



# Childhood abuse: A link to other high-risk behaviors

By Rina Gupta, Ph.D. – International Centre for Youth Gambling Problems and High-Risk Behaviors

Child maltreatment is a serious public health issue entailing significant social implications. The maltreatment of children results in substantial costs to society as a whole. The harm to the physical, emotional and social development of individuals exposed to maltreatment usually amounts to both

short and long-term consequences, while placing economic burdens on the health, education, justice and social service sectors.

Maltreatment is a term that is often used to refer to both abuse and/or neglect. Abuse of a child can be understood as being anything (an act or lack of) that causes injury or puts a minor in danger of being harmed. Child abuse can be physical (such as burns or broken bones), sexual (such as touching of private parts or incest, or being made to observe sexual acts), or emotional (such as belittling or calling the child names). Neglect occurs when a parent or caretaker fails to provide adequate supervision, food, clothing, shelter or other basics for a child.

Child abuse is more common than generally believed. Worldwide, approximately 40 million children are subjected to child abuse each year (WHO, 2001). In the U.S. more than 2.5 million cases of child abuse and neglect are reported each year. Of these, 35% involve physical abuse, 15% involve sexual abuse, and 51% involve neglect and emotional abuse. Studies show that one in four girls and one in eight boys will be sexually abused before they reach eighteen years of age. If those statistics are not alarming enough, it is widely believed that these statistics do not accurately reflect the true incidence of child abuse, because it is so under-reported.

Abuse and neglect in childhood are both associated with adverse development later in life. Research has firmly established strong relationships between childhood maltreatment and the development of mood and anxiety disorders (Harkness, Lumley, & Truss, 2008), self-esteem issues (Logio, 2003), suicidality (Evren & Evren, 2006), and personality disturbances (Haller & Miles, 2004) in adolescence and adulthood. These factors are critical to one's pro-social development, and when adversely affected, can

## In this Issue

Underage Gambling is Illegal – Or Is It? . . . . .	3
Mixing teens and alcohol stirs up trouble. . . . .	4
A Time and a Place . . . . .	5
A head start on gambling problems . . . . .	6
Who's to blame? Parents placed at the centre of a new survey on teenage substance abuse . . . . .	8
Driving a high-risk activity for teens. . . . .	9
The Economic (Dis)Advantages of the Neighbourhood Casino . . .	10
YGI launches multimedia contest . . . . .	11
<i>Know Limits and Dés Joués</i> . . . .	12
Sports betting to come to Canada . . . . .	13
Recent publications and presentations . . . . .	14
News from the Centre . . . . .	15
Upcoming events . . . . .	15

*“Child abuse casts a shadow the length of a lifetime.”*

– Herbert Ward

take a tremendous toll. It is therefore not surprising that those individuals having suffered neglect and abuse as children are much more likely to also experience substance abuse problems (Evren & Evren, 2006, Haller & Miles, 2004), engage in high-risk sexual behavior (Batten, Follette, & Aban, 2001), develop eating disorders (Kennedy, Samra, & Gorzalka, 2007), and experience gambling problems later on in life (Felsher, 2007; Petry & Steinberg, 2005).

Clinicians working with adolescents and adults who suffer from addictions of all kinds, eating disorders, mood and anxiety disorders, or who engage in other high-risk activities should screen these individuals for maltreatment in childhood. Treatment providers working with problem gamblers recognize that underlying issues need to be addressed and resolved before a truly successful treatment outcome can be achieved. Individuals with a history of abuse often turn to drugs, alcohol and gambling as a way of escaping unpleasant feelings, thoughts and memories. They may engage in high-risk sexual behaviors, or develop an eating disorder, as a way of trying to regain control, or as a way to self-harm due to feelings of shame or guilt associated with prior abuse. Each person is unique in their way of processing and interpreting their experience of abuse and in their ways of coping. While it is not uncommon for intergenerational abuse patterns to persist, addressing your client's history of abuse may also serve to protect future generations. ■

## REFERENCES

Batten, S. V., Follette, V. M., & Aban, I. B. (2001). Experiential avoidance and high-risk sexual behavior in survivors of child sexual abuse. *Journal of Child Sexual Abuse*, 10(2), 101-120.

Evren, C & Evren, B. (2006). The relationship of suicide attempt history with childhood abuse and neglect, alexithymia and temperament and character dimensions of personality in substance dependents. *Nordic Journal of Psychiatry*, 60(4), 263-269.

Felsher, J. R. (2007). Etiological factors related to gambling problems: The impact of childhood maltreatment and subsequent stressors. [Dissertation Abstract] *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 68(3-B), pp. 1923.

Haller, D. L; Miles, D. R. (2004). Personality Disturbances in Drug-Dependent Women: Relationship to Childhood Abuse. *American Journal of Drug and Alcohol Abuse*, 30(2), 269-286.

Harkness, K. L; Lumley, M. N., & Truss, A. E. (2008). Stress generation in adolescent depression: The moderating role of child abuse and neglect. *Journal of Abnormal Child Psychology*, 36(3), 421-432.

Kennedy, M. A., Ip, K., Samra, J. & Gorzalka, B. B. (2007). The role of childhood emotional abuse in disordered eating. *Journal of Emotional Abuse: Interventions, Research & Theories of Psychological Maltreatment, Trauma & Nonphysical Aggression*, 7(1), 17-36.

Logio, K. A. (2003). Gender, Race, Childhood Abuse, and Body Image Among Adolescents. *Violence Against Women*, 9(8), 931-954.

Petry, N. M, & Steinberg, K. L. (2005). Childhood Maltreatment in Male and Female Treatment-Seeking Pathological Gamblers. *Psychology of Addictive Behaviors*, 19(2), 226-229.

World Health Organization (2001). *Prevention of Child Abuse and Neglect: Making the links between human rights and public health*. Geneva: World Health Organization.



# Underage Gambling is Illegal – Or Is It?

By Jessica McBride, M.A. – International Centre for Youth Gambling Problems and High-Risk Behaviors

The lottery is often viewed as a soft form of gambling – more as a form of entertainment than wagering. Lottery aficionados claim that the price of a dollar provides hours of fantasising; dreaming of mansions, yachts, vacations, and letters of resignation. In many states and provinces in North America, the lottery was the first form of legalised gambling to which people were exposed. Ever since, the ubiquitous advertising and prominent displays of lottery products in corner stores, supermarkets, and gas stations have resulted in an unprecedented level of normalisation for this particular form of gambling. In Québec alone, lottery sales in 2008 were \$1.91 billion, with a net revenue of approximately \$475 million. However, as gambling becomes an increasingly acceptable form of entertainment, the potential for harm is not always as widely publicised as the potential for a big win.

