

FEATURE ARTICLE

Youth and Problem Gambling in New Zealand

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Despite the rapid proliferation of gambling in New Zealand, research into our gambling behaviour is scarce. As national prevalence surveys have only sampled those aged 18 years and above, this is particularly the case with regard to the most vulnerable members of our population - youth. Although a small number of exploratory research projects investigating the effects of gambling behaviour within youth

populations have been conducted in New Zealand, only two have been published. Both of these investigated gambling behaviour with first year university students (Clarke, 2003; Clarke & Rossen, 2000).

The findings from these research projects appear to be largely consistent with international studies. Lottery-type activities, casual bets with friends and electronic gambling machines constitute the most popular forms of gambling for our youth (however, participation rates are higher than those for their Australian and some American counterparts) (Clarke, 2003). Whilst the majority of young New Zealanders gamble in a safe and controlled manner, it appears that alarming proportions experience some form of negative consequence as a result of their gambling. In particular, extremely elevated problem rates have been documented using the SOGS-R: 16% (Clarke, 2003) and 17.8% (Clarke & Rossen, 2000). There is also evidence that considerable numbers of young New Zealanders are experiencing substantial negative side effects due to the gambling behaviour of someone close to them (Tan & Wurtzburg, 2003). Thus, more research is needed into youth gambling issues in New Zealand. In particular, our

culturally diverse population necessitates the investigation of gambling issues with youth of Maori, Pacific and Asian ethnicity.



These investigations of youth gambling and the increasing numbers of young people accessing New Zealand's Gambling Helpline (GH) (13.5% of gambler calls in 2000 were from people aged under 25 years; in 2001 this had risen to 14.8%) suggested a need for the provision of resources towards youth gambling issues in New Zealand.

Subsequently, in 2002 the world's first helpline to specialise in youth gambling, 'In ya face', was established in New Zealand as a subsidiary of GH. This service currently operates one day per week and has adopted a culture of 'youth helping youth' - the line is staffed by experienced counsellors who also fall within the youth age range. The service has just launched its new website¹ and is considering options such as Email, talking point forums, graffiti boards, and texting/messaging in order to break down some of the help-seeking barriers encountered by youth.

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The other main source of assistance for young people with gambling related issues is the youth programme² at the Problem Gambling Foundation (PGF). This programme strongly encourages the involvement and support of family and utilises a holistic approach to addressing gambling by also looking at (depending on the needs and goals of the client) the client's readiness to change, coping skills, alternatives to gambling, underlying anxiety/depression, problem solving skills, cognitive restructuring, coping skills, self-esteem, money management and relapse prevention.

As well as the standard treatment services, New Zealand has started to utilise other approaches to raise awareness of the potential for youth to develop problems with gambling. In 2003, PGF published *Supporting the Wellbeing of Young People in Relation to Gambling in New Zealand* (Bellringer et al., 2003). The purpose of that document³ was to nationally raise awareness of problem gambling amongst youth, especially amongst organisations and groups working with youth as well as amongst other interested parties such as the government and local authorities. It focused on a strengths-based approach towards adolescents and detailed action areas of concern including the attitude of adults to gambling, the need for culturally appropriate understanding of the effects of excessive gambling, and the need for more specific research, amongst others. The document has been seen to be a useful and informative resource and has been used in workshops (life skills, drug and alcohol and other youth workshops), as a reference, and to promote discussion.

At the same time, the PGF developed and trialled a gambling resource for use in schools entitled *When is it Not a Game?* This resource consists of a teachers' training manual and accompanying

video for inclusion of gambling issues in the New Zealand Education Curriculum. The resource raises awareness and is highly interactive with the aim of getting school-aged students to think about gambling and how and when it can get out of hand. Following the success of the trial, the resource has now been rolled out to schools in four areas of New Zealand and also to alternative education establishments and youth-based organisations⁴.

The new Gambling Act (2003) in New Zealand is only just being implemented. It focuses significantly on controlling the growth of gambling and preventing/ minimising the harm caused by gambling. A significant implication for young people is that a minimum age of 18 years is now required for all forms of gambling, except to enter a casino, where it is 20 years and bar the national lottery (Lotto), for which there is no age limit. This has tightened up on previous regulation. Additionally, with harm minimisation being a driver of the Act, gambling industries and establishments have a duty of care and an obligation to provide minimum standards including ensuring that minors do not have access to gambling opportunities. Gambling establishments have to positively prove that underage gamblers are kept at bay or otherwise have their licences revoked, especially for the more potentially addictive forms of gambling including electronic gambling machines. Clarifications regarding access to gambling via cell phone text competitions have also been introduced in an effort to protect youth.

Hopefully, these measures will help to curb underage gambling.

