullying.

Enter Definetheline.ca, a website designed by our research team at McGill University that will be launched mid-May 2011. This site aims to share our expertise concerning digital citizenship and online leadership with policy-makers, teachers, parents,

educators and youth (11 - 17) in a user-friendly way to help all stakeholders engage, learn from, and share resources. A fun section for children (ages 5 - 11) promotes responsible, thoughtful, critical and considerate digital citizens from an early age.

Dr. Shaheen Shariff is an Associate Professor at McGill University and Affiliate Scholar at Stanford's Center for Internet and Society (CIS Stanford). Professor Shariff is the author of three books on cyber-bullying. Her publications can be found at <http://www.academia.edu/ShahenShariff/Books>. ♦

Definetheline.ca

The website defines the parameters for digital citizenship and on-line leadership by providing resources and guidelines at each stakeholder level to:

- Define the legal boundaries where jokes, teasing, and persistent cyber-bullying can cross the line to become criminal, sexual or homophobic harassment and criminal threats.
- Define the line at which rumours, lies, demeaning photographs or modified images posted on social media can ruin a peer or teacher's reputation and become cyber-libel.
- Define the line at which private photographs or videos of a sexual or intimate nature cross the line to becoming possession or distribution of child pornography if they involve a minor and are distributed to others for amusement.
- Define the line at which regulations, laws and policies cross the line to limit free expression.
- Define the roles and responsibilities of parents and provides guidelines on how they can define the boundaries of online behaviour for their children.
- Define the role of teachers and school administrators to intervene when the expression occurs on private computers outside of school hours and off school property.
- Define accepted responses when the line is the schoolhouse gate and when offensive expressions occur on school or institutional computers or websites.
- Define the line for bystanders of bullying behaviour on or offline. Our website encourages dialogue among users on the limits of standing by and watching while others are bullied, harassed or mistreated, and provides resources to identify a range of proactive ways in which bystanders can take leadership to define the line at which cyber-bullying is not tolerated or supported.
- Define the line for recipients of cyber-bullying. The website contains numerous resources on the stakeholder pages to guide parents, youth, teachers and children on ways to respond to, mitigate and reduce bullying and take leadership by being knowledgeable about their legal rights and boundaries of acceptable expression.
- Define the line by presenting bilingual video vignettes for youth, educators and parents to critically review and analyze together. The objective is to identify, develop and establish standards that to reduce and prevent negative forms of expression such as cyber-bullying, cyber-libel, cyber-harassment, cyber-threats, harmful insults and persistent jokes, lies and rumours to demean or destroy reputations.
- Define the line by recognizing that such forms of expression are rooted in societal discrimination such as sexism, ageism, homophobia, ableism, and fear of difference and are extended in virtual space. They simply find a larger audience online, and a more permanent and persistent presence because such expressions can be stored in personal computers, viewed, forwarded, and modified in numerous ways.
- Define the line by reviewing and critiquing corporate ads that might tacitly condone cyber-bullying and define the emerging legal responsibilities of corporate intermediaries.

The Start of the National Problem Gambling Clinic in England- Pioneering the Way

By Dr. Henrietta Bowden-Jones, M.D. - Director, National Problem Gambling Clinic, London, England

The National Problem Gambling Clinic is the first National Health Service (NHS) clinic specifically designated to treat pathological gamblers. It opened its doors to patients in mid 2008. Public concern was focused on the possible increase in gambling problems if the planned super-casino and regional casinos were going to be built.

Up until the day I became Director of the Gambling Clinic, I had been working as a senior addictions psychiatrist with the London homeless drug users and running an inpatient detox unit for drug and alcohol dependent patients.

The vision for this clinic began several years earlier during my doctorate work with Imperial College when I was researching the effects of ventro-medial pre-frontal cortex impairment on the ability of alcohol dependent subjects to do well in treatment and avoid future relapses. Some of the psychometric tests I used were asking subjects to work out odds when faced with different probabilities, tests such as the Cambridge Gamble Task and the Iowa Gambling Task identified a subgroup of subjects who were making very disadvantageous choices driven by short term gains.

As problem gambling became a topic of interest to me, I quickly realized that there was no adequate NHS provision to treat this disorder in an evidence-based,

time-limited manner. At that time, in 2007, the media was directing much attention to the previously mentioned government proposed casinos and the synergy of these two events drove me to make plans for a future unit.

