



Gambling - The Brazilian Perspective

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Historical and Cultural Backgrounds

The first registry of gambling in Brazil dates from 1784, but it was in 1892 that gambling experienced a steep increase after the creation of the “Jogo do Bicho” (The Animal Game - AG), an informal lottery designed to finance Rio de Janeiro’s Zoo. The AG reached an unprecedented popularity and spread all over the country. Nowadays, AG is part of Brazilian culture and although illegal, it helps the nation to afford popular events, such as the Carnival parades (Bueno, 2012).

Between the 1920s and 1940s, casinos were permitted in Brazil. Lotteries were instated in the 1930s. Then, in a turn of events, gambling was prohibited in 1946, but horse race betting and state lotteries were spared (Gonçalves 2008; Damatta & Soárez, 1999). In 1993, bingo parlors were legalized in Brazil but loopholes in the law yielded the commercial use of electronic gambling machines (EGMs) in such venues (Duarte, 2007). Gambling managers promoted bingo parlors as family entertainment and created a favorable atmosphere for women’s enrolment by breaking with the usual characterization of gambling as a male behavior, which could be a reason for the observed increase in the treatment of gambling among women (Tavares, Zilberman, Beites & Gentil, 2001). After a legal battle in which gambling underwent legalization and banning, back and forth, it finally became prohibited in 2008. Even so, underground venues continue to operate unabated.

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Prevalence and Gambler Profile

The earliest scientific studies of gambling in Brazil are based on treatment-seeking samples and date from the year 2000. After the gambling legalization in the 1990s, there was an important increase in treatment seeking among individuals and families suffering with gambling consequences. Public service announcements and media interviews (TV, newspapers, radio and magazines) announced the availability of treatment for gambling problems, targeting mainly EGM players and bingo venue frequenters. This may have biased the earlier reports concerning gambler profiles that described a male-to-female ratio close to 1:1, with the majority of individuals being in their late 40s having a preference for EGMs (Tavares et al., 2001). Men began gambling earlier than women (20.4 versus 34.2 years), but women developed gambling problems faster, thus coming for treatment roughly at the same age. Preference for EGM playing and female gender were found to be the main factors for this accelerated

progression to problem gambling. Depression was the most common comorbidity in females and alcohol dependence in male gamblers, but comorbid psychiatric disorders were unrelated to gambling progression (Tavares, Martins, Lobo, et al., 2003). Female gamblers were five times more likely to have attempted suicide than their male counterparts (Martins, Tavares, da Silva Lobo et al., 2004).

Another study that interviewed frequenters of video poker venues, bingo parlors and horse tracks found that bingo clients were most probably women, video poker clients were more often younger and single than other gamblers and that horse bettors belonged to lower socio-economic status (SES), when compared with other gamblers. Video poker players were at greater risk developing pathological gambling (Oliveira & Silva, 2001).

In 2006, an epidemiological study on gambling was carried out. It was a household survey designed to include individuals 14 years old or older from all regions of Brazil. Twelve per cent of the sample reported regular gambling (at least gambling once a month), the lifetime prevalence of problem gambling and pathological gambling were respectively 1.3% and 1.0%. The maximum monthly gambling expenditure for social gamblers corresponded to 5.4% of the household income, 16.9% for problem gamblers and 20.0% for pathological gamblers. Not being currently enrolled in any education initiative, being male, younger, unemployed, living in highly urbanized areas and being born in geographical areas with low SES were associated with gambling problems. The male-to-female ratio for problem gamblers was 2:1 and 4:1 for pathological gamblers (Tavares, Carneiro, Sanches et al., 2010).

Early gambling onset gamblers (prior to 20 years of age) were more likely to be male, to prefer non-commercially structured games, and to chase losses while gambling. The pathological gamblers sub-group had a division into two types of gamblers, one younger and more severe (33.9 ± 4.19 years), almost exclusively male, and the other older of both genders, and less severe. Different from previous clinical studies, faster progression to problem and pathological gambling was found in young male gamblers (Carneiro, Tavares, Sanches et al., 2014).

