

Youth Gambling International

International Centre for Youth Gambling Problems and High-Risk Behaviors
Centre International d'étude sur le jeu et les comportements à risque chez les jeunes

FEATURE ARTICLE

The harm potential of prevention programs

Gary Roberts

Canadian Centre on Substance Abuse

Is it possible that harm might result from gambling prevention programs? The literature on gambling programs is quite new. To get some sense of the issue it may be worth looking at relevant literature from the substance abuse prevention field. When prevention workers conduct a program, there are several general possible outcomes: positive effect, no effect, negative effect or mixed effect. Parents, teachers and others who hope to influence behaviour change in others know that it's not easy, so we shouldn't be surprised that many evaluated drug prevention programs don't show any change. Nevertheless, our understanding of what works is improving, and it's encouraging to see a few programs showing modest positive effect.

But what about the other possibility - that a program actually results in more drug use or other negative behaviour? This is a scenario that we in the prevention field would rather not think about, believing that our "good work" could not possibly have a harmful effect. However, it is part of our history; analysis of fear-based drug education efforts in the '70s that presented exaggerated consequences of drug use concluded that they could have a boomerang effect by creating a forbidden-fruit mystique around certain drugs (Brecher, 1972; Goodstadt et al., 1982). As our understanding of prevention has increased over the years, this model of drug education has mostly (but not completely) fell out of favour. Nevertheless, recent research has found continuing

evidence of harmful effects, or what some have called the "dark side of the moon" (Skirrow & Sawka, 1986), and what medical scientists refer to as "iatrogenic effects" (Werch & Owen, 2002). Given that the top priority for anyone getting involved in another's life needs to be "first, do no harm," this is an important area of study, and recent research is shedding a bit of light on it.

A recently well-publicized example of unintended harm was reported by Dishion and colleagues (2001) who found that grouping high-risk youths together to try to prevent problem behaviours actually resulted in the young people developing more anti-social behaviours. In their study, they compared 4 kinds of interventions with *at-risk* 11-14 year old youth: a peer group only, parent group, peer-parent group, and self-instruction group. The 12-week peer group intervention used an evidence-based cognitive behavioural method (discussion + role plays) to build skills in managing feelings, setting limits, building relationships, and refusing drug offers. When researchers followed up with students 1, 2, and 3 years later, they found that those who received the 12-week program had significantly greater levels of teacher-reported delinquency and self-reported tobacco use. What seemed to be happening was that grouped students were sharing and learning rule-breaking ideas when they got together - a kind of *deviancy training*. There is much more to learn about what is happening in these situations,

but the author speculated that while youth not at-risk are more likely to support each other in learning positive ideas and behaviours, the opposite may occur with higher risk youth.

Wishing to probe this further, Werch and Owen (2002) reviewed 152 studies and 18 reviews published over the past 20 years. They found a total of 43 negative outcomes (mostly increased consumption) reported in 17 studies (12 from the US, 2 from Australia, 2 from Canada, 1 in multiple countries).

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Among their findings:

Four of the programs were of the older '80s genre of knowledge/values/attitudes-based drug education programs. These have been viewed as ineffective for sometime and the authors note "programs based on these models increased knowledge, while decreasing perceived risk and increasing drug consumption."

Ten of the 17 were more recent *social influence* programs (focusing on peer/media influence and teaching refusal skills). It is speculated (and it makes sense) that resistance skill training works best when students go into the sessions feeling that drug use is not acceptable. The authors suggest that normative messages, which show that the majority are not using, need to precede the resistance training.

There was also pattern of negative effects for youth who already had used substances prior to the program. This finding suggests that program aims and intended outcomes need to be matched according to the proportion of drug-using youth in the class. For example, in a number of Western countries where the level of alcohol and cannabis use is quite high in the late grades, it makes most sense to shift the aims and messages from *don't use* to *it's best not to use but if you do, let's look at the possible harms and identify ways of reducing them*.

What are problem gambling prevention programmers to take from all of this? There is no reason to think that some gambling prevention programs delivered in certain conditions to certain audiences will not cause unintended harms. To avoid this, gambling researchers and prevention specialists need to be careful with program design and delivery every step of the way (i.e., from a strong theory and data base to clear, realistic aims and logically linked activities or messages). Again drawing from the substance abuse field, there are a number of good resources outlining prevention principles or best practices (see WHO, 2003; McBride 2002; and Health Canada, 2001). The more these principles are followed, the less likely programmers will find themselves over on the dark side of the moon.



