

# 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

## YouthBet.net

### FEATURE ARTICLE

By Martha Murray  
and Dr. David Korn

**Y**outhBet.net is a multimedia website based on public health principles that was launched at the University of Toronto in May 2002. Funded by the Ontario Ministry of Health and Long-Term Care, the project goals are to:

1. Promote informed, balanced attitudes and behaviours towards youth gambling and gamblers;
2. Prevent youth gambling related health problems; and
3. Protect vulnerable and at-risk youth.

YouthBet.net is a research project led by Dr. David Korn, a public health physician and addiction specialist, and is housed in the Department of Public Health Sciences at the University of Toronto. The aims of the project are to develop, implement and evaluate a multimedia website with interactive technology components for the prevention of youth gambling problems, health promotion, and harm reduction interventions. The project uses an action research model involving both youth and the community in its development, implementation and evaluation.

Youth involvement in the website's development is a key component of the project. Youth provide input and feedback on the project via focus groups, a youth roundtable,

an ongoing youth gambling website working group, and youth "reality checks" on the website prototypes.

The Youth Gambling Website Working Group was formed early in the project and consisted of seven youth aged 15 to 18 from the Toronto area. These youth worked during the summer and fall of 2001 to develop the website and provide feedback on key content and design components.

Community partnerships are also an important guiding component of the action research model and this project. Community partners within the Toronto area have included: St. Stephen's Community Centre; Davenport-Perth Neighbourhood Centre; The Responsible Gambling Council (Ontario); The YMCA Youth Gambling Project; and The Substance Abuse Program for African-Canadian and Caribbean Youth at the Centre for Addiction and Mental Health.

At the University of Toronto, the TeenNet project ([www.teennetproject.org](http://www.teennetproject.org)) led by Dr. Harvey Skinner, Chair of the Department of Public Health Sciences, has focused its research on using technology for youth health promotion. Websites that have been developed by TeenNet include CyberIsle ([www.cyberisle.org](http://www.cyberisle.org)), The Smoking Zine, and the Teen Clinic Online (both of which can be accessed through CyberIsle). YouthBet.net is the newest TeenNet website.

YouthBet.net addresses youth

gambling problems from a prevention, harm reduction and health promotion perspective. Health promotion around gambling refers to the processes that enable youth to make informed choices about gambling that foster their overall well-being by building upon their assets and the capacities of their family, peers and community. This approach addresses both the negative and possible positive dimensions associated with youth

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# An examination of psychosocial variables involved in adolescent gambling and high risk behaviors: Some recent findings

By Karen K. Hardoon, Ph.D.

While prior research has identified several predisposing variables that may place certain youth at heightened risk for the development of a serious gambling problem, our current state of knowledge remains incomplete. There is ample evidence that a relatively large percentage of children and adolescents are engaging in gambling activities in spite of legal, and to some extent, parental restrictions (National Research Council, 1999). The National

Research Council concluded that “most adolescents not only gamble, but also have gambled fairly recently” and that more adolescents are gambling than engaging in other potentially addictive behaviors (e.g., smoking, alcohol, or drug consumption).

Knowledge acquired from research efforts has been complemented by clinical information obtained from youth treated at the McGill University International Centre for Youth Gambling Problems and High-Risk Behaviors. A combination of these experiences has enabled the identification of a constellation of psychosocial variables that likely contribute to the development and maintenance of risk-taking behaviors in youth.

The current study sought to empirically examine the relations between several risk and protective variables associated with adolescent

gambling. More specifically, the relations among *self-reported* familial, emotional, social, and behavioral variables and youth gambling problems were investigated. The current study also sought to identify risk factors that may be related to youth problem gambling.

Participants consisted of 2,336 students in grades 7 to 13 (ages 12 to 19) recruited from various elementary and high schools in the Province of Ontario. Participants completed a questionnaire regarding gambling activities (GAQ), gambling severity (DSM-IV-MR-J), perceived social support (PSS Friend and Family), drug and alcohol dependence (PESQ), and various social, emotional, cognitive, behavioral, and attentional problems (CASS:L).