An in-depth analysis of adolescent gamblers showed that they were almost exclusively males, and that they had rates of problem and pathological gambling similar to their adult male counterparts. Gambling problems in adolescence were associated with being male, school dropout and low religiosity, but the most concerning finding was that only four months elapsed from gambling onset to problem gambling (Spritzer, Rohde, Benzano et al., 2011).

Treatment Availability and Evidence for Effectiveness

There are only three specialized centers for gambling treatment in Brazil, all located in the southern region of the country. Thus, the areas with higher risk of gambling problems are not covered. Since the early 1990s, Brazil has changed the structure of mental health coverage, shifting from a system based on psychiatric hospitals to a community-based system, organized around centers for psychosocial support, referred to as CAPS. Alcohol and drug related disorders are referred to special units called CAPS-AD (Souza, Kantorski, & Mielke, 2006). It is hoped that the recent shift in classification of gambling (from an impulse control disorder to an addictive disorder) (Petry, Blanco, Auriacombe et al., 2014). will open the doors of the CAPS-AD to gamblers in need of treatment.

Meanwhile, sixteen years of clinical assistance and research at the Gambling Outpatient Unit (GOU) of the Institute and Department of Psychiatry at the University of São Paulo has shown that recovery involves more than just targeting the psychological roots of uncontrolled gambling and treating

comorbid psychiatric conditions, which comprises the traditional approach to gambling treatment. A broader scope of treatment is needed with a focus on quality of life. Indeed, one of our first studies on gamblers undergoing treatment found that leisure was a key factor for gambling abstinence stability (de Castro, Fuentes & Tavares, 2005). The GOU treatment program is divided into two parts. The first one comprises traditional treatment and takes 6 to 12 months. The second part aims to enhance the quality of life through stimulating, healthy, and pleasurable activities. It offers cardiologic assessment, a tobacco quitting intervention and a physical exercise group. Open group discussions are available weekly for patients to debate themes related to quality of life such as self-esteem, emotional and physical health, nutrition, relationships, work, family life, personal finance management, spirituality and leisure. So far, preliminary evidence suggests that physical exercise helps reduce gambling cravings (Angelo, Tavares, Bottura & Zilberman, 2009; Angelo, Tavares & Zilberman, 2013) and participation in quality-of-life groups increase gambling abstinence periods (Magalhães, Jungerman, Silva et al., 2009).

Research and Other Initiatives

Currently, the GOU, the only active gambling research team in Brazil, has established four priorities:

1. To advance population studies and explore how cultural factors and variations in gambling regulation affect gambling access and the risk for developing gambling problems, and to further understand gambling behaviors and risks related to particular segments of the population such as adolescents (Spritzer, Rohde, Benzano et al., 2011), women (Martins, Lobo, Tavares & Gentil, 2002), and the elderly (Galetti, Alvarenga, Andrade & Tavares, 2008).
2. To train and educate health staff in how to identify and treat patients with gambling problems and to test the effectiveness of such training with scales that are easy to use (de Castro, Fuentes & Tavares, 2005).
3. To understand the structure and nature of gambling craving and psychopathology aiming at pharmacological and non-pharmacological approaches to increase the efficacy of gambling treatment (Tavares, Zilberman, Hodgins et al., 2005; de Castro, Fong, Rosenthal & Tavares, 2007; Tavares & Gentil, 2007).
4. To improve the assessment of gambling behavior and related phenomena both on the subjective dimension (craving, impulsivity and other personality traits) and on the objective dimension (neuropsychological testing (Fuentes, Tavares, Artes & Gorenstein, 2006). genetic markers (da Silva Lobo, Vallada, Knight et al., 2007; Wilson, Lobo, Tavares et al., 2013) and other biomarkers), exploring their correlations.

In a further effort to transfer technology from the academic realm to society, GOU members founded the “Associação Viver Bem” (The Living-Well Association <http://www.associacaoviverbem.org.br/>), which is a non-profit association dedicated to the awareness and education of health providers concerning gambling and other behavioral addictions.