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Gary Roberts

Director, Best Practices and Training
Canadian Centre on Substance Abuse
E: groberts@ccsa.ca / WEB: www.ccsa.ca

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Thai Gamblers Mainly Low Income

A Gambling Economy study revealed more than 50% of Thailand gamblers are poor and little educated, spending about one-fifth of their income on the country's flourishing illegal gambling economy. The 2001 study by Nuannoi Trirat and Sangsit Piriyanangsan of Chulanlongkorn University showed that 59% of Thai gamblers had only primary education or less, while 23% had secondary education. The research

also revealed that poor people spent a larger percentage of their income on gambling than did high-income earners. Those with a monthly income of under 5,000 baht (\$116 USD) spend about 20% on gambling, while people with an income over 50,000 baht (\$34,000 USD) a month, spent about 6%. Low-education gamblers preferred state and underground lotteries, followed by gambling dens, and about 75% of gamblers at illegal

dens had monthly incomes of under 5,000 baht and attained secondary education or less.

Source: Casino Wire



Kids Don't Gamble... Wanna Bet?

Elizabeth M. George
North American Training Institute

Turn back the clock 50 years and there were those who said, "She can't be an alcoholic, she's only 15 years old" or stated, "He can't be hooked on drugs...he's only 14 years old." Today, kids, alcohol and drug abuse is on everyone's radar screen.

What about kids and smoking?

For those of you who know what a turntable is you will likely remember candy cigarettes. They looked just like a pack of real cigarettes - a box of thin, white mint, candy cigarettes with a red imitation fire tip that any kid could buy at a local 'corner' store and pretend that they were smoking. Difficult to imagine today.

Fast forward in time to 1988. New commercial casino industries were emerging in the UK, Australia, Spain, Holland, Austria and Turkey; charitable casinos had been legalized in the provinces of British Columbia, Alberta and Manitoba. The governor of Minnesota had negotiated and signed the first state compact with Tribal governments to allow Indian gaming with many states to follow in year's to come.

Kids Don't Gamble... Wanna Bet? During the next few years, folks could be heard to say, "We finally found something for kids to do that is not going to hurt them and they love it...let's have a casino night at our school!"

What was absent from the emerging gambling scene at that time in history was the concern for youth developing a gambling addiction - it was not yet on the radar screen. There was, however, at least one exception - Dr. Durand Jacobs - who

was concerned about kids developing a gambling addiction and first presented his research findings at a conference in New York in 1988 before a small group of people. I was in the audience.

The Goddess of Treatment Comes to the Rescue.

Fast forward to 1991. The City of Duluth in Minnesota was seeking proposals for community-based programs such as recreation for kids, after school programs and the like. I wrote a proposal seeking funding for a Community-Based Youth Compulsive Gambling Prevention Program. The proposal was on its way into the trash bin with comments from committee decision-makers that included - "kids and gambling problems, you've got to be kidding" when a committee member with a long history of working with addictions said, "Wait a minute!" Affectionately known in Duluth as the Goddess of Addiction Treatment, Fran Bernstein, persuaded the committee to take a chance on this very unusual, first of its kind Youth Compulsive Gambling Prevention Program. And the rest, as they say, is history.

Armed with a modest amount of funding we began to implement the core features of the Youth Compulsive Gambling Prevention Program, which have included:

- **Using the ultimate consumer** - kids - in all phases of the design and implementation (that is why the colors of our first books were purple and orange).
- **Recognizing where kids spend their time** and reaching out to



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them with awareness messages. At that time, kids were zoned into TV so we used TV spot announcements extensively. When the Internet became the place to reach kids, we developed *Wanna Bet? A Cool Online Magazine for Kids Concerned About Gambling*-www.wannabet.org. It included cartoons, graphics, sounds and games. We recruited a *Wanna Bet* junior editor and cartoonist, both age 14, as well as an array of other middle school youngsters who assisted by contributing articles, artwork and design ideas for the online magazine.

• **Since our launch in 1998, over 2 million hits** on the *Wanna Bet* site have come from kids and others interested in youth gambling from all over the world.