The New Zealand Government and people are beginning to recognise

that problem gambling amongst youth is a growing concern and are actively trying to minimise the harms through primary, secondary and tertiary prevention. It is important that these initiatives are informed by local research and are culturally appropriate for our youth.

References

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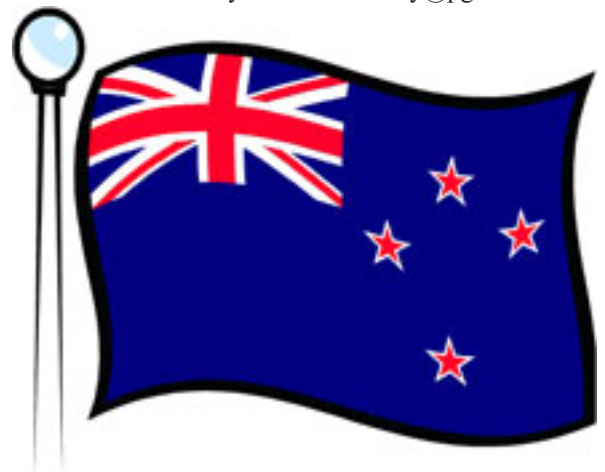
Tan, R., & Wurtzburg, S. J. (2003). *Parental problem gamblers and children: A comparison of the views of parents and children*. Paper presented at the Third International Conference on Gambling in New Zealand, Auckland.

1. www.inyaface.co.nz

2. For further information contact Cynthia Orme at cjorme@pgfnz.co.nz

3. Available from www.gamblingstudies.co.nz/content/Youth%20Gambling%20Report%202003.pdf

4. For further information, contact Clare Docherty at clare.docherty@pgfnz.co.nz



Poker's Popularity Among Teens – Some Concerned...Some Not

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International Centre for Youth Gambling Problems and High-Risk Behaviors

Card playing has always been one of the more popular forms of gambling among youth. Recently, however, the poker craze among teens appears to be approaching epic proportions. Poker, once regarded as a game played by older men behind closed doors, has now metamorphosed into a swanky, alluring celebrity sport.

The poker phenomenon has mostly been spurred by the hot television production, namely ESPN's *World Series of Poker*, and a few popular spin offs including *Celebrity Poker*, and NBC's *World Poker Tour's Battle of Champions*, among others. The latter is said to have drawn in the second highest ratings in the time slot behind the Super Bowl, attracting approximately 10 million viewers.

For many teenagers, the excitement and risk involved in high-stakes betting live on TV is enough to get them hooked to these popular shows. They are not only spectators in this affair. Youth are finding poker playing a thrilling after-school and weekend pursuit, as well as a fun way to socialize with friends. Many of these adolescents see no harm betting on card games at school or in their homes.

Parents too seem to have embraced this new pastime. Some parents feel that with adult supervision, their adolescent can stay out of trouble and engage in

this social activity without the involvement of alcohol or drugs. When compared to drinking parties, parents prefer their teens organizing a poker night even if it means they are staying up late wagering their chances on cards. It seems parents see gambling as the lesser of the evils.

Some professionals may in fact agree, suggesting that if these youth are not betting a lot of money and are staying away from other possible risk behaviours, all the while having a good time, then maybe poker is not so bad.

For most adolescents, playing poker with friends can indeed be an entertaining recreational activity. However, parents and educators should also be aware that some teens can lose control of the pleasurable aspects and take the game too seriously. These teens risk becoming preoccupied with gambling, betting more than they can afford, spending more time gambling than on other important things like school work, or using gambling as a way to escape their



problems. Many studies show that adolescents with gambling problems are at risk for depression, anxiety, academic problems, delinquency and relationship troubles among other serious consequences. The most recent client in our treatment centre has a serious problem resulting from his poker playing. Having taped many of these poker tournament television shows, he spent countless hours watching the tapes for strategies (her referred to these as 'tutorials'). Problems can mount and individuals need to watch for warning signs associated with excessive poker playing.

While the poker buzz is likely to continue (and a variety of these games are on toy shelves and Christmas lists) it is important to balance the benefits this game potentially has among youth with the possible harmful social costs.



Launch – New interactive CD-ROM for gambling prevention

After four years of research and development, the Centre has released two interactive CD-ROM programs, *The Amazing Château* for primary school students (grades 4-6) and *Hooked City* for secondary school students (grades 7-11). These programs, accompanied by a teacher's manual, have been distributed to all schools throughout the province as part of Quebec's Action Plan on Pathological Gambling for 2002-2005.

