

FEATURE ARTICLE

Gambling Toys ... Are they really toys?

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On September 6, 2001, the Globe and Mail published an article entitled *Children's casino toys under fire* that tackled the ethical issue of selling gambling products to young children. In this article, the Ontario anti-gambling group Gambling Watch Network said it was inappropriate for Sears or any other retailer to sell hand-held electronic gambling toys to children as young as 6 years old.

Where at one time 18 was the age that most people were formally introduced to the gambling world, we are currently witnessing a new

generation of children and youth being introduced to gaming years before they are legally permitted to enter a gambling establishment.

Are we forgetting that gambling is an adult activity? How is it then, that there are a variety of poker and other casino-style games for children, when it is clearly unfathomable and unacceptable for children to play at a casino or buy lottery tickets?

Spokeswoman at the time, Nancy Langille, for the Gambling Watch Network in Ontario, was firm about her position on this matter. "This is an adult activity with risks, and it's totally inappropriate to market it to young people", she said. "Kids are going to get the idea that this is a game and they can affect the outcome."

In reaction to the solid and public disapproval over the marketing of these products, Sears Canada stated that it would be sure to review the issue further.

Turn the clock forward to 2005 and witness a plethora of gambling 'toys' available to children of all ages...poker chips, casino board games, mini slots, hand-held electronic-gambling toys including Pocket Poker and Pocket Slots, and more.

Many argue that these games and handheld electronic casino machines should carry a warning and not found in the aisles of children's toy stores unsuitably shelved next to the stuffed animals and the latest Star Wars paraphernalia.

Critics say that customers should be aware that these games are potentially addictive and not merely harmless toys.

Research indicates that approximately 1-3% of adults are at risk of becoming pathological gamblers, however, the rate for young people is higher – between 4-6%. The finding that most adult pathological gamblers report having started gambling at a young age,

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often as young as 9 or 10 years old, makes this issue particularly worrisome.

Yet wholesale department stores and popular children stores continue to carry games such as Las Vegas Monopoly and Game Boy's Texas Hold'Em, with labels of 8 years old and up.

If one visits the Toys R Us Canada website, products such as Game Boy's "World Championship Poker" identified as a game for everyone (3 years old and up), Play Station 2 "High Rollers Casino" (not yet rated), and Game Boy's "Texas Hold'Em also with an "Everyone" rating of 6 years old and up are all available for purchase.

Putting pressure on stores to have them reconsider selling gambling games to children is one way to bring about change. More importantly, it is informing the general public and parents about the potentially harmful nature of these products, and having it clearly understood that these toys are simply not just another game.

It seems that Sears Canada was indeed faithful to its word when spokeswoman Christine Hudson stated that "Sears prides itself on being a responsible retailer, especially when children are involved." Currently, the only gambling toys advertised at Sears, is one hand-held electronic gambling toy called 'Radica' Pocket

Poker, and two board games, 'Texas Hold'Em Poker' and 'Circa Classic Games-to-Go 3 Pack' (that includes chess, checkers, and poker); all three aimed at adults.

If consumers were educated about the possible risks inherent in introducing young children to different forms of gambling accompanied by a decrease in sales, then a clear message would be sent to both manufacturers and retailers of such products.

Sources:

Peritz, I. (2001). *Ethics of selling gambling toys questioned*. Globe and Mail, A11, September 06, 2001.

Responsible Gambling Council, *NewsScan*, vol. 3, Issue 50, Dec 14, 2001.

An examination of the relationship between resilience and youth gambling behaviour

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In following with the developmental psychopathology perspective, youth gambling research has recently begun to explore beyond why some high-risk youth become probable pathological gamblers, to ask why most of them do not. It is crucial to determine effective ways to strengthen resilience in children since in many cases it may be more difficult to eliminate risk factors (e.g., poverty). The study of resilient children has overturned many deficit focused models about the ontogenesis of children raised in adversity. Resilience research has flourished over the last three decades, and

emphasis on the development of resilience skills are increasingly being incorporated into prevention programs. Educating children to develop the strengths and resources required for them to resist and overcome adversity is simply a rational and increasingly effective approach.

