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eGambling

THE ELECTRONIC JOURNAL OF GAMBLING ISSUES



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Issue 7, December 2002

From the editor

Readership Survey Results

A year ago we posted a readership survey and wrote

"We want to publish an e-journal that examines the gambling issues that are of interest to you, our readers. So we would like to ask what you like, what you dislike and what changes you would like to see in the *Electronic Journal of Gambling Issues: eGambling (EJGI)*."

We had two goals for our survey: the first was to learn what you like about the *EJGI* and what you don't like and would like changed. The second goal was to find out who are our readers and what is their involvement in gambling. Are they counsellors? Interested citizens? Someone with a gambling problem or a family member who has gambling problems? Researchers? Gaming industry staff?

Who returned the survey?

Forty-seven people responded, or 22% of our subscribers in early 2002. (Our current subscribers' list is approximately three times what it was then.) Of these, some filled in only their year of birth and gender and nothing else, but 35 people (or about 16% of subscribers at that time) offered their ideas. We

are grateful that they made the effort to tell us their thoughts and feelings about the *EJGI*.

We caution that we cannot extrapolate from these results to suggest characteristics of the entire readership, but it is valuable to understand the views of those who took the time and effort to answer. (All percentages have been rounded to whole numbers and are based on these 35 who responded with comments.)

More women than men answered: 57% and 43%, respectively. The typical respondent was a 44-year-old woman who provides treatment both for people with gambling problems and for their families; about half of the respondents provide such treatment. Another one-third identified themselves as gambling researchers. About one-eighth work in government gambling policy and an equal number are part of the gaming industry. A couple of readers (6%) identified themselves as either having a gambling problem or having a family member, colleague or friend with gambling problems. Some indicated overlapping involvements; about one-fifth work in both research and treatment, and one-tenth reported working as both treatment providers and in developing gambling policy with either the gaming industry and/or a government agency.

In assessing their responses, please remember that many gave several answers to each question. And we've reported when even one person responded; after all, there is a completely unproven folk wisdom that if one person comments about an issue, then perhaps 50 think the same but didn't take the time to speak up.

What do readers like about the *EJGI*?

Fourteen (40%) wrote that they like the ease of electronic access and nine (26%) like the up-to-date and current nature of the contents. Nine people (26%) appreciate the range of articles by both experts and by "everyday people." Five (14%) answered that they like the quality of the articles and yet another five also like that the authors are expert, well-known and credible international authors. Three people (9%) appreciate that articles are well written and easy to read. Two (6%) value it as a forum for discussion. Each of these likes was listed by only one person (3%): that the *EJGI* has theoretical articles, is provocative, has book reviews, covers relevant topics, has an attractive format, is free of cost and is Canadian-based. And last, two people (6%) listed among their likes simply that the *Electronic Journal of Gambling Issues: eGambling* exists.

What do readers dislike about the *EJGI*?

Fewer people told us what they disliked; nine (26%) left this query blank and seven (20%) wrote that they had "no answer." Four people (11%) complained that we don't publish often enough. (The editor apologizes and comments that the low number of articles submitted, and their attrition in peer-review, accounts for our slow publishing rate.) Complaints about the content included that there are not enough research articles (three respondents, or 9%) and that there are too few articles (one respondent, or 3%).

Other comments included that several articles in one issue are by the same author (one respondent) and that articles are parochial (one respondent). One person disliked seeing reprinted articles from other journals in the Opinion section. Two people complained that the Web site is cumbersome to navigate (6%), one, that it is hard-to-read; and another, that it is "ugly." Some complaints suggest that readers may have problems with their Web browsers (i.e., no Archives or back issues, no author e-mail addresses).

Each of the following comments was offered by just one person (3%): the dislike that there are no pop-up titles with abstracts in the table of contents and no regular youth column. One person complained that there was no synopsis of letters-to-the-editor to assess what opinions are being offered. (The editor notes that, to date, all letters submitted have been published.) One person complained about access being only from the e-mail Inbox. (The editor notes that this can be solved by going to the current issue of the *EJGI* and then saving the site under Favorites or Bookmarks, depending on the browser, at the top of the screen). One person wrote: "I like everything."

What changes do readers want in the *EJGI*?

Predictably, most of the dislikes also reappeared as requests for changes and these will not be repeated here, although we are looking into each of them.

Seven people (20%) left this section blank and four (11%) responded with "none" or "nothing." However, the rest of the respondents offered us valuable guidance. Three (9%) asked for more hyperlinks within articles; we also want to implement this option for your convenience. Some readers asked for theme issues or articles in areas where we also want to have more input. These are:

public policy discussions on gambling, gaming industry perspectives and cross-discipline issues (problem gambling and childhood trauma or sexual abuse, mental health problems, co-occurring substance abuse, suicide, family violence and gambling issues among Aboriginal peoples).

The following suggestions were made by one respondent (3%) each, although please note that one person may have made several requests. Examining the actual contents of articles, there was one plea that we be less clinical because readers may not understand the terminology used in the field. (The editor notes this would be difficult to implement; professionals within the fields of gambling research and treatment are the overwhelming majority of our readers and we have to offer them original, worthwhile and technical articles to hold their interest.) On Web site design issues, readers requested pagination and more print options (i.e., to print each article, each section, or an entire issue) and these are now available through the PDF option for each and every article that we've ever published. One reader asked for a phenomenology section and we recommend the First person accounts in each issue.

What other comments did readers have about the *EJGI*?

Seventeen people (49%) left this blank and 10 (29%) left notes saying "thank you" or offering appreciation. Two people (6%) wrote "nothing." Two separate readers each wrote how much they enjoy the combination of articles by professionals with those by gamblers and their significant others, and the variety of contributors.

One reader looks forward to each issue, but never knows what to expect: should we have standard columns? (The editor: We already try to fill certain standard sections —Feature, Policy, Research, Clinic, First person accounts, Reviews —but sometimes we do not have an article for each topic section. And we do want to surprise you with each issue!)

Guidance by you, our readers, in what you want and don't want to read in the *EJGI* will help us to make many publishing decisions. Thank you to all who took the time to respond to our readership survey.

If you have further thoughts on improving the *EJGI*, please contact the editor at phil_lange@camh.net. We plan another survey in two years to assess if we have fulfilled your expectations.

Phil Lange, Editor
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Statement of Purpose

The *Electronic Journal of Gambling Issues: eGambling (EJGI)* offers an Internet-based forum for developments in gambling-related research, policy and treatment as well as personal accounts about gambling and gambling behaviour. Through publishing peer-reviewed articles about gambling as a social phenomenon and the prevention and treatment of gambling problems, it is our aim is to help make sense of how gambling affects us all.

The *EJGI* is published by the [Centre for Addiction and Mental Health](#) and is fully funded by the Ontario Substance Abuse Bureau of the Ministry of Health and Long-Term Care. We welcome manuscripts submitted by researchers and clinicians, people involved in gambling as players, and family and friends of gamblers.

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Gambling by college athletes: An association between problem gambling and athletes



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Abstract

This investigation compares the prevalence rates of pathological and problem gambling between college athletes and non-athletes. Participants in the study included 954 students enrolled in health and safety classes from nine universities belonging to the Southeastern Conference (SEC). Of these students, 129 (14%) were classified as athletes. The South Oaks Gambling Screen (SOGS), designed to measure pathological gambling, was used as the testing instrument. Participants were asked additional questions to determine athletic participation and to gather demographic information. Cross tabulations, Pearson chi-square tests and Cramer's V tests were used to determine if there were significant associations between groups. On the whole, significant associations were not found between athletes and non-athletes and pathological and problem gambling; however, a statistically significant association was found between problem gambling and female athletes. The prevalence rates of pathological and problem gambling among athletes were 6.2% and 6.2%, while the prevalence rates among non-athletes were 3.4% and 3.3%.

Key words: college students, athletes, gambling

Introduction

Pathological gambling is a condition that affects many Americans and is a concern of psychology professionals. According to the American Psychiatric Association (1994, p. 615), pathological gambling is a persistent and recurrent maladaptive gambling behavior that disrupts personal, family and vocational pursuits. Problem gambling is more encompassing than pathological gambling because it includes all patterns of gambling behavior that may compromise, disrupt or damage family, personal or vocational pursuits (Lesieur & Rosenthal, 1991). Research (Culleton, 1985; Shaffer, Hall & Vander Bilt, 1999, Sommers, 1988; Volberg & Steadman, 1988, 1989) has suggested that the prevalence rates of "probable pathological gamblers" in the United States are between 1.4% and 3.4%.

While pathological gambling can infiltrate all segments of society, research suggests that college students are particularly susceptible to the risks and effects of pathological gambling. The rate of pathological gambling among college students is four to eight times higher than the rate of adults not currently enrolled in college (Lesieur, et al., 1991). Similarly, Frank (1990) reported prevalence rates of pathological gambling among college students attending a college in New Jersey to be 6%. Ladouceur, Dubé and Bujold (1994) found the prevalence rates of pathological gambling among college students in Quebec City to be 2.8%

A subsegment of the college student population is college athletes. Despite strict rules created by the National Collegiate Athletic Association (NCAA) prohibiting college athletes from gambling, popular media suggest that college athletes still gamble. Although the media draw attention to the cases of college athlete gambling, few studies have been conducted to research the gambling participation rates of athletes. Weiss (1995) discovered that athletes are more likely than non-athletes to exhibit maladaptive behaviors, including gambling. In another study conducted at the University of Cincinnati, Cullen and Latessa (1996) reported that 25% of the 648 football and basketball players surveyed in Division I gambled on sporting events. One recent study (Cross, 1999) found that nearly 72% of all athletes gambled in some manner during their four years of college eligibility.

The primary purpose of this study is to compare the prevalence rates of pathological and problem gambling between college athletes and the general student body (non-athletes), using the South Oaks Gambling Screen (SOGS). While previous research has not examined this issue, researchers posited that the rates for athletes would be higher than the rates for non-athletes.

Participants

The data for this investigation were obtained from non-athletes and athletes who attended universities that are members of the Southeastern Conference (SEC) of the NCAA. A sample of convenience was drawn from first aid or health and safety classes during the Spring 1998 semester. These particular classes were chosen because many universities offer them, a diversity of students participate in them and they typically have large enrollments.

Nine hundred and fifty four non-athletes and athletes representing nine of the 12 universities belonging to the SEC volunteered to participate in the study. Based upon estimates of college enrollments and athletic participation rates, provided by the SEC office (Pigg, L., personal communication, March 15, 1999), 8.7% (n= 24,000) of college students attending all 12 SEC institutions are classified as athletes. For this study, an "athlete" was defined as any participant who at the time of the study was a member of a varsity intercollegiate athletic team. Approximately 13.5% (n= 129) of the respondents were athletes. Since the survey was administered during class time, the participation rate was very high (95%).

The sample consisted of 129 athletes. Almost 57% (n= 69) of the athletes were males and 74% (n= 89) of the athletes were between 19 and 21. Seventy-three percent (n= 88) of the athletes were white, 20% (n= 24) African-American, 3.3% (n= 4) other, 2.5% (n= 3) Hispanic, 0.8% (n= 1) Asian and 0% Native American.

Of the 825 participants who were classified as non-athletes, 32% (n= 256) were males and 67% (n= 545) were between 19 and 21. Eighty-two percent (n= 662) of the non-athletes were white, 11.3% (n= 91) African-American, 2.7% (n= 22) Hispanic, 2.9% (n= 23) Asian, 0.5% (n= 4) other and 0.2% (n= 2) Native American.

Instrumentation

The South Oaks Gambling Screen, the most widely used instrument to measure pathological gambling, was administered to each participant. This diagnostic tool is based on the seven criteria for pathological gambling as proposed by the DSM-III-R and has been found to be both reliable and valid (Lesieur & Blume, 1987). A score of five or higher on the 20-item index represents pathological gambling. Previous research (Abbott & Volberg, 1996) suggests that a score of three or four indicates that the individual has problem gambling tendencies; therefore, any student scoring three or four was classified as a problem gambler.

Procedure

Researchers mailed the surveys to a contact person at each participating university. The contact person administered the testing instruments during class time in hopes of securing a high return rate of usable surveys. In addition, to help ensure truthful responses, subject anonymity was assured by requiring that subject names did not appear on the surveys and surveys were coded to indicate only university affiliation. After all classes participated in the study, the contact person mailed the surveys back to the researchers. When the surveys were received, they were hand-scored and then analyzed.

Data analysis

Frequency rates and cross tabulations were calculated to allow the researchers to establish prevalence rates of gambling for the different subcategories of participants. Pearson chi-square tests were performed to determine if relationships existed between the variables. For any Pearson chi-square tests that were found to be significant ($p < 0.05$), Cramer's V tests were calculated to measure the strength of these relationships. By using Cramer's V tests, the researchers were able to measure the degree of association between variables.

Results

Eighty-one percent ($n = 104$) of the athletes and 81.3% ($n = 670$) of the non-athletes surveyed reported that they gambled. In total, 4% ($n = 36$) of the 954 participants were found to exhibit signs of pathological gambling (Table 1). Approximately 6% ($n = 8$) of the 129 athletes surveyed scored five or higher on the SOGS, while 3.4% ($n = 28$) of the 824 non-athletes scored five or higher. Overall, 3.7% ($n = 35$) of the 954 participants were found to exhibit signs of problem gambling. Approximately 6.2% ($n = 8$) of the 129 athletes surveyed scored three or four on the SOGS, while 3.3% ($n = 27$) of the 824 non-athletes scored three or four. In addition, male athletes were found to have a higher

prevalence rate of pathological gambling, 11.6% (n= 8) compared to male non-athletes at 6.6% (n= 17). On the other hand, male non-athletes had a higher prevalence rate of problem gambling than male athletes, 8.2% (n= 21) and 5.8% (n= 4), respectively. While more female non-athletes exhibited signs of pathological gambling (1.5% and 0.0%), the prevalence rates of problem gambling were higher in female athletes, 1.1% (n= 6) and 5.7% (n= 3), respectively.

Table 1

Summary of Athlete and Non-Athlete Rates of Pathological and Problem Gambling (%)*

Athletic Status	n=	Pathological %	n=	Problem %	n=
All participants	954	3.8	36	3.7	35
Athlete	129	6.2	8	6.2	8
Non-athletes	824	3.4	28	3.3	27
Males	325	7.7	25	7.7	25
Male non-athletes	256	6.6	17	8.2	21
Male athletes	69	11.6	8	5.8	4
Females	603	1.3	8	1.5	9
Female non-athletes	550	1.5	8	1.1	6
Female athletes	53	0.0	0	5.7	3

*The discrepancies in the population numbers are due to incomplete participant responses. One person failed to answer the athletic participation question. Twenty-six people failed to answer the gender question.

Significant associations were not found between pathological and problem gambling and athletic participation ($\chi^2= 2.41$, $df= 1$, $p= 0.12$ and $\chi^2= 2.96$, $df= 1$, $p= 0.09$). While the scores on the SOGS ranged from 0 to 14, the mean score for non-athletes on the SOGS was 0.60 (95% CI: 0.50-0.70), while the mean score for athletes was 1.01 (95% CI: 0.63-1.39). In addition, the mean score for those individuals who were classified as pathological gamblers was 7.11.