The portrait of a problem gambler in most people's minds does not typically include lottery players. The lottery is perceived as a relatively innocuous form of gambling with few negative consequences. Yet a small but significant number of people experience serious gambling problems as a result of the lottery. In addition, people with gambling problems are often frequent lottery players. Youth are particularly vulnerable; young people with gambling problems report a greater preference for and greater participation in lottery scratch tickets, draws, and sports betting (compared to social and at-risk gamblers). The lottery is often seen as a gateway to more problematic forms of gambling. The appeal of the lottery for youth includes its easy accessibility, its wide social approval, and, often, the lack of parental concern over lottery participation by their underage children.

Lottery tickets are often visually appealing to children and adolescents, and parents who would think twice about sending their children to casinos or poker rooms are less hesitant when it comes to the lottery. Nevertheless, the minimum legal gambling age for the lottery exists for the protection and well-being of children and adolescents. In spite of this, exceptions to the legal gambling age are currently in place, including circumstances whereby it is legal for children and adolescents to play the lottery.

The exception is for lottery tickets given to children as gifts. Thirty states in the U.S. make it permissible to give lottery tickets as gifts to minors. The specifications are often worded as follows: "No tickets or shares in lottery games shall be sold

of problem gamblers who begin gambling early in life, at home with the family. Even though the laws in these jurisdictions specify that winnings and prizes may not be paid to children directly, the prizes are paid either to an adult guardian or deposited in the minor's bank to the credit of an adult guardian. Still, the message being conveyed to children is that gambling is an acceptable activity – as long as they do not initiate that activity themselves. There are no such exceptions for alcohol and tobacco – most parents would be critical of the purchase of alcohol and cigarettes for their children as gifts, and actually giving such gifts would be considered negligent.

Each December at the Centre, we run annual holiday campaign in conjunction with Loto-Québec that

*“Thirty U.S. states make it permissible to give lottery tickets as gifts to minors”*

to persons under the age of 18 years, but this shall not be deemed to prohibit the purchase of a ticket for the purpose of making a gift by a person 18 years of age or older to a person less than that age.”

The legislation in Canada is less clear. Most provinces specify that it is prohibited to sell lottery tickets to minors. However, laws in Newfoundland and Labrador and Québec specify that if a minor wins, the lottery prizes are to be paid to the minor's legal guardian.

This legislation is strikingly contradictory. It essentially condones children gambling as long as there is adult supervision, which is a serious issue considering the number

aims to educate parents about these concerns with respect to youth gambling, and that asks parents to reconsider giving lottery tickets as stocking-stuffers or other gifts to their children. Currently, we hope to join forces with Washington's National Council on Problem Gambling to spread the word. The fact that the legislation in many U.S. states contradicts this campaign is of great concern, and it is worrying that our objective counters parents' legal rights to buy their children lottery products. Regardless, we maintain a commitment to education and prevention in the sphere of youth gambling, and this holiday season we will continue to request that parents think twice before considering lottery tickets as a “special” gift. ■

# Mixing teens and alcohol stirs up trouble

By Alissa Sklar, Ph.D. – International Centre for Youth Gambling Problems and High-Risk Behaviors

From beer to coolers, whiskey to wine, teenagers are constantly surrounded by conflicting messages about alcohol consumption. They are told that too much alcohol can be risky or dangerous, but they also see catchy ads depicting those pervasive bottles of beer and spirits as a sure way to a good time, and to becoming a sexier, funnier, more socially successful version of themselves.

It's a dangerous contradiction.

Parents who remember their own rowdy adolescent years may be inclined to ignore this behaviour as a normal rite of passage for teens, but they are overlooking the many ways in which excessive drinking can cause serious long-term prob-

lems. Health Canada reports that of the 82.9% of youth who consumed alcohol over the past year, over one-third (36.9%) did so at least once a week; 33.7% of respondents also reported consuming five or more drinks per typical drinking occasion. For more on this, see the complementary article: "A Time and a Place: Binge Drinking on Campus" on page 5.

Leads. Kids who drink too much are also statistically at higher risk for suicide, drowning, homicide and learning impairments (such as short term memory loss). There are health problems associated with teen alcohol abuse, such as becoming overweight and developing high blood pressure. These teens are also at higher risk for addiction to tobacco products and drugs. Moreover, by lowering their inhibitions and self-control, the consumption of alcohol means

with the most common access being from parents' supplies or older friends.

Despite many unfortunate parallels with the U.S. in terms of teen drinking problems, one advantage we seem to have in Canada over the U.S. is a different set of cultural attitudes. A lower drinking age tends to mean that many teens experimenting with alcohol do so in a public setting, such as a bar, where serious problems won't go unnoticed. Unsupervised house parties, common in the United States where the drinking age is 21, can be particularly dangerous. A Canada Safety Council report in 2007 was unequivocal in its opposition to raising the drinking age in Canada to 21: "Simply making something illegal does not stop the under-21 crowd from doing it."

One aspect of underage drinking that parents may want to be vigilant about is that of fake IDs, used to gain access to bars and to purchase alcohol in stores. One 2007 study found that kids who were able to get their hands on a fake ID were five to six times more likely to go on a heavy drinking binge at least once a week, compared to those who didn't have easy access to drinking establishments or liquor stores. Once a teen is able to get a fake ID into his or her wallet, their drinking habits were shown to change dramatically. In the study, teens who only drank once in a while shifted to drinking one or two times a week once they got a fake ID.

Having a fake ID is extremely appealing to many kids, as it may be seen as an early ticket into adult

[Continued on page 7 >>>](#)

# A time and a place: Binge drinking on campus

Compiled by Margot Nossal, B.A. – International Centre for Youth Gambling Problems and High-Risk Behaviors

With hundreds of thousands of young adults heading back to college and university campuses across the continent this September, yet another debate over the drinking age in the United States has surfaced. As of late August 2008, over one hundred college and university presidents across the country came together and called for a public debate on rethinking the drinking age.

As most people who work with youth and undergraduate students will confirm, binge drinking is an increasingly serious problem among teenagers and young adults. Johns Hopkins University President William R. Brody recognizes that “kids are going to drink whether it’s legal or illegal,” and he is joined by many others who are concerned about the incidence of drinking-related hospitalizations across the nation.

Binge drinking behaviour is wide-spread in teenager and young adult culture, principally because these individuals are too young to drink legally in bars or clubs. As a result, they drink alcohol in great quantities at home before going out, or at parties. In particular, environments like college campuses and residences too often create an atmosphere where heavy drinking is encouraged by peers.