With respect to gambling severity (DSM-IV-MR-J gambling screen), 4.9% of adolescents were found to be probable pathological gamblers, and 8.0% at-risk gamblers.

The results of the current study identified a multitude of problems experienced by problem gamblers. More specifically, risk factors for problem gambling were found to include academic difficulties, poor perceived



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gambling. Youth can learn competencies in the areas of numeracy, literacy, and decision-making, as well as coping strategies for dealing with disappointment, loss and winning. There is an opportunity to promote self-efficacy and informed choice surrounding leisure and lifestyle decisions and health behaviours.

The YouthBet.net website ([www.YouthBet.net](http://www.YouthBet.net)) features a neighbourhood scene that was chosen by the youth working group. Areas in the neighbourhood

represent opportunities where gambling occurs in their daily lives and includes: a schoolyard, a back alley, a corner store, a casino, a library, and a community centre. The site also includes a public health intervention "tool kit" with games on money management, time management, decision making skills; gambling assessment tools; a risk perception tool; and information on odds, randomness and probability. There is a range of information on the site including signs and symptoms of gambling problems, definitions of gambling, stories about winning and losing, information on the gambling industry, and links to other gambling organizations. Help

resources are located in each area, including links to telephone help lines and links to the gambling bulletin board where youth can talk to other youth about gambling and related issues.

The website will be going through an evaluation beginning in the fall of 2002. The evaluation will include utilization of the site as well as changes in knowledge, awareness, attitudes and behavioural intentions among youth.

For additional information on YouthBet.net please contact Martha Murray (Project Coordinator) at (416) 978-8498 or [martha.murray@utoronto.ca](mailto:martha.murray@utoronto.ca)

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familial and peer social support, cognitive problems, emotional problems, substance use problems, conduct problems, family problems, parental involvement in gambling and substance use, and ADHD and related symptoms. The magnitude of problems and psychopathology that were reported by probable pathological gamblers and at-risk problem gamblers demonstrates that these individuals are experiencing significant difficulties and are likely using gambling to escape their problems.

Logistic regression analyses enabled the identification of a set of predictor variables which lead to problem gambling (both at-risk and probable pathological gambling), including having family problems, conduct problems, being addicted to drugs

or alcohol, and being male. These findings have implications for the assessment, treatment, and prevention of youth gambling problems.



Longitudinal research is the next step in the identification and confirmation of risk and protective factors contributing to

the development of youth gambling. Longitudinal research provides the advantage of being able to follow the same individual over time in order to gain an understanding of the variables at play in youth gambling, and will provide a better understanding of the long-term course and consequences of problem gambling. Such information would be invaluable for the development of risk reduction prevention programs and awareness campaigns.

National Research Council (1999). *Pathological gambling: A critical review*. Washington, DC.: National Academy Press.

Funding for this study was provided by the Ontario Ministry of Health and Long-Term Care.

# Can We Use Harm Reduction to Prevent Adolescent Problem Gambling?

By Laurie M. Dickson

Studies undertaken in the U.K., Canada and the U.S.A. estimate a general problem gambling rate of 4-8% amongst youth under 18 years-of-age. Across most jurisdictions, underage youth are not prohibited by law to access legalized gambling venues (including the purchase of lottery products). While these laws are necessary, research indicates that early gambling experiences amongst children and adolescents occur for both non-legalized forms of gambling, (such as playing cards at home for money, placing informal bets on sports events, etc.), as well as all forms of legalized gambling (Jacobs, 2000). These findings highlight the controversy as to which primary prevention approach to promote; abstinence or harm-reduction.

A model of harm reduction for adolescent problem gambling and other high-risk activities encompasses the following principles: (1) To maintain a value-neutral stance, accepting the adolescent's decision to engage in gambling; (2) To treat the adolescent with dignity, respect, and as an individual with value; and (3) To neither insist on nor object to abstinence in prevention and treatment. The goal of harm-reduction prevention is to minimize misuse or excessive involvement in high-risk activities.

The following are a number of plausible arguments which support the use of harm reduction to prevent problems associated with activities that are both socially acceptable and potentially risky (e.g., gambling and alcohol consumption).