Using 1,273 students, aged 12-19, in the greater Montreal area, our study explored whether youth identified as resilient were as likely as those identified as vulnerable to engage in excessive gambling behaviour, and to examine the impact of several risk and protective factors on the severity of gambling

problems among adolescents. Resilient youth were identified by high self reported levels of internal protection (personal competence, social competence, and social bonding) as well as high self reported levels of risk exposure within familial, peer, environmental, and personal behavioural domains. Conversely, vulnerability was assessed via low self reported levels of internal protection and high levels of risk exposure. Comparison groups included youth identified as ideal and fortunate. The ideal group was made up of youth that self reported both high levels of internal protection and low levels of risk

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Resilience Categorizations

	Low Internalised Protection	High Internalised Protection
Low Risk Exposure	FORTUNATE	IDEAL
High Risk Exposure	VULNERABLE	RESILIENT

exposure, while the fortunate group consisted of youth that self reported low levels of internal protection but also low levels of risk exposure.

Results demonstrated that a total of 11.4% of the Vulnerable youth were classified as Probable Pathological Gamblers (PPG). This figure is more than triple that of the overall community sample (3.2%). Conversely, none of the Ideal youth, 1.3% of the Fortunate youth, and 3.3% of the Resilient youth were classified as PPG. Despite the same level of risk exposure, Resilient youth were twice as likely to be classified as Non-Gamblers compared with Vulnerable youth (21.1% versus 9.6% respectively). A Configural Frequency Analysis (CFA) was performed to address whether the

observed data differed significantly from expected values. The CFA revealed that Vulnerable/Non-Gamblers, Ideal/At-Risk Gamblers, and Ideal/PPGs occurred less often than one could expect by chance alone. Conversely, Ideal/Non-Gamblers, Vulnerable/At-Risk Gamblers, and Vulnerable/PPGs occurred more frequently than one could expect by chance alone. It is interesting that although both vulnerable and resilient youth reported high levels of risk exposure, only youth identified as vulnerable differed significantly in their gambling symptomatology from all other resilience categories. In other words, youth identified as resilient were not discernable in their gambling symptomatology from youth identified as ideal or fortunate, despite the same high

levels of risk exposure as vulnerable youth.

The current research supports the construct validity of self-report measures of resilience such as the IPFI in cross sectional studies. The identification of particular resilience profiles for various high risk behaviours could facilitate and support prevention and intervention efforts for targeted populations (e.g. low SES youth). Problem gambling appears to fit a similar risk/protection model as that of other high-risk behaviours. Prevention programs geared toward fostering social bonding, personal competence, and social competence may therefore strengthen youths' abilities to resist gambling dependency. Youth that are exposed to multiple high risk factors and experience few individual protective factors are the most in need of such resilience intervention and prevention efforts.

Historically, little attention has been given to the interface between resilience research and youth gambling behaviour. It is important to identify risk and protective factors relevant to youth gambling behaviour and to identify their commonalities (and differences) across other high-risk behaviours. Ultimately, it is necessary for resilience research in the area of youth gambling behaviour to address *how* risk and resilience influence one another. In addressing how these interactive relationships operate, gender, age, and ethnicity must also be explored and conceptualized within an integrated framework that promotes strengths rather than deficits.

Isabelle Luisser was the recipient of the Outstanding Master's Thesis Award by the National Council on Problem Gambling, Washington, D.C.



CASINO BOSSES URGE PATRONS TO MIND THEIR KIDS: DAYCARES AT CASINOS

Irrresponsible parents, who spend hours gambling while their children are neglected at casinos, could be barred from the premises. And casino bosses are adamant that giving children money and leaving them to play video games is not being responsible.

Almost all the casinos in KwaZulu-Natal, South Africa, have dealt with cases involving neglected children. Some, as young as five, are reported to be handed money and told to occupy themselves.

Prinella Pillay, Public Relations Manager at SunCoast Casino, said that the casino has just recently put into place a *Child Helpers Programme* charged with strictly monitoring the children in their complex and ensuring none of them are left loitering or neglected on the premises.

“The child helpers can be seen in bright red uniforms patrolling the complex and they work every evening from Friday through to Sunday between 8pm and 3am” Pillay said.

There are also strategically-placed posters on the premises clearly indicating the importance of child safety to SunCoast and that it is in the interest of safety and peace of mind of the parents, children are not to be left unattended within their complex.

