

# Youth Gambling International

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

## FEATURE ARTICLE

# Gambling with the nation's health: A brief overview of the 2007 British Medical Association Report

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**O**n the 1<sup>st</sup> of September, 2007, the United Kingdom will begin full implementation of its 2005 Gambling Act. It has been recognised that the introduction of this new legislation may have important implications for public health through changing patterns of gambling and hence rates of problem gambling (Griffiths, 2004). It is important that healthcare professionals are aware of these developments in order that they may respond appropriately to a potential increase in demand for gambling addiction treatment. Therefore, I was asked to help write a guide for practitioners within the National Health Service (NHS) that

resulted in the publication of the British Medical Association (BMA) report in January 2007 (Griffiths, 2007). These may be of interest to those in other countries dealing with problem gambling research, prevention, treatment and policy development.

The report provides an overview of problem gambling (with obvious emphasis on the UK situation) and obviously discusses definitions of gambling, types of gambling available in the UK, the social context of gambling in the UK, consequences and co-morbidities of problem gambling, and a section on 'profiling' which looks at particular demographic sub-groups of UK gamblers. There are a number of overviews on particular issues of ongoing and expected concern including youth gambling, remote gambling (Internet, mobile phones and interactive television), as well as brief overviews of other factors that can impact on problem gambling (such as situational and structural characteristics).

Given the focus of the report and the audience it is aimed at, there was much reference made to support and treatment of problem gambling in the UK that include, but are not limited to counselling, psychotherapy, cognitive-behavioural therapy (CBT), advisory services, residential care, pharmacotherapy and a combinations of these (i.e., multi-modal treatment). Additionally, there is also a very recent move towards surfing the Internet as

a route for guidance, counselling and treatment. The report highlights that treatment and support is provided from a range of different people (with and without formal medical qualifications), including specialist addiction nurses, counsellors, medics, psychologists, and psychiatrists. There are also websites and helplines to access information (e.g., *GamCare*) or discuss gambling problems anonymously (e.g., *GamAid*), and local support groups where problem gamblers can meet other people with similar experiences (e.g., *Gamblers Anonymous*). Support is also available for friends and family members of problem gamblers (e.g., *Gam Anon*).

Due to the lack of relevant evaluative research, it was concluded that the efficacy of various forms of treatment intervention is almost impossible to address. Much of the documentation collected by treatment agencies is incomplete or collected in ways that makes comparisons and assessments of efficacy difficult to make. With such a weak knowledge base, little is known about which forms of treatment for problem gambling in the U.K. are most effective, how they might be improved or who might benefit from them. However, a recent review carried out for the UK Responsibility in Gambling Trust did note that individuals who seek help for gambling problems tend to be overwhelmingly male, aged between 18 to 45 years, and whose problems are primarily with on- and off-course betting, and slot machine use.

## Inside this issue

Gambling with the Nation's Health	1
Findings from Exploratory Research	3
Gambling in Brazil	5
Spotlight on Research Centres	7
Sports Betting Risky for Students	8
Social Marketing Turns Poker into a Lifestyle	9
Current Publications	10
* * *	
News from Centre	11
Upcoming Events	12

Continued on page 2

Currently, there are almost no treatment services for problem gambling available in the UK NHS. Both the Budd Commission and the review commissioned by the Responsibility in Gambling Trust (RIGT) recommended the adoption of a system of stepped care for the treatment of problem gambling. The BMA recommended that such treatment could be integrated within existing NHS addiction services and be funded either through the RIGT or other gambling-derived revenue. In this scenario, the modalities utilised for the treatment of drug problems could be adapted to suit the particular requirements of problem gamblers and to fit with the services and modalities that already exist in this area. It should also be noted however that problem gambling is idiosyncratic and that analogies between problem gambling and other drug-based addictive disorders may not always be of direct relevance. Where possible, treatment should be based on individual needs following a full assessment.

## ***There are almost no treatment services for problem gambling available in the UK NHS.***

The Budd Report recommended that the RIGT should be given around £3 million per annum in funding and that if the industry did not fund the charitable trust, a statutory levy would be introduced. The current level of gaming industry donations is insufficient. Even if the industry donated £3 million a year this equates to only £10 per adult problem gambler (based on there being 300,000 adult problem gamblers in the UK) – and that does not include help for adolescent problem gamblers. Three million pounds a year for all research, prevention, intervention, and treatment is inadequate and is ‘small change’ to a billion pound gaming industry.

The main recommendations that the BMA report made were targeted at particular stakeholders. Some of these are listed below:

### **Healthcare professionals:**

Should be aware of the types of gambling, problem gambling, demographic and cultural differences, and the problems and common comorbidities associated with problem gambling.

Should have education and training in the diagnosis, appropriate referral and effective treatment of gambling problems addressed within GP training.

Should understand the importance of screening patients perceived to be at increased risk of gambling addiction.

They should be aware of the referral services available locally, and also support services.

### **Gambling operators and service providers:**

Should supply information on gambling addiction, treatment and services to patrons.

Should support development of centralised training for gambling venue staff to ensure uniform

standards and accreditation.

Should pay at least £10 million per annum to fund research, prevention, intervention, and treatment programmes.

### **Services:**

Information about gambling addiction services, in particular services in the local area, should be readily available to gamblers.