## *Gambling as a socially acceptable activity*

Gambling is a socially acceptable activity that adults have unlimited access to as a popular source of entertainment. Gambling is unique from alcohol and cigarette use in that youth can gamble without having to cross social barriers such as purchasing through sales clerks. Gambling is also often promoted in



the home, and as such, is often perceived as a harmless activity. Parents are less likely to talk to their children about responsible gambling than about responsible drinking or the effects of smoking. Youth, therefore, tend to be less aware of problem gambling than other risky behaviors. Finally, when engaged in infrequently and responsibly, gambling does not have the same health risks and consequences as cigarette, alcohol, or drug use, which may make the promotion of abstinence less critical (Korn & Shaffer, 1999).

## *A continuum of harm*

Gambling falls on a continuum of harm, ranging from controlled responsible use, to uncontrollable gambling participation. People vary in their potential for developing a problem with gambling. Increased gambling is highly related to increased harmful consequences. Infrequent and responsible gambling seldom incurs significant harm,

whereas other risky activities such as smoking, hard drug-use, risky sexual activity and risky driving have greater potential to result in harm. With regards to prevention, harm-reduction seems most applicable to those who fall at the front end of the continuum, while not being particularly useful to those who have already lost an ability to control their gambling. Most

underage gamblers fall on the front end of the continuum; thus, it is reasonable to believe that harm-reduction may be beneficial to the majority of underage gamblers.

## *Adolescent experimentation*

Gambling is a popular activity amongst youth. Most adolescent problem behaviours such as delinquency, alcohol problems, substance use, and multiple problem behaviours are intensified during

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# Casino Crisis Intervention

By Karen K. Hardoon, Ph.D.

The Ministry of Health and Social Services, the Casino de Montréal, and Maison Jean Lapointe have launched a crisis intervention team to respond to distraught gamblers at the Casino 24 hours a day, seven days a week. The intervention team has been in place since July 2001 and is composed of three psychologists and two addictions counselors, all familiar with the characteristics and features of pathological gambling.

The intervention team at the Casino began as an experimental project. However, during its first year of inception, approximately 50 individuals were treated on-site by the team. After receiving treatment from the crisis team, approximately 50% of individuals pursued additional treatment, either at the Maison Jean Lapointe, or in another center. Sixty percent of the cases were males (average age: 40 years old).

Casino officials report that the service will be maintained 24



© Kirsten Boehm

hours a day, seven days a week. Comparable intervention teams are already in place at gambling

establishments in the Charlevoix, Leamy Lake and Gatineau regions. Similar measures could be developed in other locations where gambling for money occurs

While the concept of the crisis intervention team is a nice one, one must ask about its application to underage gamblers, particularly those who play VLT machines. It is illegal for underage youth to gamble in the casino or on VLT machines, but we know that a significant percentage of adolescents are engaging in these activities on a regular basis. Gambling establishments have a responsibility to ensure that their patrons are of legal age to gamble. We would like to see underage youth who are discovered gambling illegally removed from the premises. Additional interventions could include awareness promotion and a referral for a help or treatment centre.

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the period of adolescence. As such, several researchers have suggested the potential effectiveness of prevention initiatives which seek to limit the harmful consequences of problem behaviour until it has run its term, rather than aiming to prevent the behaviors from occurring at all.

A theoretical examination of the aforementioned principles of harm reduction supports the pursuit of a harm reduction approach to the prevention of adolescent problem gambling. However, more research

about how to promote the use of harm-reduction programs is required. Specifically, harm-reduction programs need to be verified as suitable for youth who are at little or no risk for developing a gambling problem, those who are at risk for developing a gambling problem, and those who have a problem and are in need of treatment.

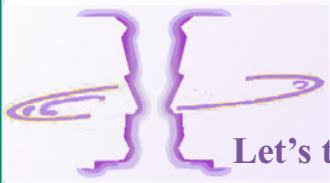
For more information, see Dickson, L., Derevensky, J., & Gupta, R. (in press). Harm-reduction for the prevention of youth gambling

problems: Lessons learned from adolescent high-risk behavior prevention programs. *Journal of Adolescent Research*.