• **The media loves topics that are “new”** so we piqued their interest via press releases about addressing teen gambling through the online site www.wannabet.org. Media from around the world hopped onboard with this innovative

approach. Nightly News with Tom Brokaw, Good Morning America, Channel One, the CBC in Canada, Nickelodeon News, USA Today, Pillarbox Productions in the UK to name a few, all helped spread the word.

• **We expanded our *Wanna Bet* educational scope** to include educational kits, *Wanna Bet? Educators Guide and Curriculum* and NATI’s newest curriculum for grades 3-8, *Kids Don’t Gamble...Wanna Bet?* The kits are interactive, fun, and useful for educators.

We are proud to learn that over the years, leaders in underage gambling prevention from North America have used www.wannabet.org – with its cartoons, action and sound – as a model, which they have improved upon, to build and launch unique web sites for kids containing gambling prevention messages.

McGill group, Howard Shaffer et al. at Harvard University,

David Korn’s group and the many researchers, education and prevention leaders who are contributing their time and considerable talent to keep our kids out of harms way.

Elizabeth M. George
Director
North American Training Institute
bgeorge@nati.org
218 722-1503



Children ring gambling hotline: News from Norway

Aftenposten. A new helpline for compulsive gamblers has uncovered an unexpected problem, with children as young as 11 calling in for help with their addiction. So far aid programs have concentrated on adults. The new 24-hour help line was set up on April 28 and so far about 20-30 people ring in per day. The service is a cooperative effort between Saunderud Hospital and the Lottery Commission. Traffic on the hotline has been higher than expected, and preliminary estimates set 20,000 as a likely number of gambling addicts in Norway. With many callers under 13, some of them with habits of betting NOK 4,000-5,000 (USD 580-725) per month, a surprisingly serious problem may have been brought to

light. “They (the children) talk about personal problems, depression, and always being penniless. Their gambling addiction isolates them, and when they call us they do it secretly, so that their parents shouldn’t know,” said Thore Paulsen, daily manger of the hotline. Paulsen noted that these children were very evasive when asked where they find the money to support their compulsion. Atle Hamar of the Lottery Commission is less surprised, and claimed that studies indicate that 3.2% of those between the ages of 11 and 19 have a serous addiction to gambling. But despite the positive step of a crisis hotline, youth who are compulsive gamblers have a hard time getting real help. Now organizations are

hoping that the Minister of Health in Norway will start to concentrate on the problem.

Source: Responsible Gaming Council (Ontario)





Let's talk prevention[®]

The ironic misuse of primary prevention

Anne-Elyse Deguire

Prevention Specialist

International Centre for Youth Gambling

By definition, primary prevention is designed to occur prior to the appearance of a problem, actually with the goal of reducing the incidence all together. Since experiences in childhood years have lasting effects over the course of one's development, most prevention programs are designed to target youth in schools. However, because the primary mandate of schools is to teach math, reading, history etc., much resistance is given by the school system when prevention programs are offered, especially if it requires additional effort and time from teachers.

What we often experience, instead, are requests for prevention services and/or programs once they have started to observe significant problems amongst their student body. Furthermore, their concern is often limited to the group of youth that are or may be exhibiting symptoms (selective or indicated prevention), and not for their student population at large (universal prevention).

Hence, in these situations, they are mostly interested in implementing a program that will resolve an emerging problem and their request is often fraught with a certain amount of urgency.

While it is reassuring that schools seek services to ensure the best care for their students, it is also worrisome that the main course of action is to put out fires after they have already started. In these situations, schools rarely have the

luxury of researching and selecting the best programs for their needs. Often schools resort to programs that are the most popular, as opposed to ones that would be most effective.

With the hopes of helping in the decision-process, here are some guidelines to choosing a universal (primary) prevention program. Successful drug abuse programs, which show strength in both content and delivery, can be used as a guideline.



Concerning content, the following represent the main structure of the programs:

- Knowledge, factual information, clarification of myths and misconceptions.
- Self-respect, self-confidence, personal goal setting.

- Generic competency skills including:

- assertiveness and effective communication and
- decision making, refusal skills.

With respect to delivery of programs, it is ideal to find programs which have these features:

- Interactive and participatory teaching strategies.
- Training components (to help teachers have a positive attitude toward the program, feel comfortable and confident in delivering content), and ongoing support and resources.
- Developmentally appropriate content, including language, visual materials, and educational content.