Regardless of where underage students are obtaining their alcohol, it is abundantly clear that it is being bought and consumed in significant quantities. Interested in this trend, former *Time* magazine reporter Barrett Seaman decided to take a look at the underbelly of undergraduate culture across North America, to see contemporary student life first-hand. Travelling to university and college campuses across North America, he skipped the library and the student union, and spent most of his time in the residences. And while he says that he wasn’t “shocked” by what he found, he was “surprised at the intensity with which students drank.”

The increasing number of hospitalizations due to alcohol poisoning is just one indication of the severity of drinking on campus. In one weekend of Seaman’s visit at a college, there were seven hospitalizations due to alcohol. At Harvard, 44 students were sent to hospital in two months.

It was an interesting comparison, then, when Barrett visited McGill University in Montréal, where the drinking age is 18. He visited McGill because of its high enrolment of American students, and what he found only reinforced the recent pleas made by so many college

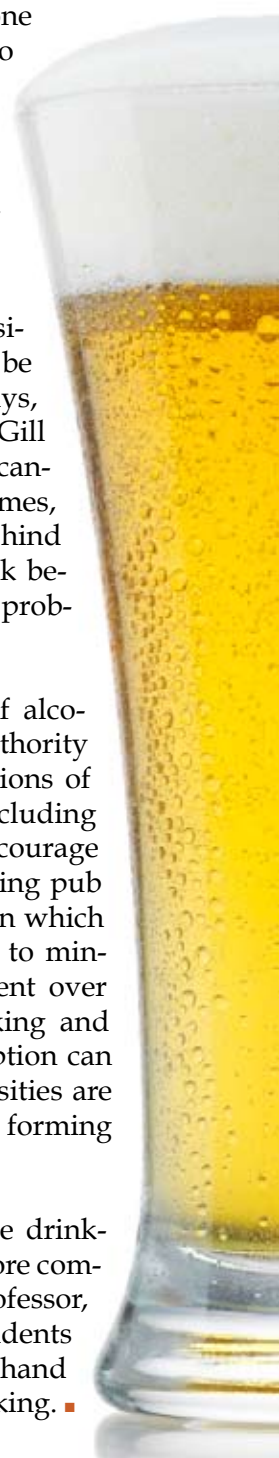
and university presidents. He found that students at McGill were aware of the availability of alcohol at university events, but did not feel the urge to overindulge since it was available everywhere.

During his stay in Montréal, Seaman talked to Flo Tracy, Director of Residences at McGill University. She said that the key to steering students away from alcoholism is through understanding the psyche of an 18-year-old. When training her residence advisors, her basic management philosophy is one of respect. As such, incoming students to McGill are met with an environment in which they don’t feel the need to prove themselves. Though alcohol is often present at student events, Seaman finds that there isn’t such an “all-or-nothing” mentality.

Compared to other undergraduate residences in Ontario where students can be fined for drinking in residence hallways, the rule of respect holds throughout McGill residences. When students are told they cannot drink in the common area of their homes, they will likely retreat to their rooms, behind closed doors. And being driven to drink behind closed doors is one of the causes of problem drinking.

The way in which the consumption of alcohol is seen by administrators and authority figures plays into the attitudes and actions of youth. Other Canadian universities, including Queen’s, Dalhousie, and McMaster encourage responsible drinking behaviour by hosting pub nights and departmental get-togethers in which students and professors have a chance to mingle in a non-confrontational environment over a beer. In modelling responsible drinking and showing students that alcohol consumption can be enjoyed in moderation, these universities are performing a service to their students in forming healthy attitudes and practices.

Although the correlation between binge drinking and a lower drinking age is much more complicated than having a beer with a professor, the hundred college and university presidents across the United States have seen first-hand that the current situation is just not working. ■



# A head start on gambling problems: Implications for the early onset of gambling participation

By Renee St. Pierre, M.A. – International Centre for Youth Gambling Problems and High-Risk Behaviors

Once considered to be an adult activity, it is now well established that, to some extent, adolescents are also active gamblers. For the majority of youth who currently gamble, gambling began at an early age, between 10 and 13 years old (Gupta & Derevensky, 1998; Jacobs, 2000).

Indeed, testimonials such as, “[I] started playing fruit machines for money when [I] was 13,” are not uncommon in individual accounts of gambling participation.

This early start in gambling is a major cause for concern for two reasons: an early onset of gambling participation is consistently reported as a predictor of long-term addiction (Winters, Stinchfield, Botzet, & Anderson, 2002); and early-onset gambling is associated with more severe psychiatric problems (National Research Council, 1999).

Findings from Lynch, Maciejewski, and Potenza’s (2004) study of adolescent and young-adult gamblers with early-onset (before 18 years of age) and adult-onset gambling illustrate the relationship between age of onset of gambling participation and substance use disorders. The Gambling Impact and Behavior Study (GIBS), a national U.S. civilian household survey, compared adolescent, early-onset adult, and adult-onset past-year gamblers with similarly aged non-gamblers on several psychiatric measures. This study found that while gambling involvement was associated with substance use disorders in adolescents and young adults, this relationship was restricted to groups reporting an early age of onset for gambling participation.

However, the relationship between age of onset of gambling participation and severe psychiatric problems is not just limited to substance use disorders. Recently, Kessler and colleagues (2008) assessed the lifetime prevalence of pathological gambling with that of other psychiatric disorders, including mood disorders, anxiety disorders, impulse-control disorders, and substance

began gambling several years earlier than non-problem gamblers. The results also revealed that mood, anxiety, and impulse-control disorders typically appear before the onset of pathological gambling. Interestingly, the appearance of co-morbid mood and anxiety disorders predicted the subsequent development and persistence of pathological gambling.

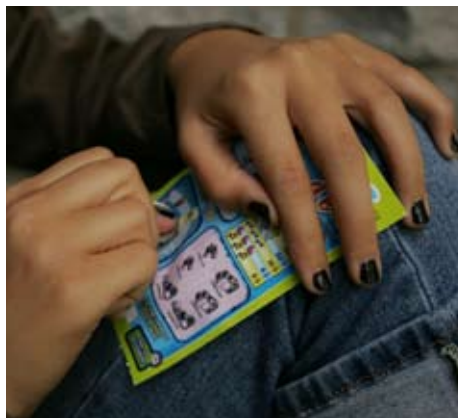
*“Those who developed serious gambling problems generally began gambling several years earlier than non-problem gamblers”*

use disorders. The age of onset of each disorder was also assessed in order to examine the temporal relationships between pathological gambling and co-morbid disorders.

To meet their research objectives, Kessler et al analysed data from the U.S. National Comorbidity Survey Replication (NCS-R), a face-to-face household survey of 9,282 respondents aged 18 years and older. Not surprisingly, they found that respondents who developed serious gambling problems generally

However, for substance use disorders, Kessler and colleagues observed the opposite: pathological gambling emerged as a predictor of later substance use disorders. Taken together, the findings suggest that early onset of certain psychiatric disorders might pose as risk factors for pathological gambling, whereas other mental disorders may correlate to early-onset pathological gambling.