This new prevention activity will

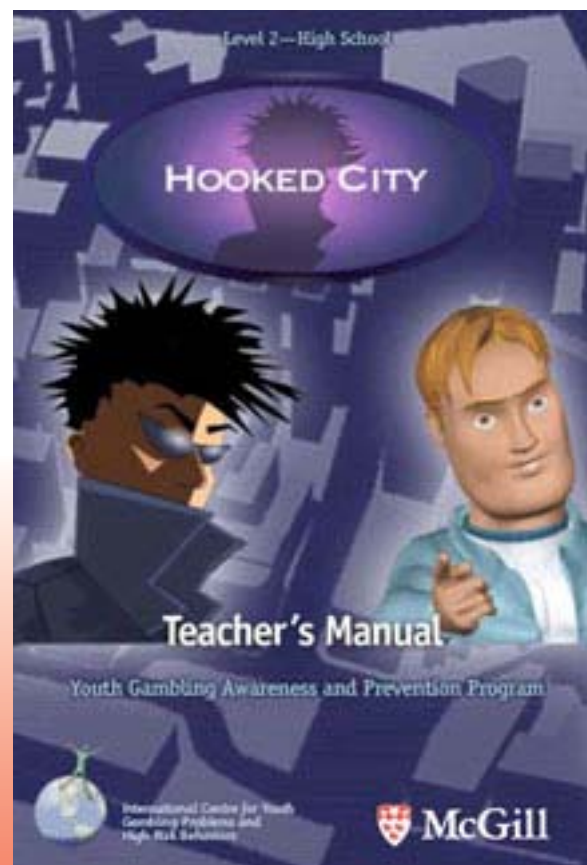
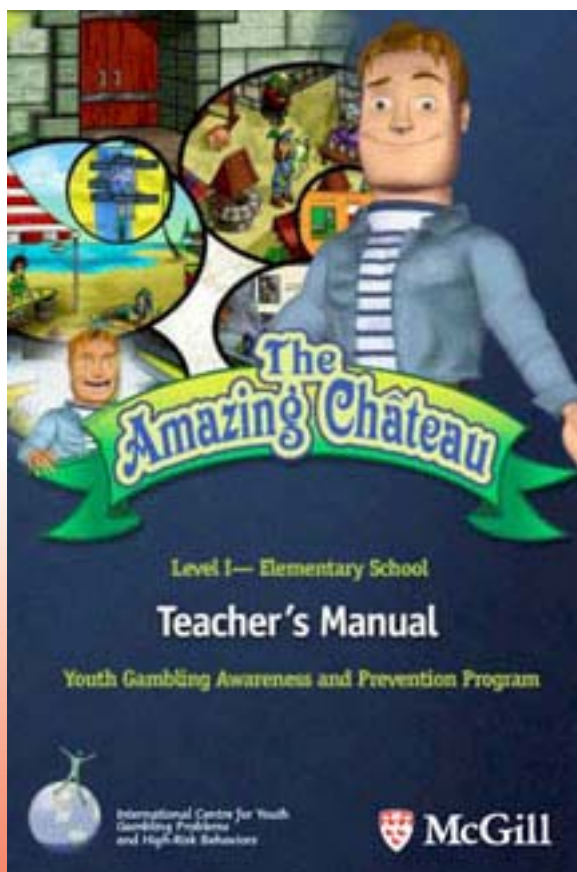
help children and adolescents learn about the facts of gambling and help them make healthier choices. While school-based prevention programs exist, warning youth about the dangers associated with smoking, alcohol use and substance abuse, few programs have been developed and implemented for the prevention of gambling problems.

Both levels of the program have been evaluated to ensure that no harmful gambling behaviours were acquired by participants. After following children for

several months, the program was found to be effective in a number of areas related to preventing problem gambling. For example, student's knowledge concerning youth gambling problems increased and distorted beliefs about gambling decreased.

We will shortly have an online demonstration of each version at www.youthgambling.com.

For more information, please contact Isabelle Martin at isabelle.martin2@mcgill.ca.



It's Not Just About Voting

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Should 14-year-olds be allowed to play poker for money in California card clubs? As silly as the idea sounds, that could be the unexpected result of an even sillier proposal by State Senator Jon Vasconcello's (D-Santa Clara), to give 14-year-olds one-quarter of a vote and 16-year-olds one-half in state elections.

Until the mid-1960's, American society conventionally viewed 21 as the most appropriate age for full adult status, as reflected in most state and federal laws. It was not an issue of great controversy. But the Vietnam War brought the age of majority status into the spotlight. Eighteen-year-olds were sent off to kill or be killed, without having a political voice in this unpopular war.

The result was the 26th Amendment to the United States Constitution, which lowered the voting age to 18 for all elected positions, federal and state. After it was ratified in 1971, it seemed logical to change all minimum age limits to 18. If a person is competent at 18 to make decisions about who should be elected to every office in the land, that person must also be competent to serve on juries. If a person is competent to make those types of decisions that vitally affect the lives of others, that person must be able to make similar choices for him or herself, such as deciding to enter into legally enforceable contracts. Because the law set at 18 years as the legal floor for every other activity, there seemed little reason to keep the age at 21 for drinking, smoking and gambling.

