



The Social Costs of Gambling

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Introduction

Over the past three decades, the gaming industry has undergone a substantial and unparalleled growth worldwide. Currently, many jurisdictions license, regulate, organize, operate or own at least one type of gaming activity. Further, numerous jurisdictions have previously deliberated or are now debating the introduction and/or expansion of game offerings in order to generate tax revenues, create employment opportunities, and stimulate economic development (Calcagno, Walker, & Jackson, 2010; Walker, 2013).

One of the central issues surrounding the debate over the legalization and expansion of the gaming industry has been the accompanying negative socioeconomic impacts of gambling. The prevalence of disordered gambling in particular is purported to impose high costs on society. While researchers generally agree that disordered gambling brings about important “social costs”, different investigators have nevertheless arrived at diverse conclusions regarding the negative impacts of gambling that can be considered as social costs and the actual magnitude of these costs.

What exactly are the “social costs” of gambling? An economic definition

There are a number of consequences of gambling that are viewed by many as adverse, and therefore entail costs to society. Some of the alleged social costs specified in the published literature include: (1) income lost from missed work; (2) reduced employment productivity; (3) mental and physical health issues related to stress; (4) increased suicide attempts; (5) bailout costs; (6) unrecovered loans to disordered gamblers; (7) outstanding debts and bankruptcies; (8) higher insurance premiums resulting from fraud instigated by disordered gamblers; (9) public official corruption; (10) strain on public services; (11) industry cannibalization; and (12) divorces caused by disordered gambling. Although many of these consequences of gambling are indeed adverse to individuals, families, and the larger society, upon closer examination, not all can be legitimately be considered “social costs”. The obvious question then is what criteria must be used for classifying the consequences of gambling as a “social cost”? The economic perspective on social costs provides one plausible answer to this question.

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The economic definition of a “social cost” is a cost causing a reduction in societal wealth or well-being. For example, mental health resources that are used to diagnose and treat disordered gamblers represent a social cost since service providers could have been performing other activities of benefit to society if it were not for disordered gambling. The economic definition of social costs, however, precludes redistributions of wealth, such as loans to disordered gamblers and outstanding debts. Although redistributions of wealth do make some individuals better off and others worse off, they cannot be considered social costs since *society* as a whole would be no better or worse off. In the example of loans to disordered gamblers, the money obtained from the loan does not cease to exist. Rather, the money is simply transferred from the lender (i.e., bank, loan shark) to the borrower (i.e., gambler), and then this

money is eventually transferred to a beneficiary (e.g., casino, bookie, etc.). Consequently, the value of the loan to the disordered gambler represents a voluntary redistribution of wealth between lender and borrower that does not alter aggregate social wealth and is therefore not considered a social cost.

This definition of social costs is not without controversy. In particular, researchers outside of economics question the fact that the economics definition precludes transfers of wealth being considered social costs. Researchers have been debating the correct conception of “social cost” since the mid-1990s. Despite two Canadian conferences dedicated to this specific issue (in 2000 and 2006), virtually no progress has been made in developing a “gold standard” for how to appropriately define the social costs of gambling.

Problems inherent in estimating the social costs of gambling

A handful of studies estimating the social costs of legal gambling have been published since the mid-1990s. An early study by Goodman (1995) reported social costs of \$13,200 per disordered gambler per year. In another study, Kindt (1995) suggested that social costs could be as high as \$53,000 per year. Conversely, Thompson, Gazel, and Rickman (1997) estimated social costs of approximately \$9,600 per year. In a study averaging social cost estimates from a variety of unpublished papers and policy reports from the 1990s, Grinols (2004) indicated social costs of approximately \$10,330 per disordered gambler per year. The enormous range and variability of estimates reported in the empirical literature therefore begs the question: what explains this divergence in results for social cost estimates?