When the data were adjusted for gender differences, the researchers found only one statistically significant association between athletic participation, gender and gambling: female athletes and problem gambling ($\chi^2= 6.71$, $df= 1$, $p= 0.01$ and Cramer's $V= 0.11$, $n= 595$, $p< 0.05$). Significant associations were not found between female athletes and pathological gambling ($\chi^2= 0.04$, $df= 1$, $p= 0.38$). Additionally, significant associations were not found between male athletes and non-athletes and pathological ($\chi^2= 1.88$, $df= 1$, $p= 0.17$) and problem gambling ($\chi^2= 0.32$, $df= 1$, $p= 0.57$).

Slot machines, poker machines and lotteries were the most common forms of gambling used by participants in the survey. Forty-nine percent (n= 465) of the total sample responded that they participated in these types of activities (Table 2). Athletes most commonly participated in games of skill, such as golf, bowling or billiards, and 51.9% (n= 67) of them responded that they participated in the same kind of gambling. Forty-nine percent (n= 403) of the non-athletes participated in lotteries, which was the most common gambling activity for this group. Statistically significant associations were found between athletes who played cards ($\chi^2= 6.24$, $df= 2$, $p= 0.04$ and Cramer's $V= 0.08$, $n=953$, $p= 0.04$), dice ($\chi^2= 22.54$, $df= 2$, $p= 0.00$ and Cramer's $V= 0.15$, $n= 953$, $p= 0.00$), slot machines and poker machines ($\chi^2= 10.14$, $df= 2$, $p= 0.01$ and Cramer's $V= 0.10$, $n= 953$, $p= 0.01$), games of skill ($\chi^2= 19.21$, $df= 2$, $p= 0.00$ and Cramer's $V= 0.14$, $n= 953$, $p= 0.00$) and pull tabs and paper games ($\chi^2= 19.21$, $df= 2$, $p= 0.00$ and Cramer's $V= 0.14$, $n= 953$, $p= 0.00$).

Table 2

Summary of the Gambling Preferences of Participants (%)*

Type of Gambling	Non-Athletes n= 824	Athlete n= 129	MaIA n= 69	FemAt n= 53	MaINA n= 255	FemNA n= 550	Overall n= 953
Numbers/lotteries	48.9	48.1	50.7	43.1	49.4	48.6	48.8
Slot/poker machines	48.7	49.6	49.3	52.8	53.5	46.0	48.8
Cards	39.2	49.6	66.7	28.3	62.5	27.9	40.6
Casino	37.0	39.5	40.5	37.7	45.1	32.5	37.4
Games of skill**	33.1	51.9	66.7	32.1	67.3	16.9	35.7
Bingo	23.7	23.3	22.3	26.4	18.9	25.3	23.6
Sports	23.3	22.4	30.4	11.3	50.1	10.7	23.2
Dice games	17.9	31.8	41.2	11.3	32.5	11.5	19.8
Bet animals	17.5	15.5	14.5	15.1	24.9	14.2	17.2
Tabs/paper	16.4	20.2	20.9	20.8	13.9	17.4	16.9
Stocks	16.5	17.8	19.4	17.3	23.8	13.0	16.7
Other forms	3.4	5.4	12.7	0.0	6.5	2.9	3.7

*The discrepancies in the population numbers are due to incomplete participant responses. One participant failed to answer the athletic participation question. Twenty-six participants failed to answer the gender question. One participant failed to answer the gambling preference question. An incomplete response on this question does not impact SOGS scores since it is not used to measure pathological gambling when using the

SOGS.

**Some age appropriate examples of games of skill are betting on billiards and bowling.

To further analyze the differences between athletes and non-athletes, gender and athletic status was compared to the types of gambling in which the subjects preferred to participate in. Statistically significant associations were found between male non-athletes and betting on sports ($\chi^2= 8.53$, $df= 2$, $p= 0.01$ and Cramer's $V= 0.16$, $n= 322$, $p= 0.00$) and playing slot machines ($\chi^2= 6.20$, $df= 2$, $p= 0.05$ and Cramer's $V= 0.14$, $n= 322$, $p= 0.05$). The results also suggest that male athletes have a statistically significant association with playing dice games ($\chi^2= 9.85$, $df= 2$, $p= 0.01$ and Cramer's $V= 0.18$, $n= 323$, $p= 0.01$). Statistically significant associations were found between female athletes and betting on horses and dogs ($\chi^2= 10.42$, $df= 2$, $p= 0.05$ and Cramer's $V= 0.13$, $n= 603$, $p= 0.05$) and betting on games of skill ($\chi^2= 16.90$, $df= 2$, $p= 0.00$ and Cramer's $V= 0.17$, $n= 603$, $p= 0.00$).

The majority of the participants gambled relatively small amounts of money. Slightly over 71% ($n= 757$) of the participants indicated they gambled less than \$100 in one visit, and only 9.1% ($n= 87$) gambled over \$100 (Table 3). Thirty-three percent ($n= 324$) of non-athletes responded that they gambled between \$10 and \$100. Athletes gambled similar amounts of money compared to non-athletes with 36.9% ($n= 50$) gambling between \$10 and \$100. Although the majority of athletes and non-athletes gambled between \$10 and \$100, a statistically significant association was found between athletes and the amount of money gambled ($\chi^2= 17.74$, $df= 6$, $p= 0.01$ and Cramer's $V= 0.14$, $n= 952$, $p= 0.01$). There were no significant associations between male athletes and non-athletes and the amount of money gambled ($\chi^2= 4.03$, $df= 6$, $p= 0.67$). Similar results were found for female athletes and non-athletes and money spent gambling ($\chi^2= 6.00$, $df= 5$, $p= 0.31$).

Table 3

Amount of Money Spent on Gambling (%)*

Largest Amount Gambled in One Day	Non Athletes n=823	Athlete n=129	MalAt n=69	FemAt n=53	MalNA n=255	FemNA n=550	Overall n=952
Never gamble	20.0	17.8	8.7	32.1	8.2	25.8	19.7
\$1 or less	9.2	3.3	1.4	5.7	1.2	13.1	8.4
\$1 less than \$10	29.3	25.6	20.3	34.0	23.5	31.2	28.8
\$11 less than \$100	33.2	38.8	49.3	20.8	49.0	25.6	33.9
\$101 less than \$1000	7.4	13.2	17.4	7.5	16.5	3.2	8.2

\$1001 less than \$10,000	0.9	0.8	1.4	0.0	1.6	0.4	0.8
Over \$10,000	0.0	0.8	1.4	0.0	0.0	0.0	0.1

*The discrepancies in the population numbers are due to incomplete participant responses. One participant failed to answer the athletic participation question. Twenty-six participants failed to answer the gender question. One participant failed to answer the amount of money spent gambling question. An incomplete response on this question does not impact SOGS scores since it is not used to measure pathological gambling when using the SOGS.

Discussion

The results of this study suggest that there was no significant association between pathological gambling and college athletes. Although the researchers hypothesized from previous findings (Weiss, 1995; Cullen & Latessa, 1996; Cross, 1999) and found that athletes as a whole had a much higher rate of pathological gambling compared to non-athletes, the current study found no significant associations. In fact, among female participants the results demonstrate that female non-athletes had a higher prevalence rate of pathological gambling than female athletes.

While statistically significant associations were not found for pathological gambling and athletes, male athletes were found to have a very high prevalence rate of pathological gambling. Out of the four groups, the prevalence rate for male athletes was almost two times higher than the next highest group, male non-athletes. Despite the fact that none of the female athletes suffered from pathological gambling, these prevalence rates for men were high enough to cause the rates of pathological gambling among athletes to be higher than the rates for non-athletes.

Additionally, the results of the current study suggest that athletes have a higher rate of problem gambling than non-athletes do. These findings support Weiss' (1995) findings that college athletes have a higher rate of problem gambling. According to Curry and Jiobu (1995), the socialization of athletes includes a continuous emphasis on competition. This competitive nature "spills over" from the playing fields to the athletes' lives. Gambling in its many forms gives the athletes additional outlets in which to compete.

Conversely, when the data were adjusted for gender, male athletes actually had a lower rate of problem gambling than male non-athletes. This finding does not support Curry and Jiobu's (1995) conclusions. According to the current results, competition may not serve as a stronger motivation for gambling among athletes than non-athletes. Male non-athletes may also turn to gambling as a means to compete with others.

The results also suggest that gender impacts the rates of problem and pathological gambling. Although athletes as a whole group were found to have a higher prevalence rate of problem gambling, male athletes actually had a lower prevalence rate than male

non-athletes. Further analysis of the prevalence rates of pathological gambling suggest that male athletes had a higher rate than non-athletes. On the other hand, female non-athletes had a higher rate of pathological gambling than female athletes. To further cloud the issue, the current study found that the only statistically significant association between athletes and problem gambling was among female athletes. It should be noted however that according to the Cramer's V test the association between female athletes and problem gambling was weak.

Despite the relatively high prevalence rates among athletes and non-athletes, the results from both groups suggest a relatively low mean score on SOGS. In fact, neither group's mean scores were in the problem or pathological range. Although these results suggest that gambling may not have reached the problem stage for either group, it does suggest that many college students are social gamblers. Since college athletes are strictly prohibited from gambling by the NCAA and risk losing their eligibility to compete, it does suggest a problem for college athletes and the NCAA. In addition, even gambling among non-athletes suggests a problem for college administrators because of the high participation rates—not to mention that most forms of gambling in the United States are illegal until the age of 21. The results suggest that college administrators have to worry about another illicit behavior occurring on their college campuses.

The results also suggest that only a relatively small portion of the participants suffered from pathological and problem gambling. These findings support the previous findings of Frank (1990) and Ladouceur, et al. (1994). Additionally, they seem to contradict the findings that the prevalence rates of pathological gambling among college students are four to eight times higher than what the rates are for the adult population (Lesieur, et al., 1991).

Although only a relatively small portion of the participants showed signs of pathological and problem gambling, males in both groups had a higher rate of pathological and problem gambling. These findings support previous studies which suggest that males are more likely to gamble than females (Lesieur & Klein, 1987; Lesieur, et al., 1991; Browne & Brown, 1994; Ladouceur, et al., 1994; Curry & Jiobu, 1995; Weiss, 1995;) as well as suffer from pathological and problem gambling (Lesieur, et al., 1985; Sommers, 1988; Volberg & Steadman, 1988, 1989; Ladouceur, et al., 1994).

In addition, the results of this study suggest that athletes prefer to gamble on games of skill such as bowling and billiards; researchers found that this was the largest difference between athletes and non-athletes. We can speculate that because athletes choose to participate in games of skill, they prefer gambling activities that are competitive. By placing bets on these activities, athletes increase the risk, which adds to the level of competition. Athletes, like people who are addicted to alcohol or drugs, build up a tolerance to the "adrenaline rush" associated with competition. They need to be actively competitive even when the activities are friendly or for fun (for example, playing nine holes of golf with friends). To be more competitive they wager money on the outcome of the game. A good example of this phenomenon is Michael Jordan, who got in trouble by wagering on golf in such a manner. These findings are also supported by the fact that athletes can make money from the skills they have perfected during their competitive sports careers. Since opportunities to work are limited by the NCAA and school and practice restraints, being proficient at a sport offers athletes an alternative way to earn money.

Again, these findings were affected when adjusted according to gender. Although they were similar (67.3% and 66.7%), male non-athletes had a higher rate of participation in gambling on games of skill than male athletes. Female athletes had a much higher rate of participation in games of skill compared to female non-athletes. One possible reason for this finding is that it may still be more socially acceptable for men and female athletes to participate in these activities than it is for female non-athletes. Unfortunately, women still face some barriers to participation in these games of skill.

As outlined in the NCAA eligibility rules, participation in gambling is prohibited. The NCAA is particularly intolerant about sports gambling because it threatens the integrity of college athletics. One would expect these rules to minimize this type of behavior. Although the survey instrument did not measure gambling on college athletics, the survey did measure gambling on sport. There was no statistically significant association found between athletes and non-athletes and gambling on sports, which is of particular concern to the NCAA. These findings suggest that many college athletes still gamble on sports, particularly male athletes (30.4%). These results further support Cullen and Latessa's (1996) findings that 25% of their surveyed athletes gambled on sports.

Gambling large amounts of money is one of the indicators of pathological gambling, according to the DSM-IV (American Psychiatric Association, 1994). The results of this study indicate that the majority of both athletes and non-athletes gamble relatively small amounts of money, between \$10 and \$100 per episode. These findings correspond with the findings of previous studies. Rockey, Beason, Lee, Stewart and Gilbert (1997) found that the average amount spent by college students during a visit to a casino was \$41.55. Similarly, Frank (1990) found that 78% of the students surveyed gambled with less than \$50. Other studies (Lesieur, et al., 1991; Ladouceur, et al., 1994; Devlin & Peppard, 1996) reported similar results.

Despite the fact that the majority of the sample gambled a relatively small amount of money, a significant association was found between athletes and the amount of money gambled. The results suggest that athletes gamble more during one episode of gambling than non-athletes. It should be noted though that the Cramer's V test suggests that this association is weak and that factors other than athletic status are involved. This is further supported by the lack of association when adjusted for gender.

Although this study has investigated the prevalence rates of pathological and problem gambling among athletes, its conclusions are limited. The most significant limitation of this study is the number of athletes in the sample. For a prevalence study to be effective, the sample should be larger. Instead of measuring pathological and problem gambling during the participant's college years, SOGS measures throughout the student's life time, which is another limiting factor of this study.

Despite its limitations, this study is an important first step in determining whether college athletes have a significant problem with gambling. No previous studies have addressed the issues of athletes and pathological gambling. Only one significant association in the prevalence rates of pathological and problem gambling was found between non-athletes and athletes; however, the NCAA benefits from knowing that 80% of their athletes gamble and that 22.1% of them gamble on sports. This information may be used to establish programs and treatment modalities that assist athletes in need before their problems become addictive, and they establish ruinous behavior, which could jeopardize

their academic or athletic success as well as the integrity of intercollegiate athletics.

Obviously more research is needed in this area. One recommendation for future research is to measure the differences in competitive behaviour among groups. It would also be beneficial to measure gambling participation in college athletics as well as NCAA-sponsored games in which the athletes are participating. Another area that requires further study is whether or not athletes, after their eligibility expires, gamble more because their need to compete is no longer satisfied through athletic participation.

Comparing in-season and off-season gambling habits to measure the effects of discretionary time on the athletes' gambling habits is also recommended. Finally, a comparison of college athletes participating in the NCAA Divisions I, II, III and the National Association of Intercollegiate Athletics is an additional direction that would allow comprehensive comparisons to be made between athletes that receive scholarships and athletes who do not.

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Cramers's V is a measure of association derived from chi-square and it is particularly useful with categorical data. Values can range from 0.0 to 1.0. Here's an aid to help remember its parameters:

-A value less than .33 indicates a weak relationship.

-A value between .34 and .67 indicates a modest relationship.