Treatment for problem gambling should be provided under the NHS (either as stand alone services or alongside drug and alcohol addiction services) and funded either by the RIGT or other gambling-derived revenue.

Expand provision of nationally dedicated problem gambling treatment, advice and counselling services both in and outside of the NHS.

### **Screening:**

Brief screening for gambling problems among participants in alcohol and drug treatment facilities, mental health centres and outpatient clinics, as well as probation services and prisons should be routine.

### **Youth gambling:**

All adolescent gambling should be taken as seriously as adult problem gambling.

There should be a review of slot machine gambling to assess whether slot machine gambling should be restricted to those over 18 years of age.

Education and prevention programmes should be targeted at children and adolescents along with other potentially addictive and harmful behaviours (eg smoking, drinking, and drug taking).

### **Research – There should be:**

Regular surveys of problem gambling services, including helplines and formal treatment providers, and evaluations of the effectiveness and efficacy of these services.

Research into the efficacy of various approaches to the treatment of gambling addiction needs to be undertaken.

Research into the association of Internet gambling and problem gambling be conducted.

Research into the impacts of gambling, including health, family, workplace, financial and legal impacts.

Long-term studies should be conducted into problem gambling, treatment, and the impact of gambling legislation on prevalence of problem gambling.

### **References:**

Griffiths, M.D. (2004). Betting your life on it: Problem gambling has clear health related consequences. *British Medical Journal*, 329, 1055-1056.

Griffiths, M.D. (2007). *Gambling Addiction and its Treatment Within the NHS*. London: British Medical Association. Can be accessed for free at: <http://web.bma.org.uk/ap.nsf/Content/gamblingaddiction>

# Findings from Exploratory Research into Player Attitudes and Behaviours

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**D**espite the substantial growth of remote gambling in recent years, in terms of both availability and participation, we currently know relatively little about it. Essentially, the aim of the eCOGRA (eCommerce and Online Gaming Regulations and Assurance) Global Online Gambler Survey was to explore this phenomenon, and to find out more about the “basics” of online play: who gambles, in what way and why? The research took place in two phases. Initially, data for the quantitative investigation was collected using an Internet survey. Overall, 85 questions including closed and open-ended questions were used to collect data on various aspects of behaviour and attitudes of players who had gambled at Internet casino sites, Internet poker sites or both within the last three months.

## Summary of Participant Details

- Total Respondents 10865
- Males 6246
- Females 4517
- Countries 96
- Employment Sectors 37

In the second phase of the research, focus groups were held across five countries (three focus groups in each). A total of 94 Internet gamblers (male and female) ranging from 17 to 60 years of age participated in the research.

Of those participating in the survey 58% were male and 42% female, with the majority of respondents being between the ages of 18-65. The majority of Internet play took place at home (89.7% of respondents), with the most popular time of day being in the evening (71.9%), followed by late night (53.4%). Women (9.1% compared

to 7.6% of men) were significantly more likely to play at work.

## Internet Casinos

Women gambled more frequently and for longer periods of time, but spent lower amounts of money than men. Men gambled for shorter, less frequent periods of time, but they played at higher stake levels.

**According to this survey the typical Internet casino player was likely to (percentage of Internet casino players):**

- Be female (54.8%)
- Be age 46-55 (29.5%)
- Play 2-3 times per week (37%)
- Have played for 2-3 years (22.4%)
- Play for between 1-2 hours per session (26.5%)
- Wager between \$30-\$60 (18.1%) per session

This was consistent with Lesieur’s (1988) suggestions regarding gender differences in motivations for gambling. For example, the finding that men gambling for excitement and arousal is consistent with short, high risk casino gambling sessions, whereas women’s preference to ‘escape’ or relax through gambling is consistent with long, lower risk gambling sessions.

Overall, people tended to claim financial success (winning more or losing less) when playing online poker compared to playing at casinos. Less than a third of poker players claimed to lose money on a monthly basis, and twice as many casino players claimed to lose money than win money in Internet casinos.

## Internet Poker

Men were significantly more likely than women to play Internet poker (almost 3:1 in favour of men), and were significantly more likely to be younger players. Men were also

more motivated to gamble online for excitement and for financial reasons when playing poker and women reported higher levels of social motivation or avoidance behaviour (e.g. boredom and escape).

**According to this survey the typical Internet poker player was likely to (% Internet poker players):**

- Be male (73.8%)
- Be age 26-35 (26.9%)
- Play 2 to 3 times per week (26.8%)
- Play one (24.1%) or two (24%) tables at a time
- Consider the monthly bonus (30.8%) to be the most important factor in deciding where to play
- Play both cash games and tournaments (34%)
- Play at big-blind (minimum stake) levels of \$0.50 to \$2.00 (61.2%)
- Play with 6-10% of their bankroll at a table at anyone time (23%)
- Use the chat facility but not very often (37.8%)
- Claim that they are “average” in terms of skill level
- Feel that there is slightly more skill involved in poker than luck (31.9%)
- Have played for 2 to 3 years (23.6%)
- Play for between 1 to 2 hours per session (33.3%)

Around 12% of players pretended to be a different gender when playing online. Those who always swapped genders when playing poker reported having less profitable play than other players. This finding is consistent with Parke, Wood, Griffiths, and Rigbye (2006) who found that gender swapping during poker play among students was the number one predictor of gambling problems when playing Internet poker.