Conclusion

Brazil is one of the few Western countries that has not fully legalized gambling. Still, illegal gambling seems to be very active and the prevalence rates do not differ very much from other countries. The rise in Internet wagering and the increased accessibility to gambling call for a societal debate. It is hoped that such debate will bring about the realization that whatever the amount of gambling our society is willing to live with, that a proportional amount of resources will be used to regulate gambling, prevent gambling problems and to enlarge the health support to individuals and families affected by gambling.

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Fantasy Sports: A Growing Concern Among College Student-Athletes

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Participation in sports-related fantasy games, enabling individuals to pick or draft professional or collegiate athletes onto their teams, has become increasingly popular. However, little research has been conducted to explore the relationship between fantasy sports, gambling in general and problem gambling, and the participants who engage in these activities. According to the Fantasy Sports Trade Association (FSTA), in 2014 there were over 41 million people engaged in fantasy sports playing in the USA and Canada combined. Research by the FSTA has suggested that over three quarters of players are under the age of 35 (Deakin Research Communications, 2011), male (80%), Caucasian (89.8%), and not married (51.5%) (Fantasy Sports Trade Association, 2014). Given that fantasy sports are very popular with participants under the age of 35, it can be supposed that college-aged students are particularly likely to partake in fantasy games (New, 2014).

Research has shown that many college students are typically engaged in exploring their newly-acquired independence and often partake in high-risk behaviours including frequent alcohol use, illegal drug use, cigarette smoking, and gambling participation. Within this setting, student-athletes are suggested to be at particular risk for participation in high-risk behaviours (St-Pierre, Temcheff, Gupta, Derevensky, & Paskus, 2013). Yusko, Buckman, White, and Pandina (2008, 2010), demonstrated that student-athletes were more likely to use smokeless tobacco and engage in heavy drinking as compared to their non-athletic peers. Additionally, it has been suggested that gambling and problem gambling behaviors have become an increasing concern for student-athletes (Huang, Jacobs, Derevensky, Gupta, & Paskus, 2007).

The history of fantasy sports is often linked to a meeting at the La Rotisserie Française restaurant in New York City where in 1979 Dan Okrent, often referred to as the inventor of fantasy baseball rules, organized, with a group of individuals, a league whose performance was based on the actual statistics of Major League Baseball (MLB) players. By the early 1990s fantasy baseball had expanded to other fantasy sports leagues, including both professional and collegiate football and basketball. It seems clear that the beginnings of fantasy sports greatly resembled a gambling activity in that money was put at risk for an expected gain and it afforded participants with a source of social interaction and networking (Weiss, Demski, & Backen, 2011).

Although U.S. and Canadian federal law has yet to declare fantasy sports playing as an illegal activity (Lee, Kwak, Lim, Pederson, & Miloch, 2011), the National Collegiate Athletic Association (NCAA) remains concerned about its student-athletes participating in such activities (National College Athletics Association, 2014). A student-athlete participating in a fantasy league involving their own team, for money, could risk permanently losing their NCAA eligibility, while a student-athlete participating in any fantasy sports league could be benched for an entire season (New, 2014).

A fantasy sports league typically consists of approximately a dozen participants who compete against each other based on the statistics from actual sports (Farquhar & Meeds, 2007). The participants essentially function as virtual managers of their respective "fantasy teams." Using statistics and other information available on actual players, these participant/managers either draft or bid for players to form their teams (Schirato, 2011). Research has shown both gambling and fantasy games share some similar major characteristics. Like other forms of gambling, fantasy sports often result in possible monetary loss or gain. There are entry fees, as well as, fees for trades and acquisitions. For these fees, participants are monetarily rewarded based on overall standing and performance. For higher pay-out game providers, participant entry fees can range from \$20 to \$5,000 (Lee et al., 2011). On average, fantasy sports players spend \$111 on "league related costs, single player challenge games, and league related material over a 12 month period,"

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making fantasy sports an estimated \$3.6 billion dollar industry (Fantasy Sports Trade Association, 2014). Furthermore, fantasy sports players will often spend an average of 18 hours per week watching sports and another almost 9 hours per week on fantasy playing (Fantasy Sports Trade Association, 2014). The amount of time spent on fantasy sports continues to grow with the emergence of 24-hour TV channels and a three hour morning radio show dedicated to fantasy sports (Sieroty, 2014). Given the excessive time and money wagered on fantasy sports, as well as, the uncertainty of results, can these activities become addictive?