My role as spokesperson on Pathological Gambling for the Royal College of Psychiatrists allowed me the opportunity of expressing publicly what I felt to be a clear gap in provision of statutory services in the UK. Soon after that, I was able to secure the funding from the Responsibility in Gambling Trust for a pilot project to begin treating people and assess the need for such a service. The country's prevalence of problem gambling in the general population according to the 2007 British Gambling Prevalence Survey was 0.6% which equated to roughly 300,000 problem gamblers throughout the UK. Of these about 30,000 are based in London.

The biggest surprise was that having set up the clinic expecting to see relatively low numbers of pathological gamblers, the clinic was inundated by referrals and in two and a half years, 700 referrals have come in. In the beginning I was personally assessing each case but one year into this venture we had to modify many systems to accommodate demand without having lengthy waiting lists.

The treatment is Cognitive-Behavioral Therapy (CBT) based and moved from being individu-

ally delivered to group based as the outcomes showed similar efficacy. The assessments are now completed by any member of the experienced multidisciplinary team comprised of myself as the medical director and a team of psychologists of different grades including several trainees. We have a family therapist who sees patients and their families as well as relatives of gamblers who may not yet be in treatment. A "carers" worker holds a group called Relative Connections once a week. These groups are psycho-educational and very popular. We also have a government funded money-management training scheme within the clinic that all patients attend.

Patients' aftercare consists of weekly relapse prevention groups, as well as attendance at a life-skills charity which provides ongoing support, education and professional training to our discharged patients for a period of up to five years. This is a great support as many pathological gamblers have isolated themselves from family and friends. Treatment at the clinic can last up to six months and drop out rates are low.

We have set up the first patient database for problem gamblers in the UK and are collecting data for each patient which will be extremely useful when we begin to correlate outcomes with individu-

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ual patient characteristics. To record outcomes, we use the G-TOP (Gambling Treatment Outcome Profile), a tool for assessing outcomes in problem gamblers. This tool is used in addictions units in the UK and has been modified for gambling. We follow-up our patients at treatment end and every 3 months following.

Another one of my initiatives has been to establish the UK Problem Gambling Research Consortium which is associated with the clinic. This organization consists of twelve researchers collaborating with us on different projects and

investigating aspects of problem gambling. These research projects are mainly with a cognitive neuroscience and decision-making focus but we will additionally be conducting treatment and pharmacological trials on our patients at a later date.

When I plan the future of our clinic, my main goal for next year is to support and encourage the fundraising activity we have started. We have established a charitable fund and can receive donations both for the clinical and the research aspects of the clinic's work.

We have just completed the first conference (Problem Gambling: The Hidden Addiction) organized by the clinic which was held at the Royal Society of Medicine with 120 delegates all wanting to learn more about problem gambling. The event was a great success and we will be holding another one in two years.

Finally, if you would like to know more about our clinic or have fundraising ideas, please contact me at h.bowdenjones02@imperial.ac.uk ◆

Lifetime Achievement Award

Congratulations Durand Jacobs

On Tuesday, March 8, 2011 at the Problem Gambling Training Summit, Durand Jacobs received the Lifetime Achievement Award from the California Council on Problem Gambling. Congratulations from the entire Centre team for this most deserved award!

Professor Alan Marlatt

The addictions field lost a renowned researcher and pioneer with the death of Alan Marlatt in March 2011. Professor Marlatt, a psychology professor at the University of Washington (UW) and director of the Addictive Behaviors Research Center at UW, profoundly changed traditional addictions treatment paradigm thinking which was rooted in an abstinence approach by advocating a "harm minimization"

model. Dr Marlatt also introduced the concept of patient discussions involving addiction relapses and strategies to cope with them feeling it was more effective to acknowledge the likelihood of relapses and help patients cope with them than to avoid addressing the possibility of relapse occurrence. His pioneering work paved the way to a more pragmatic and less moralistic treatment of addictions. ◆

!!Newsflash!!

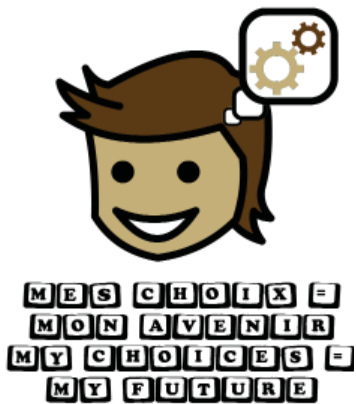
Shutdown of Online Poker Sites affects U.S.