<b>Players' Perception of the Value of Responsible Gambling Features</b>					
<i>Feature</i>	<b>Not at all Useful</b>	<b>Not very useful</b>	<b>Quite useful</b>	<b>Very useful</b>	<b>Extremely useful</b>
<b>Self-set spending limits</b>	11% (962)	18% (1576)	<b>40% (3452)</b>	18% (1558)	12% (1046)
<b>Self-set time limits</b>	19% (1604)	31% (2614)	<b>32% (2708)</b>	12% (989)	7% (556)
<b>Self-exclusion</b>	16% (1347)	26% (2145)	<b>35% (2857)</b>	13% (1046)	10% (813)
<b>Regular financial statements</b>	9% (766)	16% (1318)	<b>42% (3530)</b>	20% (1700)	13% (1086)
<b>Self-assessment test</b>	14% (1186)	23% (1932)	<b>38% (3165)</b>	15% (1273)	9% (723)

### Responsible Gambling

On average, participants claimed that they would generally find responsible gambling features such as: limits on time and spending, self-exclusion, regular financial statements and responsible gambling information to be at least "quite useful" (see table below).

The survey and focus group data reveal that players prefer less restrictive options such as financial statements, with less interest being expressed in more restrictive alternatives such as limits and self-exclusion. Furthermore, while spending limits and checks on "affordability" were suggested by some respondents, putting these suggestions into practice may not (at least in today's infrastructure and regulatory framework) be feasible nor practical. For example, players setting up limits on one account or set of accounts may, once they reach a limit and want to continue gambling, open new accounts with competitors where there would initially be no restrictions in place. Responsible operators would suggest that investment in such an approach could prove self-defeating.

### Some Key Conclusions and Future Directions

It is important to note that gender differences in Internet gambling are changing. More women are playing internet casino games compared men

and more women than ever are playing Internet poker (26.2% of players are female compared to 15% as estimated by the AGA 2006). This change is probably the result of a variety of different factors:

1. The "de-masculinisation" of gambling – gambling is becoming more acceptable for women, especially in the context of heavy media exposure of female poker celebrities (e.g. Jennifer Tilly).
2. The Internet provides a great learning environment for women – playing for free or for as little as 1-2 cents means females can learn to play very cheaply. The Internet also permits anonymity for those novices who would have been afraid to make mistakes offline.
3. Women claim that the internet provides a high level of security, privacy and convenience that is not available in real environments offline.

Furthermore, despite some claims that online poker has reached its peak in terms of popularity, findings from this study may have different implications. Younger players are playing Internet poker and older players are playing at Internet casinos. It is hard to tell if this is an age effect or a cohort effect. However, we would suggest that such differences may be a result of both, given that younger people have:

1. Larger social networks which may fuel the acquisition and maintenance

of poker behaviours (e.g. home games).

2. More exposure to, and be potentially more influenced by, media coverage of poker (e.g. televised games; celebrity poker events etc.).
3. More time to play poker (argued to be more time consuming than playing at Internet casinos) as a result of having less responsibilities.

Such a trend implies that with time, the popularity of poker may continue to grow at the expense of Internet casinos, as today's younger players continue to play in their older years and newer, younger players continue the trend and enter into the game.

In terms of future research, now that we have more information about the "who, where, why and how" of Internet gambling, we should now probe deeper to further explore player strategy (e.g. styles of play, winning and losing strategies etc), player motivation and perhaps most importantly, problem gambling.

### References

- American Gaming Association (2006) State of the States: The AGA survey of casino entertainment.
- Lesieur, H. R. (1988). The Chase: career of the compulsive gambler. Cambridge: Shenkman.
- Parke, J, Wood, R. T. A., Griffiths, M. D. and Rigbye, J. L. (2006). An exploratory investigation into student Internet poker playing. Paper presented at the 1st GREGRI Remote Gaming Conference in Amsterdam.

# Gambling in Brazil: an overview and a proposal

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**D**eveloping a perspective on problem gambling in Brazil requires a consideration of a number of factors, including a lack of public awareness and government involvement, and an absence of hard data to support prevention and treatment initiatives.

Brazil's big gambling boom happened in 1993 when a federal law legalized bingo. The aim was to foster sports without diverting state money from other priorities. However, loopholes in the law opened the door for electronic bingo (which allowed players to bet on hundreds of bingo cards per game) and electronic gambling machines parlors (EGMs) that spread throughout the country. Nowadays, what is popularly called a bingo house in Brazil refers to venues that have a government license to operate both bingo draws and EGM, also referred to as "video-bingo." Nevertheless, clandestine EGM are easily found at bars, restaurants and cafeterias frequented by adults and adolescents alike <sup>(1)</sup>.

gamblers. The typical gambler tends to be either middle class or from the upper sub-stratum of the low-income portion. Having a personal source of income, he or she is usually the head of the family, or shares the role with a spouse. The average urban Brazilian family from these social strata has two kids. In other words, taking a conservative guess that 2.5% of Brazilians are either pathological or problem gamblers, we have an additional percentage of 7.5% of family members in direct contact with the gambler, resulting in roughly 10% of our population having to deal with direct problems generated by uncontrolled gambling. <sup>(2)</sup>