The 2012 NCAA national survey of student-athlete gambling behaviors and attitudes, revealed that although there are bans on fantasy sports playing for student athletes, 18.7% of male and 8.4% of female NCAA college student-athletes admitted to participating in fantasy sports for a fee and prize money. Most participants (80%), cited not realizing engaging in fantasy sports leagues was against NCAA regulations (New, 2014). These results are based on 23,000 survey responses across 22 sports in all three NCAA divisions.

Although most college student-athlete gamblers bet small amounts of money, problem gambling could still occur throughout the population, resulting in significant debt and concomitant gambling-related problems for these students. While not addressing student athletes per se, a recent study by Martin and Nelson (2014), using a convenience sample of college students completing a health survey (N=1556), reported that 11.5% of respondents (with approximately half playing for money) participated in fantasy sports, the majority being male (fantasy professional football leagues were the most popular). Of greater concern was that they reported that males who play fantasy sports for money and females who play fantasy sports (with and without money) were more likely to experience gambling-related problems. Could this be a precursor to problem gambling or another alternative venue for wagering amongst problem gamblers?

While most individuals view such fantasy sports leagues as social forms of entertainment, a new industry in North America is brewing. Such fantasy leagues are now not only being played amongst friends but now consist of organized games found via the Internet. Researchers, clinicians and legislators may want to monitor this behaviour more closely.

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2013 Durand Jacobs Award

The recipients of the 2013 Durand Jacobs Award are Ula Khayyat-Abuaita and Dragana Ostojic (lead authors) for their paper entitled "Measuring Barriers to Treatment among Gambling Help-line Callers". The Durand Jacobs Award recognizes outstanding work related to the psychology of addictive behaviors, and is dedicated to the late Dr. Durand Jacobs' lifelong efforts to help mentor students.

Ula Khayyat-Abuaita has a Master's degree in psychology and is currently working toward her Ph.D. in adult clinical psychology at the University of Windsor. She has both clinical and research experience in problem gambling and other addictions. Presently, she is involved in a clinical trial that investigates the effectiveness of various treatments for problem gambling in the community. Ms. Khayyat-Abuaita also has research interests in trauma and is currently working on her doctoral dissertation that examines the emotional processes over the course of treatment for adult survivors of childhood trauma.

Dragana Ostojic is currently a Ph.D. student in Clinical Neuropsychology at the University of Windsor. She has clinical and research experience working with both problem gamblers and those with substance abuse issues. Presently, she is working on a clinical trial examining the effectiveness of manualized Cognitive Motivational Behavioural Therapy (CMBT) for problem gamblers in a community setting. Ms. Ostojic's other research interests include impulse behaviour disorders and the unique experience of females with these disorders.



Congratulations Ula and Dragana!

Abstract

As few as one in ten problem gamblers ever seek treatment for a gambling disorder. As such, identifying barriers to seeking treatment is essential in increasing treatment initiation. This study examined barriers to treatment among callers to the State of Michigan Problem Gambling Help-line, and validated a treatment barriers questionnaire originally designed for use with substance abusers and modified for use with problem gamblers. In total, 143 callers ($n = 86$ women; $n = 57$ men) completed the Barriers to Gambling Treatment Inventory (BGTI) as part of a telephone interview. We evaluated the factor structure of the BGTI by conducting an exploratory factor analysis, and examining the inter-item consistency. Convergent and criterion validity were assessed by comparing BGTI scale scores to scores on another validated measure of treatment barriers, open-ended reporting of barriers, and initiation into treatment. Discriminant validity was also assessed. Seven well-defined constructs were extracted: Negative Treatment Perceptions, Absence of a Problem, Privacy Concerns, Time Conflicts, Resistance to Quit, Treatment Unavailability, and Negative Social Support. Average factor scores were significantly associated with treatment initiation. Furthermore, the internal consistency, convergent and divergent validity of the BGTI to assess barriers to gambling treatment was established. Our findings reveal that the BGTI is a useful measure for assessing barriers to treatment for problem gambling. Furthermore, the results shed light on the factors to consider in improving access to treatment.