-A value greater than .67 indicates a strong relationship. [back to top](#)

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Research methods

Understanding the school culture: Guidelines for conducting gambling research in secondary schools

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Abstract

This article provides an overview of the importance of youth gambling research, the methodological issues faced when conducting research in secondary schools, and recommendations for conducting effective youth gambling research that benefits academia, the community, staff, students and parents within the school systems. Based on our recent experience, we

advocate a research approach that integrates the findings of youth gambling research into school curriculum, community youth agencies and the development, evaluation and enhancement of program and policy interventions. By doing so, we find that we are able to foster strong, respectful relationships with the community and encourage collaboration, co-operation and multidisciplinary alliances. If researchers follow these guidelines, they can ensure that youth gambling research goes beyond scholarly publishing and is transferred and applied within the community to reduce youth gambling problems.

Key words: adolescent gambling, research methodology, school-based research, youth research

Introduction

This generation of youth is the first cohort to grow up in an era when gambling is easily accessible, socially acceptable and extensively promoted. Prevalence studies continue to indicate that between 52% to 89% of youth gamble (National Research Council, 1999), 4% to 8% of adolescents have gambling problems (Gupta & Derevensky, 1996; Fisher, 1992; Jacobs, 2000; Shaffer & Hall, 1996, 2001; Wynne, Smith & Jacobs, 1996), while another 10% to 15% of adolescents are at risk of developing a gambling problem (Gupta & Derevensky, 1998; Shaffer & Hall, 1996, 2001; Wynne et al., 1996). Moreover, youth problem gambling is two to four times higher than adult problem gambling (Shaffer, Hall & Vander Bilt, 1999). Although recently these prevalence rates have been challenged as being inflated (Derevensky & Gupta, 2000; Shaffer & Hall, 2001), it is clear that gambling behaviours of adolescents should be of interest to parents, educators, researchers, social workers and others concerned about young people.

Need for further youth gambling research

While research on youth gambling has focused on prevalence rates, correlates, risk factors, theoretical frameworks and coping processes, these areas of research cover only a small part of a comprehensive understanding of youth gambling. To date, no research has examined protective factors that may act as buffers for youth problem gambling nor

the interaction between protective factors and risk factors. Few longitudinal studies have been conducted and the development, evaluation and proven effectiveness of youth education, prevention and treatment interventions are still in the early stages. Once compiled, this information indicates that youth gambling research is still in its infancy, and further studies need to be conducted in order to better understand this area of inquiry. A more comprehensive understanding of youth gambling and youth problem gambling will allow for the development and refinement of effective education, prevention and treatment interventions that reduce the harm of youth problem gambling. It is therefore very important that appropriate procedures be in place when research in schools is conducted to ensure that access to students is maintained.

Methodological issues

Although there is an urgent need for further youth gambling research, it is often difficult to access a representative population of adolescents. Currently, the majority of youth gambling studies consist of small samples of adolescents. While some studies recruit youth via telephone interviews, the majority recruit youth from the school system. Two approaches are generally used in order to obtain parental consent for a child's participation in school-based research. The first procedure involves active parental consent: parents are asked if their children can participate. The second type involves passive parental consent: parents are informed that their non-response implies permission for their children to participate in the study. At this time, many schools are moving toward the former consent procedure.

Unfortunately, the implementation of active consent procedures, employed to protect students, often result in low parental response rates, low participation rates and a distinct subpopulation of youth that threaten the external validity of the study (Anderman et al., 1995; Dent et al., 1993; Noll, Zeller, Vannatta, Bukowski & Davies, 1997; Ross, Sundberg & Flint, 1999; Severson & Ary, 1983). Research has found that youth who do not receive parental permission are quite unique compared to those who do receive permission. For example, youth without parental consent are rated by peers and teachers as being less popular (Frame & Strauss, 1987; Noll et al., 1997), less academically competent (Frame & Strauss, 1987; Noll et al., 1997), more socially withdrawn (Frame & Strauss, 1987; Noll et al., 1997), more aggressive (Frame & Strauss, 1987; Noll et al., 1997), higher in risk-taking (Dent et al., 1993), less assertive (Dent et al., 1993), have lower self-esteem (Dent et al., 1993) and tend to engage in substance use and other problem behaviours (Dent et al., 1993; Kearney, Hopkins, Mauss & Weisheit, 1983; Severson & Ary, 1983).

Overall, the literature suggests that youth who typically would not receive parental consent are generally at a higher risk for a number of health and social problems. Given that research on youth gambling often looks at many of these comorbid risk factors, our research team believes that it is imperative for high-risk youth to be included in our research samples — especially when assessing the effectiveness of youth gambling prevention programs. If they are not included, youth gambling prevention programs, interventions and policies will not meet the needs of this population of youth, who in fact are the target of the intervention in the first place (Dent et al., 1993; Noll et al., 1997; Ross, et al., 1999; Severson & Ary, 1983). We believe that school board officials need to be educated about these issues, and researchers need to advocate for the adoption of an informed but passive parental consent procedure, which will provide a more representative sample of youth.

However, given the likelihood of having to continue with active consent procedures, we would like to suggest to youth gambling researchers several strategies that we have found to be effective in boosting response rates. Based on our past experience, we will recommend a set of guidelines for conducting school-based research that have been accepted favourably by school officials, teachers and parents in our region. As a result of these positive experiences, the school environment/community remains open to continuous research.

School-based research

Before our research team developed any protocols for our youth gambling research, we hired an educational consultant who was both a former teacher and principal in many of the secondary schools in our region. The consultant's role was to educate our research team about the secondary school system and to liaise with school officials in order to recruit secondary schools for participation in our study. During the process of contacting school administrators, our educational consultant found that the majority advocated youth research and understood its importance; however, several well-merited criticisms about past school-based research were also brought to our attention. Many school administrators reported problems with past research efforts:

- youth surveys were too long;
- survey questions were not age-appropriate (or contained unsuitable

content);

- surveys were not administered in an organized fashion;
- surveys placed too many demands on school and staff time;
- the research process often disrupted the school schedule, and;
- survey results often were not disseminated to schools (and the community) in a comprehensive manner.

Based on these criticisms, it was evident to us that past researchers often did not meet the needs of the schools. Procedures for school-based research appeared to be both unreasonable and impractical, taking up far too much of the teachers' and students' time, and significantly disrupting the school schedule. Conversations with school administrators in our region demonstrated that such procedures gave school staff a poor impression of school-based research. To our knowledge, these issues led school board officials in our region to move away from passive consent procedures and to adopt informed and active parental consent procedures, to develop their own research review committees, and generally, to overhaul their procedures and protocols for school-based research. Despite these difficult circumstances, our research team felt that it was our duty to address the concerns and criticisms that were voiced by many school officials. To do so, we developed a new set of guidelines and protocols for conducting school-based research. The guidelines that our research team developed were effective for data collection and received favourably by school officials, teachers and staff as indicated in their project evaluation forms. Our research team would like to share the protocols and guidelines that we used with other youth researchers, and hope that by doing so, we can advance procedural standards for youth research and lay a foundation for improved practices in school-based research.

Forming a multidisciplinary committee to guide the research project

As researchers, we have an obligation to understand school culture and to plan well so that disruption to the school schedule and demands upon school staff are minimized. As mentioned previously, our research team hired a former principal to fulfill a role as our educational consultant. Our consultant's background and knowledge about the school system ensured that our research team was conscientious about school culture and did not repeat past mistakes. In addition, our research team recruited several other persons who became part of our advisory committee, which guided the youth gambling project. Members of our committee included

researchers, parents, youth and clinicians from a community alcohol, drug and gambling treatment agency. Our multidisciplinary team was crucial in developing survey materials and procedures that met the needs of school administrators, teachers, students, parents and the community. Committee members provided helpful suggestions and ensured that our research project overcame the many difficulties often faced when conducting research in schools. The committee made certain that our survey contained suitable and comprehensive questions for youth. Parent committee members ensured that the consent procedures and materials were comprehensive and reasonable, given the busy schedules of most parents. Our educational consultant ensured that the research procedures were both reasonable and feasible within the school system. In addition, we pilot tested our survey two grades below our target audience to ensure that the survey was set at an appropriate reading level and was comprehensible to teens with a wide range of reading skills.

Ensuring minimal disruption to the school, staff and students

Our research team decided that the most effective way to gather data in the shortest period would be to survey an entire school. The challenge for us was to find a time within a school's busy schedule when students could complete a survey. We were mindful that surveying students would ultimately result in a loss of instructional time for the schools. For example, if 1,000 students were to complete a 30-minute survey, the school would have to give up 500 hours of instruction time. As researchers, we were conscious of this and developed a 20-minute survey. Our concern was that a survey which ran over the time limit would have a serious effect on the atmosphere, efficiency and order in the school.

The school's timetable should dictate the length of data gathering sessions, and researchers must work within these parameters. Our research team was fortunate because the participating schools had timetables that included a block of time for a Teacher Advisory Group's (TAG) class. In Ontario, TAG is a class that is not part of the mandatory school curriculum. Instead, this class promotes development of yearly educational plans, goal-setting and decision-making skills and helps students come to understand themselves as individuals. One teacher is assigned to approximately 20 students, and these students attend the same TAG class regularly until they graduate from high school. Our research team was fortunate because the research conducted during TAG classes raised awareness about the issue, provided an opportunity for

class discussion and did not infringe upon school curriculum.

Not all schools will have such an ideal setting for administering a survey; however, most schools will have blocked-off time for football games, assemblies or other special events, which are more amenable to accommodating research than regular classes. It's not difficult to set up a special timetable for an event such as a research survey provided the research team presents a specific request and then ensures they abide by the terms. Having an educational consultant as a member of your research team can be very useful as she or he will already understand the schools' timetables and be able to work more easily with school officials. to find an appropriate time to administer the survey. Our educational consultant brought knowledge, sensitivity and understanding to this process; often other research team members do not possess a broad understanding of the secondary school system.

To further accommodate the schools' busy schedules, our research team also ensured that demands on teachers and other staff were minimal. For example, our team was responsible for mailing consent forms directly to parents, tracking responses, forwarding reminder slips, conducting telephone follow-ups and administering the survey. In addition, we recruited and trained senior students who administered the surveys in every classroom and ensured consistency in the way the survey was conducted and reduced the demands on the teacher. Preparation, including maps of the school and class lists indicating which students have parental consent, was critical to minimizing the burden on school staff and disruption to the students' timetables. School Survey Procedures and Protocols in [Appendix A](#) contains the procedures for administering the survey, which all research assistants followed.

Educating school administrators and staff

In addition to accommodating the schools, it is also important to educate all staff by providing them with a brief overview of the study and the research procedures. This step is beneficial because it reduces resistance, increases awareness and establishes support and co-operation. To meet these objectives, our research team sent an information package to all principals for review. In addition, this package remained in each school's office for parents, staff and other interested parties to view at their convenience. The information package contained the following: cover letter, overview of our research, research objectives, survey, copy of the

alternative task (see description of alternative task below), parent and youth consent forms, debriefing form, thank-you letter and a set of detailed procedural instructions. [Appendix A](#) contains all of these documents.

The cover letter indicated that the project manager would be in touch to schedule a meeting with the principal to discuss the information package and to set up a time and date to administer the survey if permission was granted. Our educational consultant and project manager then met with each principal and explained the purpose of our research, its importance to youth, schools and the community, and the procedures that would take place from the beginning to the end of the research project. If the principal gave permission for the survey to be administered, then the educational consultant and project manager set up a date to present the same information to all school staff. This 15 minute presentation allowed the teachers and research team to develop a rapport as teachers were fully informed of the procedures and given the opportunity to express any concerns or ask questions. This presentation increased teachers' awareness of youth problem gambling and motivated them to join us in this endeavour. The importance of the issue, the minimal work required by the staff, and the promise to feedback comprehensive results and recommendations to school staff seemed to motivate parents, students and school staff to assist us with our research project. Principals announced when the survey would be administered, information was printed in school newsletters, and teachers reminded students to have their parents sign and return consent forms.

Obtaining parental consent

In the past, a process of passive consent was the norm, whereby parents only indicated that they did not want their child to be involved. But now it's more likely that school board policy will require active and informed consent. This procedure not only requires more administrative time but also demands careful presentation. Our research team employed several strategies to increase response rates since active and informed consent was required. Firstly, our team used several communication channels such as school newsletters, parent council meetings, student council meetings, morning announcements, local newspapers (an article about the project that coincides with the consent process) and radio stations to inform schools, teachers, parents, students and our community about our research project. It was also useful to educate teachers at staff meetings about our research and to prepare homeroom announcements to assist in

promoting the survey. As well, we developed a package for parents that included the consent form; a brief description of the study, written in appropriate language, and contact names and phone numbers for addressing concerns. Parents could check off a section on the consent form indicating that they wanted a copy of results.

We were only permitted to obtain parental consent in writing; however, other researchers may find it useful to establish multiple channels for providing consent (mail, phone, e-mail). Lastly, parents who did not forward a consent form by the specified date were forwarded a reminder notice and then sent an additional package if a response was still not sent. Telephone follow-up is also another strategy to increase response rates if the school board and university's ethics committee allow for this protocol. We found that by providing parents with the project manager's phone number and e-mail address, we increased response rates and opened channels of communication. In fact, many parents contacted our project manager to ask for additional consent forms, to discuss the issue of problem gambling and to indicate their support for the project. Of note, one parent, whose son had already completed the survey, offered to assist with the administration of the survey in the remaining schools.

For those students who do not receive parental permission, it is important to provide an alternative activity. We developed a brief activity: a reading on youth gambling, followed by open-ended questions related to this reading. The purpose of this alternative activity was to ensure that all students were kept busy, to decrease the likelihood that students without permission would be identified, and to ensure that all students were involved in an educational experience. The majority of students and teachers who recently participated in our survey and the alternative activity showed a genuine interest in youth gambling and expressed a new awareness afterwards. Many teachers requested additional copies of the alternative activity to use and discuss in follow-up TAG classes.

Disseminating the results

One of the most important elements in the contract between our research team and the schools was to provide comprehensive and clear results from the survey, and recommendations based on these findings. Without this effort to disseminate information, the schools, students and parents might have felt that their time and energy was wasted. The results were presented in both written and verbal formats. We developed a

comprehensive executive summary of our results (written in simple language), which we mailed to parents who expressed an interest in the study's findings. [Appendix B](#) contains the executive summary for parents.

Similarly, we developed a comprehensive report for school administrators and youth agencies in the community, which included the results of our study, illustrative graphs and applicable recommendations. [Appendix C](#) contains the comprehensive report.

Interesting and interactive presentations were made to principals, students, teachers, parents and youth agencies to increase awareness about youth gambling, provide a snapshot of our results, suggest recommendations based on these results and provide an opportunity for discussion. Where applicable, we provided specific recommendations based on the surveys' results along with links to youth gambling prevention materials, curriculum and treatment resources. These presentations provided a nice transition from research to application while further increasing awareness. All of these steps helped to ensure that our research team left a positive impression, which in turn led the schools to welcome our research team back for further research.