As discussed earlier, one crucial issue has been that of adequate identification and operationalization (i.e., clear statement of what is being measured) of social costs. Several of the items included in social cost estimations should not have been since they constitute redistributions of wealth. In addition, most researchers have omitted several items that can be considered legitimate social costs, such as the anguish or negative psychological costs associated with divorce and suicide attempts that are directly attributable to disordered gambling. Since social studies frequently fail to adequately address issues with identification and operationalization, they are likely to overstate or understate the costs attributable to disordered gambling. A secondary issue has been one of measurement. Central to the problem of measurement is that of comorbidity. Many disordered gamblers have other coexisting mental health problems (which are often referred to as comorbidities in the literature). Some common examples of comorbid conditions include alcohol and substance use problems, and mood and anxiety disorders. Given that many disordered gamblers also present with comorbid conditions, and since social cost calculations should incorporate only the contribution that the primary disorder makes to the reduction in societal wealth or well-being, it is challenging if not impossible to estimate the social costs specifically attributed to gambling disorders. For example, consider a disordered gambler who is also an alcoholic and engages in behaviors that result in social costs approximating \$6,000. The underlying challenge is to determine the proportion of the social cost that is attributable to the gambling disorder and the proportion that is allocated to the alcohol abuse. Despite the necessity to address this critical issue, social cost studies rarely if ever take into account comorbidity. This ultimately results in arbitrary – and therefore useless – estimates of the costs of disordered gambling.

Social costs of gambling: Where do we go from here?

Evidently, an acceptable definition of what constitutes a “social cost” remains beyond the grasp of gambling researchers at present, as does the knowledge base necessary for developing legitimate monetary estimates of these costs. Together, these problems make it unlikely that the utility and value of social cost estimates will increase in the near future. Consequently, some scholars have begun to advocate for a shift in focus, from trying to quantify social costs to examining more qualitative issues. Some areas of particular interest that have been proposed include understanding the types of problems encountered by disordered gamblers, as well as treatment or harm reduction initiatives which best help disordered gamblers.

Conclusion

Despite the widespread adoption of legalized casino gambling in North America and around the world, the issue of social costs continues to be a key issue of debate. Although a variety of researchers from different disciplines have tackled the issue, there is no consensus in sight.

There are serious methodological hurdles to defining social costs and accurately measuring their monetary values. Therefore, the best path for the future is to focus on harm minimization from gambling disorders. Research which focuses on arbitrary monetary estimates distracts from more meaningful research which would ultimately be more valuable.

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Centre Fundraising Campaign in Full Swing

The Centre's ongoing fundraising campaign continues to grow with the support of corporate and private sponsors. Due to restricted government infrastructure funding, we have initiated a fundraising campaign to help us maintain our ability to develop and deploy empirically-based prevention and harm-minimization programs. The Centre is housed on McGill University's main campus in the heart of Montreal, Canada. McGill University is a public university and recognized charitable organization.

Donations can be made to:

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

Official letters of contributions and tax receipts will be forwarded

The Maryland Center of Excellence on Problem Gambling

Carl Robertson, Prevention Program Manager, the Maryland Center of Excellence on Problem Gambling

The State of Maryland enacted legislation in 2008 to expand legalized gambling and establish a Problem Gambling Fund which is administered by the Department of Health and Mental Hygiene (DHMH). This funding was used in part to establish the Maryland Center of Excellence on Problem Gambling, which is a joint collaboration between the Maryland Council on Problem Gambling and the University of Maryland School of Medicine. The new Center, founded in 2012, is funded by a three year grant intended to assist in the mitigation of gambling problems by providing helpline, training, prevention, public awareness and research programs.

The Maryland Center of Excellence proudly announces the appointment of Lori Rugle, Ph.D., NCGC II as the new Program Director. As an esteemed colleague, friend and collaborator of Joanna Franklin, who unexpectedly passed away in October, 2013, Lori will continue to build on the foundation initiated by Joanna.