Although the findings from Lynch, Maciejewski, and Potenza’s and Kessler et al’s research are highly significant to understanding the importance of age of onset for gambling-related problems and co-morbid psychiatric disorders, caution is needed in interpreting the results; both studies rely on retrospective data, which has been shown to be subject to important recall errors (Simon & Von Korff, 1995). Additional prospective research is needed to confirm these relationships. This limitation notwithstanding,



findings from these studies could be of immense value in generating new gambling prevention programs targeting younger audiences, as well as other high-risk or vulnerable groups, such as those diagnosed with mood and anxiety disorders. ■

## REFERENCES

Gupta, R., & Derevensky, J. L. (1998). Adolescent gambling behavior: A prevalence study and examination of correlates associated with problem gambling. *Journal of Gambling Studies*, 14, 319-345.

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

Kessler, R. C., Hwang, I., LaBrie, R., Petukhova, M., Sampson, N. A., Winters, K. C., et al. (2008). DSM-IV pathological gambling in the National

Comorbidity Survey Replication. *Psychological Medicine*, 38, 1351-1360. doi: 10.1017/S0033291708002300

Lynch, W. J., Maciejewski, P. K., & Potenza, M. N. (2004). Psychiatric correlates of gambling in adolescents and young adults grouped by age at gambling onset. *Archives of General Psychiatry*, 61, 1116-1122.

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

Simon, G. E., & Von Korff, M. (1995). Recall of psychiatric history in cross-sectional surveys: Implications for epidemiologic research. *Epidemiologic Reviews*, 17, 221-227.

Winters, K. C., Stinchfield, R. D., Botzet, A., & Anderson, N. (2002). A prospective study of youth gambling behaviors. *Psychology of Addictive Behaviors*, 16, 3-9. doi: 10.1037//0893-164X.16.13

## »»» MIXING TEENS AND ALCOHOL STIRS UP TROUBLE (continued from page 3)

life. A study reported in *Psychology of Addictive Behaviors* (2007) also found that before college, 12.5% of the kids had fake IDs; by the fourth semester, nearly one-third did.

So what can parents do about the problem of underage drinking? Experts suggest that parents begin talking to their kids about alcohol at a young age. While most six-year-olds know alcohol is only for adults, kids between nine and 13 years old begin to think it is OK to experiment. As they get older, parents should point out instances on TV and in film, or in the world around you, of people using alcohol responsibly and irresponsibly. Start the dialogue early and keep talking.

Public health experts also underline how important it is for parents to model responsible alcohol use, since having a parent who drinks excessively is a big risk factor for teens.

Parents are advised to clarify expectations with their kids. If they disapprove of alcohol consumption completely, they should make that perfectly clear. If they have no problems with a sip of wine when the adults of the family open a bottle at dinner, those parameters should also be spelled out. Teens should also be warned that it is never OK to drink and drive a car, or to get into a car with someone who has been drinking.

Finally, parents are advised to discuss strategies for avoiding alcohol with their teens. After all, it can be awfully hard to be the only kid at a party who says no, so it's important to help them come up with answers or behaviours that make it socially feasible to abstain. ■



# Who's to blame? Parents placed at the centre of a new survey on teenage substance abuse

By Margot Nossal, B.A. – International Centre for Youth Gambling Problems and High-Risk Behaviors

The recent release of the 2008 *National Survey of American Attitudes on Substance Abuse: Teens and Parents* has brought to light some concerns about parents' involvement in their children's lives as a contributing factor to American teenagers' use and abuse of alcohol, marijuana, and prescription drugs. This is the 13<sup>th</sup> annual survey conducted by the National Center on Addiction and Substance Abuse (CASA) at Columbia University, and this year's survey has identified a group called "problem parents"; these are parents who fail to take preventative measures to keep their children away from illicit drugs, or who do not educate their children properly about these substances.

One finding of the survey was that failure to monitor teenagers' school night activities increases the risk of drug or alcohol use. Half of teenagers reported leaving their home on school nights to hang out with friends, and of those, 50% who come home after 10:00 pm say that the use of alcohol, marijuana and other drugs occurs, while only 29% who come home between 8:00 and 10:00 pm report similar substance use.

While the empirical data shows that adolescents who stay out later are at greater risk for substance use, the problem is exacerbated with the finding that only 14% of parents report that their teenagers regularly leave the house on school nights. These parents are examples of "problem parents," for their lack of knowledge about their teenagers' whereabouts, as well as for their naïveté about their children's involvement in high-risk behaviours.

Prescription drugs pose an increasing problem with adolescents; the proportion of teenagers who say that these types of drugs are easiest to buy has jumped 46% since 2007. Furthermore, teens report that prescription drugs are easier to obtain than beer. The respondents say they are getting these drugs either from the medicine cabinet at home or from their parents more frequently than from any other source. Problem parents are therefore blamed for being "passive pushers" by not monitoring the prescription drugs that enter the home.

Drugs seem to be pervasive at school as well, with two-thirds of high school students and one in five middle schoolers reporting that drugs are available on school grounds. Almost all parents (97%) say that it is important that their teen's school be drug free, but many parents doubt that drugs in the school environment have a

negative influence on their children. One third of parents surveyed believe that the presence of illegal drugs in their teen's school does not make it more likely that their teen will experiment. Furthermore, the incidence of parental involvement in drug culture contradicts and counteracts the educational programming geared towards today's youth. A quarter of teenagers surveyed know a parent of a classmate or friend who uses marijuana, and one in ten says that this parent uses marijuana with teenagers. And with marijuana ranked as the easiest substance to purchase, this parental involvement can have dire effects on teenagers' perception of drug use.

CASA's chairman and president Joseph A. Califano, Jr., says that preventing substance abuse is primarily the job of parents: "It is inexcusable that so many parents fail to appropriately monitor their children, fail to keep dangerous prescription drugs out of the reach of their children, and tolerate drug infected schools." ■

## 2008 Durand Jacobs Award: Call for Papers

The International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University invites submissions to the 2008 *Durand Jacobs Award* competition, to be awarded to be best graduate student paper related to the psychology of addictive behaviors. This annual award is dedicated to Dr. Durand Jacobs' lifelong efforts to help mentor students. Published and/or publishable papers will be considered by the selection committee, comprised of an international panel of experts in the field. The recipient will receive an award plaque and their work will be featured in the Youth Gambling International newsletter. Graduate students from all related disciplines are encouraged to submit their papers by Feb 27th, 2009.

Please submit all entries electronically to [alissa.sklar@mcgill.ca](mailto:alissa.sklar@mcgill.ca). If you have any questions, please direct them to Dr. Alissa Sklar by email, or telephone: 514-398-2470.



