

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



Legislative Activity and Inactivity

Professor, I Nelson Rose

Whittier Law School

Legal gambling is a creature created by legislation. Casinos, state lotteries and racetracks cannot exist without specific laws calling them into existence and giving them shape.

There are only two other times legislatures get involved in rethinking legal gambling; when scandal hits, or the state needs more money. The budgets of almost every state were devastated by the terrorist attacks of Sept. 11, 2001, and the ensuing economic recession. Thus, it is not surprising that governments all over North America have been looking at expanding legal gambling, or increasing the tax on existing operations. The New York State Legislature, for example, passed laws allowing full-scale tribal casinos and the introduction of slot machines in racetracks. The most extreme example of a state trying to squeeze every cent it can from legalized gaming is Illinois, where the highest tax bracket on casino revenue was raised to an unprecedented 70%.

The effects of the expansion of legal gambling in the early 21st century is not significantly different from the expansion that took place in the late 20th century. Availability will create more opportunities for youth gambling. Because there is already so much commercial, charitable and tribal gaming in the United States and Canada, the recent and future increases are not particularly

But once the basic framework has been laid down, most state legislators tend to lose interest. The day-to-day governing is turned over to regulators and the industry itself. Certainly, minor issues are regularly brought up before lawmakers for a vote. But most of the actual work is done by committees and subcommittees, whose reports and recommendations are rarely overturned. So, most legislative changes affecting existing legal gambling are fairly minor reforms.

FEATURE ARTICLE

significant. The major difference between now and then is that gambling has become an accepted part of modern Western societies, that movements to legalize are more likely to succeed, and more likely to attract young patrons.

So far, no one has suggested that existing operations could increase their customer bases by lowering the gambling age. Owners and operators of all forms of legal gambling have found that when the minimum age for placing a legal bet is 18-years-old, the 18- to 21-year-olds are an unimportant part of their market.

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Put another way, raising the minimum gambling age from 18, to 21, does not have a significant impact on the bottom-line.

The few legislators who have looked at the issue have learned quickly that lowering the minimum age to gamble, even if it were politically and morally possible, would not bring in significantly more money for the state. On the other hand, there is also no reason to think about raising the minimum age, once it has been set, or doing anything else about youth gambling – unless there is a scandal. Thus, only a few jurisdictions have changed their minimum age for gambling in the last few years. Those that have almost consistently raised it from 18 to 21.

The most important modifications of minimum gambling ages came from Arizona and Louisiana. Arizona was faced with large-scale tribal casinos with expiring compacts. Under American federal law, tribes may only operate slot machines and banking table games if they have compacts with the states in which the casinos are located. The Arizona Legislature was willing to agree to renew the compacts, and even allow tribal casinos to expand, but it wanted to impose new restrictions, including raising the minimum gambling age to 21. The tribes argued that it was unfair to ask them to exclude players under 21 when the state itself was

selling lottery tickets to 18-year-olds.

So, on June 1, 2003, the minimum age was raised to 21 across the board, for tribal casinos, state lottery tickets, and parimutuel wagering.

In the early 1990s, the Louisiana Legislature followed the lead of every other state in the US and raised its minimum legal drinking age from 18 to 21. The Louisiana Supreme Court upheld that law in 1996. The case is significant because, under Louisiana laws, not only is an 18-year-old a full adult for all purposes, but the Louisiana Constitution also has an unusual *Individual Dignity Clause*, a unique provision that gives greater protection against age discrimination than either the United States Constitution or any other State Constitution. But the Court found there was an “appropriate government purpose” in improving highway safety for all citizens.

The case also led the Louisiana Legislature in 1998 to raise the minimum age to gamble on both the State Lottery and privately owned video poker machines from 18 to 21. In 2001 the State Supreme Court, in a split decision, upheld that law as well. The Court was divided, however, because, while there is extensive evidence of the dangers of letting young people drink and drive, the U.S. – and, in fact, the entire world – has little experience with widespread legal gambling for any

age group. Dr. Rachel Volberg, found that, in the relatively few studies that have been done, 18- to 21-year-olds are three times as likely to have problems with gambling as in the general population. At trial, the State’s expert, Dr. James Westphal, testified that, “Although the 18 to 20 year-old age group only comprises 8.2% of the total adult population, that age group makes up 22.5% of total adults with gambling disorders.”

The bottom-line for those interested in raising the minimum gambling age is clear. Governments at all levels have the power to make 21 the minimum age for any or all forms of gambling. There are no legal barriers. The problem remains getting the Legislature’s attention.

Professor I Nelson Rose’s website is www.GamblingAndTheLaw.com



Bet You Didn't Know...