The Annual Holiday Campaign

The Holiday season is approaching quickly, and once again the widely endorsed annual Holiday Campaign is underway. The annual Holiday Campaign, a collaborative initiative of the International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University and the National Council on Problem Gambling (NCPG), encourages lottery corporations in North America and around the world to share the message that when gifting lottery tickets, it is important to keep the recipient's age in mind. Momentum and participation in this NASPL endorsed Holiday Campaign is growing steadily and participation is free.

Studies show a growing number of high school students reportedly receive one or more lottery tickets or scratch cards as gifts. Additionally, research shows that the majority of adolescents gamble at least occasionally, and that lottery products may be a gateway to problem gambling. Youth gambling has been shown to be linked to other risk-taking and addictive behaviors such as smoking, drinking and drug use.

Last year, 38 lottery organizations world wide formally participated in this initiative including: AB Svenska Spel (Sweden), Alberta Gaming and Liquor Commission, Atlantic Lottery, Arizona Lottery, Austrian Lotteries, British Columbia Lottery Corporation, California Lottery, Camelot (United Kingdom), Connecticut Lottery Corporation, Hrvatska Lutrija d.o.o. (Croatia), Illinois Lottery, Iowa Lottery, Kentucky Lottery Corporation, La Francaise des Jeux (France), Loto-Quebec, Manitoba Lotteries, Maryland Lottery and Gaming Control Agency, Massachusetts State Lottery, Minnesota State Lottery, Missouri Lottery, Montana Lottery, New Mexico Lottery, North Carolina Education Lottery, Nova Scotia Provincial Lotteries and Casino Corporation, Ohio Lottery Commission, Oklahoma Lottery Commission, Ontario Lottery and Gaming Corporation, Oregon Lottery, Pennsylvania Lottery, Rhode Island Lottery, Saskatchewan Lotteries, State Lottery of Serbia, South Dakota Lottery, Tennessee Education Lottery Corporation, Texas Lottery, Vermont Lottery Commission, Virginia Lottery, Washington's Lottery.

We are continuing to expand our collaborative efforts to promote responsible gambling. This year, we have produced industry-specific materials which will help lottery corporations spread the message. The playcenter insert shown below has been designed to publicize the effort and lottery corporations are encouraged to reproduce it and display it in their retail locations. The insert was designed to facilitate rapid and easy lottery corporation customization. A space is provided on the insert enabling lotteries to add their corporate logo prior to printing. We also encourage lottery corporations to develop their own materials and responsible gambling initiatives based on the Holiday Campaign theme.



News Briefs...

New Slots May Start to Incorporate Skill-Based Components

Some slot machine makers are looking to attract and retain younger players – a generation of young people who have grown up playing video games requiring skill to master game challenges and levels. At the September G2E show in Las Vegas, California-based Gamblit Gaming introduced new slot games that blend slot play with skill-based components. In one such new slot game, a virtual slingshot is used to propel a puppy toward a zombie cat in a game reminiscent of “Angry Birds”. Edvard Toth, studio head for Gamblit Gaming said, “This is a slot machine that does not look like a slot machine.” Regulatory statutes dictate that these types of slot games must be “as much a game of chance as traditional slot machines” meaning that while they can incorporate skill-based components, there must still be an element of chance associated with the game. This is potentially a significant limitation for game developers, making the development job more complicated. In the Gamblit Gaming offerings, “mastering one of the more skilled challenges doesn't win a bet but instead triggers the spin of a reel or wheel, or a roll of dice for a chance at real money.” Gamblit can offer their games in the United Kingdom and the company is licensed in Nevada but will require regulatory approval of the games once an American order is placed. For more information, read <http://abcnews.go.com/Entertainment/wireStory/young-gamblers-skill-slot-machines-26025788>