First Year Highlights

- ◆ **Helpline** - The Problem Gambling Helpline offered confidential, 24/7 live coverage to 1825 calls (averaging 150 calls per month). A total of 431 helpline callers (24%) were actively seeking assistance for gambling problems.
- ◆ **Training** - Training and education programs totaled over 2000 registrations, resulting in trained counselors from all 24 counties and Baltimore City. Free ongoing problem gambling case conference calls offer support and mentoring each month for all counselors participating in case discussions. The Center provides clinical training in basic two-day, four-day and advanced training programs. Additionally, clinical training is offered each year to behavioral health providers for the Western, Eastern, Central and Southern regions of the state. The Center also holds a large annual conference on advanced topics in problem gambling treatment and prevention. As well, the Center also produces targeted webinars on current problem gambling topics.

“No one program can do it all, but working together we can support each other and maximize funding opportunities, research opportunities and take more positive strides towards expanding services and improving the lives of problem gamblers and their families,” reports Carl Robertson.

- ◆ **Public Awareness Campaign** - The Public Awareness program is a multi-media effort with individual campaigns focusing on selected messages broadcast via TV and Radio public service announcements. The first targeted launch focused on general public awareness; the second launch highlighted sports bettors during March Madness; and third launch targeted outreach to people of color. In addition to TV and radio PSA's, Google AdWords were included during the fall of 2012. This led to an increase in web hits and over 6000 unique visitors to the Center's web site by June 2013. Examples of the public awareness campaign can be found on the Center's web site under the Press tab.
- ◆ **Prevention** - Prevention efforts in Maryland began with basic needs assessment among substance abuse and mental health prevention specialists statewide. This was followed by strategic planning with selected stakeholders and included information and the introduction of prevention materials statewide. Presentations have been made to almost 300 individuals including all 24 County Health Department Prevention Coordinators and the Maryland Association of Prevention and Professional Advocates. Additionally, a resource library has been established and now holds over 15,000 pieces of literature, DVD's and brochures to loan or distribute. Arrangements are being made to archive research and gambling specific journals and articles at the School of Medicine library.

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- ◆ **Research Funding** - Research Director Christopher Welsh M.D., the medical director of the Center, and Carlo DiClemente PhD, Co-chair of research for the Center with representatives from the fields of problem gambling, public health, psychology, social work and the law will organize and fund specific research programs. Some research projects include: fMRI with college student gamblers, selected literature reviews and analyses, development and testing of a problem gambling SBIRT, problem gambling specific applications for use on personal devices/Smart phones, and support for the evaluation of youth prevention strategies.

Second Year Highlights and Plans

- ◆ **Expansion of Services** - Plans are underway to expand the services and resources provided during the first year.
- ◆ **School-Based Prevention Initiatives** - Carl Robertson, the Center's Prevention Program Manager, will launch (a year earlier than planned) the Maryland version of the Smart Choices program in several local schools. Smart Choices is a youth problem gambling prevention program which was developed in collaboration with the International Center for Youth Gambling Problems and High Risk Behaviors at McGill University and piloted through the Council on Problem Gambling of Pennsylvania. This youth focused prevention program is targeted at students from elementary through high school. The program focuses on the inherent risks of youth gambling and emphasizes positive decision-making skills. By offering the program, the Smart Choices program hopes to build on youth resiliency skills, protective factors and teach/reinforce refusal skills critical to today's Maryland youth. It is estimated based on the national youth prevalence data (4% to 6%) that between 47,000 to 50,000 Maryland youth ages 12-17 years old fit the criteria to be problem/pathological gamblers. Additionally, Dr. Sylvia Martins, MD, PhD, an epidemiological psychiatrist who was a senior author on two studies of gambling behavior among African-American students in West Baltimore stated that about 11% of their sample was considered "problem gamblers." The clinical staff of the School Mental Health program has already completed intensive two day training on youth problem gambling in anticipation of these programs being offered in their schools.
- ◆ **Prevalence Studies** - The Maryland Gambling Prevalence Study was completed in the fall of 2010. This baseline study indicates a 3.4% prevalence rate of problem and pathological gambling among adults in Maryland. Combining national data with the Maryland data, it is reasonable to estimate that there are between 128,000 - 150,000 adult problem/pathological gamblers in Maryland. The study also indicates some important risk factors: problem/pathological gambling is more common among men than women (5.2% vs. 1.5%); more common among African-American and Hispanic gamblers than Caucasian gamblers (4.9% and 6.2% vs. 2% respectively); and dramatically more common among those earning less than \$15,000/yr. (15% vs. 4.8% for those earning \$15,000 - \$35,000/yr). Maryland is planning a follow up prevalence study (2015-2016) once other planned casinos are opened in Maryland.
- ◆ **Social Media Initiative/Plan** - The Center is planning to expand its social media presence by actively using Facebook and Twitter in public awareness outreach efforts. The Center website contains a Chat feature with staff posting and monitoring Facebook traffic.