The Institute and the Massachusetts Council on Compulsive Gambling collaborated on the development of a research-based minimal intervention response for help seekers. *Your First Step to Change* is a self-help guide for individuals experiencing gambling-related problems but unlikely or unable to get professional treatment. A PDF version of the guide is

currently available on their website (www.masscompulsivegambling.org) or by contacting the Massachusetts Council on Compulsive Gambling, 190 High Street, Suite 5, Boston, MA 02110-3031.

Too Late!

According to an online U.S. National-Reuters news story published on Sept. 9th, a Florida

resident who didn't claim a winning lottery ticket until after the 180-day deadline has missed out on \$50 million dollars! Florida lottery spokeswoman is quoted as saying “Somebody didn't get their \$50 million. There is no second chance.” According to the report, it was the largest of 19 unclaimed jackpots in the 15-year history of the Florida Lottery.

Juvenile Delinquency and Adolescent Gambling: Implications for the Juvenile Justice System

Maggie E. Magoon, Ph.D.

International Centre for Youth Gambling and High-Risk Behaviors

Despite the increasing body of literature that supports the connection between adolescent gambling and a number of risk-taking behaviors, only a small number of studies have measured gambling behavior among incarcerated adolescents (Derevensky & Gupta, 1998; Maden, Winton, & Gunn, 1992; Westphal, Rush, Stevens, & Johnson, 1998). In surveying age of onset of problem behaviors, gambling often precedes other risky behaviors, possibly serving as a gateway behavior. This is of paramount importance when excessive participation in gambling results in committing delinquent or illegal acts to support a gambling habit. Incarcerated adolescents represent a high-risk population for gambling problems (Westphal et al., 1998), and the judicial system and youth workers need to be aware and take into consideration that problem gambling may cause many adolescent criminal behaviors which necessitate treatment.

Criminal Acts Associated with Gambling

Adolescent gambling-related delinquent/illegal behaviors may include truancy, selling drugs, shoplifting, stealing money, or working for bookmakers. Derevensky and Gupta (2000) reported that 42.4% of problem and pathological gamblers report borrowing or stealing money in order to cover gambling debts, and 21% report committing or considered committing illegal acts to finance their gambling. Prevalence rates of problem gambling were found to increase dramatically for incarcerated adolescents, with 18-38% reporting pathological gambling symptomology (Derevensky &

Gupta, 1998; Westphal et al., 1998). This is up to nine times the rate of pathological gamblers in the general adolescent population (4-7%) and a minimum of approximately 20 times that of the adult general population of pathological gamblers (1-3%). Additionally, while males and females in the general adolescent population typically differ on several characteristics (i.e., money wagered, self-esteem), Derevensky and Gupta did not find these differences within



their incarcerated sample of adolescents. Further research is needed to ascertain whether adolescent residential groups may be following the substance use trend of “normalization,” in which gender differences may disappear.

Identifying At-Risk Youth

Early identification of gambling problems should be incorporated into juvenile treatment plans, health programs, institutional and governmental policies, and community action plans. Screening for adolescents should take place on at least three levels: individuals who are suspected of having a substance abuse problem, those having extreme difficulties at home or school, or youth engaging in

delinquent acts (particularly theft-related crimes); those suspected of participating in gambling; and during intake processing into the juvenile justice system. The three main scales used to measure adolescent gambling are the Gamblers Anonymous Twenty Questions (GA20) screen, The Diagnostic Statistical Manual-IV-Multiple Response-Juvenile (DSM-IV-MR-J; Fisher, 2000), and The South Oaks Gambling Screen-Revised for Adolescents (SOGS-RA; Winters, Stinchfield, & Fulkerson, 1993a, 1993b). The judicial system may also elect to use a pre-existing intake form such as the *Gambling-Related Occurrence Report (GOR)* (Smith, Wynne, & Hartnagel, 2003) which requests law enforcement officials to include questions pertaining to gambling on their juvenile intake form.

Prevention, Intervention, and Treatment for Identified Youth

Once a young person has been identified, the individual can be channeled into intervention, treatment, and follow-up depending on severity. Delinquency, substance abuse, and excessive gambling are often highly correlated and even more so at the pathological level. Effective programs should address multiple addictive patterns, incorporating various theoretical foundations to elucidate and guide programs, and tap multiple domains of an adolescent’s environment. Collaboration among agencies including schools, community mental health agencies, state juvenile justice systems, and law enforcement is necessary to tap all areas. If incarcerated adolescents are identified, it is an opportune time for them to receive treatment. Not only are they a “captive audience” to receive educational material, but



they are also currently abstaining from the addictive behavior. This benefits not only the juvenile justice system in decreased caseloads, treatment, and incarceration costs but also society at large through lower potential adult pathological gambling, decreased gambling-related crime, and increased individual well-being.