While we wait for hard data on gambling rates, we have to rely on profiles from clinical studies despite what are often non-representative samples. The picture that emerges is of a middle-aged individual, either male or female (the gender ratio nears 1:1 with a slight predominance of men), having high-school or college education. However, at both

seeking treatment for alcohol and drug addiction, one study reported 70% of them were social gamblers, 20% were pathological gamblers, and 10% were problem gamblers – all numbers quite close to similar North American studies. <sup>(6)</sup>

The current gambling scene in Brazil, the range of games offered and the public preferences pretty much follow international patterns, with EGMs leading the way. But there are historical and contemporary differences. One example of the former is the animal game (AG). The AG is an informal lottery created by the Baron Joao Batista V. Drummond, founder and former proprietor of Rio de Janeiro's Zoo Park in 1892. The tickets had a stamp of an animal from the zoo on their back; at the end of the day they would lower from a mast the shrouded image of an animal, and then reveal it. The purchaser of the ticket with the matching animal won back their money, plus an additional 20 times its value. The game was swiftly adapted to draws unlawfully based on the numbers of official lotteries – what started as an innocent play is today a complex and unregulated business on the wrong side of the law. Despite suspicions of association with organized crime, the AG remains quite popular. In its current form the numbers correspond to different animals, and people resort to dream interpretations and similar hunches to guess the lucky numbers. <sup>(2)</sup>

Another factor in Brazilian gambling patterns lies with the massive popularity of the internet among teens and young adults. Brazil is one of the world leaders in home internet access, and half of that comes from adolescents. Adolescents and young adults with pathological gambling problems seldom seek help, but there is new

## ***Roughly 10% of Brazil's population contends with direct problems generated by uncontrolled gambling.***

Despite the growing availability of gambling, we still lack any epidemiological data on its prevalence or impact in Brazil. Only one national survey on this issue has been conducted, but the data is still under analysis. A second survey is currently underway. We estimate the prevalence rate will follow the international trend of other countries with EGMs, likely falling somewhere between 0.5 and 1.0% of pathological gamblers, with an extra 1.0% to 2.0% of problem

specialized university treatment centres and Gamblers Anonymous meetings, we are seeing an increasing number of gamblers in their 30s or younger, although the mean age of those in treatment remains at around 40. The majority of the men and women seeking treatment point to EGMs as the type of gambling that caused most harm and led them to seek treatment. Men usually had previous experiences with other games, while the majority of women started directly with EGMs. <sup>(3, 4, 5)</sup> Among patients

evidence of increasing numbers of young adults in their 20s coming for treatment. The small but growing segment of gamblers has a clear preference for electronic gambling, knows online poker and its variants very well, as they tend to have their first contact with card gambling games through the internet.

The law that regulated bingo from 1993 was intended to be temporary, in the hope that legislators would eventually be able to come to an agreement about the extent to which gambling should be regulated. This never happened. Instead, Brazil has been left without any legislation to regulate gambling since 2002. Gambling is now considered illegal, except for state lotteries, horse racing, and bingo and all the EGMs found under the umbrella of the expired law, whose owners keep paying taxes that the Brazilian government is nevertheless all too happy to collect.

Despite this exceedingly tenuous position, there exists no public debate about how Brazilians want to deal with gambling, how to supervise it, how to bring it under consumer protection controls, and how to protect the vulnerable. The lack of clarity about what is gambling and how much of it is tolerable hampers public awareness of the need for primary and secondary prevention, and although authorities recognize the need for treatment of pathological gamblers, tertiary prevention is only just beginning with few initiatives concentrated in the cities of Sao Paulo and Rio de Janeiro. <sup>(1)</sup>

If estimates are confirmed by survey data currently under analysis, then gambling in Brazil is set to provoke serious discussion about issues of public health, law enforcement and the economy. A basic first step in primary and secondary prevention involves making the population aware of the risks of gambling. Next, preventative and educational programs must be put in place to target tweens and young adolescents at risk for developing gambling

problems, as well as the usual associated host of high risk behaviors (tobacco, drug and alcohol abuse, delinquency and school truancy). They need to be informed about the potentially harmful behaviors associated with the new

Even a small percentage of the sin taxes would suffice to put such projects in motion, and companies or individuals interested in collaborating with it could make donations in such a way as to ensure transparent decisions based solely

## *There exists no public debate about how Brazilians want to deal with gambling.*

electronic media (internet misuse, on and off-line excessive video-gaming). Regarding those already affected, gambling clinic coverage would be greatly improved if the recent efforts to expand public treatment for addictions were extended to pathological gamblers.

Obviously, these measures require investment; such funds already exist in the form of taxes applied to tobacco, alcohol and gambling activities. There is a current polemic going on among public health professionals in Brazil about what would be the ideal relation between them and the so-called “sin industry.” Some work in direct collaboration on the basis that any initiative is better than none. Conversely, others advocate a complete separation to prevent conflict of interests. The National Association on Pathological Gambling and Other Impulse Control Disorders ([www.anjoti.org.br](http://www.anjoti.org.br)) struggles for the creation of an independent board of trustees. This board would be multi-professional in nature (economists, sociologists, public administrators, legislators, physicians, psychologists, etc.), and would be self-managed in order to assure independence since the Brazilian government is also a provider of gambling. Its main purpose would be to evaluate proposals for public policies and research on addictions and impulse control disorders based on potential social impact, methodology soundness, and previous scientific evidences.

on social and scientific merit. The board would also be responsible for outlining regulatory measures sent for public referendum by the people or its representatives <sup>(1)</sup>, and could serve to educate the public on how gambling and behavioral addictions need to be included in high risk behaviors prevention programs for youth. Any one of these measures would be a significant contribution to creating public awareness of gambling as a high risk activity, and would begin to address a long-standing absence of regulatory action in this area.