It is now recognized that even the most attractive programs, developed by the most competent experts, need to be scientifically validated for their effectiveness.

School administrators and counselors need to assess the needs of their students and take the time to research the best available programs to suit their needs. And most importantly, let us not forget the TRUE meaning of prevention!

Youth and Gambling A Sampling of Educational Resources Available in Saskatchewan

Leanne Fischer
Saskatchewan Health

Since 1994, Saskatchewan Health has been responsible for developing and co-ordinating a public education strategy for problem gambling. The strategy is designed to educate and support individuals and communities in reducing the risks related to gambling and to help promote informed healthy lifestyle choices. Saskatchewan's prevention strategy includes a range of education programs and resources that are delivered through several different mediums. Such resources targeting youth and educators will be discussed.

Many of the youth resources are based on Saskatchewan's grade 6-9 teaching tool, entitled *Gambling: Reducing the Risks*. This tool is closely linked to the Saskatchewan Health Curriculum and includes overarching themes already established by the Department of Learning and activities and information that fit within broader concepts.

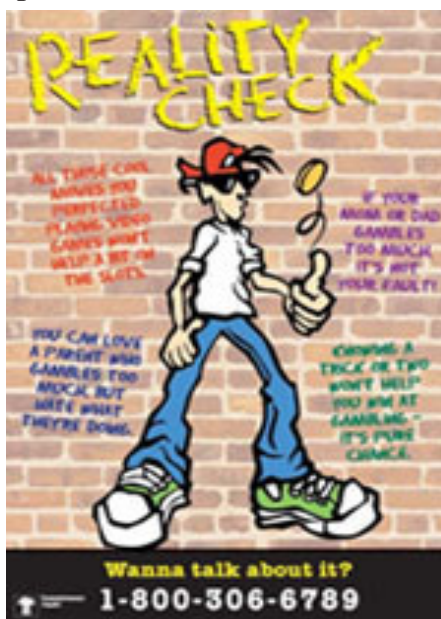
Information supplied for each grade includes:

- Foundational objectives;
- Student learning objectives;
- Teacher information sheets;
- Instructional strategies and teaching notes;
- Student activity sheets;
- Role-play activity; and

- Student self-evaluation.

A video comprised of three short open-ended clips accompanies the print material. .

Poster, activity booklet & promotional items



Following distribution of the teaching resource, a broader and more accessible range of materials was developed.

A poster was developed accompanied by an activity booklet followed by general promotional items.

Focus testing revealed that kids:

- closely related to messages about parental gambling;
- did not like the phone number referenced as the Problem Gambling Help Line; and
- strongly endorsed the character up against the brick wall.

Next the messages from the poster were used as overarching themes and incorporated into an activity booklet. The themes are supported by related activities which include:

- applying positive pressure;
- money management;
- impact of advertising; and
- alternatives to gambling.

As a way of moving beyond the more formal type of communication approach, promotional items were used as a way to engage otherwise uninterested youth. Saskatchewan Health has produced items that have both longevity and practical use for young people. Water bottles, 3-D key chains and tattoos, all bearing the same graphics and messaging, as the poster and activity booklet have proven to be very successful.

In Saskatchewan, problem gambling resources are available free of charge to residents of the province.

Leanne Fischer
Problem Gambling Community Consultant
Saskatchewan Health
306-787-4094
lfischer@health.gov.sk.ca

Message	Activity Focus
<i>"All those cool moves you perfected playing video games won't help a bit on the slots"</i>	Chance vs skill Does practice help you win at games of chance?
<i>"Knowing a trick or two won't help you win at gambling-its pure chance"</i>	Illusions of controls Superstitions Systems

Grade	Broad Concept	Content Focus
6	Affirm Standards	Gambling & the family
7	Commit Self	How gambling relates to the individual
8	Support Peers	How gambling may affect individual/peers
9	Promoting Health	Gambling and the community

Moving beyond Treatment - An Ecological Perspective

Carmen Messerlian, M.Sc.