Conclusions and Recommendations

Adolescence is a time of egocentrism, to test boundaries and societal restrictions. However, once this normal testing is surpassed and youth exhibit behaviors at the problem or pathological level, criminal acts are frequently committed to support a habit resulting in possible legal problems. Since adolescent pathological gambling prevalence rates are greater than adult pathological gambling prevalence rates, there is the assumption that adolescents “mature out” of this behavior. However, it is unknown at this time what damage has already been done to the adolescent’s life. For juveniles who have been incarcerated, a critical point has been reached where the chance of maturing out of this behavior is questionable and a positive trajectory for their lives becomes even less certain. If effective policies are not instituted and intervention or treatment does not take place, there is an increased

likelihood that the adolescent will continue his/her behavior upon release, with possible adult pathological gambling and its associated problems looming in the future.

For decades, adolescent substance abuse data have been routinely gathered on an international level in schools, community mental health centers, and the juvenile justice system. However, the impact of adolescent problem gambling has not yet been addressed in this manner and is only beginning to come on the radar screens of legislators and social policy experts.

Routine studies searching for prevalence rates, antecedents, corollaries, and science-based evaluation of prevention and treatment programs must be given importance. Additionally, in criminal cases, especially those involving stealing, legal professionals need to be educated to consider that a gambling problem could underlie the behavior.

Involvement in the judicial system may be the red flag indicator that a severe gambling problem exists and treatment is needed. Without treatment and follow-up, returning to an environment in which the adolescent has alienated his/her protective support system and/or an environment which supports gambling and criminal behavior places the adolescent in a dubious position with small chance of recovery or “maturing out” of these risky behaviors. Thus, incorporating treatment and follow-up into rehabilitation programs for incarcerated adolescents and their families will minimize the risk of relapse and future criminal acts.

For a copy of the full article or complete list of citations, contact maggie.magoon@mcgill.ca.

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Pursuing Pleasure

Harjit Aulakh, M.A.

International Centre for Youth Gambling and High-Risk Behaviors

We have all indulged ourselves with things that we find pleasurable. As for myself, a fine meal proceeded by a decadent chocolate dessert, followed by reading a good book and listening to Miles Davis would be the ultimate reward for a hard days work. Food, drink, and sex (although chocolate is a possible substitute) are natural or primary rewards that we find gratifying and which we pursue with various degrees of motivation throughout our lifespan. In addition to these, there are many secondary rewards that humans find pleasurable including drugs such as nicotine and alcohol, music, money, and on the rare occasion, conducting research has also been known to be rewarding for some. How is it then that these pursuits of pleasure become, for some, addictions?

New advancements in technology have allowed researchers to begin to see if part of the answer to this question lies in the reward system of the brain. By increasing our understanding of how the reward system in the brain functions normally in humans across the lifespan, we can begin to understand the role that this system may play when the pursuit of rewards becomes an addiction, such as in the case of pathological gamblers.

While there is extensive literature on how the brain functions when processing rewards in animals, the study of these pursuits in humans across the lifespan is much more complex, and the literature is only just beginning to unveil how our brain responds to pleasurable stimuli. A fuller understanding of this research will not only help us better understand what drives us in our daily pursuits of pleasure, such as my quest for chocolate, but also how these pursuits may become excessive and dysfunctional.

Recent neurophysiology data on both humans and animals has begun to uncover information on the neural pathways, neurotransmitters, and brain structures involved in processing rewards and penalties for both natural rewards as well as for secondary rewards. Whereas researchers suggest that serotonin and norepinephrine play a key role in the initiation, development and manifestation of addictions, it is postulated that dopamine is central to the processing of rewards and penalties, and therefore its role is critical in the maintenance of addictions (Hollander, Buchalter, & DeCaria, 2000).



The mesolimbic dopamine system is believed to be crucial to not only our ability to experience a reward, but also in our reward seeking behaviours. Berridge and Robinson (1998) posit that this system is responsible for determining our “wanting” a reward, but not for whether we like or prefer a particular reward. Current research also indicates that the dopamine neurons respond in such a manner as to provide a teaching signal that is essential to the associative learning process during which we learn what behaviours or stimuli best predict the acquisition of a reward (Waelti, Dickinson, & Schultz, 2001). These findings suggest that the dopamine

system is culpable for my unabated cravings for chocolate, but cannot be blamed for why I like chocolate in the first place. Yet how is it that dopamine neurons are able to make us covet our daily rewards when we do, and how do they help us learn how to best predict when we will get them?