"No one program can do it all, but working together we can support each other and maximize funding opportunities, research opportunities and take more positive strides towards expanding services and improving the lives of problem gamblers and their families," reports Carl Robertson, the Center's Prevention Program Manager.

For more information about the important work of the Maryland Center of Excellence on Problem Gambling or to reach their staff, please contact them at: 410-328-4710 or visit www.mdproblemgambling.com. ◆

Child Gamblers Should Have Dedicated Clinic

Dr. Henrietta Bowden-Jones, the director of the National Health Service's first problem gambling treatment facility, the National Problem Gambling Clinic in London, says there should be a similar center for children and probably a complete ban on all child gambling. Currently, children aged under 16 can legally play some lower stake and jackpot fruit machines. Britain is the only Western country that continues to allow children to play limited-stake fruit machines. The National Problem Gambling Clinic in London, which opened in 2008 and treats about 800 cases a year, only helps those over 16. Dr. Bowden-Jones says: "Although it is between 2% to 4% of the population of young people who have problems, we also know that far, far higher numbers are deemed to be at risk of becoming pathological gamblers or are gambling in excess." According to Gambling Commission figures, between April 2012 and March 2013 betting shop staff reported more than 600,000 children had been stopped either trying to get into shops or after they had placed a bet.

Massachusetts Lottery Launches \$30 Scratch Ticket

In April, the Massachusetts State Lottery will roll out a \$30 World Class Millions scratch ticket. This product will be the highest priced ticket ever offered by the agency and it will have a top prize of \$15 million along with the highest scratch-and-win payout. Massachusetts will become the 14th state to offer a \$30 instant ticket. The Connecticut Lottery was the first to launch a \$30 ticket in 2002. Beth Bresnahan, Executive Director of the Mass. State Lottery said "It has been 40 years since we introduced the first scratch ticket in 1974. We offer the highest prize payout at 72-cents on the dollar, of any lottery in the nation." However, she indicated that the Mass. State Lottery would not introduce higher priced tickets such as the \$50 ticket offered in Texas any time soon. Bresnahan also said "many lottery players who currently buy \$5 tickets are jumping to higher priced games because the payout is so high." Some observers believe that the Mass. State Lottery's rollout of the higher priced scratch ticket may have occurred in anticipation of the upcoming competition from casinos as a means to keep player spending with the lottery.

Maryland Senate Approves Fines on Underage Gamblers

Under a new bill unanimously approved by the Maryland State Senate in February 2014, underage gamblers caught on a casino floor would be subject to fines starting at \$100 for a first time offence. The fine would rise to a maximum of \$500 for a second offence and for a third violation, underage gamblers could be fined \$1000 and be required to participate in mandatory gambling addiction treatment. Violators under 18 years of age would be sent to juvenile court. This bill aims to ensure that violators of the casino age restriction law assume some responsibility for their actions and also alleviates having all of the punitive financial repercussions of underage gamblers from falling solely on the casino operators. In 2013, there were 47 underage violations with some young gamblers using fake ID's or others never having their ID's checked. Several offenders had gained access to the casinos by jumping over walls surrounding the casinos. Steve Martino, Maryland Lottery Director, said state regulators are most interested "in people under 21 who clearly want to get on the floor and gamble. Keeping them out is the pillar of the state's responsible gambling efforts." Following the Senate's approval of this new bill, there is optimism that legislation will follow.