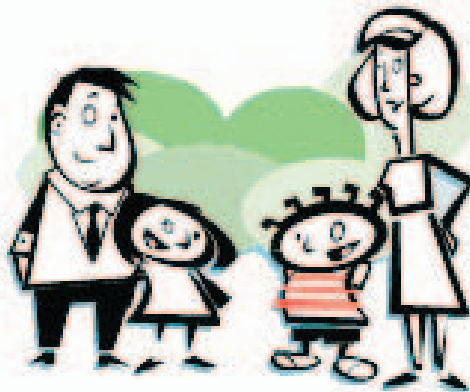
Pillay added that the child helpers worked very closely with security and the crèche on the premises. “We reserve the right to remove unattended children to the crèche and take appropriate action,” she said

The programme has been in place for about a month and already it is having a remarkable effect, she said.

“Like all casinos, we have had incidents of children found loitering while their parents are gambling. The awareness that the programme has created has made parents more cognisant of the realities they will face if they leave their children unattended” she said.

Mike Burns, the Acting General Manager of Strategic Operations at the National Gambling Board in South Africa, said that this initiative was very welcome and that he would encourage all casinos to follow suit. He added that the Gambling Board was very strict about teenagers under the age of 18 being on the gambling floor, but said that the welfare of the children in the children’s play area was usually up to the parents and the casinos.

Mr. Burns added that at most casinos it was a general policy among the staff and security to be on the lookout for children loitering or left unattended by their parents.



Alex McMath, general manager of the Wild Coast Sun, said they would not tolerate any parent leaving their child unattended. “We have facilities to take care of children with a qualified child minder, and parents are obliged to come and check on their kids every hour. During peak holiday season we have extra staff on duty taking care of kids. If we find a child in the car alone, we will call the police and that parent would be barred from our complex,” said McMath.

Patrick Beney, general manager of the Golden Horse Casino in Pietermaritzburg, said they had only had three cases of child neglect since the casino opened in 2002.

“Recently, we banned one gambler from the casino after he continually neglected his child.”

Beney said where necessary, the South

African Police Service or Child Welfare could be called in.

Melville Vogel, general manager at Sibaya Casino, says that from Sun International’s point of view they have always been very pro-active on the issue of children on their properties.

“We have a designated crèche which is staffed by child minders. This is divided into a TV room and a play room with games and toys, and an area with cots. When parents or guardians arrive to admit the child into our care, they are photographed and their details recorded. We also take their cellphone numbers so that in the even of a problem, or if the child is asking for a parent or guardian, they can be contacted,” he said.

He added that there was a strict policy that children could not be left in the facilities for longer than four hours and that parents had to check on their children every hour. “If a parent or guardian breaches this rule, they are automatically banned for a period from between three and six months from the property. We are also able – through this monitoring – to check on anyone who may be neglecting their children.”

Mr. Melville added that the casinos didn’t just “throw out” offenders noting they have a system in place whereby someone from the management team chats to the parents about the issues.

“During our busy periods, such as holiday seasons, we also employ extra staff to handle the children in the crèche and to ensure that the children are not wandering around unattended on the property. Any child found wandering on its own is taken to an appropriate area, and the parents are then sought out and met with.”

Vogel said that they had not had reason to ban any parent from the property yet. “We do, however, see neglect as a form of abuse, and will take the appropriate action if required.”

Lottery number selection in a Haitian community

Serge Chevalier, International Centre for Youth Gambling Problems and High-Risk Behaviors
Élisabeth Papineau, Institut national de santé publique du Québec et Institut national de recherche scientifique

Each culture has generated a set of beliefs designed to explain man's existence and place in the world. This is the basis of cosmogony, explaining the unexplainable in order, as philosophers say, to reduce ontological anxieties. Communicating with the beyond and interpretation of signs are amongst the many methods utilized over the ages to gather information and to feel secure. Some call these processes and the beliefs upon which we all rely, superstitions. Whereas the need to explain man's existence and uncertainties are universal, the explanations to these existential issues are often culturally specific.

Lotteries provide a perfect opportunity to examine these practices in action. The concepts of chance or luck are often associated with the divine; Gods and others in the beyond knowing the outcomes of chance events. Therefore some believe that by communicating with these higher beings, the dead and others in the beyond, it is possible to gain knowledge of future winning lottery combinations.