Ethical issues

One of the ethical questions that our committee faced was over how specific the feedback to individual schools should be. On one hand, some schools hoped that the information gathered in the survey could be used to inform administrators about the extent of problems or activities in their schools, and thus, help them decide whether or not they need prevention/education and/or treatment interventions. But on the other hand, there was the potential complication that the media would compare the results of different schools, which could have ramifications for the school boards. In the end, we did not provide any separate feedback to individual schools. In hindsight, this ethical issue should have been discussed with all school administrators before the surveys were administered. If a particular principal is interested in his or her school's results, we recommend that these results be provided verbally and that a comparison is made only to the overall results—not to each school individually.

Conclusion

With youth gambling on the rise and youth gambling research still in its infancy, it is imperative that researchers continue to have access to the school system and its target population. An acceptance and understanding of the school environment is needed to carefully plan and organize school-based research that is both effective and unobtrusive. Most importantly, findings from youth gambling research need to be disseminated in a comprehensive manner that benefits teachers, principals, parents, students and the community. Transferring and gearing research findings to different audiences (besides just academia) can increase awareness and in itself act as a prevention tool. If findings are disseminated appropriately and comprehensively, other community members will have the opportunity to take advantage of the practical applications of this research. In turn, youth gambling research can be used to guide the development of new policies, education, prevention and treatment interventions all aimed at reducing the harm of youth problem gambling. It is hoped that this article, our experiences and the proposed guidelines will lay a foundation for best practices in youth gambling school-based research.

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Appendices

Appendix A Sample information package for principals

- Letter to principal
- Information sheet on youth gambling
- School survey procedures and protocols
- School newsletter and announcement
- Letter to parent/guardian
- Parent/guardian consent form
- Student consent form
- Youth gambling survey
- Alternative activity – Level I
- Alternative activity – Level II
- Debriefing form for students

Appendix B Cover letter to principals

Evaluation form
Comprehensive report for principals

Appendix C Letter to Parent/guardian

Executive summary of results for parents

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Online help for problem gambling: Why it is and is not being considered



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Abstract

Despite an increasing prevalence of gambling problems, evidence suggests that most people do not receive help for their problems. The issue of stigma has been cited as a contributing factor.

Technological advances have now made it possible for individuals who are concerned about stigma to seek help for their problems without making any personal disclosures. In this way, the inherent advantages of the Internet (privacy, convenience, safety and portability) help to ensure that assistance for problem gamblers is always available and that concerns about stigma are neutralized.

Unfortunately, many who might benefit from Internet-based help are unaware of these possibilities, and treatment specialists and other health-care professionals may not direct problem gamblers to these services.

This paper considers:

1. What is available to problem gamblers through the Internet?
2. What is known about the efficacy of such services?, and
3. Possible reasons why problem gamblers have not been referred to the Internet by point-of-entry personnel. Implications for future action will be discussed.

Introduction

Despite the increasing prevalence of gambling problems in today's society, evidence suggests that most people are not receiving help. ([National Gambling Impact Study, 1999](#)). Some studies have shown that the issue of stigma is a contributing factor in this regard (for example, see [Cooper, 2001a](#); [Hodgins & el-Guebaly, 2000](#); [Marotta, 2000](#)).

New technological advances have now made it feasible for individuals who are concerned about stigma to seek help for their problems without making any personal disclosure ([Cooper, 2001a](#)). This makes it possible for people who are initially reluctant to seek help to be more willing to follow through in the future. The inherent advantages of the Internet (privacy, convenience, safety, portability and so on) ensure that help is always available to those with access to the Internet. Seeking help through the Internet does not have to involve others, in this way, stigma can be neutralized.

Unfortunately, many who might benefit from Internet-based assistance appear to be unaware of the possibilities. Unless individuals are lucky enough to find an online support group on their own, they are likely unaware that these Web sites exist. As clinicians and other point-of entry service personnel are quick to suggest the benefits of more traditional approaches such as treatment programs and peer-support groups (e.g., [GA](#)), we have observed that online interventions are not nearly as popular as their face-to-face counterparts.

This paper speculates about why treatment specialists prefer in-person resources versus online ones. In addition, we will discuss what might be done to better educate the problem gambling community about the Internet and its resources. We will examine what is available online and what is known about clinical outcomes associated with using Internet resources.

What Internet resources are available to assist problem gamblers?

note 1

There are a growing number of Web sites devoted exclusively to providing information and support to problem gamblers (and those interested in the subject). Most of these sites offer information (for example, signs and symptoms of a problem gambler) and where to go for face-to-face treatment and/or peer support. Most search engines if prompted with key terms such as "problem + gambling" will yield a wide selection of Web sites such as the following (the list is not comprehensive).

- Responsible Gambling Council (Ontario): <http://www.responsiblegambling.org/>
- The Directory of Organizations and Activities Addressing Problem Gambling in Canada, The Canadian Centre on Substance Abuse (CCSA): <http://www.ccsa.ca/gambdir/gambhome.htm>
- *The Electronic Journal of Gambling Issues: eGambling*, The Centre for Addiction and Mental Health (CAMH): <http://www.camh.net/egambling/>
- GamCare from the United Kingdom: <http://www.gamcare.org.uk/>
- *The Wager*, Harvard Medical School: <http://www.thewager.org/>
- Gamblers Anonymous: <http://www.gamblersanonymous.org/>

- Problem Gambling: A Canadian Perspective Web site, Gerry Cooper:
<http://www.problemgambling.ca>
- Problem Gambling News Page, CCSA:
<http://www.ccsa.ca/gambgen.htm>
- The National Council of Problem Gambling from the United States:
<http://www.ncpgambling.org/>

It is not always readily apparent if the content of a Web site is primarily educational or therapeutic; indeed, some would argue that both can be quite similar in appearance and effect. With online (or computer-mediated) forms of communication, views about how people interact, learn and change differ. For this reason, distinctions about such therapeutic variables as clinical approach, modality and setting are not as easy to characterize. For example, what might have been a relatively static and directive self-help guidebook ("bibliotherapy") in the pre-Internet years could now be transformed into a fluid interactive tool available 24 hours every day (regardless of weather, or geography and so forth) via the Internet. **note 2** Those using an online guidebook could conceivably have instantaneous access to more current feedback from clinicians or coaches, support from others pursuing recovery, links to other supportive materials including audio and/or video-based information (not just print-based). The general hallmark of online help is the Internet's interactivity (immediate or delayed). We qualify using the term "general" because there will always be exceptions to the rule: what some people will find to be therapeutic, others will find educational. Thus beauty—or in this case, therapy—is in the eye of the beholder.

In 2002, Web sites that offer direct help to problem gamblers beyond simple information are not common, but can be found. In other words, Web sites that provide visitors with an opportunity to interact with others (either through temporal sequenced "asynchronous" communication as in the case of bulletin boards, or instantaneous "synchronous" formats like chat rooms) are less common than Web sites that primarily provide information (even if they are instructive). Here are some examples of Web sites that go beyond mere information dissemination:

- Compulsive Gamblers Hub (a peer-support Web site):
<http://cghub.homestead.com/pst.html>
- Self-help materials written by psychologist Geoffrey P. Jones:
<http://www.gamblingtoomuch.com/>

- New Zealand's Gambling Problem Helpline (providing among other things e-mail counselling): <http://www.gamblingproblem.co.nz/>
- The South African Resource for Compulsive & Problem Gamblers: <http://www.cghub.co.za/>

What is known about the effectiveness of online help for problem gamblers

Unfortunately, little is known about the effectiveness of online resources for problem gamblers. Online assistance is a recent phenomenon, generally speaking. For a variety of other health or social problems, some sources have reported favourable outcomes when the results of online help are compared to the results of face-to-face help ([Ferguson, 1996b](#); [Zimmerman, 1987](#)).

Research has yet to empirically address many of the relevant questions. (For example, how well do problem gamblers respond to online help? Do some individuals have better outcomes than others, and if so, why?) A recent exploratory study by [Cooper \(2001a\)](#), one of the few studies in this area, showed that about 70 per cent of the individuals who expressed an opinion felt that GAweb (a peer-support group, which was available from 1986 to 2001 [note 3](#)) had made a difference to their gambling behaviour. There are key methodological challenges, however, with a study such as this: its participants were self-selected and all recruited from one Web site. Therefore, it is difficult to generalize about other problem gamblers who seek help online.

On the other hand, it is clear that increasingly people are using the Internet. For example, it has been estimated that as of August 2001, there were about 513 million people worldwide who were connected to the Internet, including roughly 181 million North Americans ([NUA Internet Surveys, 2001](#)). As many as 53 per cent of Canadians were connected to the Internet in 2000 compared to just 18 per cent in 1994 ([Brethour, 2001](#)).

For those who do utilize online resources, they often report their fondness for the

- readily accessible services ("24/7")
- availability, regardless of geography, weather conditions, lack of public transportation, and the amount of time they have at their disposal

- safety in knowing they are truly anonymous, and therefore, they have the ability to be more honest with others without fear of reprisals
- opportunity to "test drive" the service without declaring their presence (known as "lurking")
- equal distribution of power in online environments —consumers are truly in the "driver's seat," with the ability to carefully select information at leisure rather than having it pushed at them
- "democratic ideals" of the Internet where information or advice is considered for its value without being unduly influenced by the author's characteristics (qualifications, gender, race and so forth), and
- ability to overcome what might ordinarily be obstacles (physical and/or emotional) to their participation, and hence, they feel connected with like-minded people from around the world ([Ferguson & Madara, 1998](#)).

There is some evidence to suggest that those who benefit the most are those who experience the negative effects of social stigma. For example, [Davison, Pennebaker & Dickerson \(2000\)](#) found that the highest online participation levels in support groups were correlated with the most stigmatizing health and social conditions —conditions that were not well served by the more traditional helping community.

In smaller communities where peer-support groups like Gamblers Anonymous are not always available or if low membership necessitates infrequent meetings, the opportunity to connect with a supportive network through the Internet is important. Moreover, there is less pressure on the individual to attend every meeting, unlike small group participation where a missed meeting may result in feelings of guilt.

Lastly, because geography is neutralized in cyberspace, individuals have a much greater choice of support groups with different ideologies to choose from. Arguably, this might even create a closer relationship between professional therapists and the peer-support community. For example, clients can use online help as an adjunct to their professional treatment, and therapists can have a better understanding of the kind of support available online. There, therapists too can observe firsthand the kind of help and advice their clients are exposed to at the support group.

Clearly, there are many advantages associated with online forms of help.

Equally clear, however, is the fact that the Internet will not be helpful for everybody. For example, even though many more people now have access to computers and the Internet, many do not, particularly senior citizens and those from lower socio-economic circumstances. While it is true that access to the Internet is increasingly available from public locations, such as libraries, it isn't quite the same as connecting from home. More importantly though are issues of literacy; for the most part, taking advantage of online content requires both a certain degree of comfort with computers and an ability to read. Perhaps these barriers will soon be overcome as computer and software manufacturers make their products easier to use; however, it is important to acknowledge the current limitations to this form of assistance.

Why problem gamblers have not been referred to the Internet by point-of-entry personnel

To begin with, it is important to note that we are not reporting new data nor have we found any research to substantiate our claim that individuals seeking help for gambling problems from traditional point-of-entry personnel (i.e. toll-free help lines, local assessment and treatment agencies, family physicians and other caregivers) are not being informed of what is available to them online. At this stage, it is important to be clear that our premise is based on anecdotal observation and wide-ranging discussions we have had with numerous colleagues in the field. Fortunately, we have heard that clients are increasingly being advised of Internet resources at some locations, but this is only a recent development and not necessarily typical of the field at this stage.

That said, we postulate four principal reasons why individuals are not being referred to Internet resources for assistance. These include the following:

- i. There are too few online clinical resources specific to problem gambling and they are difficult to locate.**
- ii. Until recently, problem gambling training programs for clinicians didn't pay much attention to the benefits of online assistance.**
- iii. Many clinicians are concerned about consumers' safety and well-being when consumers are pursuing online help.**
- iv. Many clinicians may be concerned, when referring clients to**

online resources, for themselves either because of legal liability or because they fear being accused of promoting what some might consider to be competition.

This is a valid point since most of what is available to problem gamblers seeking help from the Internet (in early 2002) might best be described as information dissemination (as opposed to being more clinically relevant or oriented; Griffiths & Cooper, in press). That is, much of what is available on the Web either speaks to the etiology of problem gambling, the recognition of signs and symptoms and/or the prevalence of such problems in communities. It seems that not much Web site content is directed towards action a problem gambler might take to address problem(s) (for example, how to adjust cognitions, how to inventory high-risk cues, how to establish alternative coping strategies and so forth). In addition, there are relatively few online peer-support resources where one can obtain quick advice from others who happen to be connected to the same Web site. In short, the majority of our collective online efforts seem to be going towards influencing pre-contemplators and contemplators versus helping those already in the action stage of the [Prochaska & DiClemente Model \(1982\)](#). To be sure, if point-of-entry personnel are to be more prolific with their recommendations about online resources, more sites will need to be established that focus primarily on the action-oriented stages of clinical issues

Web sites specializing in clinical issues will also need to promote their presence to others more vigilantly in the future. To illustrate this point, we were unable to locate one of the busiest online peer-support groups for problem gamblers through repeated and differential use of a variety of the most popular search engines. In addition, we found few Web sites that had content specific to problem gambling that linked to [CG Hub](#). This suggests that many problem gamblers and their significant others who might be looking for this kind of help will fail to find it online.

In part, this speaks to the lack of resources available for the development and maintenance of Web sites specializing in clinical issues for problem gamblers. As it now stands, proprietors of sites like CG Hub may be unable to devote much time to promotion because so much time is taken up with maintenance. Indeed, if they had the resources to further promote their site, they could easily receive more traffic (to an already busy site), which, of course, means more maintenance work for an overextended Webmaster.

v. **Until recently, problem gambling training programs for clinicians**

paid little attention to the benefits of online assistance

Again, it has been our experience that training programs, training guides and professional conferences oriented towards problem gambling have paid little attention to how the Internet might help problem gamblers. This is likely related to the above point, but many who do know about online sources have been slow to incorporate them into their standard packages of references to others in the field. If professional training resources are not educating clinicians about the existence of online assistance for problem gamblers, then many might not know of them, and without that knowledge, clinicians and point-of-entry personnel are unable to notify their clients.

Fortunately, this is beginning to change as the word spreads about the potential benefits of Internet-facilitated recovery. One might expect that as new training resources and conferences include discussions on how the Internet might help problem gamblers that it will stimulate and encourage others to take up the discussion as well. Respectively, the Centre for Addiction and Mental Health's Helping the Problem Gambler resource guide ([Murray, 2001](#)), which includes a related chapter ([Cooper, 2001b](#)), and sessions at events such as the Canadian Foundation on Compulsive Gambling's Innovation 2001 conference and the National Council on Problem Gambling's 2001 Building Partnerships for the Future conference exemplify the growing emphasis on this subject.

vi. Many clinicians have concerns about consumers' safety and well-being

Clinicians might argue that they have been slow to embrace online forms of assistance because there is a paucity of scholarly discussion, research and debate about the topic. This is understandable, but one wonders if there is a double standard at play. Many clinicians, for instance, have been known to refer to other more traditional face-to-face interventions in the absence of supportive empirical outcome data.