News from the Centre...

Congratulations to....

Carmen Messerlian on receiving her Ph.D. in Epidemiology from McGill University. Carmen was an instrumental member of the International Centre for Youth Gambling team for many years. We wish her tremendous luck in her new academic and professional endeavors!

Upcoming Invited Presentations

Dr. Derevensky will be presenting the following conference presentations in the coming months:

- ◆ Does social gaming pose risks for problem gambling: Should it be regulated? Invited address to be presented at the Discovery 2014 Conference on Problem Gambling. Responsible Gambling Council (Ontario), Toronto, April.
- ◆ Social media gambling amongst youth: Parental, operator or regulatory responsibility? Invited keynote address to be presented at the 11th Austrian Lottery Gambling Academy, Vienna, May.
- ◆ Youth gambling: Implications for prevention and treatment. Invited workshop to be presented at the 28th National Conference on Problem Gambling, Orlando, July.
- ◆ Twenty-five years of youth gambling research: What do we know and why should we care. Invited plenary talk to be presented at the 28th National Conference on Problem Gambling, Orlando, July.

Partners in Prevention Initiative

Again this year, our Centre participated in the Partners in Prevention initiative, a collaborative partnership between the Lester B. Pearson School Board of Montreal (the largest English-language school board in Quebec) and Portage Adolescent Residential Rehabilitation Center (substance abuse rehabilitation center), Montreal Urban Police (SPVM), Risk within Reason, Pavillion Foster (substance abuse rehabilitation center) and the International Centre for Youth Gambling. Annually, the Partners host events aimed at Grade 5 and 6 students and their parents to promote healthy choices in an attempt to minimize adolescent risky behaviours. We participated in 3 evening presentations of the "Amazing Prevention Adventure" hosting an interactive station.

The participants were divided into small groups and each group circulated through the stations every 15 minutes. For this event, the YGI team used our 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. The game format permits us to disseminate information and take home messages in a fun and engaging manner. We received tremendously positive feedback from the parents, children and organizers attending the event who commented that our game was innovative, interactive and fun.

2014 Annual Holiday Campaign Planning Underway

Preparations for the 2014 Holiday Campaign are well underway. The annual Holiday Campaign, a collaborative initiative of the International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University and the National Council on Problem Gambling (NCPG), highlights the risks of giving lottery tickets and scratch cards as holiday gifts to minors.

Support for the campaign by North American and international lottery corporations has grown incrementally every year since the program inception. In 2013, a record number of lottery corporations participated in the campaign. We look forward to even greater support for the 2014 campaign!

Stayed tuned for more news about the campaign!

Recent Publications and Presentations

REFEREED PUBLICATIONS

Derevensky, J., St-Pierre, R., Temcheff, C., & Gupta, R. (in press). Teacher awareness and attitudes regarding adolescent risky behaviours: Is adolescent gambling perceived to be a problem? *Journal of Gambling Studies*.

Temcheff, C., Derevensky, J., St-Pierre, R., Gupta, R. & Martin, I. (in press). Beliefs and attitudes of mental health professionals with respect to gambling and other high-risk behaviors in schools. *International Journal of Mental Health and Addiction*.

Sansanwal, R. M., Derevensky, J., Todirita, R. & Lupu, V. (in press). Knowledge and attitudes regarding adolescent problem gambling: A cross-cultural comparative analysis of Romanian and Canadian teachers. *International Journal of Mental Health and Addiction*.

Gupta, R. & Derevensky, J. (2014). Reflections on underage gambling. *Responsible Gambling Review*, 1, 37-50.

BOOK CHAPTERS

Derevensky, J., Theall, L., Stewart, S. & Arbeau, A. (2014). Gambling collaborative action plan for children and youth. In S.L. Stewart, L.A. Theall, J. N. Morris, K. Berg, M. Bjorkgren, A. Declercq et al. interRAI Child and Youth Mental Health Collaborative Action Plans (CAPs) for use with the interRAI Child and Youth Mental Health (ChYMH) Assessment Instrument, Research Version 1 Standard Edition. Washington, D.C: interRAI.