In a review of the research examining dopamine’s role in reward, Schultz (2000) reports that when a novel or unexpected reward occurs, dopamine neurons respond with a burst of firing. When the reward is repeatedly received, it becomes associated with particular predictive cues and a specific set of actions which help predict its re-occurrence. The higher the likelihood that these cues and behaviours predict receiving the reward, the more dopamine neurons will begin to fire when the cues are present, and not when you actually receive the reward itself. Further, if an expected reward is omitted, dopamine neurons are reported to decrease in firing at the time when the reward was expected to occur. These findings clarify how I’ve come to learn that every time I see a vending machine (predictive cue), I will get chocolate (reward), as well as why walking past a vending machine itself makes me crave chocolate and seems to improve my mood immeasurably, even before I begin to eat my chocolate treasure. Yet what happens when rewards are not easily predicted, or are uncertain, as is often the case, and how is dopamine involved in our reward-seeking behaviours?

Two recent studies have tackled both of these questions and presented very interesting results that have further shed light not only on what may trigger me to go to the lengths that I do to acquire chocolate, but also on how pathological pursuits of pleasure may be maintained.

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Fiorillo, Tobler and Shultz's (2003) research examined how dopamine neurons responded to predictive cues when rewards were presented in different magnitudes and at different probabilities. When uncertainty was maximal, they found that dopamine neurons responded with a steady, sustained increase in overall activity from the time that the cue was first presented to when the potential reward was to be delivered. Their findings suggest that the greatest amount of dopamine was released when the likelihood of getting a reward was just as good as not getting one, and when the magnitude of the possible reward was larger. Phillips, Stuber, Heien, Wightman, and Carelli (2003) also had similar findings when they examined sub-second dopamine neuron activity. They found that a brief dopamine pulse could be triggered when a pre-learned predictive cue was presented, followed by a series of drug-seeking behaviours, during which time dopamine release would steadily increase until the reward (cocaine) was received. Unlike in Fiorillo et al.'s study, this occurred regardless of the predictability of the reward. Another significant finding was that they were able to induce drug-seeking behaviours without presenting the predictive cue, but by electrically stimulating the release of dopamine. The results from both of these studies have significant implications not only for why simply walking past a vending machine will give me a sense of pleasure, triggering a strong unexpected craving for chocolate, and compel me to frantically search for change, but also has significant implications as to how cravings may be initiated and how addictions may be maintained.

In the case of gambling, these findings suggest that winning money unexpectedly for the first time will trigger a burst of firing of dopamine neurons and dopamine release into the reward structures of the brain. Possible predictive cues associated with the win (being in a casino, seeing a deck of cards, etc.), along

with reward seeking-behaviours (sitting down at a table, wagering, etc.) would be associated with the win. As these cues are not highly predictive of future winnings, overall dopamine release would in fact be greater than if they were, provided wins did occur intermittently.

Furthermore, if the subsequent sporadic wins were for larger amounts of money, the overall amount of dopamine released between when the predictive cue was presented and when a possible reward occurred would also be greater. For an individual who has become a pathological gambler, merely being presented with the predictive cue (i.e. seeing a deck of cards) will set off a release of dopamine along with a craving to win and trigger reward-seeking behaviors (going to casino and gambling), thereby maintaining their gambling addiction. However, Phillip and colleagues' findings suggest that after neuroadaptation in the reward system occurs, unrelated rewarding events that trigger an increase in dopamine release, (i.e. getting a raise at work), might in fact trigger a craving to gamble and prompt reward-seeking behaviours, thereby precipitating a relapse.

Whereas this literature to date has certainly gone a long way to explaining my love and craving for chocolate, as of yet, only a few pieces of the complex etiological puzzle of pathological gambling have been uncovered. Animal research continues to be paramount in helping us develop the groundwork for understanding the possible underlying neurological etiology; however, there remains a paucity of human research looking at how the brain functions when gambling. More recently, fMRI and PET studies looking at

the reward systems in normal, healthy individuals while carrying out gambling tasks have begun to emerge. Unfortunately, there remains a void of information on how the mesolimbic dopamine reward system functions in pathological gamblers relative to non-gamblers, which ultimately may provide the key to understanding gambling cravings and preventing relapse.

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Prevention through Early Childhood Education: A Case from Egypt

Carmen Messerlian, M.Sc.

Director Program Development
International Centre for Youth Gambling and High-Risk Behaviors

I recently had the privilege of spending three weeks in the Arab Republic of Egypt as a consultant on a joint Canadian International Development Agency (CIDA) and World Bank project on early childhood education. Over the last few years, Egypt has shown strong commitment to enhancing the education of children and has recognized the value of early childhood education as an important element in human and economic development. This commitment stems partly from the fact that Egypt finds itself within a rapidly changing global context which places high demand for a highly skilled labour force, and from the fact that currently, Egypt ranks very low within the global growth competitive index. Of 59 countries evaluated, Egypt ranked 48th for average years of schooling,

50th for quality of education, 44th for coverage of tertiary education, and 50th for research and development spending. Egypt can ill afford the constraints of a poor quality education system that hampers its ability to compete in a global market.