Director Program Development & Communications
International Centre for Youth Gambling

Problem gambling is governed by a complex set of interrelating factors, causes, and determinants ranging from biology and family history to social norms and federal laws. An ecological approach to health behaviour requires one to view gambling behaviour from multiple perspectives. The ecological health promotion model, as proposed by McLeroy, Bibeau, Steckler and Glanz (1988) (see Table 1), focuses on addressing health behaviour from both an individual and a socio-environmental level; strategies are directed at shifting intrapersonal, interpersonal, institutional, community, and public policy factors. It is the interplay of the multiple factors and causes that

determine one's propensity to develop a gambling problem. Viewing gambling behaviour from an ecological perspective predicates moving beyond simply offering problem gamblers treatment and counseling.

Interpersonal & Intrapersonal Level

Individual and interpersonal level factors have been the focus of much of the applied and basic research, and treatment and prevention programs in the past. There is a wealth of research outlining the many individual risk factors, as well as the effects of parents, peers, and family on the development of gambling problems. However, in order to make a significant impact on the overall prevalence of

gambling problems among youth, a public health strategy must seek to address gambling issues from a broader, societal perspective.

Institutional Level

Institutional structures, rules, regulations and policies ultimately act to promote or hinder behaviour and health outcomes. Corporate, school, and organizational culture and policies are important factors that have a profound influence on knowledge, beliefs and attitudes about health and health-related issues. For example, the school environment and its culture and norms may reinforce existing misconceptions about gambling, and the industry's policies and practices on the development of products and

Table 1: Levels of Influence on Gambling Behaviour
Adapted from McLeroy, Bibeau, Steckler & Glanz (1988)

Levels	Factors	Youth Gambling Examples
<i>Intrapersonal</i>	Characteristics of the individual that influence behaviour such as knowledge, attitudes, beliefs, skills, and personality traits.	Male, risk-taking propensity, low self-esteem, poor coping skills, impulsivity, sensation seeking, depressive symptomology.
<i>Interpersonal</i>	Social networks and support systems including family, friends, and peers that provide social identity, support, and role definition.	Family history of gambling, parental or peer conflict, parental or peer attitudes.
<i>Institutional</i>	Social institutions/organizations with formal/informal rules, regulations, policies that may constrain or promote behaviour.	School policy/programs, industry policies on promotion, advertising and enforcement, gambling venues policy, retailer's commitment to enforcement.
<i>Community</i>	Relationships, standards, and networks that exist among individuals, groups, and institutions.	Social norms, media portrayal, community resources and environment, availability and accessibility factors.
<i>Public Policy</i>	Local, state, federal policies and laws that regulate, support, or constrain healthy actions and practices.	Federal and Provincial laws on underage gambling and enforcement, on advertising, promotion and legislation.

venues, their promotion and sale, and the enforcement of existing legal statutes prohibiting access to minors, are powerful in determining the level of gambling participation in a given community. Institutional factors can be viewed as targets for change; they can be challenged and modified in order to help create positive and healthy organizational culture and practices.

Community Level

The interplay of a host of community factors shapes and affects the health of its members. Community structures such as civil/local organizations, social networks, churches, family and neighborhoods may influence one's social identity, social norms, values, beliefs and behaviour. Furthermore, gambling problems and the resulting social costs clearly impact the wider community. The role of cultural and socio-economic determinants in the gambling context are still poorly

understood, however, remain important factors which should be explored through a public health lens.

Public Policy Level

There is a need to develop national, provincial and state policies that balance public health interests with the economic gains of governments and industry. Public policy can be viewed as a major factor that ultimately influences and affects human behaviour. Public policy making may be a cost-effective and socially responsible means of reducing the prevalence and burden of gambling disorders and related problems, while simultaneously protecting the public's health. Legislation on advertising and promotion; laws regulating age of gambling, and their enforcement; provision of proactive programs for harm minimization; and regulations on the accessibility and availability of electronic gaming machines,

internet gambling, and on the number and locations of casinos are all examples where public policy can be adapted and improved to influence the social environment and minimize unhealthy gambling behaviour.

By examining and outlining the various factors that influence gambling behaviour, it becomes clear that a public health approach must target interventions, and work at modifying all five levels within this ecological model. Intrapersonal, interpersonal, community, institutional, and public policy factors can be viewed as levels of determinants of gambling behaviour, as well as powerful resources for change!