# Driving a high-risk activity for teens

By Alissa Sklar, Ph.D. – International Centre for Youth Gambling Problems and High-Risk Behaviors

When it comes to seeking intense sensations and indulging in the thrill of high risk activities, many teens find it hard to beat the rush that comes from racing across city streets and highways. Young people who wouldn't think of trying illegal drugs or betting away their weekly paycheque on a poker game might still blow through an amber light or send text messages while driving.

Teens are involved in twice the number of crashes as 30 to 59 year olds, according to the *Journal of Safety Research*. Moreover, having more teens as passengers dramatically raises the likelihood of risky driving. A Johns Hopkins University School

all categories, passenger use of seat belts ranged from 10 to 21 percentage points lower than for drivers. This is worrisome in light of data showing 40 percent of teen motor vehicle fatalities are passengers.

There are other risk factors for teen driving that may have as much to do with the incitement of risky behaviours as with the lack of accumulated skills behind the wheel. One of these risk factors is teens driving at night, when hazards may be harder to see, but also when joy-riding, alcohol and drug use may be a factor. Regardless of why this is so, teens, parents and educators need to know that night-time is the

hadn't had much practice behind the wheel. The same study showed that cellphone use by teen drivers is often a factor in accidents.

Direct, consistent parental involvement tends to be one effective way for parents to reduce the likelihood their kids will get caught up in high-risk activities. This is also true of driving. Studies show that teens are safer when parents monitor where their kids go and who rides with them. In one study of 3,700 parents and teens, kids who were subject to the rules of the *Checkpoints Parent-Teen Driving Agreement* (a publication of the United States' National Safety Council) had fewer traffic violations and drove more safely.

*“Teens are safer when parents monitor where their kids go and who rides with them.”*

of Public Health study found that a teen's risk of dying in a car accident jumps when other teens are in the car. A 16-year-old carrying one teen passenger was 39 percent more likely to die than if they were alone in the car. The risk jumped to 86% with two more teenagers in the car, and with three or more passengers, the risk of death nearly doubled.

Teen passengers, it turns out, are at further risk because of a gap in public education about seatbelt use. According to the September issue of the *American Journal of Preventive Medicine*, found that 59 percent of students always used seat belts when driving, but only 42 percent always buckled up as passengers. There were important differences by gender, race and even the grades teens get on their report cards, but in

riskiest time for teen drivers. The *Journal of the American Medical Association* recently published a study that compared teen accident rates before and after new night driving rules were imposed in North Carolina. Night-time accidents involving 16-year-olds fell by more than 40 percent.

Other risk factors for teen car accidents include fatigue and cellphone use. In a recent Virginia Tech study, researchers put recording devices and video cameras in cars driven by teens who had just gotten their licenses. They found that when the kids crashed, it was often because they were impaired by fatigue. They made judgment errors, didn't recognize hazards and were indecisive. And all these mistakes were compounded because the teens

A new study from University of Toronto researchers sheds some light on the familiar and perplexing teen behaviour of risky driving. An article in the August issue of the *Journal of the American College of Surgeons* found that teens may underestimate their risk of dying in a car collision because they not only see themselves as invincible, but also make faulty assumptions.

The researchers studied 262 high school students participating in a one-day injury prevention program sponsored by their school and a local hospital. In addition to lectures about safety, the program included a tour of an intensive care unit, where students met young people who had suffered mild traumatic brain or a spinal cord injuries.

A control group of teens were quizzed about driving safety before the talk, while others completed questionnaires from a week to a month afterward.

Continued on page 13 »»»

# The economic (dis)advantages of the neighbourhood casino

By Julie Desormeau, B.A. – International Centre for Youth Gambling Problems and High-Risk Behaviors

When Loto-Québec announced its plans to develop a new casino in the Pointe St-Charles region of Montréal, a coalition of local community groups created their own publicity campaign in an effort to prevent its construction. Loto-Québec denied claims that the presence of a casino would disproportionately disadvantage the poor or increase rates of compulsive gambling in the region. The agency also argued that the development of a new casino would contribute to economic growth and local rates of employment, benefiting the poverty-stricken region. Approximately 40% of Pointe St-Charles families live under the poverty line, and the neighbourhood has the highest concentration of welfare recipients (35%) in the city. Furthermore, because public housing makes up almost half of all homes in the region, Pointe St-Charles is destined to remain a district significantly inhabited by the poor.

Certainly the addition of a casino would create a number of jobs, including croupiers, security

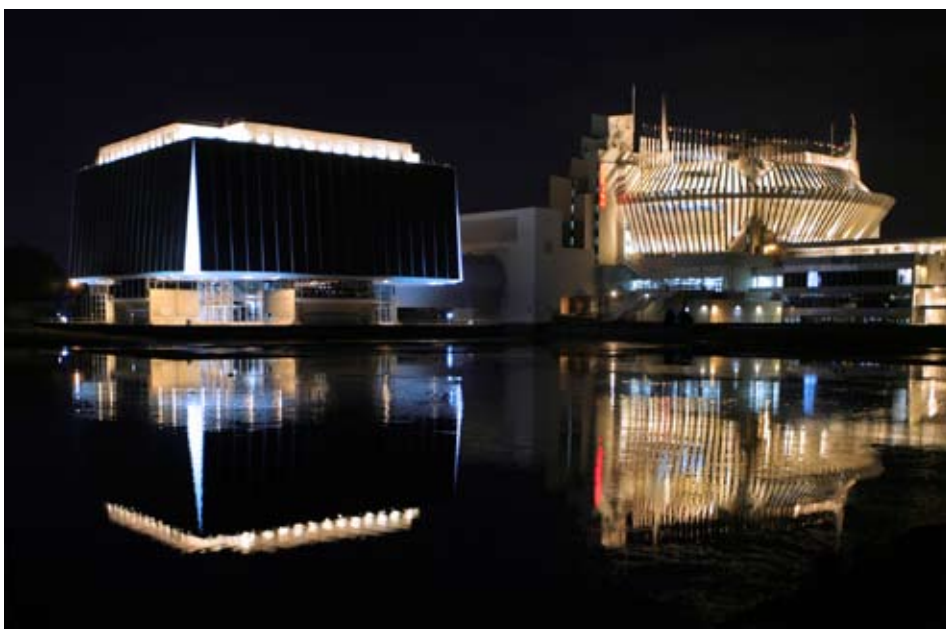
agents, administrative staff, and service jobs. A casino would also attract tourists, encouraging the development of commerce. But how much of this new economic activity would benefit the people of Pointe St-Charles? And would the benefits outweigh any potential harm imposed upon neighbouring residents?