Kindergarten enrollment is low across Egypt; however significant geographical, economic and gender disparities in enrollment persist. In 2001 the enrollment rate for kindergarten (KG) was 12% and the Egyptian government's goal is to increase this rate to 60% by 2010. In the more disadvantaged regions of the country, demand for education is very low and gender inequalities in enrollment are high. More than 300 KG classrooms were shut down due to lack of enrollment, primarily in poorer rural areas. Poverty has

been identified as a main determinant in non-enrollment and dropping out, as the opportunity costs of sending children (especially girls) to school is low. The Early Childhood Education Enhancement Project aims to support Egypt in providing quality early childhood education that improves school readiness of 4 and 5 year old children, particularly the disadvantaged. There are three main components to the project. First, the project aims to increase *access* to quality kindergarten education through building of new facilities and expanding non-government sector KGs in disadvantaged areas. This component also includes increasing participation and retention of KG children through increasing demand for KG within families and communities.

Second, the project aims to enhance the *quality* of KG programs by developing a teacher training system in order to increase the number of highly qualified and skilled teachers with knowledge and expertise in early childhood education and development. As well, the project aims to develop a child-centered curriculum that can be implemented throughout Egypt. The project further examines and addresses the health and nutritional needs of KG children of which I had the very interesting role of focusing on.

While Egypt has made great strides over the last decade with regards to improving the health and nutritional status of children under five, there is an urgent need to continue to build on these gains and improve the health outcomes of all girls and



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boys. In many parts of Egypt, significant health and nutritional inequalities continue to exist among children disadvantaged by gender, geography, and income. For example, children under five years of age in the lowest income quintile were 3.76 times more likely to die before the age of five as compared to children in the highest income quintile. There is considerable evidence indicating that undernourished and unhealthy children are less able to learn, grow and develop their full potential. Education depends on good nutrition and health. It is now well known that the nutrition and health status of children influences their learning potential and cognitive development.

Local nutrition concerns in Egypt include protein-energy malnutrition, micronutrient deficiencies such as iron and vitamin A, parasitic infections and hunger. Conservative estimates suggest that in 2001, more than 161,000 children under five were malnourished. Further, the prevalence of stunting is approximately 19% and the rate increases to almost 39% for children in the poorest quintile living in rural areas.

Based on discussions with numerous local stakeholders including UNICEF, UN World Food Programme, the Egyptian Nutrition Institute, Ministers

of Education and Health, as well as with front-line workers in both rural and urban schools, it was recommended that government school feeding programs be enhanced and expanded to reach all KG children for the maximum number of days per year, and partnering with the World Food Programme to specifically reach children in disadvantaged areas. Recommendations were also made with regards to enhancing KG teachers' knowledge and skills regarding relevant health issues and including health, hygiene and nutrition in the KG curriculum. At present, KG children receive little to no health education, and many teachers have limited awareness of the serious health risks many children face.

Third, the project aims to improve *capacity* through the development of national standards of regulation and monitoring, and by mobilizing and strengthening community participation. The first two components of the project will be severely limited without the full commitment of community organizations and resources and without support for capacity building within the Ministry of Education.

While this brief description of the project seems ambitious, the high degree of commitment from

government, local experts, community workers, teachers and parents ever present throughout the three week mission is a testament to the value and importance the people of Egypt place on children. With the support of expertise and funding from the Canadian government, and with its continued dedication, Egypt may be better able to respond to the growing needs of its people and country. Early childhood education is the bedrock of social and economic growth and development and should be a leading priority for all countries throughout the world. While this article does not address gambling issues or other addictions, providing a solid foundation for young children may help minimise future risk behaviours.



School Connectedness and First Nation Youth

Isabelle Lussier, B.A.

International Centre for Youth Gambling and High-Risk Behaviors

First Nation youth make up the largest segment of the First Nation population (Royal Commission on Aboriginal Peoples, 1996). There are so many differences between the many First Nation communities in Canada that to make any generalisations about First Nation people seems arbitrary. However, one significant commonality which unites them is a shared history of intense oppression, resulting in loss

of tradition and culture. This oppression has led to common psychological consequences among First Nation people including being at greater risk for developing alcohol and other drug problems (Beauvais, 1996), gambling (Schissel, 2001), dropping out of school (Royal Commission on First Nation Peoples, 1996), and suicide (Wissow, Walkup, Barlow, Reid & Kane, 2001). First Nation people

also have the highest smoking rate of all major racial groups in the United States (Kegler, Cleaver & Kingsley, 2000).