Free Online Lottery Site Growing

In 2011, Chris Holbrook, then working as a web developer, launched The Free Postcode Lottery in the United Kingdom. Unlike other “postcode” lotteries in the U.K. that charge a nominal playing fee, Mr. Holbrook’s advertising funded site, is completely free to enter and has distributed more than £25,000 to winners. The site concept is simple with users entering an email address and postcode. Users can check daily to see if their postcode has been randomly selected as a winner. Winning postcodes are only picked from those registered by users ensuring that there is always at least one eligible winner. If multiple users have the same selected postcode, the winnings are shared between them. Winning sums are paid directly into winners’ Paypal accounts. Unclaimed winnings are rolled into the next jackpot. The site rules state that users must be 18 years of age and over to play. Initially, the daily jackpot prize was £10 but now with an active user base of roughly 76,000, the jackpot amount has risen to £50 a day. As there is no fee to play, the website is not regulated by the Gambling Commission. Mr. Holbrook indicated that initially he just wanted to see if his website would be functional but has found that “his lottery is almost accidentally making people happy.”

Empire Resort’s New York’s Monticello Casino & Raceway Takes Steps to Prevent Underage Gambling

On October 10, 2014, New York’s Monticello Casino and Raceway (MCR) will no longer allow youth under the age of 18 to enter or remain on their premises. Previously, underage youth, having adult supervision, were permitted in certain non-gaming areas of the establishment. It is hoped that this new policy will reduce the temptation for parents to have their children join them on the gaming floor and additionally deter underage youth from unauthorized gambling. In preparation for this new policy, all Empire staff members have received training concerning underage gambling and identification requirements for accessing the Monticello Casino and Raceway as well as the gaming floor. James Maney, Executive Director of the New York Council on Problem Gambling said, “Research indicates that adolescents are at high risk for developing a gambling problem. Therefore, we applaud Empire in taking this significant step towards preventing underage gambling at their facility and raising awareness about underage gambling.”

Recent publications and presentations

REFEREED PUBLICATIONS

Derevensky, J. & Gainsbury, S. (in press). Social casino gaming and adolescents: Should we be concerned and is regulation in sight? *International Journal of Law and Psychology*.

Lussier, I., Derevensky, J., Gupta, R. & Vitaro, F. (2014). Risk, compensatory, protective, and vulnerability processes influencing youth gambling problems and other high-risk behaviours. *Psychology of Addictive Behaviors*, 28, 404-413.

BOOK CHAPTERS

Derevensky, J. (in press). Youth gambling problems: Cause for concern. In Y. Kaminer (Ed.). *Youth substance abuse and co-occurring disorders*. Washington, D.C.: American Psychiatric Press.

Derevensky, J. & Paskus, T. (in press). Gambling behaviors of college student athletes. In B. Hainline, (Ed.). *Mental health handbook of college student athletes*. Indianapolis: NCAA Press.

Derevensky, J., Temcheff, C., & Bowden-Jones, H. (2014). Addiction, an overview. In A.C. Michalos (Ed.). *Encyclopedia of quality of life research*. Netherlands: Springer Dordrecht Publishing.

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

Yau, Y., Derevensky, J. & Potenza, M. (in press). Pathological preoccupation with the Internet. In Y. Kaminer (Ed.). *Youth substance abuse and co-occurring disorders*. Washington, D.C.: American Psychiatric Press.

RESEARCH & POLICY REPORTS

Derevensky, J. Lischer, S. & Remmers, P. (2014.) *Harm Minimization in the Prevention of Problem Gambling: Our Current Knowledge*. Reported prepared for the Gauselmann Group, Germany.

CONFERENCE PRESENTATIONS

Castren, S., Salonen, A., Derevensky, J., Hannu, A. & Temcheff, C. (2014). Is adolescent gambling perceived to be a problem in Finland? : A survey of teachers. Poster presented at the 10th European Conference on Gambling Studies and Policy Issues, Helsinki, Finland, September

Derevensky, J. (2014). Perspectives on adolescent risky behavior: Is adolescent gambling perceived to be an important issue? Paper presented at the 10th European Conference on Gambling Studies and Policy Issues, Helsinki, Finland, September.