### References

1. ANJOTI bulletin, April 2006, vol. 1. Available at: <http://www.anjoti.org.br/boletins/bol1.pdf>
2. Tavares H, Gentil V, Oliveira CS, Tavares AG. Jogadores patológicos, uma revisão: Psicopatologia, quadro clínico e tratamento. Rev Psiquiatria Clin, 1999;26(4):179-87.
3. Tavares H, Zilberman ML, Beites FJ, Gentil V. Gender differences in gambling progression. J Gambl Stud, 2001;17(2):151-9.
4. Tavares H, Martins SS, Lobo DS, Silveira CM, Gentil V, Hodgins DC. Factors at play in faster progression for female pathological gamblers: an exploratory analysis. J Clin Psychiatry, 2003; 64(4):433-8.
5. Oliveira MPMT, Silva MTA, Silveira DX. Validity study of the South Oaks Gambling Screen (SOGS) among distinct groups of Brazilian gamblers. Rev Bras Psiquiatr, 2002;24(4): 170-6.
6. Carvalho SVB, Collakis ST, Oliveira MPMT, Silveira DX. Frequency of pathological gambling among substance abusers under treatment. Rev Saude Publica, 2005; 39(2):217-22.

# Center for Gambling Studies (CGS)

**Y**outh gambling research and treatment will be one focus of the new Center for Gambling Studies (CGS), a multidisciplinary research, policy and training center for gambling-related issues at Rutgers University that got off the ground this past January.

Based in the School of Social Work in New Brunswick, N.J., the CGS will pursue three main goals. The first is to foster interdisciplinary and international research on a variety of gambling-related issues, ranging from the legal and business aspects of gambling to problem gambling intervention and treatment. Current research projects include designing a pathway-specific screening instrument for problem gamblers, evaluating the gambling and high risk behaviors of homeless adults and youth, and investigating the relationship of motivation in treatment compliance.

As a second goal, the Center has created a “policy consortium” of

experts from industry, government and academia who will study topical gambling issues and publish periodic reports to inform government, industry and community leaders.

“We want the Center to be a source of objective, expert information for policymakers and community leaders,” said Associate Professor Lia Nower, who serves as the Center director. “On any given issue, there are a number of perspectives to consider. We need to evaluate all those perspectives and incorporate them into a useful framework.”

An NCPG clinical supervisor and former criminal prosecutor, Dr. Nower stressed the importance of balancing economic and legal concerns regarding gambling with the social impact of decisions on problem gamblers and their families. To that end, the Center will actively partner with the



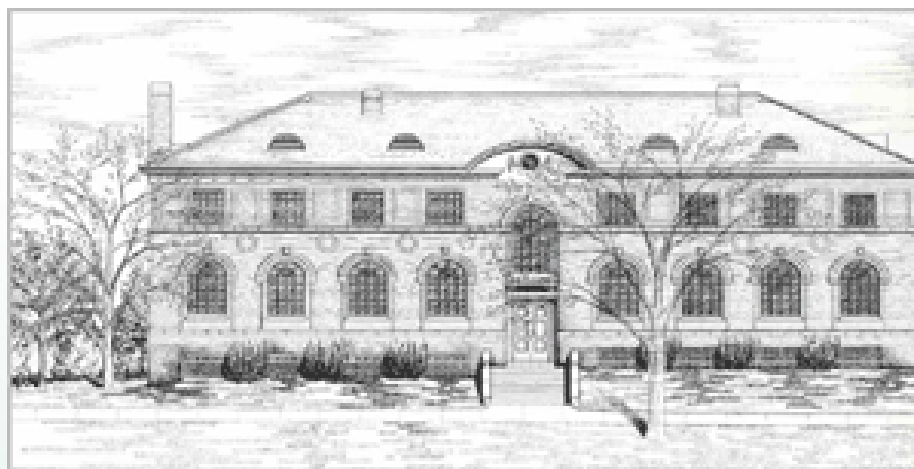
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New Jersey Council on Compulsive Gambling as well as with the gaming industry to ensure consideration of all relevant information, she said.

The Center’s first policy brief will evaluate state policies concerning the licensing of gambling counselors and posit minimum competency standards to guide future decision making in that area. Other briefs will examine the effectiveness of putting slot machines at racetracks and of privatizing the state lottery system.

The third goal of the Center is to train clinicians and educators in the prevention, identification, and treatment of youth and adult problem gambling through a continuing education certificate program. Master’s and Ph.D. students at Rutgers will have the opportunity to obtain a Certificate in Gambling Studies by participating in clinical training that will qualify them for NCPG and/or ACGCCB licensure. In 2008, community providers will be able to access the same training through the School’s continuing education program.