Research over the last decade has highlighted the importance of school and family connectedness as a protective factor in the development of risk behaviours (Werner & Smith, 1992). School connectedness, or perceptions of school as a community, maintenance of positive

feelings toward school, and enjoyment of school, may protect adolescents from feelings of hopelessness, and foster positive developmental outcomes (Battistich & Hom, 1997; Beauvais, 1996). Bullerick (2000) found that for children, school connectedness accounted for the greatest proportion of emotional well-being. First Nation youth who stay in school report the same high levels of connectedness to school and families as non First Nation children their own age (Machamer, 1998; Tonkin et al., 2000). Conversely, Beauvais (1996) demonstrated that First Nation adolescents who drop out of school are more likely to engage in maladaptive behaviours.

An encouraging trend is that school attendance and grade 12 GPA for First Nation students is on the rise (Tonkin et al., 2000). However, they are still less likely than non First Nation students to graduate from high school. Cummins, Ireland, Resnick, and Blum (1999) found that personal and group identity, friendships, family support, extracurricular activity and traditional cultural activities are correlated with reduced dropout rates for First Nation youth. School connectedness appears to be an important component of resilience for First Nation youths.

It has been suggested that First Nation youths may look to areas other than school for self validation because school has become a place of expected failure and cultural conflict for them (Beiser, Lancee, Gotowie, Sack & Redshirt, 1993). First Nation adolescents that reside outside of a reservation may be vulnerable to increased familial stress and encounter cultural conflicts in mainstream educational settings (Machamer, 1998). The discrepancy between school connectedness and familial connectedness for First Nation youths demonstrates a cultural alienation from educational settings (Fisher, Storck & Bacon, 1999). There are also incompatibilities and contradictions between the First Nation and majority culture which

enhance risk for poor school success. For example, the competition found in the majority of schools is inconsistent with the First Nation cultural tendency for co-operation (Fisher, Bacon & Storck, 1998). Fisher and colleagues (1999) demonstrate that First Nation adults may interpret a child who “acts out” as adaptive whereas a formal school teacher may interpret the same child critically. Further, teachers more frequently report protective factors in Caucasian students and risk factors in First Nation students, a concept referred to as the “halo effect” (Fisher, et al., 1999).

The current school systems in North



America are criticised by some researchers for their lack of cultural awareness by staff, and lack of First Nation content in the curricula (Fisher, et al., 1998; Tonkin, et al., 2000). Worldwide, First Nation people have been excluded from policy making, administration, and teaching in the school systems within their communities (Vick-Westgate, 2002). Few First Nation children go on to higher education. In fact, among First Nation people, there is little perceived connection between having a formal education and ‘making it’ in the world (Vick-Westgate, 2002). First Nation parents are less comfortable entering a formal school and are less likely to interact with teachers, or to involve themselves in school activities such as parent-teacher meetings (Fisher, et al., 1999). Future directions for educational programs which strengthen school

connectedness have been outlined by Fisher, et al. (1999). They recommend that schools reach out to parents, that First Nation content and learning styles be incorporated into school curricula, that teachers make an effort to attend First Nation events and visit homes, and that community centres for families be set up directly in schools. These are lofty goals, but it is only through partnerships with educators, clinicians, and families that the educational system will adequately address the needs of minority youth.

Many First Nation communities have persevered and succeeded in balancing majority and personal cultures on their own terms (Fisher, et al., 1998; Vick-Westgate, 2002). The people of the Nunavik community in Québec, Canada are among the first in North America to gain control of their educational system. Resilience research demonstrates that strong school and family connectedness help protect youth from adverse life circumstances and poor outcomes. Research on resilience is important for the development of effective, science-based intervention programs geared toward fostering resilient development.

There is currently little resilience research directed specifically toward First Nation people. More research is needed to determine how protective processes in these populations lead to adaptive behaviours such as school connectedness.

The study of First Nation youths may support and broaden contemporary theories of typical and atypical development and provide information of risk and protective factors that may be applicable to resilience in a particular culture or more generally to North American society.

For a complete list of references, please contact Isabelle Lussier at: isabelle.lussier@mail.mcgill.ca



Let's talk prevention®

New Awareness Initiative

Anne-Elyse Deguire, M.Sc.

Prevention Specialist

International Centre for Youth Gambling and High-Risk Behaviors



when they are developed and conveyed by or in collaboration with teens themselves.

Since this generation of youth is the first to grow up in a society where gambling is not only managed by the state but is also heavily promoted and easily accessible, it becomes imperative to better educate teenagers about the potential dangers associated with engaging in gambling activities.

This year, we have invited students to develop a public service announcement (PSA) that could possibly be broadcasted on the radio. This contest targets all high school students in the province of Quebec and begins January 12th, 2004.

Winners of the contest will be announced on Friday, April 2nd 2004 at the International Centre for Youth Gambling Problems and High-Risk Behaviors. Messages will be judged by a panel of people working in the field of education, the media and prevention. We will be sure to keep you informed of the results.