Still, the absence of consistent rules of conduct and ethical fair play on the Internet make this point worth considering. Once again, to illustrate this point, when we used a variety of popular search engines to locate online help for problem gamblers (for example the meta-search engine [Dogpile](#)), several sites were listed that could clearly pose difficulties for unsuspecting problem gamblers. In other words, several online casino/gambling sites apparently have managed to convince some search engines that they provide a helpful service to problem gamblers.

In some cases, these casinos may have a link buried within their content to qualify them to use the term "problem + gambling" (see for instance, the "[Ask Pinocchio!](#)" Web site [when we began writing this paper in early 2001, the Pinocchio site was easily linked from the "FindWhat.com" search engine; this has since changed]). In other instances, advertisers unabashedly take the user directly to betting action without any intention of providing a link to problem gambling help despite their claim to provide "links to sites for problem gamblers" (e.g., [Gamblenet](#) which had been linked from the [Looksmart](#) search engine). For example, to the question "Want to try "[problem gambling](#)" at the world's #1 site?" one is taken to an online sports casino). Sometimes, the user must move through several screens bearing the casino's logo before getting to the intended destination ([www.casinogambling.about.com/](#)). and/or endure a series of pop-up screens calling attention to various online gambling opportunities. For some, this might even suggest an affiliation with credible problem gambling sites like [Institute for Problem Gambling](#), essentially making that Web site appear to reside within the casino's boundaries for those not familiar with how hypertext links work.

Arguably, many if not most online casinos are well resourced. They appear to easily persuade search engines to include multiple links, even if these links appear through inappropriate key terms. This also contributes to making it more difficult for people to find bona fide resources; that is, if a helpful Web site for problem gamblers is overshadowed by what some might term "fraudulent links" to casinos, the person who is seeking help may be easily dissuaded, or worse, harmed by unexpectedly finding themselves at an online casino instead of his or her intended abstinence-oriented support group. Of special note in this regard is the fact that many North American casinos tend to favour responsible gaming practices. These practices are not necessarily shared by several online casinos (now numbering in the hundreds); casinos which are typically difficult to hold accountable.

- vii. **Many clinicians may be concerned, when referring clients to online resources, for themselves either because of legal liability or because they fear being accused of promoting, what some might consider, competition.**

Some clinicians might be concerned that if they refer a client to an online support group for adjunctive assistance and he or she becomes involved with online gambling, the client has not been well served, or worse, that the clinician might be held accountable for such a referral. Again, this may speak to a double standard since clients are often referred to face-to-face interventions without the same kind of

considerations. In fact, several researchers have found that the health-related information and advice found in asynchronous bulletin boards is quite accurate, and moreover, that false information is typically corrected in a timely fashion. Some have even suggested that online help compares to help from experienced clinicians.

Consider, for example, the following account reported by Internet researcher and physician, Dr. Tom Ferguson. He describes a very moving letter from "Jack in Utah" who had posted a message in a "death and dying" support group. Jack discussed his son's accidental death by strangulation while attempting to make a haunted house for Halloween in the family's garage. The father's anguish was overwhelming as he asked for help from those associated with the online group. Within the next two days, Jack received dozens of responses of support, empathy and advice. Sometime afterwards, Ferguson presented Jack's story at a conference where he illustrated the powerful possibilities of online self-help. Following his address, Ferguson was approached by "two very distinguished therapists" who concluded that had Jack come to them for help "that although they [were] both well-trained, highly respected therapists, that they probably would not have been able to help him in nearly such an immediate, compassionate, practical and powerful way ([Ferguson, 1996a](#), paragraph 34)." Powerful stories like this are common within computer-mediated literature.

Clinicians may be less apt to refer to other traditional or non-traditional resources because of the nature of their professional training and way they've done business historically. This might be especially true if agency caseloads are low and there is pressure to see more clients to stop the risk of funding reductions.

While there is no direct evidence to suggest that clinicians are fearful of losing their jobs because of these online resources, there is a possibility that this is true for some. Many labour disputes in other sectors have centered on job security because of advances in technology such as automation. Perhaps this is an issue, which needs further attention to better understand the thoughts and concerns of point-of-entry personnel and clinicians regarding their professional relationship with the Internet.

Implications and summary

Now that help for problem gamblers is available through the Internet, the opportunity exists to engage and impact on many lives successfully. In the past, many of these people might have avoided seeking any help from traditional face-to-face counselling, and their problems may have worsened as a result. Work now must be undertaken to ensure that those in need of Internet-based assistance can readily find it. This is a task that will require action on many fronts.

Agencies will need to examine how their human resources are used in the development, maintenance and promotion of online forms of assistance to problem gamblers. Research organizations will need to study online services to better understand critical issues of client-to-intervention matching (who does best and under what circumstances). Training specialists including those who help to prepare our future clinicians and social service personnel will need to find ways to call attention to the existence of online resources as part of their efforts at informing users of what is available in the "counsellor's therapeutic tool kit." These individuals may benefit from a test of their receptivity towards and biases about online help. Those concerned about the potentially misleading advertising claims of some online casinos will need to find a mechanism to collaborate and lobby search engines in an effort to prevent possible harm to problem gamblers. There is much work needed ahead and across many domains.

Assuming that we aspire to ensure that problem gamblers have easy access to safe and affordable help for their problems, we cannot afford to miss this important opportunity. As we have attempted to illustrate in this brief paper, there are several reasons which may be limiting the availability of an important new resource to problem gamblers. These should not be seen as insurmountable, but neither should they be seen as unimportant. Our collective care, support and nurturing is required to further the advances of online forms of assistance.

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Gerry Cooper, EdD, has been employed in many roles within the mental health and addiction fields since 1976. Currently employed as a regional unit manager (Northern Ontario) with the Centre for Addiction and Mental Health, Gerry has produced or co-produced educational resources (including course curricula, videotapes, CD-ROMs and Web pages). He has participated in the planning and delivery of training programs for adult learners and has taught at several post-secondary institutions. In addition, he has written extensively on mental health- and addictions-related topics. His doctoral thesis, "Online Assistance for Problem Gamblers: An Examination of Participant Characteristics and the Role of Stigma" (Ontario Institute for Studies in Education/University of Toronto), recently won the U.S. National Problem Gambling Council's 2001 Outstanding Dissertation Award.

Footnotes

1. The authors guarantee that the following hypertext links were active as of February, 2002, but caution that Internet Web sites can and often do change.

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2. Even though the Internet per se is just over 30 years old, we refer here to about pre-1994 for this is when the Internet started to become popular.

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3. In 2001, some frequent visitors to GAweb experienced problems with that Web site because it was not updated often enough. They have since established a new peer-support location at CG Hub (i.e., Compulsive Gamblers Hub): <http://cghub.homestead.com/pst.html>. GAweb discontinued its Internet presence as of September 2001. A link now exists which transports visitors who are looking for GAweb to the CG Hub web site.

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First person account

[This article prints out to about seven pages. —ed.]

Arnie Wexler's story:

I am a recovering compulsive gambler who placed my last bet April 10, 1968.

*By Arnie Wexler
Bradley Beach, New Jersey, USA
E-mail: aswexler@aol.com*

I started gambling as a kid in Brooklyn, N.Y., at about age seven or eight. It started with flipping baseball cards, pitching pennies, shooting marbles and playing pinball machines. That kind of gambling continued until about age 14 when I started to bet on sporting events with a bookmaker, and then I got into the stock market.

As a young kid growing up, I always felt that everyone was better than me. The only time I felt okay about myself was after I had a win, whether it was marbles or baseball cards or pennies. Then, at 14, I went to the racetrack for the first time; it was Memorial Day 1951, Roosevelt Raceway. At the time, I made 50 cents an hour after school, working 15 to 20 hours a week. That night at Roosevelt Raceway I had my first big win and walked out of the track with \$54. Looking back today, I think it was that night that changed my life. Even though I had only won \$54, it was about five weeks' salary to me. After that night, I believed I could be a winner from gambling, and eventually, become a millionaire. I can still recall that high feeling walking out of the racetrack that night.

By 17, I was already stealing to support my gambling. It started with stealing

comic books from the local candy store to play cards.. Before long it was stealing money from my family to gamble. By then, I was taking the bus to the racetrack a few nights a week on a regular basis. In New York in those days they closed the track in the winter months, so on weekends, I took the bus or the train to Maryland to gamble. I was betting sporting events and horses with a bookmaker on a daily basis. Back then, each sport had its own season. I remember calling the bookmaker one day and the only thing that was available to gamble on was hockey. I had never seen a hockey game, but I bet on it anyway. Only months later, when I saw my first hockey game, I realized it was played on ice.

Sometime between ages 17 and 20 I went to the racetrack one night and won \$6,000. Wow! Another big win, the equivalent of two years' salary. This reinforced my belief that I could be a winner at gambling.

By my early 20s I was betting big amounts on lots of games that I didn't really know much about and probably couldn't name more than a handful of players who played them. In some of the college games I bet on, I couldn't name one player or even tell you where the college was located, but I needed to be in action. By then I was a regular at the old Madison Square Garden, every week. I watched and bet on college and professional basketball on a regular basis. I was working full-time in a shipping department in the garment center and every Tuesday when we got paid there was a regular crap game out in the hallway. Almost every week I lost my pay in that game. I began stealing supplies and merchandise on a daily basis to pay for my gambling. I already had a bank loan and a finance company loan, and I borrowed from coworkers.

At 21, I met my future wife. Our first date was to the movies, and most of the rest of our dating was at the racetrack. We had a joint checking account to save for our wedding: she put money in —and I didn't. I needed my money for gambling. I was still looking for another big win. I thought the perfect place for our honeymoon would be Las Vegas or Puerto Rico since I knew both places had casinos. My wife-to-be didn't think that was a good idea; I guess she understood enough about my gambling already. When I was 23, we got married. I wanted to stop gambling at that point and I thought I could. But within a short time I was back at it. Even though I wanted to stop, I realize now that I couldn't.; I needed to gamble like any drug addict needs to stick that needle in their arm or an alcoholic needs to have that drink.

Four weeks after we got married I went away to the Army Reserves at Fort Dix, New Jersey, for six months. The whole time, I gambled every day, fast and furious, from placing bets by phone with the bookmaker to shooting craps and playing cards —every waking minute. When I came home in December of 1961, I owed \$4,000 and didn't even have a job.

I eventually got work in the garment center. In the showroom I worked in there were a few compulsive gamblers who I quickly got friendly with. They became my buddies. We played cards during the day and went to the racetrack at night, and on weekends, we did both. My wife thought I was at business meetings some nights. All of us lied for each other.

In 1963, my first daughter was born. While my wife was in labor for 37 hours, I went twice to the racetrack. When the doctor finally came out and told me that we had a baby, the only question I really cared about was "How much did she weigh?" You would think that my concern should have been "How is my wife?" or "How is the baby?" He answered 7 lbs., 1 oz., so my first call was to the bookmaker to bet 71 in the daily double. The next day, I saw in the newspaper that I had won, which convinced me that God had sent me a message: now I was going to be a winner.

One year later, my boss gave me an option to buy 500 shares of stock in the company for \$7,500. Within a year that stock was worth \$38,000. In those days, you could buy a car for \$2,000 and a house for about \$10,000. Within three years, all of that money was gone due to my gambling. I was now a plant supervisor for a Fortune 500 company. My gambling was already so out of control that I was stealing everything I could just to stay in action. I set up a room in the factory for playing cards, all day long. I was starting to do illegal acts, manipulating stocks in the stock market; still, at that point, I had borrowed money only from legitimate sources.

Our home life was deteriorating. Gambling was more important than anything else that went on at home. I lied about almost everything and I would come home and pick a fight so I could go out and gamble. Nothing else in my life was more important than gambling —not my family, not my job —gambling came first.

My gambling got progressively worse. As a plant manager in New Jersey, I was supervising 300 to 400 people and my boss was in New York. Most of the time he didn't know what I was doing. Besides stealing and borrowing money from coworkers, I now had loans with three banks, three finance companies, and I owed a loan shark an amount of money equal to one year's salary. I was involved with three bookmakers, both working for them and betting with them. I directed a lot of people in my company who gambled to my bookmaker and so I got a piece of the action. I even got involved in a numbers operation. Between these activities and stealing, I supported my gambling.

There were times I bet on 40 or 50 games in a weekend and believed I could win them all. One weekend, just before I hit my bottom, I called a bookmaker

and took a shot by betting a round robin equal to about two years' salary. If I had lost that bet there was no way I could have paid it at that time. Things were getting so bad, I remember calling a bookmaker one day and he said that if I didn't bring him the money I owed him, he would not take my bet for that night, so I went home and sold our car to a neighbor.

I wasn't going home to pick fights with my wife anymore; I was doing it over the phone so I wouldn't waste the trip. Most of the time I was out gambling, but when I was home we fought constantly. We rarely had sex. When I won I was so high I didn't need it and if I lost I didn't want it. There were times when we did have sex, though, and my wife would say, "Do you hear a radio?" Of course, I told her she was crazy, but I had a radio on under the pillow so I could listen to a game.

We tried to have another child, but couldn't. My wife came to me with the idea of adoption. I didn't like it, especially because it would cost money, money I needed for gambling. After three months of her bothering me, I finally went along with her, thinking that she would be so busy with the two kids she would leave me alone. I borrowed the money we needed from my boss and relatives. The day we brought our new son home on a plane was the seventh game of the 1967 World Series. My wife was busy looking at this beautiful new baby but I had no interest in him. I had a large bet on the game, and although the pilot announced the score every 15 minutes or so, I was so upset that we were on this plane. I wished and prayed the plane would land so I wouldn't miss another minute of that game.

In the next few months, the bottom fell out of my world even though I still had my job and I still looked like things were okay; that is, there were no track marks on my arm and I didn't smell. No one could really tell what was going on. I would come home from gambling and see my wife crying all the time, depressed and sick. Our daughter was four years old and I don't remember her walking or talking. Either I wasn't home, or when I was, my head was consumed with gambling. I owed 32 people the equivalent of three years' salary; I had a life insurance policy and constantly thought about killing myself and leaving my wife and two kids that money.

I would do anything to keep gambling. I still thought the big win was just around the corner as long as I could get money to stay in action. I tried to find out where I could get drugs to sell, I scouted gas stations to rob, I asked people about making counterfeit money—I was running out of options. My boss came to me one day and told me a detective who was following me had a report on my gambling. He knew I bet more than I earned and was sure that I stole from the company. If he found out, he said, he would have me arrested. Only three hours later I was stealing from the company again: I needed to go

to the racetrack that night.

On February 2, 1968, my wife had a miscarriage. I took her to the hospital, wishing and praying all the way that she would die. I thought it would solve all my problems not to have to tell her how bad things were. That morning, I called my mother to watch my kids and called my boss to say I couldn't come to work because my wife was in the hospital. That afternoon I went to the racetrack. After the track, I went to see my wife. When I got to the hospital the doctor told me that my wife was in shock, she had almost died. I was so deep into my addiction that I didn't care —about her, the two kids or myself. The only important thing was making a bet.