St-Pierre,R., Temcheff, C. & Derevensky, J. (2014). Using an extended model of the Theory of Planned Behaviour to understand adolescent gambling. Poster presented at the 10th European Conference on Gambling Studies and Policy Issues, Helsinki, Finland, September.

INVITED PRESENTATIONS

Derevensky, J. (2014). Screening and brief intervention of gambling disorders amongst youth. Invited presentation at the Addiction Medicine Conference, Harvard Medical School, Boston, October.

Derevensky, J. (2014). Adolescent gambling: What is the evidence for the prevention and treatment of gambling problems. Invited plenary talk presented at the Svenska Spel Scientific Conference on Youth Gambling Problems, Stockholm, October.

Derevensky, J. (2014). Youth gambling: The good, the bad and the ugly. Invited plenary talk presented at the Indiana Problem Gambling Awareness Program annual conference, Indianapolis, September.

Derevensky, J. (2014). Youth online and social media gambling: Fun or cause for concern? Paper presented at the Indiana Problem Gambling Awareness Program annual conference, Indianapolis, September.

Derevensky, J. (2014). The Millennial generation: Research and clinical implications for studying youth gambling behaviours. Paper presented at the 10th European Conference on Gambling Studies and Policy Issues, Helsinki, Finland, September.

Recent publications and presentations

INVITED PRESENTATIONS

Derevensky, J. (2014). Perspectives on adolescent risky behaviors: Implications for the prevention of gambling Disorders. Colloquium presentation, Department of Psychology, Dalhousie University, Halifax, August.

Derevensky, J. (2014). Twenty-five years of youth gambling research: What do we know and why should we care. Invited plenary talk presented at the 28th National Conference on Problem Gambling, Orlando, July.

Derevensky, J. (2014). Youth gambling: Implications for prevention and treatment. Invited workshop presented at the 28th National Conference on Problem Gambling, Orlando, July.

Derevensky, J. (2014). Social media gambling amongst youth: Parental, operator or regulatory responsibility? Invited keynote address presented at the 11th Austrian Lottery Responsible Gambling Academy, Vienna, May.

Derevensky, J. (2014). Time to rethink "treatment"? Invited address presented at the Discovery 2014 Conference on Problem Gambling. Responsible Gambling Council (Ontario), Toronto, April/May.

Derevensky, J. (2014). Does social gaming pose risks for problem gambling: Should it be regulated? Invited address presented at the Discovery 2014 Conference on Problem Gambling. Responsible Gambling Council (Ontario), Toronto, April/May.

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

News from the Centre...

Dr. Derevensky in Stockholm

In September, Dr. Derevensky was an invited speaker at Svenska Spel's Scientific Conference on Youth Gambling Problems in Stockholm.



Pictured from Left to Right: Neven Ricijaš, Dr Derevensky, Stephan Borg

EASG Conference in Helsinki

In September, Centre team members attended the EASG conference in Helsinki. Dr. Derevensky presented on different topics and Centre Ph.D. candidate Renee St-Pierre presented a poster. It was a great conference and wonderful opportunity to connect with international colleagues.

Centre Research Projects

Mental Health Professional Study

The Centre has recently partnered with Romanian colleagues Izabela Ramona Todirita and Viorel Lupu to launch a study assessing Romanian mental health professionals' perceptions of adolescent risk-taking behaviours including gambling-related issues. This online study will mirror one our Centre conducted in 2011-12 involving Canadian mental health professionals. By replicating the study in Romania, we hope to acquire comparative data enabling us to understand some international trends in mental health professionals' perceptions regarding adolescent risk-taking behaviours. We look forward to a productive partnership with our Romanian colleagues.

Upcoming Events

- **OPGRC Knowledge Transfer & Exchange Workshop**
October 20, 2014
Guelph, Ontario
- **NAGS 24th Annual Conference**
November 26-28, 2014
Gold Coast, Australia
- **BCLC New Horizons in RG Conference**
February 2-4, 2015
Vancouver, B.C.



YGI Newsletter

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