On April 15, the Department of Justice (DOJ) indicted executives from the three largest online poker sites that accept U.S. players—PokerStars, Full Tilt Poker, and Absolute Poker—for illegal gambling, fraud, and money laundering. Some players have thousands of dollars on account which they now cannot access. Is this the death of Internet Poker in the U.S.?

Prevention, Prevention, Prevention!!

The YGI team was very busy in the month of March participating in a number of prevention initiatives.

My Choices=My Future



This two and half day event is organized annually by officers of the Montreal Urban Police (SPVM) as an outreach to schools. This event, aimed at children aged 11-12 years of age in Grade 6, is intended to raise awareness about different risky adolescent behaviors. Grade 6 is the last year of elementary school in the province of Quebec. The objective of the event is to educate these children about adolescent risky behaviors before they start the transitional first year of high school in Grade 7. For the first time, some children from Grade 7 (aged 12-13) also attended the event this year.

Participant presenters at the event included: The Montreal Urban Police (SPVM), Urgences Sante (Montreal's paramedic

ambulance responders), CN Rail Police (Canada's national railway), community YMCA organization, a tobacco awareness programme, Think First (head trauma awareness programme), dieticians and our Centre. Each participant organization had an enclosed booth and hosted an interactive activity for the children. The children were divided into groups of 10-15 and each group circulated through the booths every 9 minutes. During the course of the event, over 700 children participated in the round-robin booth style format. For the event, the YGI team developed a Teen Gambling Jeopardy-style game. During play, in our booth, the children were divided into 2 teams and competed to answer gambling-related questions in categories such as Fact vs. Myth, Everyone Knows That, Against All Odds and Wild Card. We received tremendously positive feedback from organizers, teachers and children attending the event who commented that our game format was innovative, interactive and highly engaging. The Centre is adding this game to our prevention materials.

Partners in Prevention

Partners in Prevention is an initiative of the Lester B. Pearson School Board of Montreal (the largest English-language school board in Quebec). The focus of this event, aimed at Grade 6 students and their parents, is to promote healthy choices with

regard to adolescent risky behaviours. The event involves a play, performed by Théâtre Parminou, a Quebec-based theatre company. Additionally, a guided question/answer period related to the play is initiated after the play and kiosks manned by affiliate partners are also available for parents and children to visit. Partners with kiosks included the Montreal Urban Police (SPVM), Royal Canadian Mounted Police (RCMP), community YMCA, Portage (substance abuse rehabilitation center) and our Centre. Our team met with parents and students, answering questions and providing information about youth gambling rates, signs/symptoms of gambling problems, as well as our research and prevention initiatives.

Drug Awareness Fair: Making Informed Choices

The YGI team also participated in the Drug Awareness Fair at Dawson College in Montreal for students aged 17-20 years. This day-long event brought together prevention partners including the Montreal Urban Police (SPVM) and our Centre. Each partner had a kiosk and hosted an interactive activity for the students. The YGI team screened our docudrama "Clean Break" and tested students' knowledge of gambling facts and information through an interactive quiz.



Recent publications and presentations

REFEREED PUBLICATIONS

Temcheff, C., Derevensky, J., & Paskus, T. (in press). Pathological/disordered gambling: A comparison of the current diagnostic criteria and those proposed for the DSM-V. *International Gambling Studies*.

St-Pierre, R., Derevensky, J., Gupta, R. & Martin, I. (in press). Preventing lottery ticket sales to minors: Factors influencing retailers' compliance behaviour. *International Gambling Studies*.

Faregh, N., & Derevensky, J. (in press). Gambling behavior among adolescents with Attention Deficit/Hyperactivity disorder. *Journal of Gambling Studies*.

Campbell, C., Derevensky, J., Meerkamper, E. & Cutajar, J. (in press). Parents' perceptions of adolescent gambling: A Canadian national study. *Journal of Gambling Issues*.

Shead, N. W., Walsh, K., Taylor, A., Derevensky, J., & Gupta, R. (2011). Youth gambling prevention: Can celebrity-endorsed public service announcements be effective? *International Journal of Mental Health and Addiction*, 9(2), 165-179.