Jacobs, D. F. (2000). Juvenile gambling in North America: An analysis of long term trends and future prospects. *Journal of Gambling Studies*, 16(2/3), 119-152.

Korn, D., & Shaffer, H. (1999). Gambling and the health of the public: Adopting a public health perspective. *Journal of Gambling Studies*, 15, 289-365.





Let's talk prevention<sup>®</sup>

# Back to School

By Anne-Elyse Deguire  
Prevention Specialist

It's that time of year again in Montreal. The weather is getting cooler. The days are getting shorter and soon, the leaves will turn and make way for a beautiful and colorful landscape. With that comes every parent's dream and every child's nightmare. It is time to go back to school!

For many children going back to school is a fun experience, reuniting with friends they haven't seen in a while, buying new clothes, etc. Yet, for others, going back to school can be quite a stressful time. This is especially true for children who are experiencing the transition between elementary or intermediate school and high school. Contrary to elementary and intermediate school, high school is organized in such a way that many youth experience certain difficulties upon their arrival. First, they find themselves faced with strangers who are much older than them without being able to count on the security of a single classroom where they can interact with the same individuals during the course of the day. Second, not only are high schools generally much larger (one can easily get lost), children frequently have little opportunity to forge a meaningful relationship with a teacher who can help them get organized right from the start. Going from classroom to classroom, from teacher to teacher and encountering many groups of students throughout the day, it is conceivable that some children will have difficulty adapting to their environment, especially when puberty is factored into this equation.

While most children will adapt gracefully overtime, it is easy to understand that children with low self-esteem, poor coping skills, learning and/or behavioral difficulties and those who lack social competencies may need a hand in order to successfully start their new adventure. Such stress can result in increased academic problems, behavioral difficulties and risk-taking behavior as a means of escape.



## What can we do to help?

Several initiatives have been implemented in Quebec schools in order to facilitate the transition. For example, in some schools, students entering their first year of high school begin the school year one day earlier. This permits them to become accustomed to the physical environment without being inundated by older students and allows them to become familiar with daily school operations. Some

schools even offer a "big brother/big sister" program where older students take younger children under their wing to show them the ropes. In other cases, first and second year students are physically separated from older students. They either attend class in different buildings or in different areas of the same building.

Although these initiatives are extremely important and necessary, it would make sense to foster good problem-solving/social skills in children when they are very young as well. Such prevention efforts, as early as kindergarten, prepare young people for difficult situations, life stress and transitional periods. In addition, school-based curriculum activities (e.g. role play, group discussion, etc.) that foster assertiveness and independence in children enhance their self-esteem, their ability to resist peer-pressure and to forge meaningful relationships with peers and adults alike.

This way, faced with the need to fit in and belong, children would be better equipped to make the right choices and avoid the development of problems. Such activities are particularly critical during the last years of elementary school.

Helping children adapt and become successful is a responsibility that must be shared on a daily basis and over time. To all children, teachers and parents, I wish you all a good and productive school year!

# The Anxiety-Reduction Model Applied to Youth who Engage in Self-Mutilation

By Chantal Ste-Marie, M.A.

Self-mutilation (SM) is a difficult topic to discuss; however, it remains a serious problem that has been gaining more attention in the research literature as well as in the media. Although inconsistencies abound regarding the definition of SM, the most commonly used definition comes from Favazza (1998) in which SM refers to the deliberate, direct destruction or alteration of body tissue without conscious suicidal intent. Self-

mutilation includes such behaviors as cutting various body parts, burning of the skin, interfering with wound healing, and hitting the body with objects.

A review of the literature reveals that despite the severity of this behavior, little empirical research has been conducted on the topic. Further, the research that has been conducted used clinical samples of individuals with personality disorders, mental handicaps, and substance use disorders, making the results difficult to generalize to the “normal” population. It has been reported however, that the incidence of SM occurring within the adolescent population is increasing at an alarming rate.

