



Keeping responsible gambling at the core

By Kim Wilson - Manager Social Responsibility, Atlantic Lottery

As Atlantic Canada's provider of fun and regulated gaming products, Atlantic Lottery has a deep-rooted commitment to social responsibility. Whether it's developing and delivering responsible gambling (RG) programs and tools, or funding independent research projects in the areas of RG, at Atlantic Lottery, gaming is our business... and delivering it in a responsible way is the Atlantic Lottery way.

In fact, it was these core values of integrity and responsibility that guided Atlantic Lottery as they set out to obtain the World Lottery Association's highest level of RG certification - Level IV. And in July of 2010, Atlantic Lottery was successful in demonstrating that they have world-class RG programs in place and that they're committed to their continuous improvement. And continually improve is what they have been doing - believing that that just as their gaming offerings must evolve, so too must their RG programs.

what fueled a newly re-vamped retailer RG program which will be launched in the fall of 2011. This online tool provides a hands-on, interactive approach to learning, features Atlantic Lottery retailers giving their own advice and gives expert opinions from leading RG researchers.

Whether it's informing retailers about how to best use the RG tools and resources provided by Atlantic Lottery, helping them spot the warning signs of problem gambling, coaching them through age of majority situations or providing tips for responding to gambling myths, this training program will cover it all.

19+ Compliance Program

In January 2008, Atlantic Lottery launched a mystery shopper program at its lottery ticket retail locations, reinforcing to retailers the importance of adhering to our age of majority (AOM) policy. Our products are designed for adult-only use, so it's critical that our retail partners are ensuring that none of our products make their way into the hands of minors. Through this mystery shopper program, retailers who are non-compliant with our AOM policy are required to take 19+ training. The training reinforces the 19+ policy and legislation and covers topics such as: how to ask for identification, how to re-

As the regulated gaming provider for the four Atlantic provinces, supporting the wants and needs of Atlantic Canadians is paramount to Atlantic Lottery. Below you'll find descriptions of some of the programs that Atlantic Lottery has developed to keep RG top of mind.

Retailer Training

As the first point of contact with customers, Atlantic Lottery is a strong believer that retailers must have a solid knowledge base of RG principles. That's why, in 2002, they began providing all retailers with RG training. But just like lottery products, this tool is constantly evolving. After focus groups with retailers, Atlantic Lottery discovered the topics that retailers want to learn more about and the situations they face where more support is needed. These findings are

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fuse a sale and provides valuable research in the area of youth gambling.

Social Responsibility Assessment

In 2007, in conjunction with their Nova Scotia shareholder – the Nova Scotia Gaming Corporation (NSGC), Atlantic Lottery implemented a Social Responsibility Assessment (SRA) tool. This SRA process is designed to provide social responsibility-focused guidance for new product introductions, marketing approaches and projects. The assessments (levels 1, 2 and/or 3) are completed by employees and allow Atlantic Lottery to standardize the approach to social responsibility for all four provinces in which they operate.

19+ Brand Standards

To ensure consistency in Atlantic Lottery's communications and marketing messages, the organization developed '19+ Brand Standards'. Developing consistent branding, play messaging and wording around their AOM policy has helped to drive home the message that lottery products are adult-only products.

Youth Awareness Programs

Youth gambling awareness programs are a key component of Atlantic Lottery's overall RG strategy. To educate youth about the risks associated with gambling, Atlantic Lottery sponsors the Responsible Gambling Council-created youth drama programs, ensuring that important youth gambling messages make their way to the youth of Atlantic Canada.

RG Print Materials

It's Atlantic Lottery's belief that knowledge is power and that's why they've placed such a heavy

focus on creating RG materials to educate players about products and to ensure that players have all the information needed to make informed decisions about their play. Whether a player is looking online at alc.ca, in-store at a ticket lottery retail location or at one of our video lottery sites, players can access a range of information. Some examples include: tips to keep gambling fun, problem gambling warning signs, problem gambling community resources, information about the odds of winning, as well as information about gambling myths and facts.