The law of unexpected consequences stepped in. Experience with the lowered age of majority has led legislators to conclude that some activities are just too dangerous for

too many individuals who are only 18 years old and too dangerous for society.

In the last 33 years, state legislatures have moved to raise the age limits for more dangerous activities back to 21. The dangers created by minors' drinking and driving were pushed to the forefront by well-organized advocacy groups such as Mothers Against Drunk Driving (MADD). Their success can be seen in the states' drinking ages.



Although almost every state lowered the drinking age to 18 during the early 1970's, the 1980's saw a nationwide movement to return it to 21. In 1984, Congress required a drinking age of 21 for states to be eligible for federal highway funds. By 1993 the National Transportation Safety Board reported that "no state allows the sale of alcohol to persons under the age of 21."

Because the proliferation of legal gambling began prior to the War in Vietnam and has continued up to the present, virtually all gambling age limits range from 18 to 21, with the ages differing according to the perceived danger of the particular form of gambling involved. So the

minimum age to play bingo and most state lotteries is usually 18, but casino gambling and slot machines is 21.

One of Governor Gray Davis least known, but most bizarre, decisions were to sign compacts opening California's tribal casinos to 18-year-olds. Most tribes voluntarily require bettors to be over 21, because they serve alcoholic beverages.

The law almost always declares that a minor is automatically legally transformed from being an incompetent child into a competent adult on the day the minor reaches a certain age. Yet we all know that 100 percent of all minors do not become instantly wiser the day they turn 18 or 21. So why is the law enforcing a legal fiction?

The legal system has only two ways of dealing with legal competence. It can either take each and every person as he or she is at any moment and conduct hearings to determine that person's actual competence. Or it can impose irrebuttable presumptions.

Both solutions create real-world problems. A case-by-case analysis of each individual would burden the court system beyond its breaking point. Yet whenever the law saves judicial resources by making broad generalizations, some individuals outside the norm will be harmed. A 17-year-old college political science student cannot vote while truly incompetent adults, who have not been institutionalized, can.

In the end, the decision is political rather than scientific. If 14-year-olds have one-quarter of a vote for Governor, they should one-quarter of a vote on a jury. And they should be able to gamble in California's licensed card clubs. That Vasconcello's "Training Wheels for Citizenship" is universally ridiculed shows that society is not willing to start down that slippery slope again.



Let's talk prevention[®]

What messages are we sending youth about gambling?

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International Centre for Youth Gambling Problems and High-Risk Behaviors

While most of us view gambling as a benign form of adult entertainment, a large number of studies show that most adolescents are engaging in legal and illegal forms of gambling activities, and that a small portion of these adolescents are indeed at risk of developing serious gambling-related problems. Gambling has become a socially acceptable activity and is often portrayed positively on television, in the movies and is even featured during community organized events. For instance, *casino nights*, has become a popular form of fundraising in many schools. Although for the majority of adults, participating in gambling activities will not lead to future gambling problems, it is still unclear whether the same can be said for adolescent populations.

For some youth, even their first experience with social gambling may trigger a pathological pathway where gambling turns into an addiction. Such a fixation may disrupt their lives on many levels: affecting their physical and mental health, their familial and social relationships, their self-esteem, as well as their school or professional performance.

In the past few weeks, we have visited various high schools offering gambling prevention workshops to grade 10 and 11 students. On several occasions, students reported being involved in sports pools organized by their teachers and having participated in *casino nights*.

The students were surprised to discover that their participation in these activities was considered to be a form of gambling, as money (even though just a dollar or two) was involved.

Almost certainly, the teachers and organizers of these events meant no harm. In fact, they likely saw these activities as an opportunity to help build and promote student participation in academic activities...and it probably worked! These teachers, like the vast majority of adults and parents themselves, are unaware of the possible negative consequences that may arise for certain teenagers if they begin to gamble. Their favourable attitudes convey the message that gambling is harmless, acceptable, and fun; even for the under aged.

Teachers, principals, and interventionists working with students have an important role to play in the prevention of excessive gambling behaviors among youth. Together with parents, these role models are in an ideal position to inform students about the nature of gambling activities, the possible harmful consequences, the associated risks, and the importance of responsible behaviours and choices. Furthermore, they can teach children that there are ways, other than gambling, to experience excitement in their life. Alternatives such as playing sports, playing an instrument, or getting involved in a cultural event can be just as rewarding.



It would be very unlikely for an adult to think of offering cigarettes students in order to motivate them to participate in an activity or to **reward** them for their efforts. However, too frequently, adults offer underage youth gambling products without being aware of the negative consequences.

As the holiday season approaches, and if you are planning to offer lottery tickets to a child or a teenager you know and love, please keep in mind that you would probably never consider offering them a pack of cigarettes or alcohol. There are many other things you can offer a child, the first one being a promise to spend more time with them. So bring them to see a movie, or visit a museum, or go out and take part in an outdoor activity!