SM has been found to begin predominantly in early adolescence, with the mean age of onset being between 14 and 16 years of age. The prevalence of SM in the general population has been estimated to be at least 1,000 per 100,000 in persons aged 15 to 35. Ross and Heath (2001) recently investigated the frequency of SM with 440 high school students in Montreal, Canada and found that 13.9% of all students reported having engaged in SM behavior at least once. A greater percentage of girls (64%) reported engaging in this behavior than boys (36%).

Recently, the Anxiety-Reduction Model has been applied to SM in an attempt to gain a better understanding of its underlying factors. This

model postulates that SM is engaged in as a means of reducing built up feelings of tension and anxiety, resulting in a relaxed state.

It is speculated that the immediacy and intensity of the tension release is what makes this behavior so rewarding and dangerously reinforcing. As such, SM can become a repetitive pattern of anxiety-reduction.

Adolescents who self-mutilate report significantly greater anxiety compared to non-self-mutilators. This provides support for the anxiety-reduction model, which suggests that certain adolescents may come to use SM as a maladaptive coping mechanism to help them deal with and reduce negative physiological and emotional states resulting from heightened anxiety levels. SM provides a means of temporarily escaping aversive states.

Interestingly, a positive relationship between anxiety and problem gambling behavior and substance use among youth has also been found.

Further, the benign nature of some of the anxiety-provoking situations reported by the adolescents (i.e., breaking up with a boyfriend, having an argument with a parent or friend) provides support for the hypothesis that these youth lack appropriate and successful coping skills for dealing with daily stress.

As such, teaching adolescents appropriate and successful coping mechanisms should become an integral part of prevention and treatment programs addressing this problem.





# Teen Drug, Alcohol and Tobacco Use Lowest in a Decade



A survey by the National Parents Resource Institute for Drug Education (PRIDE) in the U.S. found that drug, alcohol and tobacco use among high school and junior high school students has dropped to its lowest level in years despite fears that drug and alcohol use would rise to deal with anxiety and stress caused by the September 11 terrorist attacks.

Annual use of any illicit drug fell by 9%, alcohol use fell by 3% and smoking declined by 13%. The percentage of students who said they drank alcohol (65%), or smoked cigarettes (36%) was the lowest in the 15-year history of the pride surveys. The percentage of students using any illicit drug (22.3%) was the lowest level registered by the study since the 1993-1994 school year.

The noted decreases are attributed in part to greater prevention efforts by schools, parents and the nation.

For example, students who said their teachers and parents warn them “a lot” about drugs reported less drug use than students who said their teachers and parents never do so (15% vs. 32% for teacher warnings and 17% vs. 31% for parental warnings).

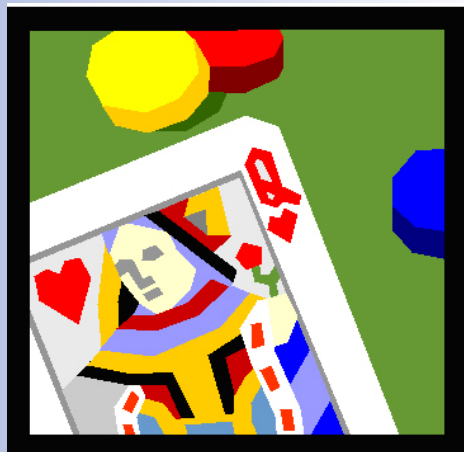
Students who participated in extra-curricular activities also used less drugs (17% for those who participate “a lot” vs. 32% for those who never participate) as did students who attended religious services (13% for those who go a lot vs. 36% for those who never attend). Finally, students reported being influenced by anti-drug commercials, with three quarters of them saying that the commercials have made them less likely to use drugs.

Unfortunately, the survey also found that use of particular drugs has remained unchanged for certain grade levels. Among students in grades 6-8, the use of cocaine, downers and heroin remained unchanged for annual and monthly use. Monthly inhalant and hallucinogen use also remained level. Among 12<sup>th</sup> graders, monthly cocaine, heroin and steroid use remained the same.

Continued efforts are needed to alert teens to the dangers involved in using these and all forms of drugs and alcohol.

Source: 2001-2002 Pride National Summary Press Release, July 17, 2002.