Responsible Gambling Information Centre (RGIC)

Atlantic Lottery's two Red Shores properties feature RGICs, located on the gaming floor at Red Shores Charlottetown and adjacent to the gaming floor at the Summerside location. These Centres provide players with reading materials and educational tools to increase player knowledge of: RG, problem gambling, gaming products offered at Red Shores as well as informing them about links to community resources. All Centres are staffed by professionals with a degree, or equivalent, in Sociology or Psychology, and experience in providing support to those with addictions. These RG representatives provide support and information to players as well as acting as an advocate for players who choose to participate in the Red Shores self-exclusion program, a voluntary program for players who wish to ban themselves from the gaming floor.

Stakeholder Relations

Building and maintaining relationships within the community is a key priority for Atlantic Lottery. They have a commitment to have a minimum of two face-to face meet-

ings per year, per province, with key stakeholders, such as those at Addiction Services.

RG Community Partnership Program

Atlantic Lottery regularly provides funding to non-profit or charitable organizations seeking support for the promotion of RG initiatives within our communities. In the past, Atlantic Lottery has supported events such as Responsible Gambling Awareness Week in NB and, most recently, Canadian Mental Health Weeks in New Brunswick and Prince Edward Island. Community groups can apply for program funding through Atlantic Lottery's online application form (located at <http://www.alc.ca/playresponsibly>).

Employee training

Atlantic Lottery is currently in the process of developing an Employee Social Responsibility Certification program. To ensure that all employees understand and live Atlantic Lottery's core values of social responsibility, Atlantic Lottery believes that educating employees about these values is critical. This three-level certification program will place a large focus on responsible gambling principles, but also the social, economic and environmental components of their commitment to social responsibility.

For more information about Atlantic Lottery's RG programs, visit www.alc.ca. ♦

Meeting Michael Korpi at the NCPG Conference in Boston

By Lynette Gilbeau, B.Ed. – International Centre for Youth Gambling Problems and High-Risk Behaviors



At the June 2011 NCPG Conference in Boston, Centre staff Lynette Gilbeau and Jeff Derevensky met with Michael Korpi. Michael, a recovering gambler, set out from Port Orchard Washington (near Seattle) in October 2010 to walk across America to raise awareness about problem gambling. His journey culminated on June 30, 2011, almost 8 months later, in Boston where he led NCPG conference delegates on a symbolic walk through the Boston Gardens and Boston Commons and into the meeting venue to kick off the 25th annual conference. Michael chronicled his journey through his website www.michaelwalksameric.com, his blog and Twitter feeds. Below is an excerpt from our interview with Michael:

How did you start gambling?

I started playing poker with friends for fun and migrated to online poker playing.

When gambling, what was your primary motivation?

Wanting to gamble with friends who were already gambling. I had good times playing with my friends and wasn't betting much money. I liked poker because no other type of gambling had a cerebral strategy element. I played for the rush not necessarily the money.

Did you ever watch televised poker tournaments?

Yes I did watch tournaments. For me it was an educational experience-it was fun to analyze how people played. I never thought I would become a pro but it was enjoyable to watch.

Do you have a lot of friends who play poker?

Yes a lot of my high-school friends play at home but they seem to have control.

At the height of your gambling days, how much money/time gambling were you betting/playing?

My biggest week was in the range of 36 hours of play. Total winnings were about 6000\$. I would go to classes and play poker between classes and not sleep and play poker all night. As long as I had money in my account I always wanted to play. If I had no money, I played free rolls where there was no entry fee but I had a chance of winning a few dollars.

Did you ever chase your losses? Did you ever say "If I get even I will stop?"

No, I never felt I would stop if I got even. If I lost a little, I would play bigger the next time.

Do you know how much you lost during your gambling days?

I did not calculate how much I lost - probably under \$10,000\$. It was more a waste of tuition money.

How did you realize that your poker playing was problematic?

I was suspended from two colleges. In the first case, a friend agreed to deposit money for me and his banking information was saved on a jointly accessible computer. I subsequently used the banking information to acquire more funds for gambling. The case was reported and I admitted my guilt and was suspended from the college for one year and asked to seek help and repay the friend. I did not reapply to the college. I took a year off from school and started school at a second college. At the second university, I used my roommate's debit card to acquire gambling funds. The incident was reported and I was suspended.

So what happened between the two suspensions?