Recent studies examining the impact of casinos and gambling on local communities and the poor have been released providing some insight into these questions. *The Daily Herald* conducted a series of analyses on the Illinois gambling industry and found that pathological gamblers in the state of Illinois who participated in self-exclusion programs disproportionately lived in neighbourhoods that had casinos. Furthermore, one study found that the prevalence of gambling disorders almost doubled within a 50 mile radius of a casino. The correlation between the location of gambling venues and the degree of problem gambling behaviour is often reported by experts in the field.

Additionally, a recent Carnegie Mellon University study found that influencing participants' perception of their relative wealth could help predict whether an individual would purchase more or fewer lottery tickets. The study reported that individuals with lower incomes spend a larger percentage of their income on lottery tickets than wealthier people. This is because for some people, playing the lottery is perceived to be "their best opportunity for improving their financial situation... and the hope of getting out of poverty encourages people to continue to buy tickets." The researchers also noted the duplicity of lotteries that exploits poor people's desire to escape poverty while simultaneously preventing them from improving their financial situation.

But do casino contributions to local economic and job growth outweigh the potential harm? The South Australian Centre for Economic Studies recently released the Social and Economic Impact Study into Gambling in Tasmania. Contrary to claims made by the gambling industry in Tasmania, the report found that casinos were not a significant contributor to economic growth in the region. They also found a link between heavy drinking, smoking and gambling, as well as a correlation between crimes such as fraud and robbery and problematic gambling behaviour.

The data presented would suggest that casinos are not conducive to the healthy development of a community, yet the government's dependence on (some might say addiction to) gaming revenue blinds them to the casinos' insidious effects. For now, however, the citizens of Pointe St-Charles have won the battle against a new casino. ■



# YGI LAUNCHES MULTIMEDIA CONTEST

The International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University is pleased to announce a multimedia competition for secondary school and CEGEP students about the risks associated with youth gambling. As part of our long-standing focus on prevention, this competition is designed to generate awareness about youth gambling as well as have students involved in the prevention process. Through this project, we aim to gain a better understanding of adolescent gambling and risk-taking behaviours from the viewpoints of students themselves.

Our past research has been helpful in identifying a number of risk and protective factors associated with child and adolescent risk-taking. These efforts have culminated in two multiple-award-winning interactive CD-ROM programs and a video docudrama, as well as a successful poster contest and risk-prevention game.

Entries are to be made in the form of a video or multimedia PowerPoint presentation. Submission can be made in either French or English, and students can work in groups of up to five members. Students are asked to create a short video/PowerPoint presentation on gambling awareness, their view of gambling among people their age, and what issues and events can arise when teens become overly involved in gambling. We are looking for an honest depiction of what issues arise for teens who engage in gambling activities.

Students can choose whatever genre or format they would like to suit their ideas, whether it be a 30-second public service announcement or a short mini-documentary. Submissions can be any length up to five minutes. As we would like to be as inclusive as possible, judging will focus more on the clarity and content of the message than on the technical aspects of production and editing.

This contest is open to all secondary school and CEGEP students in the province of Québec. A copy of the rules, guidelines, and a more detailed description of the competition is available on our website at [www.youthgambling.com](http://www.youthgambling.com). Multiple entries from each school are permitted.

A panel of judges drawn from our Centre and the community of addictions researchers and treatment

professionals will select the winners. We are planning a press conference to publicly announce each of the winners in both the secondary school and CEGEP categories. Prizes will include a plaque with the names and schools of the winning team members, and a gift certificate for \$500 (to be shared by group members) for use at an electronics store.

**CONTEST**  
**HERE'S A NEW TAKE ON GAMBLING: YOURS**

The International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University invites all secondary and CEGEP students from across Québec to submit videos and/or multimedia projects for a contest to develop prevention messages for youth about the risks associated with gambling.

**ELIGIBILITY**

- Open to Québec residents under the age of 21.
- You must be a registered student in a Québec high school or CEGEP.
- Students can work alone or in groups of up to five (5) members.

**WINNERS & PRIZES**

There are four prize categories: secondary schools (English and French) and CEGEPs (English and French). Winning projects will be featured on our website. Winning teams will receive a plaque and a \$500 gift certificate for purchase at an electronics store.

**INSTRUCTIONS**

- Entries can be in any video or multimedia style, including animation, live-action drama, narrated slide show, etc.
- Entries may follow a specific genre or form, such as public service announcement (30 seconds length), trailer or mini-documentary, but can also be free form, with a maximum length of five (5) minutes.
- Entries must be in MP4, 2, 3 or 4, AVI format or PowerPoint format (either PC or MAC).
- Entries can be submitted in either French or English.
- Entries are to be submitted by mail, postmarked no later than December 15th, 2008 to: Video and Multimedia Contest, The International Centre for Youth Gambling Problems, 3724 McAvish Ave., Montreal, QC H3A 1Y2.
- A written copy of any script should be included.
- All entries must include two (2) copies of each submission.
- All submissions must be original and copyright free.
- The following information must be included with your submission: full name, grade, age, sex, date of submission, address, name of school, email address and/or phone number.
- We request participants that any personal information appearing in submissions will become public, so permission must be secured for any real life stories, names of people involved should be changed to a first name pseudonym.
- Release forms must be obtained for all participants whose faces or voices appear onscreen (see sample form on our website: [www.youthgambling.com](http://www.youthgambling.com)).
- Personal information on entry forms will be kept confidential, although we reserve the right to use winners' full names in publicity materials related to the results of this contest.
- All submissions must be free of discrimination, racism, sexism and profanity.
- All entries submitted become the property of the International Centre for Youth Gambling Problems and High-Risk Behaviors, McGill University. As such, the material can be duplicated and/or used in all Centre publicity materials, websites, workshops, talks and prevention initiatives.

**JUDGING**

Multimedia projects will be judged on their creativity/imaginativeness, clarity of message, effectiveness, knowledge of the subject, relevance, appeal to all teens and basic technical skills.

**WEBSITE**

More detailed information can be found on our website: [www.youthgambling.com](http://www.youthgambling.com) (see Contest).

**YOUR SCHOOL CONTACT PERSON IS:**

For more information, please contact:  
 Dr. Isabelle Martin, Prevention Specialist  
 514.398.2244  
[isabelle.martin2@mcgill.ca](mailto:isabelle.martin2@mcgill.ca)

Dr. Alissa Sklar, Senior Researcher  
 514.398.2470  
[alissa.sklar@mcgill.ca](mailto:alissa.sklar@mcgill.ca)

# KNOW LIMITS



## *Know Limits* and *Dés Joués*: YGI launches new prevention game

As part of our mandate to provide innovative and effective prevention tools, the International Centre for Youth Gambling Problems and High-Risk Behaviors is delighted to announce the launch of *Know Limits*, and the French version, *Dés Joués*, our gambling and high-risk activities prevention game for teens.