It is commonly believed that communication can also originate from the beyond in forms of signs or symbolisms that can be deciphered by interpretation specialists or even laypersons in touch with the spiritual world. Depending on the culture, these signs take different forms, however those that appear in dreams tend to be the ones possessing the strongest premonitions. Among those adhering to such beliefs, dreams represent a direct link with the world beyond, and with correct interpretation they provide access to past and future realities, including the winning numbers of lotteries to come.

A recent study undertaken with the Haitian community of Montreal has permitted us to discover and better understand how members of this community select their lottery

numbers. The following represents several of the main concepts and belief systems that surfaced.

Pure chance. The dominant belief amongst the Haitian Montreal community is that the results of lottery draws depend on pure chance and that the way one selects lottery numbers has no bearing on the outcome of the draw.



Direct cosmic link. A dream can represent a direct cosmic link with the powers above without the need for interpretation. The following excerpt from one of our interviews depicts the belief well, "If my grandmother were to come to me in my dream and tell me to bet on number 80, I will bet on that number with a firm belief that it will bring me winnings". Such dreams are however rare in occurrence.

Simple indirect cosmic link. Dreams can also require interpretation before being used. If, for example, a person dreams of a squirrel, he/she would consult a volume of dream interpretations (dreambook) that would provide the numbers corresponding to the symbol of a squirrel. This represents a simple process of interpretation. Such practices add an element of excitement and pleasure to playing the lottery. While no one holds the belief that such a process will provide winning numbers without fail, many believe that it may nonetheless increase their chances of winning.

Complex indirect cosmic link. Certain people go much deeper in their interpretation process, using not only dreambooks, but also performing calculations allowing them to obtain several numbers on which to bet. This process must be undertaken by a professional interpreter who holds a sophisticated body of knowledge and abilities. Those adhering to this complex process do not necessarily think it will result in a winning outcome, but they do think that it will increase their chances of winning, in a meaningful way.

The expert validated cosmic link. Certain individuals will consult spiritual authorities, such as a voodoo priest, or a "woogan" who with the help of special practices and methods will provide, for a fee, the numbers transmitted from the gods or other creatures from the beyond.

For the people of the Haitian community, lucky or unlucky numbers do not really exist. Rather, the numbers that get selected in winning combinations occur purely randomly. For most members of the community, chance is unpredictable, but for others, the outcome of chance, while not known to those here on earth, are known by those who are omniscient in the beyond and that by interpreting symbols sent to man, this knowledge can be gained. Such lottery practices therefore cross barriers of religion, cosmology, myths, superstitions, and cultural rationalities, with each of these areas having blurred boundaries onto the next.

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- Roumain, J. (2004 / originalement 1942). *Sur les superstitions*. Montréal, Mémoire d'encrier.

Suicide and gambling: A cause for concern

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Suicide is a global health problem. It occurs in every culture, in both developed and developing countries. As an act of self-directed violence, suicide represents the ultimate form of self-inflicted intentional injury. It also represents an "under-recognised health status indicator of [a nation's] collective mental and social well-being...a marker of the success of social institutions to effectively integrate youth into adult society (Grossman, D., 1997). The World Health Organisation (WHO) estimated that over one million people died from suicide in 2000: a global mortality rate of 16 people for every 100,000 or one death every 40 seconds. In the last 45 years, reported suicide rates have increased by 60% worldwide. It is furthermore estimated that by the year 2020, the global estimate will rise to more than 1.53 million, or one death every 20 seconds (WHO, 1999).

Stories of gambling-related suicides are becoming more and more common. The gambling industry has grown across Canada over the last twenty years with net revenues from government-run lotteries, VLTs, and casinos rising to more than \$11.8 billion in 2003, up from \$3.2 billion just a decade before.

Along with other devastating consequences including criminal and delinquent acts, substance abuse, and family/relationship problems, suicide has also been shown to be associated with pathological gambling. In clinical settings, the link between pathological gambling and suicide has long been known, yet research into understanding this link has proven elusive. Studies in the area of gambling, depression, and suicide point to an elevated risk for suicide proneness, suicide ideation as well as suicide attempts among adolescent pathological gamblers compared to

other groups of adolescents. However, the exact mechanism or pathway for the gambling-suicide link is not known. It is hypothesized that among youth, excessive gambling and its associated psychosocial stress is likely to increase the probability of depression or dysphoric affect. Adolescent pathological gamblers may then engage in more gambling as a way to alleviate symptoms of depression and thereby exposing themselves to riskier situations (e.g. greater financial loss/debt) which in turn increases the psychosocial stressors these adolescents experience. This cycle (gambling-depression-increased gambling-additional stress-suicide) may lead an individual into further depression, desperation and hopelessness which likely leads to a higher risk for suicidal thought or behaviour (see Langhinrichsen-Rohling, 2004; Nower, Gupta, Blaszczynski, & Derevensky, 2004).