As mentioned in our previous publication, our new prevention tools have been distributed to Quebec's elementary (*The Amazing Château*) and high schools (*Hooked City*). Watch for our upcoming website demonstration!

Problem gambling incurs higher cost than large debts, experts say

Source: Canadian Press
Erin Henderson

TORONTO (CP) - Did Belizaire know all about the highs of gambling? He knows even more about the lows.

Belizaire, 37, cannot pinpoint when his casual gambling habit turned into something more addictive. He started when he was 18, working as a bouncer in Quebec. On quiet nights, he would slip a couple of bucks into the bar's video lottery terminals to pass the time. However, years later, while experimenting with drugs and alcohol, he became hooked on gambling, blowing as much as \$500 a week. To gamble more, he borrowed \$1,000 from a loan shark at an interest rate of \$50 a day. Eventually his debt climbed to \$10,000.

Belizaire needed to pay off the loan, so in 2003 he stole \$400 from the Montreal hotel where he was working and went to the casino to win enough to pay off his debt. He lost it all. "At that point I realized it really had control over me," said Belizaire. "So I decided to walk . . . to Jacques Cartier Bridge and . . . I crossed over and I jumped." Belizaire survived the fall but he broke his back and he is now a paraplegic. While there are no official statistics on the number of gambling-related suicides in Canada, some believe the numbers are significant.

Sol Boxenbaum of Viva Consulting, a Montreal company that treats problem gamblers and consults governments on safer policies for gambling, says compulsive gambling has the highest attempted suicide rate of any addiction. However, he adds that as a result of the stigma surrounding gambling, families will often not confirm the addiction, therefore suicides are attributed to other causes.

"For every one suicide, there are about another four or five that go

unreported," Boxenbaum says. In Ontario, almost 15 suicides this year can be linked to casino gambling, according to the province's chief coroner Barry McLelland. Just two years ago, there were six.

McLelland's comments followed a report released last week that suggested people with gambling problems account for more than a third of the estimated \$4 billion spent at Ontario's casinos, racetracks and lottery kiosks. One of the concerns with problem gambling is that it's harder to detect than other addictions, says Nina Littman-Sharp, manager of Problem Gambling Service at Toronto's Centre for Addiction and Mental Health. "It's less obvious to people," she says. "When people gamble, they look normal. They don't look drunk, they don't look impaired, so it's harder to identify."

The centre treats about 400 new patients a year for gambling. While less than five percent of the adult population has gambling problems, it often affects society's most vulnerable, she says. "Problems with substance abuse, or if they have problems with depression or anxiety or impulse control, they are going to be more vulnerable to a gambling problem," adds Littman-Sharp.

Boxenbaum says accessibility to gambling centres is contributing to the problem. "Initially, when gambling was where you had to go to Vegas or Atlantic City to do it, it wasn't creating nearly the problem that it is today when you have a casino within 50 miles of where you live."

Three-quarters of adult Canadians spent money on some form of gambling in 2002, according to Statistics Canada, and more than one in 20 either became or had the potential to become problem gamblers. Yet gambling is extremely

profitable for governments, which raked in about \$6 billion in 2002, up from \$1.7 billion in 1992, says Statistics Canada. Although for smaller communities, gambling revenues may not be the cash cow they seem, Boxenbaum says. "So the millions that come in are coming out of the pockets of the people that live nearby and they're depriving the merchants in that town of selling their goods, because you can only spend your money once," he says. In addition he says that people who lack confidence can also fall victim to the lure of casinos. "When somebody has low self-esteem and they walk into a casino, they become James Bond."

Belizaire has not placed a bet since that night in 2003 and he's getting his life back on track. Living in Montreal with his girlfriend, he's wants other problem gamblers to hear his story and get help before it's too late. "You have to be aware of your weakness. You have to be aware of some pattern that will make you go and either drink a beer or go gambling. So if you're aware of yourself, then you'll be able to face the fact that you have a gambling problem, but there are all the tools for me to make sure I don't go any more."



Current Publications

Gibbons, F. X., Gerrard, M., Lune, L. S., Wills, T. A., Brody, G., & Conger, R. D. (2004). **Context and cognitions: Environmental risk, social influence, and adolescent substance use.** *Personality & Social Psychology Bulletin*, 30(8), 1048-1061.

This study examined the cognitions thought to mediate the impact of context on adolescent substance use and also the extent to which context moderates the relations between these cognitions and use. Risk cognitions and behaviors were assessed in a panel of 746 African American adolescents (M age 10.5 at Wave 1, 12.2 at Wave 2). Results indicated that adolescents living in high-risk neighborhoods were more inclined toward substance use and more likely to be using at Wave 2. These context effects were mediated by the adolescents' risk cognitions: their risk images, willingness to use, and intentions to use. Also, context moderated the relation between willingness and use (the relation was stronger in high-risk neighborhoods) but it did not moderate the intentions to use relation.