In 2008, I admitted that I had a gambling problem but did not want to stop. I thought I could exercise better bankroll/money management or tweak something and it would all be OK. I spent a couple of years struggling to stop but never really wanted to stop. I never committed to stopping, it was more of a challenge. The longest I went without playing was 30-40 days. My parents had been on me for years. They knew about my gambling and confronted me regularly and I was lying to them. I

would get annoyed with them when they brought it up. At the time of the second suspension it would have been silly to deny it any further.

So what was the breaking point that made you realize you needed to take action?

The suspension from the second university. I realized gambling was no longer an option. I recognized that if I had not been on private campuses (they regulate such infractions internally), I may have gone to prison.

Once you had decided to take action to stop gambling, what inspired a walk across America?

For me, the mental aspect of a long journey mirrored the recovery process in that you have to take things one day at a time and never know what to expect. Walking across America was a long-term commitment that paralleled the commitment to not gamble again. The miles building behind me were like debt free days in my gambling recovery process. I travelled 4200 miles and walked about 3000 of those miles.

Your parents are here in Boston for the culmination of your journey. It seems they have been very supportive of your endeavour. Is that correct?

Yes they have been very supportive.

Accompanying you on your journey were your canine companions Jack and Buddy. How did you decide to have the dogs participate?

I wanted to have a companion and started out with Jack, a rescue dog I had adopted the summer before leaving on the walk. In the town of Las Vegas, New Mexico, we came upon Buddy who trailed around after us for a couple of days and he eventually followed us out of town. He had no tags or identifying information and seemed to get along well with Jack. I was able to coax him into a collar using treats and he became another member of the travelling team.

Have the dogs had any trouble keeping up?

No they are in great shape.

Did you attend Gamblers' Anonymous meetings along your journey?

Yes about 8-9. Most of my route was through small cities that did not have a chapter.

In reading your blog, I was struck by the number of "good" people you met along your journey. It was heart warming to read about their support and compassion for your project as well as their willingness to help you and the dogs. Did the walk impact your vision of America?

There are a lot of good people out there and that overshadows the smaller number of not so nice ones. People

along the way sometimes gave me food, money or a place to stay. I have always considered the Northwest home but now my sense of what I call "home" has broadened. I love my country more.

Were there a lot of financial donations made to your cause?

Not really. I had some money when I started out and it is important to me to repay my parents for their financial support of the trip.

What was the highlight of the trip?

I really enjoyed every step. I had a great time in New Mexico even though it was unusually cold there. We stayed on a Native American reservation for about two weeks.

Did you encounter any difficulties or low times along the way?

There were only a couple of unpleasant situations. In one case, a teenager provoked the dogs while I was in a store. I felt the teen was not going to hurt the dogs but his behavior was unnecessary. I was never really scared at any time during the journey.

Do you feel your country-wide journey has led to personal growth?

It has definitely been a big confidence builder – finishing this big task without taking short cuts. Gambling is a lot about getting big rewards from very little. The walk took a lot of patience and I never felt like quitting.

What will happen now? Are you headed back to Seattle?

Yes, I am planning to return to college in Eastern Washington and I have one year left to complete. Before leaving college, I was studying music and was on track to pursue a symphony career. Now I am not sure of my career direction.

Are you concerned about returning to a structured environment?

I'm no longer distracted by gambling so this should permit me to focus on my academics. I cannot live normally and gamble. I feel convinced that I can excel this time and finish college with flying colours.

Will you attend Gamblers' Anonymous (GA) meetings when you return home?

Yes. I attended GA meetings before I started my trek and it is a system that works well for me. I like sharing my experiences with people who have also gambled or who have had problems similar to mine. I tried one-on-one counselling but it was not effective for me. With regard to quitting gambling, I can only talk about today

and I know that the past is behind me. I can't remember my screen names so to me that's a good sign!

What about video game playing? Were you a player?

Before I started gambling, I played a lot of video games like Medal of Honor. I think there may have been some carryover. Both involve strategy and playing against others.

How do you feel about Internet gambling with respect to youth?

Internet gambling is definitely very accessible and the younger generation has the most computer exposure. This type of gambling is much easier to conceal than going to a casino. Playing online is also much faster than live games.