While there are no national statistics of suicide rates in Canada, some provinces have begun identifying those suicides that are linked to gambling. Among them, Quebec has one of the highest reported rates. In Quebec, there were an estimated 25-35 gambling-related suicides in each year from 1999 to 2003, of the 1500 reported suicides per year. In Alberta, from 2000-2003, gambling was identified as a factor in 6-12 suicides out of the 450 suicides it reports a year. New Brunswick reported approximately 700 suicides from 1995-2001, of these 18 identified gambling as the primary or secondary factor in these deaths and the province of Nova Scotia reported 10 gambling-related suicides out of 159 in a 19 month period during 2001 and 2002. Other provinces such as British Columbia do not record suicides related to gambling.

While the true number of suicides linked to gambling in Canada is not known, the Canada Safety Council believes that approximately 180-360 individuals take their own life each year as a result of a gambling addiction.

However, suicide, as a non-random intentional injury is preventable (Robertson, L., 1998). The lack of awareness of suicide as a major burden and the fact that it remains taboo in many societies, however, has hampered prevention efforts, and has left this serious public health problem inadequately addressed. In the area of youth gambling and suicide, more should be done to integrate gambling prevention initiatives into existing suicide prevention efforts including the training of professionals for warning signs of serious gambling problems, implementing treatment programs for co-existing disorders, and improving surveillance systems. There is a need to further research in the area of youth gambling in general and suicide and gambling in specific, and a need to effectively translate knowledge into successful and widespread suicide prevention efforts.

References

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- Nower, L., Gupta, R., Blaszczynski, A., & Derevensky, J. (2004). Suicidality ideation and depression among youth gamblers: A preliminary examination of three studies. *International Gambling Studies*, 4(1), 69-80.
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Current Publications of Interest

Bond, L., Toumbourou, J. W., Thomas, L., Catalano, R. F., Patton, G. (2005). Individual, family, school, and community risk and protective factors for depressive symptoms in adolescents: A comparison of risk profiles for substance use and depressive symptoms. *Prevention Science, Vol 6(2)*, 73-88.

This study examines the relationship between adolescent depressive symptoms and risk and protective factors identified for substance use. A questionnaire, developed to measure these factors in a young person's community, family, school, peer group, and individual characteristics for substance use, was used to assess associations with self-reported depressive symptoms. Data were provided by a representative sample of 8984 secondary school students in Victoria, Australia. The prevalence of depressive symptoms was 10.5% (95% CI 9.2,12.0) for males and 21.7% (95% CI 20.3,23.7) for females. Depressive symptoms were associated with factors in all domains, with the strongest associations in the family domain. Strong relationships were found between the number of elevated risk and protective factors and depressive symptoms, maintained after adjusting for substance use. Patterns of associations were similar for users and non-substance users. The findings indicate that prevention programs targeting factors for substance use have the potential to impact on depression.

Ellickson, P. L., D'Amico, E. J., Collins, R. L., & Klein, D. J. (2005). Marijuana use and later problems: When frequency of recent use explains age of initiation effects (and when it does not). *Substance Use & Misuse, 40(3)*, 343-359.

Tobacco, alcohol, and marijuana

are among the most commonly used drugs during adolescence. Initiation of marijuana use typically peaks at age 15, with risk of initiation continuing throughout adolescence. The goal of the current study was to prospectively examine the influence of age of marijuana initiation on four outcomes: physical health, mental health, illicit drug use other than marijuana, and marijuana-use related consequences at age 18. Important predictors of adolescent drug use and its associated consequences, including



demographics, social bonding variables, personality variables, and recent use of marijuana were assessed. Baseline survey data were collected in 1984 at grade 7 and follow up surveys were conducted at grades 8, 9, 10, and 12 (N = 2079). This initiates-only sample was 47% female, 66% White, 11% African American, 13% Hispanic, 5% Asian, and 5% other race or ethnicity. Findings indicated that age of initiation predicted marijuana consequences and other illicit drug use after controlling for demographic, social, and behavioral factors. However, once frequency of recent marijuana use was included in the models, age of initiation was only associated with other illicit drug use. Both primary and secondary prevention are

needed to curb marijuana use and its associated harms.