One of our prevention team's primary messages to young people when it comes to gambling is to know your limits. That means teens who make the decision to gamble should decide ahead of time how long they will play and how much they are prepared to wager, and then stick to that decision. This message, and others about gambling, alcohol, drugs, tobacco and sexual health, form the critical element in *Know Limits*.

Designed as a question and answer game to be played in teams, *Know Limits* combines prevention questions with general interest categories such as charades, taboo, word scramble and trivia questions. These categories are designed to maximize player participation and engagement in the game while increasing youth awareness about issues related to gambling and other high-risk behaviours.

Players from each team face off against each other one at a time in a race to answer the questions correctly, which require thought, logic and creativity rather than an extensive knowledge base. The team with the most points for correctly answered questions wins the game. The element of team play incorporates social interaction and cooperation within teams and a friendly element of competition between teams.

We suggest that time spent playing *Know Limits* be followed by a discussion with players about underage gambling. The information on the accompanying manual will be a helpful resource for game animators who may not have sufficient prior knowledge about this topic. As well, we offer additional information on our website at [www.youthgambling.com](http://www.youthgambling.com).

Sponsored by the Government of Canada's National Crime Prevention Strategy, in collaboration with the ministère de la Sécurité publique du Québec, *Know Limits* received rave reviews from teens in treatment centres, private and public high schools. We were consistently told they enjoyed the team play, the variety of categories, the clever questions and the way the game stimulated awareness about risky activities without being didactic and preachy.

We are proud to add *Know Limits* and *Dés Joués* to our award-winning line of quality prevention tools in both English and French, including the docudrama DVD *Clean Break*, and multimedia products for elementary and high school students, *The Amazing Chateau* and *Hooked City*. For more information about the game and other materials, and to find out details for ordering, please visit our website ([www.youthgambling.com](http://www.youthgambling.com)) and follow the *Prevention* link, or call us at 514-398-1391. ■

### **Here's what some of our teen players have said about *Know Limits* and *Dés Joués*:**

"This game is both fun and educational. Having the risk questions mixed in with others keep your mind off the fact that they are educational questions being asked."

"This works well for kids all different ages."

"An hour of playing went by really fast."

"I would definitely play this again!"

# Sports betting to come to Canada

By Margot Nossal, B.A. – International Centre for Youth Gambling Problems and High-Risk Behaviors

There is a recent move in federal and provincial governments that would allow the legalization of sports betting in several Ontario casinos. Casino “sportsbooks,” as they are known, are currently not allowed by the Criminal Code of Canada, and the only sports betting permitted in Ontario casinos is through the government-run *Pro-Line*, in which bettors select the outcomes of three or more sporting events.

The new system would allow bettors to wager on the outcomes of individual sporting events, including North American professional league sports. Wagering on sporting events is currently illegal in most of the United States, with the exception of Nevada, where sportsbook betting is allowed in select gaming houses. Because of this restriction, legalizing sportsbook betting in Ontario would give the casinos in the border towns of Niagara Falls and Windsor a competitive advantage. And with provincial gambling revenues expected to drop a quarter of a billion dollars this year, casinos need any help they can get.

At the federal level, there are some worries that raising such a contentious issue as gambling could be risky for the minority Conservatives. But New Democrat MP Joe Comartin for the Windsor-Tecumseh riding is a proponent to the sportsbook move. He argues that the change would “generate traffic into the casino for that particular type of betting,” which would then pick up additional business, and benefit casino revenues overall. Former senior official at the Ontario Lottery and Gaming Commission Jim Warren agrees, adding that since sports

betting is not allowed anywhere else in Canada, it would be a good tourist draw.

Warren also says that legalizing sportsbooks in Ontario will “give a legal outlet for activities that are happening illegally.” His support is echoed by the Progressive Conservative MPP for the Niagara West-Glanbrook riding, Tim Hudak, who says that “a properly regulated, trusted and professional sportsbook would help reduce the growing illegal sports betting taking place in Ontario and by Ontario residents on offshore and unregulated Internet sites.” Their aim would be to reduce harm through legalization, thus monitoring the gambling activity that will occur regardless.

Justice Minister and Niagara Falls MP Rob Nicholson confirmed there would have to be consensus among provinces on the issue, since a change in the Criminal Code would affect not just Ontario casinos, but casinos across the nation. He also added that though he recognized the benefits of this change, his priorities still lie in “getting tougher on drug dealers and young people in trouble with the law.”

Traditionally, North American sports leagues have opposed sports betting, especially in cities where major league teams operate. But since Niagara Falls and Windsor do not have any big-league teams, sportsbook supporters do not foresee encountering problems with the major sports leagues. For the time being, these supporters can lobby for a change to the Criminal Code that could turn Hockey Night in Canada into a potentially risky activity for some Canadians. ■

---

## »»» DRIVING A HIGH-RISK ACTIVITY FOR TEENS (continued from page 9)

Their answers were enough to keep any parent up at night. The teens mistakenly believed that vehicle and highway design were more likely to cause crashes than human error, and that age and agility would allow them to overcome the effects of poor driving conditions or intoxication compared with more experienced drivers. They also believed that doctors would be able to save their lives and leave them unscathed in the event of an accident.

Compared to the control group, teens who took part in the safety program had more accurate perceptions of risk and safety on the road. But this shift in perception was only temporary. Teens who answered the questions eight days after the safety program scored significantly better than those who answered a month later, suggesting that teens need to be regularly reminded about the perils of risky behavior on the road.

“Students need to comprehend that it is lack of judgment, not only lack of skill, that increases the risk of injury to one’s self and others,” said Dr. Najma Ahmed, Assistant Trauma Director of St. Michael’s Hospital at the University of Toronto. “In addition to giving teens the knowledge and teaching them the technical skills, injury prevention programs must also address teens’ attitudes about being immune to illness and death as a means of changing high-risk behaviors.” ■

# Recent publications and presentations

## REFEREED PUBLICATIONS

Lussier, I., Derevensky, J., & Gupta, R. (in press). Youth gambling prevention and resilience education: A harm reduction approach. In A. Browne-Miller (Ed.), *The Praeger International Collection on Addiction (Four Volumes)*. Westport, CT: Greenwood Publishing Group.

Lussier, I., Derevensky, J., & Gupta, R. (in press). Youth gambling behaviors: An international perspective. In A. Browne-Miller (Ed.), *The Praeger International Collection on Addiction (Four Volumes)*. Westport, CT: Greenwood Publishing Group.

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

Monaghan, S., Derevensky, J., & Sklar, A. (in press). Impact of gambling advertisement on children and adolescents: Policy recommendations to minimize harm. *International Gambling Studies*.