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# Sports betting risky for students

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**O**n any given Sunday, you'll find Matthew, 17, all decked out to cheer on his favourite football team. He'll be wearing his favourite player's jersey, along with his cap, socks and briefs all sporting their logo. To top it all off, he'll even be carrying a team flag to wave.

It would be an understatement to say that Matthew, like many teens his age, is a sports fan. Being involved in school and junior leagues, or watching televised matches means many teens develop a strong interest in a variety of professional sports.

*While many are watching for the love of the game, an increasing number are putting money down on the final score.*

The two top sports betting events in North America are the Super Bowl and the NCAA's March Madness. During the playoffs leading up to these games, someone with a gambling impulse disorder is at great risk. The media hype surrounding them can lure the more vulnerable students into placing a bet.

While many are simply watching for the love of the game, an increasing number of students are putting money down on the final score. Data from the National Gambling Hotline estimates that 48% of gamblers are betting on sports, with 25% of the participants being under the age of 25.

On many college campuses it is easier to place a bet than buy a beer when watching the game. While numerous schools have policies against gambling, sports betting can often go undetected since it is not uncommon for students to discuss an upcoming game. Moreover, high schools and colleges often encourage this interest through the strong support of their

own teams, to build school spirit and encourage healthy student involvement in athletics. This can have unintended consequence of placing more emphasis on the final score than on the game play itself.

A common misconception among athletes and sports fans is that playing or studying the game will give them the winning edge when it comes to betting. This belief is pervasive among both teens and adults. However, no matter how well you know the inner workings of a game, there is a predominant element of chance.

Betting on sports can pose a huge problem for compulsive gamblers, as there are so many ways to wager your money. While placing bets with bookies is an underground operation, a lot of sports wagering takes place online, with literally hundreds of sites dedicated to wagering on sports. While betting on sports is only legal in the state of Nevada, the internet makes gambling accessible no matter where you reside. Along with their 24 hour convenience, these sports gambling sites ask gamblers for nothing more than a credit card.

Nevada sports books reports that nearly 90 million dollars are wagered annually on the Super Bowl alone. These figures do not take into account the multitude of illegal gambling that also takes place so the actual amount of money involved is probably significantly higher. College basketball's March Madness, on the other hand, takes place over three weekends. Millions of dollars are wagered by individuals who believe they will be able to predict the top

four teams, as well as the team that wins the championship title. A literal frenzy builds on the college campuses of top teams during game season, and even those disinterested in sports get tend to get swept up in the hype.

Students who are involved annually in wagering on sporting events like March Madness and the Super Bowl can also find themselves increasing the amount of money they bet in order to maintain the same level of excitement that was experienced the previous year. It is estimated that a college student who has a problem with gambling can wager up to \$1500 per game during the tournament season. Bets for both events are often made with illegal bookies and loan sharks, with potentially dangerous repercussions for students.

Sports gambling tends to be more tolerated and even fostered by parents, teachers and school administrators than card games like poker, since the emphasis on the former is seen in affiliations with teams and favourite players, as well as the overall lure of the ball game rather than on the wager. An interest in athletics is fostered in many homes and schools, and parents and school administrators often don't see a problem with students putting money down on a game.

It's critical to help teens and young people separate the excitement of the game from the wagering on results. During such mega-events as March Madness, parents, teachers and school staff need to keep a watchful eye on sports fans who make the leap from one to the other. The consumption of drugs and alcohol are not the only illegal and/ or high risk activities taking place on campus, and most teens and young adults are unaware of the risks of sports betting. Gambling can take shape in many forms, and what may seem like harmful fun can quickly turn into something seriously addictive.



# Social marketing turns poker into a lifestyle

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The leisure and entertainment industry has grown exponentially in the last few decades, with the gambling sector experiencing exceptional growth and popularity. Among adolescents and young adults, poker has emerged as one of the most popular gambling activities. This widespread social acceptance and legalization of gambling venues and games has led to its gradual commercialization, legitimation, and normalization. The industry has developed and refined strategies of social marketing to gain more access and secure a larger public. Beyond the normalization of the game, the contemporary trend is to promote poker in a positive light, effectively dissociating the game from gambling, and selling it as a lifestyle or legitimate career choice.

While the game of poker is hotter than ever, it's important to note that the global euphoria over gambling is not quite new. A quarter of a century ago, anthropologist David Hayano wrote, in the preface to an ethnography on the life and work of professional card players, that gambling had found a permanent niche in American history and popular culture (Hayano, 1984, ix) That being said, gambling today has been transformed by our consumer culture, which blurs the line between image and reality in consumer goods and services. This kind of commercialized pop culture is unique because of the fact that products are no longer sold solely for their functional or intrinsic properties, but for an image or value that they have come to represent, often through an arbitrary association determined by marketing experts. Hence the iPod

lets us listen to music on the go, but also confers a particular status to its possessor.