McLeroy, K.R., Bibeau, D., Steckler, A., Glanz, K. (1988). An Ecological Perspective on Health Promotion Programs. *Health Education Quarterly*, 15 (4); 351-377.



Dr. Rina Gupta presents Dr. Durand Jacobs with the Lifetime Achievement Award on behalf of the International Centre for Youth Gambling Problems and High-Risk Behaviors at the International Conference on Gambling & Risk-Taking in Vancouver, May, 2003.

Bet You Didn't Know...

*6 Confucianism stresses securing favors from the gods by praying to them, and sacrificing to them. In this way Chinese hope to gain favor for their endeavors, in short, to have good luck. So a love of gambling can be said to follow naturally from this belief in Luck."

Source: Casino Wire

I'm a great believer in luck, and I find the harder I work the more I have of it.

Thomas Jefferson

Source: Casino Wire

What is the gambler's fallacy?

You flip a coin ten times, each time it comes up heads. Will it come up heads on the 11th flip, or tails? Some will answer it's sure to come up heads again because the odds are in its favor.

Others will think it's "due" to go the other way and come up tails. But both answers are wrong! Even if the coin were flipped 10,000 times, coming up heads, the odds of number 10,001 being tails is still only 50/50. The law of averages does not change. The gambler's fallacy represents the human desire to find some sort of meaning and pattern in what appears to be a random system. This is also known as Monte Carlo's fallacy.

Voices from Youth

Hello, this is Brittney, junior editor of WannaBet, a Magazine for Kids Concerned About Gambling.

Several issues of WannaBet have dealt with informing the reader of what gambling is, the dangers of gambling, and resisting the pressure to gamble - but another issue has come to my attention: how do you help a friend with a gambling problem get help? How do you help yourself, if you are struggling with a gambling problem? Take a moment and imagine that you are struggling with an addiction to gambling. Your grades are slipping, relationships with your parents and friends are becoming tense, and you feel hopeless because you are being held captive to "the game." You courageously decide to take control and get some help. Who do you go to? Perhaps answering this question for yourself will help you be a figure of support for someone with a gambling problem. I asked this very question of several of my classmates, and I am eager to share a few of their responses with you:

"I would talk to my friends about it, because I know they wouldn't judge me, and they'd help me get the proper help I'd need." -grade 10

"I would go to my orchestra teacher. He is very trustworthy and understanding. I feel like I can talk to him." - grade 10

"I would tell my parents." - grade 12

"I'd go to my track coach, because he cares about me and wants to see me succeed." - grade 11

"I would talk with my school counsellors, because they never get angry at you or make fun of you for their problems, and they listen to you and try to help you." -grade 9



As you read the above comments, perhaps you noticed a few common qualities of the people the interviewed students would go to. Listening is an important one. If a friend comes to you with a gambling problem, the best thing you can do for him or her at that very moment is to listen. Don't yell at or judge them for their problem. Let them know that you care, and give them the encouragement and support to take their problem to an

adult who can help him or her. If a person has a gambling problem and is trying to recover from it, he or she will seek out people with supportive qualities such as honesty, trust, understanding, and care. Being this type of person, and bringing an adult into the picture, is the best way you can help.

If you are a person with a gambling problem, you can follow the advice of the interviewees. School counsellors and teachers are trained professionals who will keep your confidentiality and give you all the support you need. Parents are perhaps the most loving and caring supporters you can have, who will do all they can to help you, and you don't have to worry about your reputation when confiding in them.

Friends can be wonderful encouragers, as well, although you shouldn't rely on peers alone to help you. So, if you are a kind friend who is looking for a way to help someone with an addiction to gambling, you just need to be there for that person, and make sure they get the professional assistance they need. If you have a gambling issue yourself remember that it is never too late to ask for help, and it is not a sign of weakness to do so. You are worth the effort.

Brittney

Current Publications

Chen, C.Y., & Anthony, J.C. (2003). Possible age-associated bias in reporting of clinical features of drug dependence: Epidemiological evidence on adolescent-onset marijuana use. *Addiction*, 98(1), 71-82.