I thought I was the only one living that way and doing what I did. But I found out that I wasn't alone and that I could stop gambling with the help of the other people. I had hope for the first time.

It has been almost 34 years since I last gambled. Today, I have everything I dreamed I would get from gambling and then some. I have a wonderful family that is still intact and I have even been blessed with four grandchildren who I love very much. In the last 20 years, I have been able to devote my working life to helping others who have this problem and educating people on the disease of compulsive gambling. This has been a dream come true.

Submitted: February 18, 2002

This First person account was not peer-reviewed.

Arnie Wexler is a certified compulsive gambling counselor (CCGC) and was the executive director of the Council on Compulsive Gambling of New Jersey for eight years. He currently works with his wife, Sheila, as a consultant and presenter on the subject of compulsive gambling addiction.

Arnie is an expert on the subject of compulsive gambling and has been involved in helping compulsive gamblers for over 34 years. He has appeared on many of America's top television shows, including Oprah, Nightline and 48 Hours. He has been quoted and profiled in hundreds of magazines and newspapers.

Arnie has presented workshops and training seminars nationally and internationally. He has spoken to gaming industry executives, Fortune 500 corporations and legislative bodies, and on college campuses. He has carried out training for the National Football League.

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Book review —

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The Habit Change Workbook: How to Break Bad Habits and Form Good Ones.

*By James Claiborn and Cherry Pedrick (2001).
Oakland, CA: New Harbinger Publications, Inc., 243 pages.
Price: \$19.95 (US).
ISBN: 1-572242-63-9*

*Review by Mark Griffiths, PhD
Psychology Division
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This book was jointly written by a cognitive-behavioural psychologist and a nurse turned writer. Consequently, it is an easy-to-read work that claims to include "proven techniques for eliminating a wide range of unwanted habits" of which gambling is one of many. In one of the early chapters, the authors state that this book is not a substitute for medical, psychiatric or psychological treatment. They also state that the treatment of addictions is beyond the scope of the book. Furthermore, addictions are viewed as primarily physiological, involving the ingestion of a psychoactive substance like nicotine, alcohol or other drugs. This suggests the implicit assumption that gambling is not a bona fide addiction and is akin to other "bad habits" covered in the book, such as sleeping problems, relationship issues and health and fitness concerns.

The book is divided into four parts, each of which is broken down further. The sections are Habits —We All Have Them (four chapters), The Habit Change Program (eight chapters), Detailed Guidance on Specific Habits (seven chapters) and a single concluding chapter, Further Help. The first four chapters in the book cover basic but important ideas: an overview of good and bad habits, a look at how habits develop, the reasons for changing or not changing habit patterns and a brief overview of some common habits. Most of these can be readily applied to gambling, and many gambling practitioners and gamblers themselves will find the material easy to digest and follow.

The second part of the book contains seven chapters that are the core of the book —the habit change program itself. This is necessarily generic but is supplemented by seven specific guidelines (in the third part of the book) covering nervous habits, sleeping problems, health and fitness problems, relationship problems, shopping and spending problems, excessive leisure problems (including problematic Internet and video game use) and problem gambling. As the authors point out, each reader "will take the same first steps, take a different direction, then meet together to complete the journey."

The habit change program contains many self-assessment exercises that can either be used for self-help or adapted by practitioners to help their clients. Much of this section is a step-by-step guide and provides detailed instructions for eliminating specific habits. The theoretical basis for effective habit change is based on the well-known stages of change model developed by James Prochaska and his colleagues (precontemplation, contemplation, preparation, action and maintenance). Many other areas of psychological theory underpin the program (habit formation, the role of reinforcement in behaviour, the basics of behavioural therapy, relapse prevention, cognitive therapy and cognitive-behavioural therapy, etc.) in addition to addressing behaviours that go beyond habits (addiction, obsessive-compulsive disorders). The latter, these behavioural excesses, are only examined briefly; but again, there is an implicit assumption that gambling does not fall under these.

The authors' habit change program includes self-help assessments on many important (but predictable) aspects, including why changing behaviour is difficult (fear, disgust, excuses, denial) and self-help behaviours that can be used in conjunction with the program (breathing, muscle relaxation and meditation exercises, etc.). Some of the program case studies, such as Changing the Way You Think (Chapter 9) use gambling scenarios as examples. Gambling practitioners will obviously find these the most helpful.

The third section outlining specific habits to break is a mixed bag in terms of

underlying theory and the chapter layouts. There is no common structure to the chapters (13 to 19), although this may reflect that they cover such a diverse set of bad habits. Some of the chapters included background research in the area (e.g., Nervous Habits, Sleep Disorders) whereas most chapters featured little research. The chapter on gambling was primarily concerned with cognitive distortions. While important, there are many other aspects that could also have been covered. The final section includes just one chapter that centres upon family and group habit change with a small section that is a selective list of follow-up resources.

The book is generally well written, which is not surprising given that one of the authors is a freelance writer! It is readable, logically and systematically organized, and has plenty to engage those who follow the program. Academics may be irritated that few references are provided but the book is not aimed at them. It has been written in a way that both the general public and busy therapists will find valuable. It's my guess that many practitioners with a cognitive-behavioural bias working with people who have gambling problems will be very aware of the strategies in this book (theoretically, at least). However, the case study approach that is laid out is still useful to those individuals. My only real gripe is the implicit assumption the authors make that problem gambling is not really an addiction like (say) alcoholism.

This book review was not peer-reviewed.

Submitted: May 7, 2002

Mark Griffiths, PhD, is a professor of gambling studies at Nottingham Trent University, and is internationally known for his research on gambling and gaming addictions. In 1994, he was the first recipient of the John Rosecrance Research Prize for "outstanding scholarly contributions to the field of gambling research." He has published over 100 refereed research papers, numerous book chapters and over 250 other articles. His current interests are technological addictions, especially computer games and the Internet.

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Video reviews

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The Effects of Compulsive Gambling on the Marriage

Running time: 43 minutes

Price: \$295 (US)

Format: VHS format

and

Can this Marriage Recover (from the Effects of Compulsive Gambling)?

Running time: 23 minutes

Price: \$295 (US)

Format: VHS format

Set of both videos: \$495 (US)

Distributor: Arnie and Sheila Wexler Associates

213 Third Avenue, Bradley Beach, New Jersey 07720 USA

Phone: (732)-774-0019

E-mail: aswexler@aol.com

Web site: <http://www.aswexler.com/html/videos.html>

Reviewed by David C. Hodgins, Erin Cassidy, Alice Holub, Maria Lizak, Chrystal L. Mansley, Adriana Sorbo, Steve Skitch, Kylie Thygesen
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The Effects of Compulsive Gambling on the Marriage and Can this Marriage Recover (from the Effects of Compulsive Gambling)? provide parts One and Two of a videorecorded conference presentation by Arnie and Sheila Wexler, a married couple who survived the effects of a gambling addiction. The presentation was part of the New Jersey Council on Problem Gambling Conference in 1993. It chronicles the destructive effects of Arnie's gambling problem on him and on his wife as well as their journey through recovery.

The Effects of Compulsive Gambling on the Marriage traces the development of Arnie's gambling problem and its effect on his relationship with Sheila. In 1993, Arnie and Sheila Wexler had been married for 32 years, and of those, 25 years had been spent in the process of recovery from Arnie's gambling problem. They are both 12-step program members.

Arnie's interest in gambling, mostly horseracing, began at age 14. His first big win was \$54 at the racetrack; a lot of money to Arnie, who was then earning only \$.50 per hour. Gambling always played a central role in his relationship with Sheila. In fact, their second date involved sneaking the underage Sheila into the races to gamble. Arnie and Sheila take turns describing their experiences in a direct and frank fashion. We hear vivid, personal details about their decisions and actions, regardless of how painful they were.

The structure of the talk follows Custer's (1984) well-known diagram of the progression of gambling problems from the winning, losing and desperation phases (Part One) to the critical phase and re-building and growth phases. (To see the diagram, go to <http://www.state.in.us/fssa/servicemental/gambling/problems.html> and search with Ctrl+F for Perception of Gambling as an Addiction). A similar phase diagram is used to outline the effects of gambling on the spouse. The parallel phases are referred to as denial, stress, exhaustion, critical, re-building and growth.

Review process

A group got together one hot summer afternoon to view the tapes; the eight people were graduate and undergraduate students, psychologists, gambling clinicians and gambling researchers. We viewed each tape (Part Two first, unfortunately, because of poor labelling) and discussed each briefly. The following review presents our consensus views.

Critique

Arnie and Sheila are both articulate and effective speakers. The recording quality is good, although the videos follow a low-tech approach. The talks are presented as given to the audience, with the phases of compulsive gambling and recovery marked with simple camera shots of the diagrams. There are few graphics, little bridging narration and no supporting materials other than the Custer diagram. We considered this simplicity both a strength and a weakness of the videos, a strength in that the rawness of the stories is underscored. At the end of Part One, which ends with the desperation phase, we all felt subdued and saddened by the Wexlers' experiences. Part Two provided a greater sense of hope as they described the recovery phases. Throughout both videotapes, no detail is spared in illustrating the process.

The difficulty with the low-tech approach is that the structure of the videotapes was not immediately apparent. It would have helped to have some narration indicating the structure of the two-part video presentation and a graphic presenting the complete diagram. Certainly an information guide could easily be prepared. The graphics that distinguish each phase are camera shots of the classic Custer diagram of addiction and recovery. The information was difficult to read, and again, narration could guide the viewer through each phase with a brief explanation.

Our group had an extensive discussion of the intended audience for the videos. They provide a useful introduction to the Gamblers Anonymous philosophy and associated terminology. The videos emphasize the long-term nature of recovery and the importance of the spouse working on him- or herself, both of which may be useful to stimulate discussion in a treatment program with a therapist's guidance.

From a stages of change perspective (for an introduction to this concept, select http://www.med.usf.edu/~kmbrown/Stages_of_Change_Overview.htm) we wondered if the extremeness of the Wexlers' experiences as presented on the videos might discourage contemplators, whose own stories might be less dramatic and lives less disrupted, from seeking recovery. A therapist could

guide the discussion appropriately to avoid this effect and, instead, instill hope for recovery and emphasize the importance of current action to prevent the development of such devastating consequences. The videos may also be useful in a teaching context. Although a guest speaker from Gamblers Anonymous or Gam-Anon would be most effective, these videos offer a good alternative.

A limitation of the stories is that Arnie is an "old style" gambler, having a problem primarily with horseracing. No mention is made of the electronic gambling machines or older-age onset of gambling that currently are issues for the majority of people seeking treatment. Families will often report that the relationship with the gambler was good prior to the development of the gambling problem. The Wexlers, in contrast, describe their relationship as starting out on a poor foundation that needed to be completely rebuilt in recovery.

The videos do not provide much information of the process of recovery for the couple. For instance, we wanted to know more on how Arnie quit gambling, reconnected with his wife and worked through the hurt they had caused one another. It seemed that they worked in isolation versus coming together and working jointly. We were also interested in the recovery process for their children and how they fared, and we assume there were many ups and downs for all of them that are not described. Generally, the recovery is presented as a linear process once initiated (as in the Custer diagram).

The Wexlers subscribe to the disease and codependency models of pathological gambling. However, although they use this language (Sheila speaks of her codependency "illness"), their rich descriptions also illustrate characteristics of other models of gambling problems. Arnie describes the behavioural changes that were important in his recovery —taking on new activities, limiting access to money, and so forth. He also speaks of the cognitive distortions that guided his wagering —superstitions, discounting losses, symbolism and luck. Sheila describes her hope that "love will conquer all" and her lack of assertiveness in confronting Arnie's behaviour. She also describes symptoms of depression, agoraphobia and panic attacks.

In summary, the two videos provide a powerfully presented recovery story that describes the experiences of the gambler and the affected family member. Their potential usefulness is in specific contexts when employed by experienced clinicians.

Reference

Custer, R.L. (1984).

Profile of the pathological gambler. *Journal of Clinical Psychiatry*, 45 (12,2), 35–38.

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Submitted: July 11, 2002

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Book review

Best Possible Odds: Contemporary Treatment Strategies for Gambling Disorders

By William G. McCown and Linda L. Chamberlain (2000). New York: John Wiley & Sons, Inc., 260 pages, hardcover. Price: \$55.00 (US). ISBN: 0-47118-969-3

*Reviewed by Jeffrey I. Kassinove
Monmouth University
West Long Branch, New Jersey, USA
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Pathological gambling is a serious non-chemical addiction that, until recently, was a secondary concern for practitioners who treat individuals with chemical addictions. McCown and Chamberlain's *Best Possible Odds* makes an important mark by synthesizing research knowledge and clinical experience about the destructive path of excessive gambling and provides an overview of the treatment approaches that they have used effectively in their clinical practice. The text presents information about the history, characteristics, etiology, maintenance and treatment of pathological gambling. Although it has shortcomings, some of which are editorial (e.g., the index section in the review copy was upside down), it is a useful text for those with little or no experience working with pathological gamblers.

The authors take clear positions on the nature of gambling and the treatment of excessive gambling as a non-pharmacological addiction, which they relate

to other persistent, repetitive behavioral problems, such as workaholism. They state that one of the book's goals "is to encourage flexible and eclectic treatment approaches, with the eventual hope of determining what works best and for whom" (p. 104). Thus, if using a psychoanalytic technique in combination with a behavioral approach works, then it is valuable to use them in tandem. McCown and Chamberlain clearly state that the focus of treatment is best placed on behavior change, and I fully agree. Although emotions and cognitions play a role in pathological gambling, focusing on behavior as the dependent variable makes sense given that its negative consequences emerge from the motor acts of gambling. Significantly, they propose abstinence as a goal, believing that other non-harmful behaviors can be substituted to produce the elation associated with gambling. Finally, they state that much of their writing about treatment is based solely on clinical experience.

In Chapter 2, McCown and Chamberlain cover the major paradigms that describe problem and pathological gambling. They emphasize Custer's classic model illustrating the stages that lead to pathological gambling. This model is useful, particularly for the novice clinician, in understanding the typical maladaptive patterns of behavior emitted at different times in the life of gamblers. Within the chapter, lucid evaluations of Gamblers Anonymous and the disease model are also presented. The authors deserve praise for their thoughtful commentary about the cyclical, explanatory nature of the medical model.

Chapter 3 contains information about the phenomenology of gambling. At the outset, the authors compare alcohol abuse and gambling disorders in the DSM-IV, which I found informative. The term "addictive gambler" is used to describe a person with a more serious problem than a "problem gambler." In addition, the authors use the term "compulsive gambling," as opposed to "pathological gambling." Moreover, much of this chapter focuses on Custer's subtypes of gamblers. Although interesting, these are not the standard terms currently used in the field and the inconsistent terminology may confuse novice practitioners. The standard subtypes of gamblers used today are non-gambler, social gambler, problem gambler and pathological gambler.