Like other products of consumption such as clothing and cars, poker is sold through an array of values and images; prestige, luxury, success, fame, fancy cars, pretty girls, and lots of money. Consequently, poker players do not engage in gambling solely for the purpose of leisure or entertainment, but seek to win huge amounts of money while attaining a certain level of social recognition. Poker is promoted as a highly desirable lifestyle, capturing the attention of young and old alike through advertisements and media



glamorous image of poker and poker players; one that might convince individuals that gambling is an easy road to success and fame. Our work with high school and college students has revealed that many are actually considering giving up their education to concentrate on playing poker for a living. It is clear to us that the image

## *The social marketing of poker represents a clear threat.*

coverage. Proof of this trend is evidenced in the highly visible presence of poker paraphernalia, such as poker-themed clothing, classy cufflinks, sunglasses, and belt buckles. Poker lifestyle shows are now promoting high end merchandise often associated with luxury and fame including jewellery, cruises and cars.

Of equal concern is the underlying encouragement for teens and young adults to devote time and effort into developing poker careers of their own. Poker promoters are careful to emphasize that skill and experience are necessary to become a professional poker player. Successful role models and erroneous assumptions about gambling are used to promote and manipulate a

of poker as a way of life, as a viable career choice, must be carefully deconstructed by prevention and educational messages in order to counteract these highly prominent societal trends. This strategic marketing of poker is hindering the efforts of gambling prevention initiatives, which seek to denormalize gambling as harmless entertainment. If we have a mandate to promote good health amongst adolescents and young adults, the social marketing of poker may represent a clear threat.

### **Reference:**

Hayano, David M. (1983) *Poker Faces. The life and Work of Professional Card Players.* University of California Press. Berkeley and Los Angeles, California.

# Current Publications of Interest

## In Press

Messerlian, C., Derevensky, J., & Gillespie, M. (in press). Beyond drugs and alcohol: Including gambling in our high-risk behavior framework. *Pediatrics and Child Health*.

Dickson, L., & Derevensky, J. (in press). Preventing adolescent problem gambling: Implications for school psychology. *Canadian Journal of School Psychology*.

Huang, J.-H., Jacobs, D., Derevensky, J., Gupta, R., Paskus, T., & Petr, T. (in press). Pathological gambling amongst college athletes. *American Journal of College Health*.

Magoon, M., Gupta, R., & Derevensky, J. (in press). Gambling among youth in detention centers. *Journal for Juvenile Justice and Detention Services*.

Gupta, R., & Derevensky, J. (in press). Gambling practices among youth: Etiology, prevention and treatment. In C.A. Essau (Ed.), *Adolescent addiction: Epidemiology, assessment and treatment*. London, UK: Elsevier.

Gupta, R., & Derevensky, J. (in press). A treatment approach for adolescents with gambling problems. In M. Zangeneh & A. Blaszczynski (Eds.), *Introduction to gambling and problem gambling*. New York: Springer Books.

Sakloske, D., Schwan, V., Bartell, R., Mureika, J., Andrews, J., Derevensky, J., & Janzen, H. (in press). School psychology in Canada: Past, present and future perspectives. In T. Fagen & P. Sachs-Wise (Eds.), *School psychology: Past, present and future, 3<sup>rd</sup> ed.* Washington: National Association of School Psychology.

## Current Publications

Derevensky, J., & Gupta, R. (2006). Measuring gambling problems amongst adolescents: Current status and future directions. *International Gambling Studies, 6*(2), 201-215.

Turchi, R.M., & Derevensky, J. (2006). Youth gambling: Not a safe bet. *Current Opinions in Pediatrics, 18*(4), 454-458.

Gillespie, M., Derevensky, J., & Gupta, R. (2007). The utility of outcome expectancies in the prediction of adolescent gambling behavior. *Journal of Gambling Issues, 19*, 69-85.

Gillespie, M., Derevensky, J., & Gupta, R. (2007). Adolescent problem gambling: Developing a gambling expectancy instrument. *Journal of Gambling Issues, 19*, 51-68.

Messerlian, C., & Derevensky, J. (2006). Evaluating the role of social marketing campaigns to prevent youth gambling problems: A qualitative study. *International Journal of Mental Health, 4*, 294-306.

Derevensky, J. (2007). Impulsividade: Jogo entre Jovens e Jogo Problemático. (Youth gambling and problem gambling: Another high risk behavior). In A. Gigliotti & A. Guimaraes (Eds.), *Dependencia, Compulsao e Impulsividade (Compulsivity, impulsivity, and addiction)*. Brazil: Editoro Rubio, 77-80.

Derevensky, J. (2007). Impulsividade: Jogo Patológico. (Pathological gambling: Impulse control disorder or an addiction?) In A. Gigliotti & A. Guimaraes (Eds.), *Dependencia, Compulsao e Impulsividade (Compulsivity, impulsivity, and addiction)*. Brazil: Editoro Rubio, 77-80.

## Recent Presentations

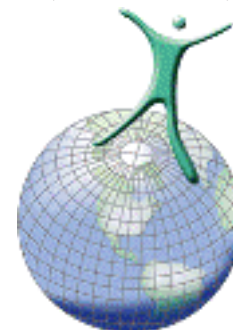
Derevensky, J. (2006). Gambling problems in children and adolescents. Invited address presented at the 10<sup>th</sup> NEFESH International network of orthodox mental health professionals annual conference. Lawrence, New York, December.

Derevensky, J. (2006). Youth Problem gambling: Past, present and future challenges. Invited keynote address presented at the National Association for Gambling Studies annual conference. Sydney, Australia, November.