Gould, M. S., Velting, D., Kleinman, M., Lucas, C., Thomas, J. G., & Chung, M. (2004). **Teenagers' attitudes about coping strategies and help-seeking behavior for suicidality.** *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(9), 1124-1133.

Objective: To identify youths' attitudes about coping and help-seeking strategies for suicidal ideation/behavior and examine their demographic and clinical correlates. Method: A self-report survey was completed by high school students (N= 2,419) in six New York State schools from 1998 through 2001. The relationship between suicide attitudes and gender, depression, substance problems, serious suicidal ideation/behavior, and first-hand experience with a suicidal peer was examined. Results: Two factors that approximate avoidance and approach coping responses, maladaptive coping strategies and help-seeking strategies, respectively, were identified. Boys scored higher than girls ($t = 7.96$, $df = 2341$, $p < .001$), and depressed youths ($t = 15.56$, $df = 2323$, $p < .001$), students with substance problems ($t = 11.07$, $df = 2340$, $p < .001$), and suicidal youths ($t = 15.14$, $df = 2341$, $p < .001$) scored significantly higher than their healthy counterparts on the maladaptive coping strategies factor. Students with first-hand experience with a suicidal peer scored significantly higher on the maladaptive coping strategies factor than those without this experience ($t = 7.95$, $df = 2321$, $p < .001$). Lower risk groups scored significantly higher on an adaptive help-seeking strategies factor. Conclusions: High-risk adolescents' attitudes are characterized by core beliefs that support the use of maladaptive



coping strategies in response to depression and suicidal thoughts and behaviors. Targeting such attitudes is a recommended component of youth suicide prevention efforts.

Halpern-Felsher, B. L., Biehl, M., Kropp, R. Y., & Rubinstein, M. L. (2004). **Perceived risks and benefits of smoking: Differences among adolescents with different smoking experiences and intentions.** *Preventive Medicine: An International Journal Devoted to Practice & Theory*, 39(3), 559-567.

Background: Explanations of adolescent smoking often make reference to adolescents' beliefs that they are invulnerable to harm. However, empirical examination of whether adolescents do acknowledge risks. Further, few studies have considered perceived benefits in adolescents' behavioral decisions. This study examined perceived smoking-related physical and social risks and benefits between adolescents who have vs. have not smoked and do vs. do not intend to smoke. Methods: Three hundred and ninety-five students (mean age = 14.0) completed a survey concerning their smoking experiences, intentions, and perceived risks and benefits of smoking. Results: Adolescent smokers and those who intend to



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smoke estimated their chance of experiencing a smoking-related negative outcome as less likely than did nonsmokers and non-intenders. Smokers and intenders also reported the chance of addiction as less likely than did others. In contrast, adolescent smokers and intenders perceived the chance of experiencing a smoking-related benefit as more likely than did nonsmokers and non-intenders. Conclusions: The data suggest that rather than solely focusing on health risks as a way to deter adolescent smoking, the role of perceived social risks and benefits in adolescents' smoking may be an additional critical focus for intervention. In addition, efforts should be made to increase adolescents' awareness of the addictive nature of cigarettes.

Kirkcaldy, B. D., Eysenck, M. W., & Siefen, G. R. (2004). **Psychological and social predictors of suicidal ideation among young adolescents.** *School Psychology International*, 25(3), 301-316.

Although there is an enormous amount of literature demonstrating socio-psychological determinants of suicide and self-injurious behaviour among adults or clinical samples of children and adolescents, there is a scarcity of studies focussing on non-clinical adolescent

samples. The current study examined associations between self-reported data on self-image, physical and psychological health and suicidal cognitions, self-injurious behaviour and suicidal intent in a large representative sample of German high-school students. Almost 1000 German adolescents (aged 14-18 years) were administered a comprehensive series of questionnaires aimed at assessing anxiety-depression, trait addiction, smoking and drinking behaviour, physical ill-health reports and self-perception of self-image, parental acceptance and educational attainment. Several statements were incorporated to assess self-injury and suicidal ideation. An attempt was made to identify risk and offer preventative factors of adolescent suicide. Suicidal ideation is significantly more endorsed among female than male adolescents: twice as many female adolescents tend to have wishes about being dead or have contemplated suicide than males. Girls also tended to have implemented significantly more self-destructive behaviour than boys. Over one-third of the variance observed in subjective reported suicidal ideation was explained by the socio-psychological variables. The common general significant predictor was anxiety-depression, and for males the specific somatic factor was general colds. In contrast, females displayed several specific significant determinants of suicidal ideation, including educational threat and the somatic variable, circulatory ailments. Conversely, tiredness, social problems and maternal rejection were statistically significant predictors of suicidal ideation but again the direction of impact was opposite to what was anticipated.