RESEARCH & POLICY REPORTS

Derevensky, J. & Remmers, P. (2014) *ALICE RAP Policy Issue Paper on the Social Impact of Gambling*. Final report to the ALICE RAP Committee of the European Union, 85 pp.

INVITED PRESENTATIONS

Derevensky, J. (2014). *Problem gambling and Millennials*. Invited address presented at the Massachusetts Conference on Gambling Problems, Natick, MA, April.

Derevensky, J. (2014). *High risk populations: Lessons we need to learn to aid in prevention*. Invited address presented at the Massachusetts Conference on Gambling Problems, Natick, MA, April.

Derevensky, J. (2014). *Internet and social media gambling: Fun or problem?* Invited address presented at the National Council on Alcoholism and Drug Dependence Conference (NCADD-RA), Rochester, April.

Derevensky, J. (2014). *Perspectives on adolescent risky behavior: Is adolescent gambling perceived to be an important issue?* Invited address presented at the National Council on Alcoholism and Drug Dependence Conference (NCADD-RA), Rochester, April.

Derevensky, J. (2014). *Changing patterns of gambling: Are we prepared?* Invited keynote address presented at the Sixth Annual Gambling Symposium hosted by the Health Management Systems of America (HMSA) and the Michigan Department of Community Health, Detroit, March.

Derevensky, J. (2014). *The future of gambling: What can/should prevention people and clinicians do?* Invited keynote address presented at the Sixth Annual Gambling Symposium hosted by the Health Management Systems of America (HMSA) and the Michigan Department of Community Health, Detroit, March.

Derevensky, J. (2014). *Twenty five years of research on youth gambling: Should we be concerned?* Invited workshops presented for the Annual Gambling Symposium hosted by the Health Management Systems of America (HMSA) and the Michigan Department of Community Health, Detroit, March.

Derevensky, J. (2014). *Youth gambling: Our current knowledge, problems and future concerns*. Invited keynote address to the Nishnawbe Aski Nation's Annual Regional Training meeting. Thunder Bay, Ontario, January.

Centre Research Projects

Teacher Perception Study - Finland

The Centre will collaborate with the Department of Mental Health and Substance Abuse Services in Helsinki, Finland to launch a study assessing Finnish teachers' perceptions of adolescent risk-taking behaviours including gambling-related issues. This online study mirrors one our Centre conducted in 2010-11 involving Canadian teachers in the provinces of Quebec and Ontario. By replicating the study in Finland, we hope to acquire comparative data enabling us to better understand some international trends in teacher perceptions regarding adolescent risk-taking behaviours.

Carleton/McGill Research Social Network Gaming

Collaborative work between our centre and Dr. Michael Wohl's Gambling Lab at Carleton University in Ottawa regarding the convergence of social media gambling simulated play-for-fun sites and Internet gambling is ongoing. In January, Dr. Wohl presented some of the research findings at the New Horizons conference in Vancouver. Included in the presentation was information acquired from focus group discussions with "play for fun" and "pay for play" social casino gamblers. Research is ongoing with further data collection continuing.

Congratulations to Keith Whyte

In April, at the Massachusetts Conference on Gambling Problems, NCPG Executive Director Keith Whyte was awarded the Thomas M. Cummings award for vision, courage & dedication to the field of Problem Gambling. Congratulations Keith on receiving this well-deserved honour.



Upcoming Events

- **Discovery 2014**
April 29-May 1, 2014
Toronto, Canada
- **Midwest Conference on Problem Gambling and Substance Abuse**
June 25-27, 2014
Kansas City, Missouri
- **NCPG Conference Pathways to New Possibilities**
July 11-12, 2014
Orlando, Florida
- **10th European Conference on Gambling Studies and Policy Issues**
September 9-12, 2014
Helsinki, Finland



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