For further information regarding the PSA contest, please contact Anne-Elyse Deguire at: anne-elyse.deguire@mcgill.ca.

There are several essential components to prevention initiatives that promote a harm-reduction paradigm. Raising awareness and educating people on the risks and consequences of a potentially harmful behaviour is one important aspect. Awareness and education initiatives can be implemented through a variety of mediums and can either target the population at large or a specific sub-group of the population. While designing awareness strategies targeting youth, research indicates that messages are most effective

Our Centre held a province-wide poster contest in which more than 184 students participated. The winners of the contest received great prizes and their artwork was distributed across all Quebec high schools as part of the Centre's prevention and awareness outreach campaign. This campaign aimed to increase knowledge, promote competencies, and modify attitudes and erroneous cognitions concerning gambling in order to help support today's youth to become responsible adults.





The International Gaming Research Unit at Nottingham Trent University

Mark Griffiths, Richard Wood, Jonathan Parke, Mark Davies,
Adrian Parke and Darren Chappell

We are pleased to announce the formation of the International Gaming Research Unit (IGRU) based at Nottingham Trent University (UK). Our main focus will be to conduct research on gaming, risk taking, and interactive technologies. We have recently launched this unit as an autonomous research and consultancy base from within the University. We aim to be a leading international centre of academic research excellence into the psychological and social impact of gambling, risk-taking and interactive technologies (e.g., videogame playing, mobile phone gaming etc.).

Gambling, video game playing and other interactive technologies are undergoing rapid changes both technologically and in terms of the levels people use them. Such technologies offer huge entertainment and/or communication advantages for the majority of people. At the same time, whilst it is important that these advantages are maintained it is also important that any problematic behavioural issues are identified and guarded against as much as is possible. Our aim is to promote the responsible use of these activities through the application of quality research:

- Discovering and understanding public attitudes toward gambling, game playing, internet usage and other interactive technologies through both cross-sectional and longitudinal research

- Examining how new technologies affect our lives and how they may be changing the way we live
- Identifying those factors that help people to engage in these activities at a healthy and enjoyable level.
- Promoting healthy attitudes and behaviour patterns in relation to these activities
- Identifying vulnerable people who are most at risk of developing behavioural problems with these activities, and designing prevention strategies to minimize the risk of such people developing problems
- Identifying the underlying factors that contribute to some people developing psychological and behavioural dependencies in relation to some of these activities/technologies
- Evaluating the effectiveness of prevention, intervention, and treatment programmes
- Providing expert knowledge and training for people or institutions concerned with gaming and the use of interactive technologies.

It is clear that Nottingham Trent has a growing number of experts in the emerging field of Gambling Studies. The team is headed by Professor Mark Griffiths (Europe's only Professor of Gambling Studies). His colleagues include his core team of psychologists (Richard Wood, Jonathan Parke, Mark Davies, Adrian Parke, and Darren Chappell) as well as affiliate members from other parts of the university. This includes Leighton Vaughan Williams (economics), Mike Sutton (Criminology) and Mike Ahearne. All staff are engaged in a variety of research projects and also contribute to the Gambling Studies course at Nottingham Trent University. The team have produced a large number of published outputs both in gambling and computer gaming. We look forward to your inputs and to building working relationships with everyone in the gambling research community.
<http://ess.ntu.ac.uk/gamingresearch/index.htm>



Interesting New Publications

Shaffer, H. J., Hall, M. N., Vander Bilt, J., George, E. & Cummings, T. N. (2003) *Futures at Stake: Youth, Gambling, and Society* Reno, Nevada: University of Nevada Press.

The widespread legalization of gambling across the U.S. has produced concerns for serious social, economic, and health problems. For the first time in the US, an entire generation of young people has reached adulthood within a context of approval and endorsement of gambling as a source of entertainment and recreation. Compared with their adult counterparts, these young people have evidenced a higher level of gambling related problems. In *Futures at Stake*, specialists in psychology, medicine, law, public health, economics, casino management, psychiatry, and criminal justice examine this problem from the perspective of their various disciplines, producing an intelligent, thought-provoking, and valuable survey of what is fast becoming a leading social-health problem across the nation.

The chapters range from discussions of the pathology and treatment of gambling addictions, the legal ramifications of youth gambling, and the social and economic impacts of this problem to the efforts of the casino industry to limit access and appeal to juveniles, future prospects of youth gambling, and possible ways to control the problem. Overall, *Futures at Stake* offers a broadly focused discussion of one of legalized gambling's ugliest and most damaging side-effects. The book is essential reading for health-care professionals, educators and casino-industry managers.