When discussing the etiology and maintenance of gambling (Chapter 4), McCown and Chamberlain suggest that the Zeigarnik effect may underlie persistent gambling. Specifically, they hypothesize that when a gambler plays to win but ends up losing, it constitutes unfinished business. Therefore, the gambler is highly motivated to return and complete the task. This intriguing concept has not often been attached to excessive gambling and may be valuable in explaining the possible causes of behavioral persistence.

The second half of the book focuses on treatment modalities. The authors lean strongly toward a clinical experience approach as opposed to a research-based one. McCown and Chamberlain state that their focus is based on the assumption that few published studies have supported any modality by showing clear treatment efficacy. This statement is a bit too harsh, as some treatment studies have shown efficacy in reducing gambling (Sylvain, Ladouceur & Boisvert, 1997). It would also have been valuable to include some of the step-by-step treatment approaches published by clinical researchers. In addition, advice about addressing touchy subjects with gamblers, such as family and personal finances, would have been an added bonus for the novice practitioner. Nevertheless, these are minor points and the book gives some good insights into methods for treating pathological gamblers.

On a positive note, the authors provide a valuable clinical, experiential perspective on the treatment of gamblers. They also discuss measuring techniques to evaluate the behavior of gamblers. Chapter 5 covers the Gamblers Anonymous model, an inpatient model and an Internet self-help approach, which are important services. However, they fail to tell readers specifically how to gain access to them (i.e., Web addresses, telephone numbers, etc.). Chapter 6 presents a multiphasic model of outpatient treatment that describes the therapy process with gamblers. This chapter would certainly be helpful for new clinicians interested in disordered gambling.

Strategies to enhance treatment effectiveness are given in Chapter 7, but the authors note that these techniques are "adjuncts" to abstinence-based treatments (p. 136). They briefly cover social skills training, relapse prevention and covert sensitization. Although presented as adjuncts, it would have been valuable to present more detailed descriptions of these powerful behavior therapy techniques.

The authors offer a thorough description of the assessment tools used in the gambling treatment literature and practice. McCown and Chamberlain discuss the South Oaks Gambling Screen as well as other measurement tools for different age groups and for families of gamblers. The authors nicely go beyond the standard assessment tools and discuss the benefits of more general tools (e.g., Minnesota Multiphasic Personality Inventory, Thematic Apperception Test). In addition, they present a clear psychological case report completed for a problem gambler.

The authors boldly move the field forward when they discuss Chaos Theory as it might apply to pathological gambling. To my knowledge, Chaos Theory has not been examined within the realm of gambling and they are to be commended for this presentation.

The authors' disposition toward family therapy as a treatment modality is clear and there is a separate chapter on this approach. Most clinicians with experience working with gamblers would agree that integrating the family into treatment is essential. Although two family-based approaches are presented, I would have liked to see more about the specifics of treating the family.

McCown and Chamberlain present some of the classic theories regarding the development and maintenance of problem gambling, and use their clinical wisdom to provide insight into the treatment of excessive gambling. Their discussions of topics such as the Zeigarnik effect and Chaos Theory are worthy of note for the advanced practitioner. For the novice, many real and interesting case examples are presented, which drive home many of the points being made. Although it has some limitations, *Best Possible Odds: Contemporary Treatment Strategies for Gambling Disorders* is a solid resource that lays down a foundation for clinicians new to the treatment of pathological gambling.

Reference

Sylvain, C., Ladouceur, R. & Boisvert, J. (1997).

Cognitive and behavioral treatment of pathological gambling: A controlled study. *Journal of Consulting & Clinical Psychology*, 65 (5), 727-732

This book review was not peer-reviewed.

Submitted: July 27, 2002

Jeffrey Kassinove, PhD, has studied gambling and other addictive habits (e.g., alcohol use and day trading) in the United States and abroad since 1996. At Monmouth University's Gambling and Addictions Research Laboratory, he has focused on understanding the factors that lead to gambling persistence. Specifically, he has studied both the cognitive and behavioral elements that increase slot machine play. He has developed cognitive scales for understanding attitudes toward gambling as well as tools to assess such mediating factors as illusions of control. He has lectured in Russia, India and Poland on the problems associated with gambling and is a consultant with St.

Petersburg University in Russia. Dr. Kassinove also has a small practice where he treats people who have problems with gambling or drug and alcohol use.

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Web site review —

[This article prints out to about six pages]

Winning Web sites: Researching gambling on the Internet

*By Rhys Stevens
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On-line reports and papers are an increasingly popular way to distribute research findings. This trend seems to be especially true for the field of gambling and gaming research. New reports can be disseminated from Web sites to the rest of the Internet-connected world almost instantaneously. Oftentimes, these on-line reports contain more complete and detailed information than subsequent journal articles that report the same findings. As a librarian for the Alberta Gaming Research Institute, I've had the opportunity to identify hundreds of Web sites that include such reports. This review summarizes a number of these sites that provide access to original research reports and studies in electronic formats —generally HTML or PDF files (which are viewable in most current Web browsers).

Australian Centre for Gambling Research (ACGR) —Australia

www.aigr.uws.edu.au

Jan McMillen is the executive director of the ACGR and has been researching gambling issues extensively since the 1980s. The Centre is located at the University of Western Sydney and performs a wide range of research on gambling-related topics of international interest. All reports, journal articles and working papers produced by the Centre are documented on the site — and are available electronically in some cases. Abstracts of journal articles published in *International Gambling Studies* can also be read on the Web site.

Gambling Research Panel & Victorian Casino and Gaming Authority (VCGA) —Australia

www.grp.vic.gov.au & www.gambling.vcga.vic.gov.au

The Gambling Research Panel is a state government-funded organization that independently commissions and publishes research into the social and economic impacts of gambling and the causes and prevention of problem gambling. The Victorian Casino and Gaming Authority's Research Committee was replaced by the Gambling Research Panel in November 2000. Over 30 extensive publications have been produced to date, and most are available from the VCGA Web site. I especially recommend this site to those performing research on the socioeconomic impacts of gambling.

Alberta Alcohol and Drug Abuse Commission (AADAC) —Canada

<http://corp.aadac.com/gambling/index.asp>

The AADAC Web site provides a wealth of information on alcohol, drugs and gambling. As an agency funded by the Province of Alberta, its mandate is to help citizens achieve lives free from substance use and gambling problems. The gambling section provides a good selection of recent reports, fact sheets and brochures. The Commission's resource catalogue (see Catalogue near the top of the page <http://corp.aadac.com/gambling/index.asp>) offers a complete listing of all resources available for purchase from the organization. Many of the items on this substantial list include resources designed to

educate special populations of gamblers.

Alberta Gaming Research Institute (AGRI) —*Canada*

www.abgaminginstitute.ualberta.ca

The AGRI site can be considered a research portal for individuals interested in gambling issues. The Library Resources section of the site provides an extensive listing of on-line and print materials (e.g., reference sources, gambling journals, newspaper articles, bibliographies, etc.). Other areas of interest on the site include current and completed initiatives funded by the Institute in the Research section and the growing Grey Literature Database of gaming reports not controlled by commercial publishers, which is found at <http://gaming.uleth.ca>. The Institute is a consortium arrangement of the universities of Alberta, Calgary and Lethbridge, and its function is to support and promote research into gaming and gambling in Alberta.

Canada West Foundation —*Canada*

www.cwf.ca

Unlike the United States and Australia, the Canadian federal government has never funded a national gambling study. The Canada West Foundation, an independent, non-partisan, non-profit public policy research institute, undertook a comprehensive Gambling in Canada project that ended in November 2001. The 18 reports in the series were produced over four years and are freely accessible from the foundation's Web site in the Publications section. As an added bonus, speaking notes from recent presentations on gambling issues are included in the Presentations section. It is necessary register (at no charge) on your initial visit to the Web site in order to download reports and presentations.

Ontario Problem Gambling Research Centre —*Canada*

www.gamblingresearch.org

This Ontario Problem Gambling Research Centre gets my vote for

technological excellence among the Web sites reviewed here. The Webcasts (i.e., video clips) and eWildman bibliography are both terrific resources. Also available are reports commissioned by the Centre in order to enhance the understanding of problem gambling and strengthen treatment and prevention practices through research. Shortcomings are the registration and sign-in requirements for access to resources.

Responsible Gambling Council (Ontario) —*Canada*

www.responsiblegambling.org

The Responsible Gambling Council (Ontario) helps individuals and communities address gambling in a healthy and responsible way, with a strong emphasis on preventing gambling-related problems. The most impressive resource is the e-Library—a collection of nearly 4000 gambling-related items (e.g., newspaper articles, on-line reports). Researchers can search this database by keyword, subject category and geographic location. Also available on the Web site are the complete archives for the Council's informative Newscan and Newslink publications. Visit this site regularly to stay abreast of new developments in gambling.

The Centre for Gambling Studies, University of Auckland —*New Zealand*

www.gamblingstudies.co.nz

The recently redesigned and updated Centre for Gambling Studies (formerly known as the Gambling Studies Institute) Web site provides details of the Centre's research reports. Some exciting gambling research projects are presently underway (e.g., gambling in Samoan communities, adolescent gambling behaviour, prison problem gambling and counselling). The Centre for Gambling Studies is part of the University of Auckland's faculty of medicine and health sciences and seeks to minimize harm from gambling and promote community well-being.

GamCare —*United Kingdom*

www.gamcare.org.uk

GamCare is the United Kingdom's national centre for information, advice and practical help with regard to the social impact of gambling. A range of research-oriented books (e.g., *Adolescent Gambling* by Mark Griffiths) and counselling resources are available for purchase from the Web site. GamCare's policy is to be gambling neutral and its main objectives are to improve the understanding of the social impact of gambling, promote a responsible approach to gambling and address the needs of those adversely affected by a gambling dependency.

**Gaming Studies Research Center, University of Nevada, Las Vegas —
*United States***

<http://gaming.unlv.edu>

Dave Schwartz, co-ordinator of Gaming Studies Research Center, has done a superior job assembling a virtual potpourri of gambling-related resources on this Web site. Highlights of the site include an extensive listing of graduate dissertations, a reading room of articles on topical issues and an unrivalled collection of links to gambling sites and conferences. It is immediately evident that this resource takes a number of visits to explore fully, but it is well worth the effort. The Gaming Studies Research Center at the University of Nevada, Las Vegas, is a clearinghouse of data on the business of gaming, its economic and social impacts and its historical and cultural manifestations.

Gemini Research, Ltd. —*United States*

www.geminiresearch.com

Rachel Volberg, president of Gemini Research, Inc., has directed or consulted on dozens of studies on gambling and problem gambling. The Gemini Research Web site provides an authoritative bibliography of journal articles, books and book chapters, and research reports that she has authored since 1986. A section of particular interest to researchers is the Reports & Links area that lists links to the reports, which are fully available on-line.

Institute for the Study of Gambling and Commercial Gaming —*United*

States

www.unr.edu/game/index.asp

The Institute, based at the University of Nevada, Reno, serves to broaden the understanding of gambling and the commercial gaming industries. A real strength of this site is its listing of current and forthcoming print publications available for order. Several article summaries and book chapters from recent publications by Institute scholars are available as well as an updated selection of gaming events and news.

National Indian Gaming Association (NIGA) Library & Resource Center — United States

<http://indiangaming.org/library>

NIGA operates as a clearinghouse and educational, legislative and public policy resource for tribes, policymakers and the general public on Native American gaming issues and tribal community development. The highlight of the Web site is certainly the Resources section, which features a searchable, browsable listing of studies, books and testimonies. The majority of these items can be downloaded from the site or read on-line in their entirety. This site is a vital resource when reviewing on-line sources for information on aboriginal gambling issues.

The Wager: Weekly Addiction Gambling Education Report —United States

www.thewager.org

No review of gambling Web sites would be complete without mention of *The Wager*. The editors at the addictions division of Harvard Medical School have been producing weekly research bulletins in order to share the latest developments in pathological gambling. The Back Issues section contains an archive of every published newsletter since 1996. Fortunately, there is also an excellent search mechanism to allow site users to quickly locate articles by keyword. Be sure to sign-up for the Mailing List if you would like to be notified when new topics are available.

*This review article was not peer-reviewed.
Submitted: August 6, 2002*

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Rhys Stevens is currently the librarian for the Alberta Gaming Research Institute, and he is based at the University of Lethbridge in Lethbridge, Alberta. He obtained his masters degree in Library & Information Science at the University of Western Ontario. His primary focus is to work with Institute-funded researchers and the general public who are interested in researching issues related to gaming and gambling.

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The review process

All submitted manuscripts (except Reviews) are reviewed anonymously by at least two people. Each reviewer will have expertise in the study of gambling and will assess and evaluate according to the criteria listed below. The editor will mediate their assessments and make the final decisions.

Submissions are either

1. accepted as is, or with minor revisions;
2. returned with an invitation to rewrite and resubmit for review, or
3. rejected.
4. Decisions of the editor are final and cannot be appealed.

Authors will receive an e-mail copy of their manuscript before publication, and must answer all queries and carefully check all editorial changes. Please note that there will be a deadline for a response to queries and no corrections can be made after that date. Authors are responsible for the specific content of their manuscripts.

Feature articles

The editorial board will make specific invitations to chosen authors. All submissions will be peer-reviewed in confidence by at least two reviewers for their scientific merit and/or contribution to public debate in the field of gambling studies. All submissions will be mediated by the editor.

Research

We invite researchers to submit manuscripts that report new findings on gambling. All submissions will be peer-reviewed in confidence by at least two reviewers for their scientific merit, and mediated by the editor.

Policy

We invite manuscripts that examine policy issues involving gambling. All submissions will be peer-reviewed in confidence by at least two reviewers and mediated by the editor. The editor will evaluate how successful the author is in exploring how gambling affects public life and policy, historically and currently.

Clinic

All submissions will be peer-reviewed in confidence by at least two clinicians and mediated by the editor for their soundness and value to

practicing clinicians.

First person accounts

These narratives will show how gambling affects the author and others (perhaps as family, friends, gambling staff, or clinicians). Submissions will be reviewed in confidence by at least two reviewers and mediated by the editor. The editor will evaluate how successful the author is in making gambling issues come alive to the readers. First person accounts do not need abstracts or references.

Reviews

Reviewed by the editor, these brief summaries and discussions will evaluate gambling-related books, videos, Web sites and other media. Reviews should have references if cited, but do not need abstracts.

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We accept submissions in Microsoft Word, WordPerfect (PC) or ASCII formats. We regret that we cannot accept Macintosh-formatted media. Communications can be sent electronically to (Phil_Lange@camh.net) to the editor for review. We will take all possible care with submissions. Neither the editor nor the Web site managers accept the responsibility for the views and statements expressed by authors in their communications.

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Manuscripts should be word processed in Times New Roman 12-point typeface, and should be formatted with 1.25 inch margins on all four sides. Do not use a font size smaller than 10 anywhere in the manuscript. The first page should be a title page and contain the title of the manuscript, the names and affiliations of the authors, their addresses and e-mail addresses. The second page should only have the manuscript title and the abstract; this is for the purpose of anonymity. This abstract (of 150 words or less) should describe what was done, what was found and what was concluded. List up to eight key words at the bottom of the abstract page. Minimally, an abstract should be structured and titled with objective, methods or design, sample, results and conclusion. The structured abstract format is acceptable, but not required.