Examined recent evidence on apparent excess occurrence of marijuana dependence when marijuana smoking starts in adolescence. A national sample of recent-onset marijuana users was identified within public data files of the National Household Survey on Drug Abuse (1,866 adolescents and 762 adults). Marijuana dependence was assessed via 7 standardized questions about its clinical features. Multivariate response models (GLM/GEE and MIMIC) were used to evaluate adolescent excess risk and possible item biases. Among people who had just started to use marijuana, clinical features of marijuana dependence occurred twice as often among adolescents compared to adults, even with statistical adjustment for other covariates. MIMIC analyses suggest that adolescent-onset users have somewhat higher levels of marijuana dependence, and they also provide evidence of age-associated response bias for some but not all clinical features of marijuana dependence. That is, even with level of marijuana dependence held constant, adolescent recent-onset users were more likely than adults to report being unable to cut down and tolerance. Reasons for observed age-related excess in occurrence of marijuana dependence problems among early onset users deserve more attention in future research.

Cornelius, J.R., Maisto, S.A., Pollock, N.K., Martin, C.S., Salloum, I.M., Lynch, K.G., & Clark, D.B. (2003). Rapid relapse generally follows treatment for substance use disorders among adolescents. *Addictive Behaviors*, 28(2), 381-386.

This prospective study involved 59 adolescents (aged 14-18 yrs) with drug and alcohol disorders who had just completed outpatient treatment. They participated in a comprehensive baseline assessment, and then participated in monthly telephone assessments of substance use and reasons for use. Despite their recent treatment, two-thirds (66%) of the participants in this study had relapsed to drug use within 6 mo. The median time to drug relapse was only 54 days (+/- 14 days), or slightly less than 2 mo. The 3 most commonly given reasons for relapse



were social pressure, withdrawal, and negative affect. These findings provide a 1st confirmation of the results of S. A. Brown (1993) in showing that most adolescents relapse quickly following treatment for substance use disorders.

Huesmann, L.R., Moise-Titus, J., Podolski, C-L., & Eron, L.D. (2003). Longitudinal relations between children's exposure to TV violence and their aggressive and violent behavior in young adulthood: 1977-1992. *Developmental Psychology*, 39(2), 201-221.

Although the relation between TV-violence viewing and aggression in childhood has been clearly demonstrated, only a few studies

have examined this relation from childhood to adulthood, and these studies of children growing up in the 1960s reported significant relations only for boys. The current study examines the longitudinal relations between TV-violence viewing at ages 6 to 10 and adult aggressive behavior about 15 years later for a sample growing up in the 1970s and 1980s. Follow-up archival data (N=450) and interview data (N=329) reveal that childhood exposure to media violence predicts young adult aggressive behavior for both males and females.

Identification with aggressive TV characters and perceived realism of TV violence also predict later aggression. These relations persist even when the effects of socioeconomic status, intellectual ability, and a variety of parenting factors are controlled.

Neighbors, C., Lostutter, T.W., Cronce, J.M., & Larimer, M.E. (2002). Exploring college student gambling motivation. *Journal of Gambling Studies*, 18(4), 361-370.

The present research combined qualitative and quantitative approaches in examining gambling motives among college student gamblers. A comprehensive set of 16 gambling motives was identified by categorizing 762 open-ended reasons for gambling, provided by 184 college student gamblers (mean age 19.4 yrs). Results revealed that most college students gamble to win money, for fun, for social reasons, for excitement, or just to have something to do. Overall, the results suggest the need for an eclectic biopsychosocial approach with regard to etiology of college student gambling.

Wood, R.T.A., & Griffiths, M.D. (2002). Adolescent perceptions of the National Lottery and scratchcards: A qualitative study using group interviews. *Journal of Adolescence*, 25(6), 655-668.

Recent research has consistently shown that a small but significant minority of youth engage in illegal lottery and scratchcard gambling. It is clear that most adolescents experience few gambling-related problems as a result of UK's National Lottery and scratchcards. However, it is less clear how gambling may be affecting them at a more general level. The present

study examined in more detail the perceptions identified in a previous survey. The study provided an opportunity for the participants to articulate and outline what they thought were the most salient issues through the use of semi-structured group interviews. Six separate group interviews took place: 3 groups of 6 adolescents and 3 groups of 7 adolescents aged 11-

15 yrs. Results revealed many salient themes including winning money, socialization, different forms of excitement associated with these activities (entertainment, the fantasy of winning, and the "buzz"), control, (personal choice, luck, chance), and awareness of social problems. These are discussed in relation to the previous survey literature.