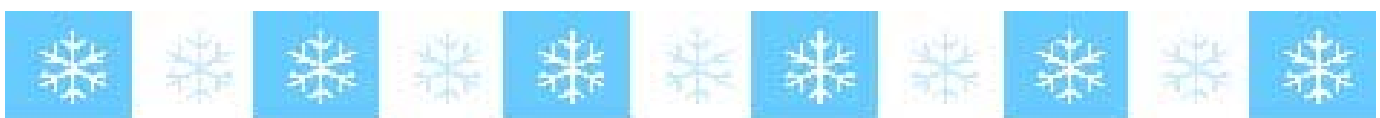


Luthar, S. S., & Goldstein, A. (2004). **Children's exposure to community violence: Implications for understanding risk and resilience.** *Journal of Clinical Child & Adolescent Psychology*, 33(3), 499-505.

The 5 articles included in this special section are reviewed in this article. The studies encompassed were all focused on pre- or early adolescents, and samples were generally from inner-city areas, with 1 involving rural youth. Considered collectively, the results point to 3 major conclusions: Many children in America are regularly exposed to violence in communities; such exposure carries risk for psychopathology; and parents and other adults can provide valuable support but are limited in how much they can offset the effects of ongoing violence exposure. Intervention implications are, foremost, that community violence itself must be reduced and, second, that positive relationships with significant adults should be fostered to the degree possible among children living in high-risk, violence-prone communities.



Season's Greetings



Grand Theft video game prompts Ontario warning

Source: CTV.ca News Staff

Stopping short of slapping an "R" rating on the latest installment in the *Grand Theft Auto* video game series, Ontario's consumer minister says parents must keep an eye on what their kids are playing. Commenting on the release of the new game, *Grand Theft Auto: San Andreas*, Ontario's Consumer and Business Services Minister, Jim Watson, says he finds the game disturbing. "There's blood, there's gore, there's a lot of violence, and we have to ensure that parents know what their kids are buying and what they're watching," Watson said before the government's weekly cabinet meeting. Nevertheless, he won't slap it with the same rating he gave to another game from the same company a few months ago.

Grand Theft Auto: San Andreas allows players to adopt the So-Cal gangster lifestyle in a wide-open recreation of Las Vegas, Los Angeles and San Francisco. Copies of the game are flying off store shelves at a record clip. Analysts expect the exclusive Playstation 2 game to ring up worldwide sales in the neighborhood of \$270 million in its first week alone.

Concerned that youngsters were buying a game not meant for them, Watson put a 'Restricted' rating on the controversial Rockstar video game, *Manhunt*, in which players control a murderous fugitive who earns points for executing a series of increasingly gruesome murders. Calling it "vile and violent," Watson said at the time that the game industry should be held to the same standards as

the movie industry, with the same rules and penalties for kids who access material only deemed appropriate for adults.

Watson says he will not do the same thing with the "Grand Theft Auto" game. Rather, he will rely on the province's proposed ratings system to give parents the information they need to decide whether the game is right for their family. "Parents, shopkeepers, and young people will know what the rating is, and they won't be allowed to purchase it if they're... under 17," Watson told reporters. "Our role, as I see it, is to ensure that parents, and shopkeepers, and the people buying it know exactly what the contents are through the ratings system, and that seems to be working."

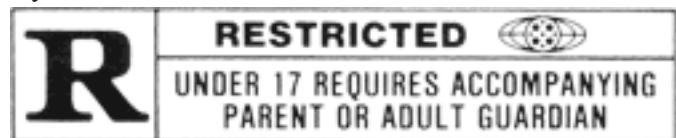
Although Ontario, Manitoba and Quebec have all taken steps towards restricting access to video game content, there is no single, enforceable, national standard. Instead, video game makers voluntarily submit their products to the New York-based Entertainment Software Rating Board for rating before they hit the shelves. Under Bill 70, which is now awaiting a third reading in the Ontario legislature, the province would institute a system of mandatory ratings and a framework of penalties for retailers who don't listen to them. In August, Watson said Ontario's system would likely follow the ESRB model when a mandatory video games rating system is

established in the province.

Here's a breakdown of the ratings assigned by the ESRB:

- EC: Early Childhood (for children aged three or older). Parents would have no problem with the content.
- T: Teen (aged 13 and older) may include violent content, mild or strong language, and/or suggestive themes.
- M: Mature. May contain mature sexual themes, more intense violence and/or strong language. Not for people under age 17.
- AO: Adults Only. Includes graphic depictions of sex and/or violence. Adult only products are not intended for persons under the age of 18.
- E: Everyone. This rating would have minimal violence, some comic mischief and/or mild language.