What do you would you tell youth about gambling and on-line poker playing?

I never thought I would become a pro player but poker playing did become all I thought about. I think it would have been helpful for me to know that gambling can be a risky behaviour. We were always taught about the risks of drugs, alcohol and tobacco but no one ever mentioned gambling. I was never a smoker, drug user or drinker and I think the prevention messages played a large part in my not subscribing to those types of activities. However, I was never exposed to a gambling prevention initiative and maybe if I had been things would have been different. ♦

Post Doctoral Position Available

An immediate opening for a post-doctoral fellow focused upon studying youth risk-taking behaviors is available. A doctorate degree in developmental, clinical, school/applied, social, experimental or health psychology, addictions research, or related field is required. Fluency in French is an asset. An understanding of addictions is beneficial but not required. The candidate must have skills in statistical analyses and research methodology, and experience in using SPSS and/or SAS for data analyses. The successful candidate should be highly motivated, have strong library research skills, experience in academic writing, strong analytic skills, and be able to conduct field-based research projects independently. We are searching for someone who is independent, yet who enjoys working in a collaborative environment. We are offering either a one-year or two-year position. Salary is commensurate with other post-doctoral positions. The successful candidate will work in the area of youth risk-taking behaviors and will become an active member of the International Centre for Youth Gambling Problems and High-Risk Behaviors. He/she will be responsible to the two co-directors of the centre and will work closely with the research faculty, other post-doctoral candidates and graduate students. Responsibilities will include developing and conducting field-based research studies, analysis of data, manuscript writing, assistance with grant writing, and literature searches. The candidate will also contribute toward the development, production, and distribution of a quarterly publication. Opportunity to present at national and international conferences is offered and the candidate is expected to publish in peer reviewed journals.

Please e-mail or mail letter of application, curriculum vitae and three reference letters to:

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Drinks for Drunks: Using a Managed Alcohol Harm-Reduction Approach for Chronically Homeless Individuals with Refractory Alcohol Abuse

By Renee St. Pierre, M.A. – International Centre for Youth Gambling Problems and High-Risk Behaviors

For many, the idea of providing alcohol to alcoholics is counterintuitive, even absurd. Yet, that is exactly what a small number of shelter-based programs in Canada are doing for their chronically homeless and alcoholic population – giving controlled access to alcohol in order to reduce substance-related harm and improve health outcomes. Although preliminary evidence suggests that this approach is effective in reducing crisis service use and self-reported alcohol consumption, an intense debate over the appropriateness of controlled drinking versus abstinence approaches for the prevention and treatment of alcohol-related problems persists in both the research literature and popular media.

Homelessness in Canada: Health and Social Implications

Homelessness was once considered as a problem experienced by a minority of elderly men with a history of alcohol abuse (Hoch, Dewa, Hwang, & Goering, 2008). While single men continue to constitute the largest segment of homeless individuals in most Canadian cities (Hwang, 2001), homelessness has been shown to affect a broad range of individuals in the population, including youth, women, families with children, and recent immigrants (Hwang, Tolomiczenko, Kouyoumdjian, & Garner, 2005). According to 2001 Canadian cen-

sus data, over 14,000 individuals were counted as living in a shelter; however, this figure likely underestimates the number of homeless people in Canada because it is a measure of individuals residing in a shelter on one day of the year, and does not include people staying transiently at a YMCA or YWCA, or individuals living on the street (Turnbull, Muckle, & Masters, 2007).

A substantial body of research indicates that homeless individuals are at increased risk for health and medical problems (e.g., respiratory tract infections, seizures, skin diseases, foot disorders, tuberculosis, sexually transmitted/HIV infections), unintentional injuries, assault, and mortality (Hoch et al., 2008). Further, while the exact prevalence of mental illness and substance use/abuse disorders among homeless individuals is difficult to ascertain, lifetime prevalence rates of affective disorders are estimated between 20–40%, and lifetime prevalence of alcohol use disorders estimated at 60% in homeless males (Hwang, 2001).