## Be# You Didn't Know...



wild cards. Each suit depicted one of the four classes of French society: hearts represented the church, spades symbolized the army, diamonds depicted the merchants, and clubs symbolized peasants and farmers.

The English later improved playing cards by printing the suit and rank at both the top and bottom of a card, so that players would no longer have to tip their hand by turning kings, queens, and jacks upside down to read them.

Source: Gambling for Dummies (2002)

The game of craps descended from an earlier game known as Hazard, that dates to the Middle

Ages. The formal rules for Hazard were established by Montmort early in the 1700s. The origin of the name “craps” is shrouded in doubt, but it may have come from the English “crabs”, or from the French “crapeaud” (toad).

Source: Spydercomputing.com



Today's 52-card deck of playing cards is a direct descendant of the cards that were first manufactured in France in the 1400s. The French cards contained four suits of 13 cards each, plus four



# Gambling and Young Children

## Lottery Machines: Easy Lure for Kids

Critics of legalized gambling complain that free-standing lottery machines are a lure for kids. The more available gambling is, the greater the risk for some children to become problem gamblers before they're out of high school. "They're very attractive lures. They're supposed to be," said John Wolf, a retired minister and coordinator of the Indiana Coalition Against Legalized Gambling. The state already operates about 650 scratch-off ticket machines in high-traffic retailers, including supermarkets. Last month, the Hoosier Lottery ordered 500 machines that dispense pull-tab tickets. Indiana retailers are bound by their contracts with the state not to sell tickets to children under age 18. But critics say the proliferation of machines and their locations make sales difficult to monitor. The Hoosier Lottery has a three-strikes policy for retailers: The first two violations result in a warning letter and visit by a lottery official; the third will cost the store its lottery license.

Source: The *Indianapolis Star*, Wednesday August 14, 2002.



## Las Vegas...Playground for children or adults?

Las Vegas! Once a barren desert, now a "neon oasis" buzzing with thousands of people who are lured to the city by multimillion-dollar resorts, miles of casino-style action, showgirls, top entertainment and more! It wasn't too long ago the only lure to Las Vegas was gambling. Not any more! With the addition of attractions such as amusement rides, erupting volcanoes, swash-buckling pirate battles, spectacular light shows and poolsides that are out of this world, Las Vegas is edging more towards appealing to entire families. The History Channel recently televised a story about Las Vegas, its many developments and its potential as a family vacation site. If Las Vegas developers would decide that "family entertainment" is the wave of the city's future, the possibilities are endless as to what they could create. The question is, should Las Vegas continue to be mainly a playground for adults? As the History Channel put it, "You be the judge."

Source: Casino Wire



# Current Publications

## Journal Articles

**Dickson, L. M., Derevensky, J. L., & Gupta, R. (2002).** The prevention of gambling problems in youth: A conceptual framework. *Journal of Gambling Studies*, 18(2), 97-159

Despite increased awareness of the need to begin educating young children about the potential dangers of gambling, empirical knowledge of the prevention of adolescent problem gambling and its translation into science-based prevention initiatives is scarce. This paper poses the question of whether or not the common elements of tobacco, alcohol, and illicit drug abuse prevention programs can be applied to gambling prevention. Common risk and protective factors across addictions, including gambling, appear to point to the need to develop a general model of primary, secondary and tertiary prevention. The authors present the need for science-based prevention initiatives and describe a general adolescent risk-taking model as a basis for science-based prevention of adolescent problem gambling and other risk behaviors.

**Wood, R. T. A., Griffiths, M. D., Derevensky, J. L. & Gupta, R. (2002).** Adolescent accounts of the UK National Lottery and Scratchcards: An analysis using Q-sorts. *Journal of Gambling Studies*, 18(2), 161-183.