While some critics say those ratings are still not thorough enough, others are equally concerned by the prospect of switching from a voluntary to a legislated solution. Retailers are worried that new laws could hurt business if they are forced to acquire a license, or stock the adult titles in a separate part of the store for example; therefore they have vowed to voluntarily control kids' access.



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News from the Centre ...

The Centre has been involved in a number of interesting projects this fall including the launch of our new interactive educational CD-ROM, the development of a resource for at-risk youth as part of the National Crime Prevention program, as well as the planning and coordination of our Latin American Task Force on Youth Gambling and High-Risk Behaviors.

Rina Gupta and Carmen Messerlian presented at the 23rd Annual Latin American Psychiatry Association Congress in Punta del Este, Uruguay. They also jointly held the first Task Force meeting on youth gambling and high-risk behaviours with the Association's Problem Gambling Group.

In addition, as part of our Centre's involvement in Latin America, Jeffrey Derevensky was invited to present at the 1st International Symposium on Pathological Gambling and Other Impulse Control Disorders in Brazil this past September.

The Centre would like to congratulate Isabelle Lussier who was named to the Dean's Honour list for her outstanding Masters Thesis entitled: Youth gambling behaviours: An examination of the role of resilience. We would also like to welcome Sandra Mansour our new graduate student.

Publications:

Byrne, A., Dickson, L., Derevensky, J., Gupta, R., & Lussier, I. (in press). An examination of social marketing campaigns for the prevention of youth problem gambling. *Journal of Health Communication*.

Dickson, L., Derevensky, J., & Gupta, R. (in press). Youth gambling problems: An examination of risk and protective factors. *International Gambling Studies*.

Magoon, M., Derevensky, J., Gupta,

R., (in press). Juvenile delinquency and adolescent gambling: Implications for the juvenile justice system. *Criminal Justice and Behavior*.

Ste-Marie, C., Gupta, R., & Derevensky, J. (in press). Anxiety and social stress related to adolescent gambling behavior and substance use. *Journal of Child & Adolescent Substance Use*.



Conferences:

Bergevin, T. (2004). Youth problem gambling: Myths, reality and recommendations for treatment. Paper presented at the Nova Scotia Gaming Foundation conference, Halifax, October.

Chevalier, S. & Papineau, E. (2004). The measurement of gambling offer. Paper presented at the Nova Scotia Gaming Foundation conference, Halifax, October.

Derevensky, J. (2004). Youth problem gamblers: Myths, reality, new understandings and treatment recommendations. Invited address presented at the 2004 International Symposium on Problem Gambling and Co-Occurring Disorders. Sponsored by the Institute for Problem Gambling and SAMSHA. Mystic, Connecticut, October.

Derevensky, J. (2004). Youth gambling problems: From research to treatment. Invited address presented at the International Meeting on Gambling Research and Other Addictive Behaviours, Barcelona, Spain, October.

Derevensky, J. (2004). Who's the compulsive gambler: History and diagnosis of pathological gambling. Invited address presented at the 1st International Symposium on Pathological Gambling and Other Impulse Control Disorders. Florianopolis, Brazil, September.

Derevensky, J., Gupta, R., & Messerlian, C. (2004). Youth with gambling problems: What is the risk for concurrent substance abuse problems? Poster presented at the 1st International Symposium on Pathological Gambling and Other Impulse Control Disorders. Florianopolis, Brazil, September.

Derevensky, J. (2004). Special populations: Youth and gambling. Invited address presented at the 1st International Symposium on Pathological Gambling and Other Impulse Control Disorders. Florianopolis, Brazil, September.

Gupta, R. (2004). A conceptual framework for Latin American project on youth gambling. Paper presented at the 23rd Annual Latin American Psychiatry Association Congress, Punta del Este, Uruguay, November.

Messerlian, C., & Derevensky, J. (2004). Youth gambling problems: From research to prevention. Invited address presented at the 2nd Annual Addictions Services Conference, Fredericton, New Brunswick, October.

Messerlian, C., Gupta, R., Derevensky, J., & Shea, B. (2004). Youth gambling and high-risk behaviours in Latin America. Paper presented at the 23rd Annual Latin American Psychiatry Association Congress, Punta del Este, Uruguay, November.

Upcoming Events

Discovery 2005 Conference

April 17 - 20, 2005
Niagara Falls, Ontario, Canada

Gambling and Addiction: Common Causes, Managing Consequences

December 05 - 07, 2004
Las Vegas, Nevada, USA

International Conference on Gaming Industry and Public Welfare

December 06 - 10, 2004
Beijing and Macao, China

International Conference on Problem Gambling

July 27 - 29, 2005
Auckland, New Zealand

Seventh Annual Statewide Compulsive Gambling Awareness Conference

March 10-11, 2005
Appleton, Wisconsin



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