Given the higher risk of illnesses, injury, violence and substance abuse problems in this population, it is not surprising that homeless individuals require more health care services than housed populations. Despite this increased need for services, homeless people often encounter

multiple barriers for accessing primary and preventative health care, resulting in frequent use of crisis services such as emergency departments (Turnbull et al., 2007). Homeless individuals are admitted approximately 5 times more often than the general population and have longer hospital stays compared with low-income patients (Hwang, 2001), resulting in an estimated \$2,559 (Canadian dollars) more in hospitalization costs than housed individuals (Hwang, Weaver, Aubry, & Hoch, 2011). In addition, encounters with police are frequent in this population, especially for public drunkenness (Podymow, Turnbull, Coyle, Yetisir, & Wells, 2006). Consequently, there is a critical need for the development and implementation of effective prevention and intervention initiatives targeting homeless individuals, particularly those with alcohol abuse disorders, in order to improve health outcomes and reduce the social costs associated with homelessness.

Shelter-Based Managed Alcohol: A Harm-Reduction Strategy for Alcohol Abuse with Chronically Homeless Populations

A variety of coordinated intervention programs for homeless people are currently in existence and have been implemented across Canada. These available interventions are generally ab-

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stinence-based programs that involve detoxification and absolute refrain from further substance use. Although these interventions generally result in greater improvements in substance use outcomes than no intervention at all (Hwang et al., 2005), successful rehabilitation of homeless individuals with chronic substance abuse is found to be quite low (Podymow et al., 2006).

In contrast to abstinence-based models of treatment, harm reduction approaches to alcohol-related problems attempt to reduce the harmful consequences associated with excessive alcohol use and incorporate drinking goals (moderation or abstinence) that are compatible with the needs of the individual (Marlatt & Witkiewitz, 2002). For a subset of long-term homeless individuals with chronic alcohol abuse problems, abstinence from drinking alcohol is not an easily achievable or even desired goal. Shelter-based, controlled alcohol administration programs are designed to offer alcohol addiction management services for those whom abstinence-based programs have failed or been refused. The overarching goal of this type of program is to diminish the adverse consequences associated with alcohol-seeking behaviour and consumption of non-beverage alcohol (e.g., mouthwash, aftershave, paint thinner) in long-term homeless individuals suffering from severe or refractory alcoholism by distributing small quantities of alcohol every hour, on demand, between 7:30 a.m. and 9:30 p.m. (Montgomery, 2011).

A pilot study by Podymow and colleagues (2006) examined the effectiveness of an Ottawa-based managed alcohol program in reducing the use of crisis services and consumption of alcohol. Data was collected from a sample of 15 male and 2 female chronically homeless (minimum 2 years) individuals who met DSM-IV criteria for alcohol abuse and for whom abstinence-based interventions had been unsuccessful. Hospital charts and police records from 36 months prior to and 24 months following program entry were reviewed to calculate participants' average monthly rates of ambulance service use, emergency department visits, diagnoses, hospital admissions and police encounters. Participants were asked to estimate their daily beverage and non-beverage alcohol intake prior to program entry, which was compared with their in-program daily alcohol intake. The results revealed a statistically significant decrease in the mean number of monthly visits to emergency departments at the group and individual level, as well as a statistically significant reduction in the average number of monthly police encounters at the group and subject level. Further, data gathered from the retrospective self-reports and program records for 10 participants indicated a marked decrease in consumption of beverage and non-beverage alcohol, dropping from an average of 46 drinks per day to an average of 8 drinks per day. Despite this self-reported decrease in alcohol consumption, no statistically significant differences were observed for blood-test markers of alcohol use. Although the study

has a number of limitations, including a small sample size and a lack of a control or comparison group, the study provides preliminary evidence for the feasibility and potential value of this harm-reduction approach for chronically homeless individuals with alcohol abuse problems.

Drinks for Drunks: Are We Overreaching and Missing the Mark?