The study examined adolescents' accounts of the UK National Lottery and scratchcards. Q-sorts were used to examine the views of 62 participants aged between 11 and 15 years of age. Findings identified four distinct accounts in relation to the National Lottery (Moral Opposition, Luck Seeking, Rationalist & Uncertainty), and four distinct accounts in relation to scratchcards (Scepticism, Thrill-Seeking, Rationalist & Libertarian). Some of the accounts identified described the UK National Lottery and scratchcards as bona fide forms of gambling. Reports indicated that adolescents were pessimistic about the chances of winning large sums of money, while other accounts demonstrated gambling misperceptions particularly in relation to their belief in luck and the laws of probability. It is argued that to fully understand why

adolescents take part in these activities it is important to consider the diverse ways that adolescents represent these activities. These differing representations will have consequences for measures aimed at reducing, preventing, or treating adolescent problem gambling. The utility of Q-sorts as a technique for examining the views of problem and non-problem gamblers is also discussed.



## Book Release

**The Downside: Problem and Pathological Gambling**

To order: [www.unr.edu/gaming](http://www.unr.edu/gaming).

## News from the Centre ...

**Welcome** to Carmen Messerlian, M.Sc., who joined our Centre staff to work in the areas of public health, communications, and research. Carmen obtained her Masters of Science degree in Health Promotion Sciences from the London School of Hygiene & Tropical Medicine in England and recently worked as a Health promotion consultant at Ontario's Maternal, Newborn, & Early Child Development Research Centre. We look forward to Carmen's addition to our team.

The McGill team was well represented and played an integral role at the recent National Council on Problem Gambling Conference in Dallas with 13 presentations.

### **Congratulations are in order...**

➤ to Jennifer Felsher, M.A., one of our graduate students, for winning the National Council on Problem Gambling's 2002 Award for Outstanding Master's Thesis for her thesis entitled "Lottery ticket purchases by adolescents and their gambling behaviors: A quantitative

and qualitative examination." ➤ to Dr. Ken Winters and Dr. Randy Stinchfield for winning the 2002 National Council on Problem Gambling's Research Award for their outstanding contribution to research in the field of gambling. ➤ to Karen Haroon for successfully defending her doctoral dissertation entitled "An examination of psychosocial variables involved in adolescent gambling and high risk behaviors." Karen has recently joined the Centre as senior research coordinator.



The centre staff will participate in the World Forum 2002 taking place in Montreal this month. The following papers will be presented:

- Dickson, L., Derevensky, J., & Gupta, R. Harm reduction prevention for adolescent problem gambling.
- Felsher, J., Derevensky, J., & Gupta, R. Lottery playing amongst youth: Implications for prevention and social policy.
- Ste-Marie, C., Gupta, R., & Derevensky, J. The relationship between gambling and substance use.
- Thiffault, P., Gupta, R., & Derevensky, J. ADHD, gambling and substance abuse: A theoretical perspective.

Jeff and Rina have organized two **symposia** on youth gambling problems to be a part of the 5<sup>th</sup>

European Conference on Gambling Studies and Policy Issues in Barcelona, Spain (October):



**Youth gambling: A global perspective and future directions**

- An American Perspective (Randy Stichfield)

- A Canadian Perspective (Rina Gupta & Jeffrey Derevensky)
- A British Perspective (Mark Griffiths)
- An Australian Perspective (Alex Blaszczyński)

### **Gambling problems amongst youth: Some measurement and clinical issues**

- Youth gambling problems: Are the rates overinflated? (Jeffrey Derevensky, Rina Gupta, & Ken Winters)
- Measuring youth gambling problems (Randy Stinchfield, Rina Gupta, Jeffrey Derevensky, & Ken Winters)
- Clinically treated youth with gambling problems: A pathway model (Lia Nower & Alex Blaszczyński)
- Working with youth with gambling problems: The

McGill model (Rina Gupta & Jeffrey Derevensky)

## Employment Opportunities

### **Staff Research Position:**

An immediate opening for a researcher to work with our multidisciplinary team is available. The candidate will preferably have a Ph.D. in psychology or related area. We are searching for someone with strong research skills, who can think analytically and displays initiative and independence. The candidate must have excellent communication and written skills in both English and French. Responsibilities will include the development of research initiatives including proposal writing and research implementation. The candidate will also participate in the training opportunities and be involved in the centre's prevention, research and consultative work.