News from the Centre ...

The Centre welcomes Dr. Mark Dickerson, University of Western Sydney, Australia. Dr. Dickerson will be a visiting scholar at the Centre this summer.

Congratulations to Laurie Dickson on being awarded the 2003 Outstanding Master's Thesis Award for innovative and important research by the NCPG Research Committee.

The Centre has recently received SSHRC funding for a study on adolescent and young adult internet gambling.

Recent Presentations & Publications

Deguire, A-E. (2003). Youth Gambling Problems: From Research to Prevention. Paper to be presented at the 11th Annual Meeting, Society for Prevention Research, June, Washington, DC.

Derevensky, J., Gupta, R., Hardoon, K., Dickson, L., & Deguire, A-E. (2003). Youth gambling: Some social policy issues. In G.Reith (Ed.), *Gambling: Who wins? Who loses?* New York: Prometheus Books.

Derevensky, J., Gupta, R., Dickson, L., Hardoon, K., & Deguire, A-E.

(2003) Understanding Youth Gambling Problems – A Conceptual Framework. In D. Romer (Ed.), *Reducing Adolescent Risk – Toward an Integrated Approach* (pp.239-246). Sage Publications.

Alberta Gaming Research Institute annual meeting. Lethbridge, Alberta, March.

Gilliland, J., Gupta, R., Khan, S., Ross, N., & Derevensky, J. (2003).

Assessing "Opportunity Structures" for VLT playing and youth access: A case study. Paper presented at the 12th International Conference on Gambling and Risk-Taking, Vancouver, May.

Gupta, R., Derevensky, J., & Hardoon, K. (2003). Youth gambling problems: A multifaceted look. Paper presented at the 12th International Conference on Gambling and Risk-Taking, Vancouver, May.

Hardoon, K., Derevensky, J., & Gupta, R. (2003). Empirical vs. perceived measures of gambling severity: Why adolescents

don't present themselves for treatment. *Addictive Behavior*, 28(1), 1-14.

Messerlian, C., Derevensky, J., & Gupta, R. (2003). Public health, health promotion and the prevention of youth problem gambling: A conceptual framework. Paper presented at the 12th International Conference on Gambling and Risk-Taking, Vancouver, May.



Derevensky, J. (2003) Adolescent problem gamblers: Some practical tips. Address presented at the Northstar Alliance annual conference. Minneapolis, Minn., March.

Derevensky, J., Gupta, R., Deguire, A-E., & Dickson, L. (2003). A conceptual framework for the prevention of problem gambling. Invited address presented at the

Upcoming Events

17th National Conference on Problem Gambling

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

111th Annual Convention of the American Psychological Association

Toronto, Ontario
Aug. 8-12, 2003
www.apa.org/convention/

Third International Conference on Gambling in New Zealand

New Zealand, New Zealand
September 11-13, 2003
www.gamblingissues.co.nz/content/Flyer%20April%202003.pdf

Youth Addictions Conference

Saskatoon, Saskatchewan
September 25-27, 2003
<http://www.sdh.sk.ca/calender/ppsu.htm>
Contact: madillg@sdh.sk.ca;

Substance Abuse in the 21st Century: Positioning the Nation for Progress

CASACONFERENCE
New York, New York
October 8-10, 2003
www.casacolumbia.org

The International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University is pleased to announce the establishment of the annual **Durand Jacobs Award** for the outstanding paper by a graduate student related to the psychology of addictive behaviors. This annual award is dedicated to Dr. Durand Jacob's lifelong efforts to mentoring students. Published and/or publishable papers will be considered. An international panel of researchers comprises the selection committee. Graduate students worldwide are encouraged to submit their papers by September 1, 2003. Please submit all entries electronically by fax or email to:

"Durand Jacobs Award Committee"
International Centre for Youth Gambling Problems and High-Risk Behaviors
3724 McTavish Street
Montreal, QC
H3A 1Y2
Email: Jeffrey.derevensky@mcgill.ca
Fax: 514-398-3401

Graduate Student Award

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Editor:
Carmen Messerlian, M.Sc.

Design:
Lei Chen

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

Phone: 514-398-1391

Fax: 514-398-3401

Email: ygi@youthgambling.com

www.youthgambling.com