Sklar, A., & Derevensky, J. (2010). Way to play: Analyzing gambling ads for their appeal to underage youth. *Canadian Journal of Communication*, 35(4), 533-554.

BOOK CHAPTERS

Shead, N.W., Derevensky, J.L., & Gupta, R. (in press). Youth problem gambling: our current knowledge of risk and protective factors. In J. Derevensky, D. Shek & J. Merricks (Eds.), *Youth gambling problems: The hidden addiction*. Berlin: De Gruyter.

Gupta, R. & Derevensky, J. (in press). Defining and assessing binge gambling. In J. Derevensky, D. Shek & J. Merricks (Eds.), *Youth gambling problems: The hidden addiction*. Berlin: De Gruyter

Griffiths, M., Parke, J. & Derevensky, J. (in press). Remote gambling in adolescence. In J. Derevensky, D. Shek & J. Merricks (Eds.), *Youth gambling problems: The hidden addiction*. Berlin: De Gruyter

Derevensky, J. & Gupta, R. (in press). Youth gambling prevention initiatives: A decade of research. In J. Derevensky, D. Shek & J. Merricks (Eds.), *Youth gambling problems: The hidden addiction*. Berlin: De Gruyter.

Derevensky, J. & Gupta, R. (in press). The 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). In J. Derevensky, D. Shek & J. Merricks (Eds.), *Youth gambling problems: The hidden addiction*. Berlin: De Gruyter.

RESEARCH REPORTS

Derevensky, J., & Faregh, N. (2011). *A Secondary Analysis of the Canadian Community Health Survey 2007-2008 Data Set*. Report prepared for the Ontario Problem Gambling Research Center, Ontario, 103 pp.

INVITED PRESENTATIONS

Derevensky, J. (2011). What have we really learned about problem gambling prevention (for youth)? What's next? Invited plenary address presented at the Discovery 2011 conference on problem gambling. Responsible Gambling Council (Ontario), Ottawa, April.

Derevensky, J. (2011). On-line, Off-line, Out-of-line: Understanding Internet gambling. Invited address presented at Marianopolis College, Montreal, March.

Derevensky, J. (2011). On-line, Off-line, Out of line: Is there a convergence between gambling and Internet addiction? Invited address presented at the Dawson College Social Science Week annual Conference, Montreal, February.

Derevensky, J. (2011). Youth gambling: Another risky behavior? Invited address presented at the Teachers of Jewish Schools annual convention, Montreal, February.

Derevensky, J. (2011). Youth gambling: Myths, realities and understandings. Invited presentation, University of Guelph, Guelph, January. ♦

National Center for Responsible Gaming Launches New Website

On March 29, 2011, the National Center for Responsible Gaming launched the www.CollegeGambling.org website aimed at helping colleges and universities address gambling and gambling-related issues on campus. The site is a comprehensive resource for students, campus administrators, campus health professionals and parents. It brings together the latest research and best practices in responsible gaming and the field of addiction awareness and prevention. Features of CollegeGambling.org include:

- Content tailored for each audience
- Warning signs and where to get help for a problem
- Resources about responsible gambling for students of legal age to gamble
- Program ideas for integrating gambling education and awareness efforts into existing programs about alcohol, drugs and other risky behaviors
- Information for campus health professionals to identify and provide assistance to students struggling with gambling addiction
- Collateral materials (such as brochures, fact sheets, posters and stickers)
- A link to “Your First Step to Change,” a confidential, online self-help toolkit designed to help students that are thinking of changing their gambling behaviour ◆

Upcoming Events

- **3rd Asian Pacific Problem Gambling and Addictions Conference**
2011 June 2-3, 2011 - Hong Kong, China
- **8th Nordic Conference on Prevalence, Prevention, Treatment and Responsible Gaming**
June 13-15, 2011 - Reykjavík, Iceland
- **NCPG - 25th National Conference on Problem Gambling**
June 29- July 2, 2011 - Boston, Massachusetts

News from the Centre...

Welcome Back

We welcome back Rina Gupta (co-director) who returned from maternity leave in January 2011. ◆

YGI Newsletter

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Editor: Lynette Gilbeau

Layout editor: Lei Chen

Design: Ozalid Graphik

3724, McTavish Street, Montréal, Québec, Canada
H3A 1Y2

Phone: 514-398-1391 ◆ Fax: 514-398-3401

ygi@youthgambling.com
www.youthgambling.com ◆