Evans, R. I. (2003). *Some Theoretical Models and Constructs Generic to Substance Abuse Prevention Programs for Adolescents: Possible Relevance and Limitations for Problem Gambling. Journal of Gambling Studies, 19(3), 207-382.*

For the past several years Evans and his colleagues have explored the area of how social psychological constructs and theoretical models can be applied to the prevention of health threatening behaviors in adolescents. In examining the need for the development of gambling prevention programs for adolescents, it might be of value to consider the application of such constructs and theoretical models as a foundation to the development of prevention programs in this emerging problem behavior among adolescents.



In order to provide perspective to the reader, the present paper reviews the history of various psychosocial models and constructs generic to programs directed at prevention of substance abuse in adolescents. A brief history of some of these models, possibly most applicable to gambling prevention programs, are presented. Social inoculation, reasoned action, planned behavior, and problem behavior theory, are among those discussed. Some deficits of these models, are also articulated.

How such models may have relevance to developing programs for prevention of problem gambling in adolescents is also discussed. However, the inherent differences between gambling and more directly health threatening behaviors such as substance abuse must, of course, be seriously considered in utilizing such models.

Most current gambling prevention programs have seldom been guided by theoretical models. Developers of gambling prevention programs should consider theoretical foundations, particularly since such foundations not only provide a guide for program development, but may become critical tools in evaluating their effectiveness

Korn, D., Gibbins, R. & Azmier, J. (2003). *Framing Public Policy Towards a Public Health Paradigm for Gambling. Journal of Gambling Studies, 19(2), 235-256.*

This paper examines the public policy value of looking at gambling from a public health perspective. They contend that if the manner in which social issues are framed will either expand or curtail public policy debates. The existing and traditional frames for gambling (e.g. gambling as a matter of individual freedom, gambling as a form of recreation) fail to consider research on the social and economic impacts of gambling.

Because a public health frame offers a broad viewpoint of society, it encompasses a number of social and economic impacts not considered in traditional frames. However, the existing gambling frames enjoy varying degrees of cultural, economic, and political support and, as a result, creating a higher profile for a public health framework will encounter a number of barriers.

Research can play a decisive role in overcoming these barriers, as it has in a number of related fields (e.g., tobacco use, addiction and product liability, the epidemiology of AIDS). The paper concludes that research that identifies and quantifies the public health factors of gambling will substantially contribute to a public shift toward a more positive public health frame.

News from the Centre ...

The Centre would like to congratulate Lei Chen, our very talented Technical Specialist. Lei recently passed her Canadian Citizen test and is a proud new Canadian.

As part of our “outreach into the community program,” our Centre held a one-day symposium on November 5th of this year. More than 50 people attended this information session. Those who attended came from a variety of backgrounds including the Ministry of Health and Social Services, regional health boards, health centres such as the CLSC, treatment facilities, youth centres, school boards and community organisations. The day included presentations on our research findings, treatment approach, prevention initiatives, as well as on our public health model. The staff of the Centre would like to thank all that attended for taking an interest in the important issue of youth gambling. We look forward to future collaboration in order to better our community and protect our youth.

Dr. Rina Gupta and Dr. Jeff Derevensky were recently invited attendees at a meeting of Canadian researchers and funding agencies held in Toronto where a set of national research priorities were established. This meeting was cosponsored by the Ontario Problem Gambling Research Centre and the Institute for

Neuroscience, Mental Health and Addictions.

Drs. Derevensky and Gupta submitted a brief to the Senate of Canada concerning youth gambling and proposed several research and social policy initiatives.



Watch for a forthcoming book which is currently being completed: Derevensky, J., & Gupta, R. (Eds.). *Gambling problems in youth: Theoretical and applied perspectives*. New York: Kluwer Academic Publishers.

New Publications and Presentations

Derevensky, J. (2003). *Youth gambling: What we know, what we don't know*. Invited address presented at the California Responsible Gambling Week, sponsored by the California Nations Indian Gaming Association, Sacramento, California, October.

Derevensky, J., & Gupta, R. (2003). *Child and adolescent risky behaviors: Some new concerns*. Paper presented at the American Academy of Pediatrics annual conference, New Orleans, November.

Derevensky, J., Gupta, R., & Winters, K. (2003). *Prevalence rates of youth gambling problems: Are the current rates inflated?* *Journal of Gambling Studies*, 19(4), 405-425.

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

Felsher, J., Derevensky, J., & Gupta, R. (2003). *Parental influences and social modeling of youth lottery participation*. *Journal of Community and Applied Social Psychology*, 13, 361-377.

We wish everyone a wonderful Holiday Season!



Upcoming Events

Harvard Medical School, Institute for Research on Pathological Gambling and Related Disorders Annual Conference : Regulating Addiction: How individuals, groups, and institutions manage excessive behaviors.

MGM Grand, Las Vegas, Nevada
Dec.7-Dec. 9, 2003
www.hms.harvard.edu/doa/institute/annualconference.htm



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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