Derevensky, J. (2006). Electronic gaming machines: A Canadian perspective. Invited address presented at the symposium: Gambling and Problem Gambling in Norway: Lessons from National and International Research. Oslo, Norway, October.

Derevensky, J. (2006). What we know about youth problem gambling: Myths, realities, and Public policy challenges. Invited keynote address presented at the Vermont Conference on Addictive Disorders annual conference, Fairlee, Vermont, October.

Derevensky, J., Gupta, R., & McBride, J. (2006). Internet gambling among youth: A cause for concern. Invited paper presented at the Global Remote and E-Gaming Research Institute Conference, Amsterdam, Netherlands, August.



## News from the Centre ...

### New Staff

We are pleased to welcome **Jean Claude Moubarac** to our team at the Centre. He is engaged in various fieldwork projects at the Centre, as well as teaching prevention workshop in high schools. He is presently working on an article about social marketing and poker.

Jean-Claude has his BA and MA in anthropology, with a specialization in Peruvian archaeology. He is now conducting fieldwork for his PhD thesis in public health. His research interest lies in health behaviours, patterns of consumption, social and cultural influences on health, and the theoretical framework underlying concepts of race and ethnicity. Previously, Jean-Claude worked as an educational presenter with science education company Mad Science in schools throughout Québec. Jean-Claude is also engaged in developing cultural and sustainable travels with Ecotours, a Montreal-based enterprise that promotes the preservation of the environment and of cultural diversity through travel.

### New Projects

#### *Cardiac Project*

We've begun work on a new joint research project studying the acute cardiovascular effects of gambling in patients with stable angina at and Montreal General Hospital. Dr. Jonathan Afilalo, M.D., of the Cardiology Division, Department of Medicine at the Jewish General Hospital, McGill University, will be leading a team with Dr. Mark J. Eisenberg, M.D. Ph.D., Dr. Vidal Essebag, M.D. Ph.D., Dr. Jeffrey Derevensky, Ph.D. and Dr. Rina Gupta, Ph.D. This project is being funded by the Ontario Problem Gambling Research Centre.

This project will be the first to systematically assess the cardiovascular effects of gambling. In the early 1980's, an increased frequency of sudden cardiac deaths was observed in Atlantic City casinos. This prompted the widespread implementation of automatic external defibrillators in these establishments. However, the physiologic basis for these cardiac deaths during gambling has not been established, prompting interest in this kind of research. Patients with stable angina may be particularly vulnerable to the cardiovascular stress of gambling given their inability to effectively increase blood supply to the heart when faced with an increased workload.

For this study, 50 subjects with stable angina will be recruited to wear Holster monitors and ambulatory blood pressure monitors for a period before, during and after gambling, to assess the cardiovascular impact of the gambling activity.

#### *Gambling ad analysis*

Dr. Alissa Sklar has received the green light from SSHRC's Research and Development Initiatives grant program to go ahead with a two year project titled "Selling the game: a teen-focused analysis of gambling advertisements." Alissa will compile print ads, online ads and television commercials for an archive at the Centre, and then analyze the texts for recurring messages, themes, image associations and dominant metaphors and narratives. Her objective is to seek out those message elements that will have particular resonance for youth readers and viewers. This information can then be used towards the development of

gambling advertising policy akin to that in place for alcohol and tobacco products.

### *Talk It Out expands*

The Centre is pleased to announce the expansion of the *Talk It Out* online chat site to include adults up to age 27. The site [www.gamtalk.net](http://www.gamtalk.net) will be linked to [www.gamtalk4teens.org](http://www.gamtalk4teens.org), so that young adults will also be able to access the free, confidential and anonymous counselling currently available to teenagers. The service is available daily from 8 p.m. to midnight EST, and allows gamblers to discuss their concerns with trained counsellors (supervised by licensed psychologists), who can then direct them to local resources. [www.gamtalk.net](http://www.gamtalk.net) should go online as of April 1, 2007. This pilot project is funded by the Max bell Foundation and continues through August, 2007.

### Spring Cleaning

The International Centre for Youth Gambling Problems and High Risk Behaviors is in the midst of an extensive redesign of our website, newsletters and logo. We hope you will enjoy our cleaner, updated look. We plan to have a more user-friendly website up and running in the next couple of months.



# Upcoming Events

Ninth Annual Statewide Compulsive Gambling Awareness Conference

March 22 - 23, 2007

Green Lake, Wisconsin, USA

6th Annual Alberta Conference on Gambling Research

March 30 - 31, 2007

Banff, Alberta, Canada

"21" The Western Regional Gambling Youth Conference

April 5-6, 2007

Seattle, Washington, USA

Les multiples facettes du jeu

June 1, 2007

Quebec City, Quebec, Canada

Striking a Balance: Third National Aboriginal Gambling Awareness Conference

June 5 - 7, 2007

Winnipeg, Manitoba, Canada

<http://www.afm.mb.ca/Partnerships/NAGAC.htm>

21st Annual Conference on Problem Gambling Prevention, Research, Recovery and Treatment

June 8 - 10, 2007

Kansas City, Missouri, USA

ICAA Jubilee Conference

June 10 - 15, 2007

Stockholm, Sweden

International Summerschool on Prevention and Treatment of Problem Gambling

August 27 - 29, 2007

Colchester, United Kingdom

## YGI Newsletter

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