Ellenbogen, S., Jacobs, D., Derevensky, J., Gupta, R., & Paskus, T. (2008). Gambling behavior among college athletes. *Journal of Applied Sports Psychology*, 20, 1-14.

McBride, J., & Derevensky, J. (2008). *Internet gambling behaviour in a sample of online gamblers*. *International Journal of Mental Health & Addiction*.

Monaghan, S., & Derevensky, J. (2008). An appraisal of the impact of the depiction of gambling in society on youth. *International Journal of Mental Health and Addiction*, 6, 1557-1574.

## RESEARCH REPORTS

Gupta, R., & Derevensky, J. (2008). Gambling behaviors of Florida college students. Report prepared for the Florida Council on Compulsive Gambling. Florida, 51 pp.

## BOOK CHAPTERS

Derevensky, J., (in press). Youth gambling: A Canadian perspective. In J. F. Cosgrave & T. R. Klassen (Eds.) *Gambling in 21<sup>st</sup> century Canada: Citizens, consumers and the state*. Toronto: McGill-Queen's Press.

Derevensky, J. (in press). Preface. In G. Meyer, M. Griffiths & T. Hayer (Eds.). *Problem gambling in Europe – Extent and preventative efforts*. London: Springer Books.

Lussier, I., Derevensky, J., & Gupta, R. (in press). Youth gambling problems from an international context. In A. Browne-Miller (Ed.), *The Praeger International Collection on Addictions. Volume IV*. CT: Greenwood Publishing Group.

Lussier, I., Derevensky, J., & Gupta, R. (in press). Youth gambling prevention and resilience education: A harm reduction approach. *The Praeger International Collection on Addictions. Volume IV*. CT: Greenwood Publishing Group.

Derevensky, J. (2008). Gambling. In W. A. Darity (Ed.). *International Encyclopedia of the Social Sciences Vol. 3, 2<sup>nd</sup> edition*. Detroit: Macmillan Reference USA, 248-250.

## BOOK CHAPTERS (continued)

Gupta, R., & Derevensky, J. (2008). Gambling practices among youth: Etiology, prevention and treatment. In C. A. Essau (Ed.), *Adolescent addiction: Epidemiology, assessment and treatment*. London, UK: Elsevier, 207-230.

Gupta, R., & Derevensky, J. (2008). A treatment approach for adolescents with gambling problems. In M. Zangeneh, A. Blaszczynski & N. Turner (Eds.), *In the Pursuit of Winning. Problem gambling theory, research and treatment*. New York: Springer Books, 271-290.

## CONFERENCE PRESENTATIONS

Derevensky, J. (2008). Everyone's a winner! Youth perceptions of gambling advertisements. Paper presented at the 7<sup>th</sup> European Association for the Study of Gambling conference, Nova Gorica, Slovenia, July.

Derevensky, J. (2008). Responsible gambling: implications from youth Internet gambling studies. Invited address presented at the Interactive Gaming council Next Generation in Gambling conference, Montréal, July.

Derevensky, J. (2008). Youth gambling and problem gambling. Invited address presented at the 7<sup>th</sup> European Association for the Study of Gambling conference, Nova Gorica, Slovenia, July.

# News from the Centre...

---

## New initiatives

The Centre is pleased to start the new academic season with so many exciting new projects and initiatives. In addition to the release of our new prevention game in both English and French, *Know Limits* and *Dés Joués*, we are also launching our video and multimedia contest for high school and CEGEP students in Québec. You can read more about these projects on pages 11 and 12.

You will also notice the newsletter's streamlined new look, designed to be more attractive and user-friendly on your computer screen or in printed form. This redesign parallels the redesign of our English and French websites, which will go live in the next couple of weeks. You will find the usual helpful information, along with some new resources, organized according to new categories: Research, Media, Parents and Teens. We'd love to know what you think of both the newsletter and our website's new look, so feel free to send me an email at [alissa.sklar@mcgill.ca](mailto:alissa.sklar@mcgill.ca).

## Holiday PR campaign growing in leaps and bounds

Our annual holiday publicity campaign continues to grow! For the past four years, the Centre has invited lottery corporations in Canada and the United States to join us in asking parents and caregivers not to give lottery tickets and scratch cards as gifts to kids and teens under the legal age for gambling. Last year, we were pleased to see the ranks of our lottery corporation collaborators grow to include both Ontario Gaming and Lottery, as well as the Atlantic Lottery and Loto-Québec.

This year, we are delighted by the enthusiastic participation of the U.S. National Council on Problem Gambling (NCPG), who will help take our message to the U.S. lotteries at the NASPL conference in Philadelphia at the end of September. We also have received additional enthusiastic interest from NAGRA (North America Gaming Regulators Association) and hope this important public health campaign continues to grow.

## New team members

We are also pleased to kick off this academic year with two new additions to our team at the Centre. Dr. Will Shead, having just completed his doctorate at the University of Calgary, will take up a post-doctoral position. Will is a PhD candidate in clinical psychology from the University of Calgary where he also received his Master's degree. He plans to defend this November. He recently completed his predoctoral internship

at the Department of Clinical Health Psychology out of the University of Manitoba. His research interests include gambling outcome expectancies, poker and sports wagering, and motivational-based interventions for gambling problems.

Sally Monaghan, a Doctorate of Clinical Psychology/PhD student from the University of Sydney, has returned to the Centre as a research associate while she completes her dissertation. Sally's research focuses on responsible gambling strategies, particularly in regards to VLTs and Internet gambling.

## Upcoming Events

---

- **New York Council on Problem Gambling Annual Conference** September 18 - 19, 2008  
Albany, New York, USA
- **26<sup>th</sup> Annual Statewide Conference on Compulsive Gambling** September 18, 2008  
Red Bank, New Jersey, USA
- **Nova Scotia's Responsible Gambling Conference**  
October 6 - 7, 2008  
Nova Scotia, Canada
- **9<sup>th</sup> Annual NCRG Conference on Gambling and Addiction** November 16 - 18, 2008  
Las Vegas, Nevada, USA
- **National Association for Gambling Studies 18<sup>th</sup> Annual Conference** December 3 - 5, 2008  
Adelaide, Australia

## YGI Newsletter

---

**A Quarterly Publication by the International Centre for Youth Gambling Problems and High-Risk Behaviors**

**Editor:** Alissa Sklar

**Design:** Ozalid Graphik

3724, McTavish Street, Montréal, Québec, Canada H3A 1Y2  
Phone: 514-398-1391 ■ Fax: 514-398-3401

[ygi@youthgambling.com](mailto:ygi@youthgambling.com) ■ [www.youthgambling.com](http://www.youthgambling.com)