Despite promising preliminary results, interventions for alcohol addiction like Ottawa's managed alcohol program have not been met without controversy within academic or general public arenas. Although harm-reduction strategies have become increasingly prominent in initiatives targeting injection drug users (e.g., needle exchange programs, supervised injection sites), criticisms about the application of similar strategies for the management of alcohol abuse problems continue to be raised. One principle criticism of harm-reduction approaches is that they discourage the alcoholic from giving up drinking on his or her own and interfere with his or her ability to refrain from further substance use (Montgomery, 2011). However, this criticism is largely based on misconceptions about the goals of harm-reduction approaches; the goal is not to sanction the behaviour or replace traditional treatment options, but rather to serve as complementary strategies in helping the individual achieve positive behavioural change while minimizing the amount of harm associated with alcohol consumption and misuse

(Marlatt & Witkiewitz, 2002). In fact, the option to detoxify is frequently presented to participants once they have been stabilized in the program, and a few are reported to have achieved successful substance use abstinence outcomes (Podymow et al., 2006). Nevertheless, additional evidence from controlled trials and cost-benefit analyses will likely be needed before clinicians and members of the public “jump on the bandwagon” of using managed alcohol programs to improve substance use outcomes and reduce the social costs associated with chronic homelessness.

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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

Were you Excited About the Royal Wedding? Bet You Were not the Only One!

By Jessica McBride, M.A. – International Centre for Youth Gambling Problems and High-Risk Behaviors

On April 29, 2011 Prince William, heir to the British throne, married his commoner fiancée at Westminster Abbey in London. Not surprisingly, millions of royal watchers anticipated this event. What was surprising was an unlikely group of people who also anticipated this event – gamblers.

Legal bookmakers, including Britain's leading bookmaker, William Hill and Ireland's biggest bookmaker, Paddy Power, both posted odds on various events related to the Royal Wedding. Betting fever began as soon as the engagement was announced, as bookies offered bets on the date as well as the venue for the big day. Other early bets included the best man and the maid of honour.

By the week before the wedding, vast sums had been wagered by almost 5,000 people worldwide. According to William Hill spokesperson Rupert Adams, at least one bet was received from over 100 countries. Betting fever was so high William Hill renamed itself William and Kate prior to the wedding. Bookmakers in Britain expected to generate as much as £1 million (about CDN\$1.5 million) during the Royal Wedding across the whole betting industry. Paddy Power offered thirty-four Royal Wedding betting opportunities.

Gamblers could bet on the colour of the queen's hat, the best-sell-

ing souvenir, the weather, and whether Kate would leave William at the altar. Royal Wedding Specials offered by bookmakers included whether the couple would still be married by their tenth wedding anniversary, what song would accompany their first dance, the year their first child would be born, and the colour and designer of Kate's dress. The bets offered were drawing individuals who otherwise did not gamble. According to Casino Reports online, these special bets were attracting many women to place a wager, often for the first time. Women who would not typically place bets on sports events with a bookie nonetheless were attracted to betting on the Royal Wedding. One woman was reported to have wagered £6,000 (CDN\$9,500) that Kate would wear the tiara worn by the Queen at her own wedding (she did not).

Other odds included what Kate would wear as she left for her honeymoon, whether the Royal car would break down on the way to the wedding, how long Kate would take to reach the altar, and the length of the train on her wedding gown. Novelty bets included odds on Prince Philip, the Queen's husband, falling asleep during the ceremony, Kate's mother to be the first person in Westminster Abbey to cry, and William ripping his pants at some point during the day. William Hill had bets out

on the kiss on the Buckingham Palace balcony (cheek or lips) and whether Kate's father would cry as he walked her down the aisle. Prince Harry had his own rash of odds, including whether he would catch Kate's bouquet, whether he would be too drunk to complete his speech, and whether he would forget the ring. The average royal bet tended to be between £2 and £6 (CDN\$3 to \$10), and some of the novelty bets existed for gamblers to place small bets as a joke.

Unusual bets are par for the course in England, where bookmakers accept wagers and set odds on whatever ideas pop up in gamblers' heads. Motivation stems from a desire to add excitement to an event. A spokesperson for Ladbrokes, an online betting company, stated that betting on the Royal Wedding provided an additional thrill on the big day. The bookmakers offered bets as a way for people to have fun and to celebrate the big day. They sell the idea by stating that betting makes an occasion more happening and interesting. Britain's bookmakers also take bets on the outcome of popular television shows, such as X Factor, as well as sporting events.