Poulin, C., Hand, D., Boudreau, B., & Santor, D. (2005). Gender differences in the association between substance use and elevated depressive symptoms in a general adolescent population. *Addiction, 100(4)*, 525-535.

This study explores gender differences in the association between substance use and elevated depressive symptoms in the general adolescent population. Cross-sectional self-reported anonymous survey, the 2002/2003 Student Drug Use Survey in the Atlantic Provinces. The sample design was a single-stage cluster sample of randomly selected classes stratified by grade and region. Setting: The four Atlantic provinces of Canada. A total of 12,771 students in junior and senior high schools of the public school systems, representing a response rate of about 97%. The average age of participants was 15.2 years. Measurements: The measure of elevated depressive symptoms was a 12-item version of the CES-D with three categories of depression risk validated in a companion study. Findings: The prevalence of very elevated depressive symptoms was 8.6% in females and 2.6% in males. Alcohol use and cigarette smoking were found to be independent predictors of elevated depressive symptoms in females, but not males; cannabis use was found to be an independent predictor of elevated depressive symptoms in both males and females. Age was found to have a curvilinear relationship with elevated depressive symptoms in females but not in males. The adolescent's academic performance and province of residence were found to be independent risk factors of elevated depressive symptoms

among both males and females. About 10.3% of adolescents considered to be potential candidates for needing help reported having received help because they felt depressed. Conclusions: The association between depression risk and age, alcohol use, cigarette smoking and cannabis use in the general adolescent population is not straightforward and may differ according to gender. There is unmet need for help for depression among adolescents.

Williams, R. J., Nowatzki, N. (2005). Validity of Adolescent Self-Report of Substance Use. *Substance Use & Misuse*. Vol 40(3), 299-311.

The validity of self-report of substance use was examined in 367 adolescents referred for a substance use assessment between 1996 and 2000. Referrals came from a wide variety of sources, including pediatricians, the courts, and social services, as well as their parents. Average age of the sample was 15, 52% were male, and 82% were

Caucasian. Adolescents were first asked about the details of their substance use by a clinician using a structured interview with established reliability and validity (Adolescent Drug and Alcohol Diagnosis). They were subsequently asked to provide a urine sample, a requirement they were unaware of when being interviewed about their substance

use. If the urine sample was deemed valid by the laboratory technician, it was analyzed by means of fluorescence polarization immunoassay and paper chromatography. If positive screens were obtained for any substance, the sample was subjected to gas chromatography/mass spectrometry for confirmation and quantification. Biochemical test results were compared to self-report. Overall, 28% (96/338) of the self-reports



were not corroborated by urinalysis. In adolescents who reported nonuse of a substance, 26% (56/219) had a positive urinalysis. More surprisingly, 34% (40/119) of adolescents reporting substance use in the urinalysis detection window had a negative urinalysis. The present study found self-report of substance use in adolescents to only have fair validity. It is recommended that biochemical corroboration be routinely used for this population.

Man jailed for selling son to play lottery

Beijing – A father who sold his newborn son to raise money to buy lottery tickets was sentenced to 10 years in prison in China's latest baby-trafficking case, a newspaper reported.

The man, identified only by the family name Zhang, sold his baby boy for ¥9,000, the equivalent of about \$1,350, because "he had dreams of becoming rich overnight," the Beijing Daily Messenger reported recently.

The court in central China's Henan province sentenced him to 10 years in jail and fined him \$750.

Zhang, 35, had previously served five years in jail for robbery in the past.

The man has at least one other child. There was no word on the fate of his infant son.

The report goes on to say that in Beijing thousands of children are abducted or bought from poor families every year for sale to childless couples or families who want more children.



Caught in the Game

The Responsible Gambling Council's latest staged drama that explores some of the non-monetary costs facing a young man and those around him when his gambling gets out of control, is once again returning to Ontario secondary schools in the Fall.