### **Postdoctoral Fellowship:**

An immediate opening for a Postdoctoral Fellow is available in the area of youth gambling and high risk behaviors. The candidate must have completed a doctoral degree in psychology and have a serious interest in research on youth gambling and high risk behaviors. The successful candidate will become an active member of the Centre. The candidate will be responsible to the two co-directors of the clinic and will work closely with research faculty and graduate students. Fellows are expected to participate in on-going research and develop their own research projects. In-house training emphasizes field data collection, statistical analysis, program evaluation, professional writing for publication, proposal writing, policy

making, and the practical application of these skills. The successful candidate will be encouraged to carry out their own projects, conducting their own research, and submitting grant proposals to funding sources.

**To Apply:** Please e-mail, mail, or fax letter of application, curriculum vitae, and three letters of references to:

Dr. Jeffrey Derevensky or  
Dr. Rina Gupta  
McGill University  
International Centre for Youth  
Gambling Problems and High-Risk  
Behaviors  
3724 McTavish Street  
Montreal, Quebec H3A 1Y2  
514-398-1391 Tel.  
514-398-3401 Fax  
e-mail :  
jeffrey.derevensky@mcgill.ca  
e-mail : rina.gupta@mcgill.ca

# Upcoming Events

## World Forum

Drugs, Dependencies and Society: Impact and Responses

September 22-27, 2002: Montreal, Quebec

## Global Gaming Expo (G2E)

September 17-19, 2002; Las Vegas, Nevada

[www.globalgamingexpo.com](http://www.globalgamingexpo.com)

## 5<sup>th</sup> European Conference on Gambling and Risk Taking

European Association for the Study of Gambling

October 2-5, 2002: Barcelona, Spain

[www.easg.org/barcelona2002](http://www.easg.org/barcelona2002)

Contact: Pieter Remmers: [eamg@eamg.org](mailto:eamg@eamg.org)

## NAGS 2002 10<sup>th</sup> Annual Conference

November 20-23, 2002; Melbourne, Australia

[www.nags.org.au](http://www.nags.org.au)

## Rethinking Addiction, Harvard Medical School

How gambling and other behavioral addictions are changing the concept and treatment of alcohol and substance use disorders

December 8-10, 2002; Las Vegas, Nevada

Deadline for submitting poster abstracts: September 9, 2002. [www.hms.harvard.edu/doa/institute](http://www.hms.harvard.edu/doa/institute)

## Third International Conference on Gambling in New Zealand

Gambling – through the public health lens: Preparing for global health standards

February 12-14, 2002; Auckland, New Zealand

Deadline for submissions and abstracts: September 30, 2002. [www.cgs.co/nz/conference.pdf](http://www.cgs.co/nz/conference.pdf)

Contact: [pgf@pgfnz.co.nz](mailto:pgf@pgfnz.co.nz)

## 12<sup>th</sup> International Conference on Gambling and Risk-Taking

May 26-30, 2003; Vancouver, British Columbia

Deadline for submissions and abstracts: January 15, 2003.

[www.unr.edu/coba/game/confer.asp](http://www.unr.edu/coba/game/confer.asp)

Contact: [corneliu@unr.nevada.edu](mailto:corneliu@unr.nevada.edu)



# YGI Newsletter

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Editors:

Karen Hardoon, Ph.D. & Carmen Messerlian, M.Sc.

3724 McTavish Street, Montreal, Quebec, Canada  
H3A 1Y2

Phone: 514-398-1391

Fax: 514-398-3401

Email: [ygi@youthgambling.com](mailto:ygi@youthgambling.com)



## Grants for Neuroscience Research on Gambling Disorders

The Institute for Research on Pathological Gambling and Related Disorders at Harvard Medical School's Division on Addictions is pleased to announce the availability of grants for neuroscience research on disordered gambling behavior.

Research areas eligible for support include, but are not limited to, molecular genetic investigations, functional neuroimaging projects, and clinical trials to identify selective and effective pharmacotherapy.

Deadline for letters of intent:

October 1, 2002.

Contact:

[Christine\\_Reilly@hms.harvard.edu](mailto:Christine_Reilly@hms.harvard.edu)

[www.hms.harvard.edu/doa/institute](http://www.hms.harvard.edu/doa/institute)

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