For the most part, such one-off bets are likely harmless. However, a possible risk with such novelty bets is the idea that special events in and of themselves are not exciting or interesting with-

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out a wager. Boredom proneness has been linked to pathological gambling (Blaszczynski, McConaghy, & Frankova, 1990). If young people become accustomed to the idea that wagering on the outcome of anything, no matter how far-fetched or unusual, is normal, then it becomes difficult to enjoy an activity or an event on its own merits. It has been suggested that individuals gamble in order to increase arousal (Mercer & Eastwood, 2010). As wagering becomes the norm, eventually individuals

might need to raise the stakes, creating another risk for pathological gambling: the need to wager increasing amounts of money to achieve the same level of excitement. The strange bets associated with the Royal Wedding may be a fun way for some people to feel a part of the event, but for other people these bets may represent a compulsion that stems from an inability to enjoy something as joyous as a wedding without “a little something to make it interesting”.

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Centre Launches New Website

After many months of work, we have launched our new website! The new look and feel provides enhanced navigation and more rapid access to commonly requested information. You can now also follow us on Facebook and YouTube. Additionally, our blog will be updated regularly. We welcome your comments!

INTERNATIONAL CENTRE FOR YOUTH GAMBLING PROBLEMS AND HIGH-RISK BEHAVIORS

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July 8, 2011
Meeting Michael in Boston
It was a great pleasure for Centre staff to meet Michael Korpi at the National Council on Problem Gambling conference in Boston.
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Centre News

- Jessie Breyer receives the Durand Jacobs Award
- Centre awarded the 2011 NCPG Jim Wueffling Award for Prevention
- Post Doctoral position available
- Centre Fundraising Campaign in full swing

Centre Fundraising Campaign

Our infrastructure funding to develop and deploy empirically-based prevention and harm-minimization programs is in need of additional resources. We welcome corporate and private donations. Official tax receipts will be issued by McGill University.

[Donations](#)

For over 20 years, the International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University has been at the forefront of leading-edge research aimed at identifying and understanding the critical factors related to youth gambling issues. In addition to its many research endeavors, the Centre also provides treatment for youth experiencing gambling problems. With research funding from multiple governmental agencies as well as the industry and foundations, the Centre's on-going efforts have been highly instrumental in identifying the determinants that place youth at risk for gambling problems. By using this wealth of scientific research, the Centre has also developed numerous award-winning prevention programs and has applied this acquired knowledge to enhance the effectiveness of the treatment of problem gamblers. The Centre also works with government agencies around the world to develop responsible gambling initiatives.

Our Latest Newsletter
Feature Article: Internet Interventions for the Treatment of Problem Gambling - By Sally Gainsbury, Ph.D., Centre for Gambling Education & Research, Southern Cross University

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2010 Durand Jacobs Award goes to Jessie Breyer

The recipient of the 2010 Durand Jacobs Award is Jessie Breyer for her paper entitled "Young Adult Gambling Behaviors and their Relationship with the Persistence of ADHD." The Durand Jacobs Award recognizes outstanding work related to the psychology of addictive behaviors, and is dedicated to Dr. Durand Jacobs' lifelong efforts to help mentor students.

Jessie Breyer, M.A., is currently a doctoral candidate in Counseling Psychology at the University of St. Thomas in Minneapolis, MN. She is completing her pre-doctoral internship at the Iowa City VA Medical Center where she provides a wide range of psychotherapy services to veterans with mental health concerns. Ms. Breyer will begin work as a Psychology Faculty member at Century College in White Bear Lake, MN this fall.

Ms. Breyer began her work in the field of addictions at the University of Minnesota, Department of Psychiatry, in 2001. There she worked for Ken Winters, Ph.D. and Randy Stinchfield, Ph.D. on a variety of research studies examining the impact of addictions on adolescents and adults. These studies included: investigating the influence of longitudinal ADHD on gambling and substance use in young adults, studying the effectiveness of a brief intervention for substance use in adolescents, and testing

the validity of a gambling treatment outcome measure. Ms. Breyer has co-authored several articles and poster presentations in the field of addictions, and was a recipient of the NIAAA/NIDA Early Career Investigators Award in 2009.