This interactive and extremely popular performance captivated both students and educators during the 2004-2005 school year.

This dramatic performance is produced by Theatre to Go, that also staged two other gambling prevention plays called *Three-of-a-Kind* and *After the Beep*. The theatre troupe is funded by the Ontario Ministry of Health and Long-Term Care.

This free performance of *Caught in the Game* is being extended to all Ontario secondary schools.

News from the Centre ...

The Centre is proud to announce the receipt of several awards.

The Centre has been awarded the 2005 Outstanding Contributor Award from the National Council on Problem Gambling. This award is given annually to a person, institution, organization or company outside the NCPG structure that has demonstrated superior achievement in addressing issues of problem and pathological gambling. The award will be presented at the Awards Lunch on Thursday, June 23rd, 2005 during the 19th Annual National Conference on the Prevention, Research and Treatment of Problem Gambling in New Orleans.

Meredith Gillespie was recently awarded a SSHRC CGS Doctoral Scholarship. The SSHRC CGS Doctoral Scholarship program aims to develop research skills and assist in the training of highly-qualified academic personnel by supporting students who demonstrate a high standard of scholarly achievement in undergraduate and graduate studies in the social sciences and humanities. These scholarships are awarded annually by the Social Sciences and Humanities Research Council of Canada.

Isabelle Lussier was awarded the National Council on Problem Gambling Master's Thesis Award for her study entitled *Youth gambling problems: An examination of resilience*.

Isabelle also received the FQRSC (Quebec Research Fund for Society and Culture), Doctoral Fellowship for her proposed study entitled *Promoting resilient development in low socioeconomic status youth with gambling problems*.

Laurie Dickson was also awarded the National Council on Problem Gambling Outstanding Doctoral Dissertation award for her work entitled *Youth gambling problems: An examination of risk and protective factors*.

The Centre would also like to welcome Stephen Ellenbogen to our team. Stephen has joined the Centre as a statistical consultant and is involved in research analysis on a number of projects.

Centre Publications

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



Derevensky, J., Youth gambling: A Canadian perspective. (in press). In J. F. Cosgrave T. R. Klassen (Eds.) *Gambling in 21st century Canada*. Toronto: McGill-Queen's Press.

Derevensky, J., & Gillespie, M. (2005). Gambling in Canada. *International Journal of Mental Health & Addiction*, 3(1), 3-14.

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

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

Ste-Marie, C., Gupta, R., & Derevensky, J. (in press). Anxiety and social stress related to adolescent

gambling behavior and substance use. *Journal of Child & Adolescent Substance Use*.

Presentations

Derevensky, J. (2005). Youth gambling: Myths, reality, and new understandings-implications for policy and practice. Invited keynote address presented at the Gambling and Problem Gambling conference in New Zealand, International Gambling Conference: Policy, Practice and Research - One Year On. Auckland, New Zealand, May.

Derevensky, J. (2005). Youth gambling problems: Definitions and measurement issues. Invited presentation at the Gambling and Problem Gambling Think Tank sponsored by the Gambling Research Centre, Auckland University of Technology, Auckland, New Zealand, May.

Derevensky, J. (2005). Youth gambling problems: New research initiatives. Invited presentation at the Gambling and Problem Gambling Think Tank sponsored by the Gambling Research Centre, Auckland University of Technology, Auckland, New Zealand, May.

Derevensky, J. (2005). Youth gambling: Myths, reality and new understandings. Invited address presented at the International Conference on (Problem) Gambling sponsored by the Rodin Foundation. Brussels, Belgium, April.

Derevensky, J. (2005). Youth gambling: A global perspective. Keynote address presented at the annual Ohio Conference on Problem Gambling, Columbus, Ohio, March.

Derevensky, J. (2005). Therapeutic approaches to working with youth problem gamblers. Invited address presented at the annual Ohio Conference on Problem Gambling, Columbus, Ohio, March.

Upcoming Events

19th Annual National Conference on Problem Gambling

June 23 - 25, 2005
New Orleans, USA

6th European Conference on Gambling Studies and Policy Issues

June 29 - July 2, 2005
Malmö, Sweden

Living with Gambling: A Community Response

July 27 - 28, 2005
Auckland, New Zealand

Gambling Conference (APPGC)

November 23 - 24, 2005
Hong Kong, China



YGI Newsletter

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

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