Ms. Breyer has a variety of clinical experiences, including working with children, adolescents, and adults. She has worked completing psychological assessments with individuals with traumatic brain injuries, forensic psychiatric inpatients, and military veterans. She has also gained experience in outpatient clinics providing psychotherapy to individuals across the lifespan. Most recently, she provided manualized psychological treatments to veterans with post-traumatic stress disorder and other anxiety disorders.

Additional interests of Ms. Breyer include the treatment of anxiety disorders in young adults, and assisting veterans with post-deployment mental health and readjustment concerns. She also enjoys increasing students' involvement in the field of psychology through advocacy and committee membership. Ms. Breyer hopes to continue to explore these areas in the future, and share her passion for the field of psychology with her undergraduate students as a Psychology Faculty member.

Abstract

Young adulthood is a period renowned for engagement in impulsive and risky behaviors, including gambling. There are some indications that young adults exhibit higher gambling rates in comparison to older adults. Problem gambling has also been linked to ADHD. This longitudinal study examines the relationship between gambling and ADHD among an epidemiological sample of young adults (n = 235; males = 179, females = 56) aged 18-24. Results indicate that individuals who report childhood ADHD symptoms which persist into young adulthood experience greater gambling problem severity than participants with no ADHD or those with non-persistent ADHD.



Recent publications and presentations

REFEREED PUBLICATIONS

Shead, N.W., Derevensky, J., & Paskus, T. (in press). Trends in gambling behavior among college student-athletes: A comparison of 2004 and 2008 NCAA survey data. *Journal of Gambling Issues*.

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PRESENTATIONS

Derevensky, J. & Gupta, R. (2011). Twenty five years of research into youth gambling: What have we learned? Paper presented at the National Council on Problem Gambling annual conference, Boston.

Derevensky, J., Felsher, J., & Gupta, R. (2011). Young adults with gambling problems: Identifying the impact of childhood maltreatment. Paper presented at the National Council on Problem Gambling annual conference, Boston.

Derevensky, J. (2011). Gaming partnerships: The whole can be better than its parts. Paper presented at the National Council on Problem Gambling annual conference, Boston.

St-Pierre, R., Derevensky, J., Martin, I. & Temcheff, C. (2011). How well do vendors comply with legal restrictions regarding the sale of alcohol and lottery tickets to minors? Implications for the protection of youth. Poster presented at the Second North American Correctional and Criminal Justice Psychology Conference (NACCJ-PC), Toronto, June.

St-Pierre, R., Derevensky, J., Temcheff, C., Gupta, R. & Smith, K. (2011). Beliefs and attitudes of teachers with respect to youth gambling. Poster presented at the Canadian Psychological Association annual conference, Toronto, June.

Derevensky, J. (2011). Youth gambling: A global perspective. Invited plenary address presented at the Nordic Gambling conference, Reykjavik, Iceland, June.

Derevensky, J. (2011). Internet gambling among youth: Cause for concern? Invited paper presented at the Nordic Gambling conference, Reykjavik, Iceland, June

Derevensky, J. (2011). Youth gambling: Our current knowledge. Invited workshop presented at the Third Asian Problem Gambling Conference. Hong Kong, June.

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Derevensky, J. (2011). Reflections on working with youth with gambling problems: From research to practice. Invited plenary address presented at the Third Asian Problem Gambling Conference. Hong Kong, June.

Derevensky, J. (2011). Youth gambling online: Myths, realities and new understandings. Invited keynote address presented at the Victorian Responsible Gambling Awareness Week Conference, Melbourne, Australia, May.

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.

BOOK CHAPTERS

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

Centre awarded the 2011 NCPG Jim Wuelfing Award for Prevention

At the 2011 NCPG Conference in Boston, Massachusetts, our Centre was awarded the Jim Wuelfing Award for Prevention. This award recognizes outstanding annual achievement in advocacy, development, integration, outreach and training in the area of problem gambling prevention. We are deeply honoured to receive this award.

Upcoming Events

- **12th Annual National Centre for Responsible Gaming Conference on Gambling and Addiction**
October 2-4, 2011 - Las Vegas, Nevada, USA.
 - **National Association for Gambling Studies Australia conference**
November 23-25, 2011 - Crown Conference Centre, Melbourne, Australia.
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