References

These should be placed at the end of each manuscript (not as footnotes on each page) and should be cited consecutively in the author/date system (e.g., author(s), year). Ultimate responsibility for accuracy of citations rests with the authors(s). Do not use italics, underlining or tabs in the references; *EJGI* will add these in the editing process. Please see the latest issue of *EJGI* for our referencing format.

If in doubt, please consult the Publication Manual of the American Psychological Association - 5th Edition. (2001). Washington, D.C.: American Psychological Association. Some APA style information is available at <http://www.apastyle.org>.

Examples:

Books

Lesieur, H.R. (1984). *The Chase: The Career of the Compulsive Gambler*. (2nd ed.). Rochester, VT: Schenkman Books, Inc.

Book chapters

Shaffer, H.J. (1989). Conceptual crises in the addictions: The role of models in the field of compulsive gambling. In H.J. Shaffer, S.A. Sein, B. Gambino & T.N. Cummings (Eds.), *Compulsive Gambling: Theory, Research, and Practice* (pp.3-33). Lexington, MA: Lexington.

Journal articles

Gupta, R., & Derevensky, J. (1997). Adolescent gambling behavior: A prevalence study and examination of the correlates associated with problem gambling. *Journal of Gambling Studies*, 14 (4), 319-345.

Miscellaneous articles, including government publications

Ontario Ministry of Health. *Schedule of Benefits, Ontario Health Insurance Plan*. Kingston, Ontario: Ontario Ministry of Health; April 1987.

Papers presented at a conference, meeting or symposium presentation

Ganzer, H. (1999, June). A seven session group for couples. Paper presented at the 1999 13th National Conference on Problem Gambling, Detroit, MI.

Signed newspaper article

Brehl, R. (1995, June 22). Internet casino seen as big risk. The Toronto Star, pp. D1, D3.

If the article is unsigned or the author's name is unavailable, begin with the title:

Man gambled crime returns at casino. (1996, February 9). The Christchurch Press, pp.32.

Electronic source

A basic form is given below. For other forms see <http://www.apastyle.org/electsource.html>

Brown, S., & Coventry, L. (1997, August). Queen of Hearts: The Needs of Women with Gambling Problems, (Internet). Financial and Consumer Rights Council. Retrieved from: <http://home.vicnet.net.au/~fcrc/research/queen.htm>

Tables

When submitting tables within the text, indicate the approximate position of each table with two hard returns and dotted lines above and below each location, as illustrated here.

Table 1 about here

Please submit your manuscript with the tables after the references.

Graphs and illustrations

Authors whose manuscripts include graphs or illustrations should communicate with the editor regarding submission formats and standards.

Abbreviations

Well-known abbreviations (e.g., DNA, EKG) may be used without definition; all others must be defined when first used. Except in First person accounts, measurements should be stated first in metric units and, if desired, then using Imperial, American or other local equivalents in parentheses. For example, "The two casinos are 10 km (6 miles) apart." However for First Person Accounts authors may use whatever measurements they prefer. Other units of measurement should be used in accordance with current custom and acceptability. Generic names of drugs are preferred; a proprietary name may be used if its generic equivalent is identified.



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<http://www.cmhask.com/programs/gambling/index.html> **NEW**

Public education and community development components of the province of Saskatchewan's Problem Gambling Program

<http://www.gamb-ling.com> **NEW**

A multilingual gambling information Web site in 11 languages (Arabic, Chinese, English, Farsi, Hindi, Italian, Portuguese, Russian, Somali, Spanish and Urdu). Information in audio formats and through these click-on topics: "What's problem gambling?," "Do I have a problem?," "Get help," "Ethno-cultural resources," "Library" and a help-line number.

<http://www.youthbet.net> **NEW**

The TeenNet Youth Gambling Web site (University of Toronto) has an interactive neighbourhood (community centre, library, corner store, casino, schoolyard, and back alley) with access to youth gambling information and help resources, diagnostics, and activities related to risk assessment, time management, money management and balanced decision making.

<http://www.ncpgambling.org>

National Council on Problem Gambling : to increase public awareness of pathological gambling, ensure the availability of treatment for problem gamblers and their families, and to encourage research and programs for prevention and education.

http://www.gov.ab.ca/aadac/addictions/subject_gambling.htm

Alberta Alcohol and Drug Abuse Commission: information, brochures and survey results

<http://www.responsiblegambling.org>

Responsible Gambling Council (Ontario): information, publications and calendar of international gambling-related events

<http://www.unr.edu/unr/colleges/coba/game>

Institute for the Study of Gambling and Commercial Gaming: an academically oriented program on gambling and the commercial gaming industries

<http://www.ncrg.org>

National Centre for Responsible Gaming: funding for scientific research on problem and underage gambling

<http://www.problemgambling.ca>

Problem Gambling: A Canadian Perspective Website (Gerry Cooper): annotated international links

<http://www.youthgambling.org>

Youth Gambling Research & Treatment Clinic (McGill University, Montreal, QC, Canada): information, self-quiz and FAQ's



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Service profile

A multilingual gambling information Web site

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Programme description

Our Prevention/Education for Problem Gambling Program was designed to provide culturally and linguistically appropriate problem gambling services to members of ethno-cultural communities in the Niagara region through a mix of approaches.

Our multilingual Web site at www.gamb-ling.com offers problem gambling information in 11 languages: Arabic, Chinese, English, Farsi, Hindi, Italian, Portuguese, Russian, Somali, Spanish and Urdu. It was launched on February 28, 2002, with a celebration to thank the cultural interpreter/translators, technical and program staff who designed and built the site.

The Web site's main page allows users to access information in any of the 11 languages. Subdued graphics allow for ease of communication in each language. For example, if you move the cursor over "Portuguese" an icon in the shape of a ship's lifesaver displays the Info-Line telephone number and says "Ligue agora!" (Call now!). If you move the cursor over, say, China – the word "Chinese" pops up on the map and the lifesaver icon offers the same "Call now!" message in Chinese.

The "Audio" option allows users to hear a four-minute explanation with basic information about problem gambling in any of the 10 languages. The main page, where the language-choice menu is, allows users to go to a second page that offers more choices such as "What's problem gambling?," "Do I have a problem?," "Get help," "Ethno-cultural resources," "Library" and "What's the big problem with gambling?"

Following these links leads to further choices, for example, "Do I have a problem?" yields "Symptoms and signs," "Ready for a thrill?" (lists the kinds of feelings that accompany gambling problems) and "Assessment tools." The last choice offers the user the self-scored Centre for Addiction and Mental Health (CAMH) Gambling Screen, which automatically replies with a recommendation, and the South Oaks Gambling Screen covering the DSM-IV criteria (not-automatically scored) and Gamblers Anonymous 20 questions. Many more information options also exist on other pages.

Our 24-hour gambling Info-Line 1-866-GAMB-SOS (1-866-4264-767) offers information and services in 10 languages (i.e., all of the above except English), both to gamblers and to their family and friends.

We offer public education and awareness training and/or presentations for settlement workers, services providers, the financial sector and ethno-cultural communities.

Philosophy of service

Our philosophy is to offer linguistic and culturally appropriate, multilingual services in prevention, education and other problem gambling services. In designing our Web site, we ruled out simple translations from English in favour of ensuring that culturally specific concepts and sensibilities were respected. For example, a piggy bank icon was originally proposed and then dropped because pigs are devalued or even taboo for many users who will

access the site.

Linkages

We have strong links with four multicultural centres, ethno-cultural and ethno-racial community groups and service providers in the Niagara region. We also work with such services as the Niagara Alcohol and Drug Assessment Service to provide care for our clients who have other problems (e.g., concurrent disorders, alcoholism and drug addiction). We receive support from the Problem Gambling Multilingual Advisory Committee, composed of community members from diverse cultural backgrounds.

Impact

Three months after our Web site launch, we received about 44 users each day.

This Service Profile was not peer-reviewed.

Submitted: April 02, 2002

The Electronic Journal of Gambling Issues: eGambling *invites clinicians from around the world to tell our readers about their problem gambling treatment programs. To make a submission, please contact the editor at phil_lange@camh.net.*

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—The editor

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The Opinion section has many purposes including being a forum for authors to offer provocative hypotheses.

—The editor

Are lottery scratchcards a "hard" form of gambling?



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Abstract

This article argues that scratchcards are not an extension of the online U.K. National Lottery but an entirely different form of gambling, with its own

implications for future gambling policy. It also argues that scratchcards are potentially addictive and should be considered a "hard" form of gambling. The author suggests that scratchcard gambling could become a repetitive habit for some people because of their integrated mix of conditioning effects, rapid event frequency, short payout intervals and psychological rewards coupled with the fact that scratchcards require no skill and are highly accessible, deceptively inexpensive and available in "respectable" outlets.

On March 21, 1995, Camelot —the consortium that runs the U.K. National Lottery online —introduced scratchcards. Like the online game, 28% of ticket sales contribute towards "good causes" distributed by the National Lotteries Charities Board. Although scratchcards are not new to the United Kingdom, many people view them as intricately linked with the National Lottery. Camelot's scratchcards were the first to benefit from both heavy advertising (television, national newspapers, billboards, etc.) and large jackpots (e.g., £50,000), which meant they became successful very quickly.

Scratchcards: Some frequently asked questions and answers

Before going into more detail, here is a brief overview of scratchcards in a "frequently asked questions" model used by Aasved and Schaefer (1995) in their account of pull-tab gambling.

What are scratchcards?

Scratchcards are laminated cardboard tickets where the object is to win money by matching three symbols or amounts of money by rubbing a box covering the symbols or amounts. The face of every scratchcard contains the name of the game (e.g., Mystic Money), the operator's name and the objective (e.g., "Match 3 symbols to win amounts shown."). The reverse side of the scratchcard usually contains the simple play instructions (i.e., "Rub off the box. Find 3 like amounts, win that amount"), overall odds of winning (which differ in most games but are usually about one in five), the prize range (e.g., £1 to £50,000), the operator's address to claim big prizes (usually over £75) and a notice that "Players must be 16 years or older."

Where are they found?

Scratchcards are sold in a wide variety of outlets, including supermarkets, news agents, petrol stations, post offices, small retailers,

etc.

How is the game set up?

There are numerous different scratchcards with a wide assortment of payout structures, prizes and profit margins. Typical games have top prizes ranging from £10,000 to £1 million (but commonly £50,000).

How is the game played?

All the ticket buyer must do is rub off the box's coating in an attempt to find matches of three symbols or amounts (see figures 1 to 4). Most scratchcards cost £1 to play. Games have many small winning tickets (minimum prizes of £1 or £2) but very few big winning tickets.



Figure 1 (click images to enlarge)



Figure 2

Figure 3



Figure 4



Where does the money go?

Although there are a number of independent scratchcard operators,

Camelot's scratchcards have over 90% of the available U.K. market (Creigh-Tyte, 1997). Therefore in the case of most scratchcards, 28% goes to "good causes," 12% in taxes to the U.K. Treasury, 50% is returned in prizes, 5% goes to operating costs and profit and 5% represents the retailer's commission.

The rest of this paper examines the psychological aspects of "lottery" scratchcards. At this point, it is worth noting a trend for associating the word "lottery" with other forms of gambling to make these activities seem innocuous (e.g., video lottery terminals). However, this paper argues that scratchcards are not an extension of the U.K. National Lottery online game but an entirely different form of gambling, with its own implications for future gambling policy. Moreover, scratchcards are potentially addictive and should be considered a "hard" form of gambling.

Scratchcards —A potentially addictive game?

A previous report by the Royal Commission (1978) noted that casino-type gambling activities came closest to incorporating the largest number of gambling-inducing characteristics. The characteristics outlined include a high payout ratio (i.e., small bets and large jackpots) and rapid betting or "event frequency." In addition, heavy losses were viewed as a likely occurrence because this type of gambling contains characteristics that allow continuous gambling. These three features are also present in scratchcards, and have been described by Griffiths (1995b; 1995c) as "paper fruit machines." Some operators even use the fruit machine (and other forms of gambling) in their product's basic design (see Figure 5).



Figure 5. (click to enlarge)

Further to this, a number of papers written from a psychological perspective describe how and why scratchcards may be potentially addictive (e.g., Griffiths, 1995b; 1997). Like fruit machines, scratchcards have a short payout interval (i.e., only a few second's interval separates the initial gamble and the winning payment) and rapid event frequency (i.e., the time gap between each individual gamble is very short if people engage in continuous play). This

means that the loss period is brief with little time given over to financial considerations, and more importantly, winnings can be used to gamble again almost immediately.

A number of other factors are linked with these characteristics. The first of these concerns the frequency of opportunities to gamble. Logistically, some gambling activities (e.g., the U.K. National Lottery, football pools) have small event frequencies (i.e., there are only one or two draws a week) making them 'soft' forms of gambling. However, in the case of scratchcards there are few constraints on repeated gambling as limits are set only by how fast a person can scratch off the covering of the winning or losing symbols.

The frequency of playing when linked with two other factors —the result of the gamble (win or loss) and the actual time until winnings are received —exploit certain psychological principles of learning. This operant conditioning process conditions habits by rewarding people for specific behaviour. Reinforcement occurs through presentation of rewards such as money. To produce high rates of response, schedules that present rewards intermittently are most effective (Skinner, 1953; Moran, 1987). Since scratchcards operate on such schedules, it is not surprising that high rates of response (i.e., excessive gambling) can occur. Promoters appear to acknowledge the need to pay out winnings as quickly as possible, which indicates the gambling industry views that receiving winnings acts as an extrinsic reward for winners to continue gambling.

Another related aspect to operant conditioning is the "psychology of the near miss" which can act as an intermediate reinforcer. Near misses are failures that came close to being successful. A number of psychologists (Reid, 1986; Griffiths, 1991; 1999) have noted that near misses appear to encourage future play —inducing continued gambling —and that some commercial gambling activities, particularly fruit machines and scratchcards, are formulated to ensure a higher than chance frequency of near misses. The potential danger of the near miss element of scratchcards was first documented in the 1970s: scratchcards were termed "heartstoppers" because they gave the illusion of coming close to a big prize (Moran, 1979).

Heartstoppers have never been adequately defined, and in Moran's original formulation appear to include simple near miss designs (two winning symbols when three are needed) like the scratchcards in [Figures 1](#) and [2](#) (above). This author would define heartstoppers as those instances where there are two winning symbols and a third one that looks similar to the other symbols. For instance, in Figure 3, the "£1000" and "£10000" amounts look very similar and for a split second a person may think they have genuinely won something. Another ploy that scratchcard designers use is having three near misses on

one scratchcard (e.g., [Figure 1](#)) so that it does not matter in what order the person scratches off the box, there will always be a chance that the very last panel they scratch off could be the winning one.

Adolescent scratchcard gambling

One of the main objectives of gaming regulation, which is common to all effective systems of gaming regulation in democratic jurisdictions, is protection for children and vulnerable persons (Littler, 1996). However, with scratchcards, a concern is the ease with which adolescents can buy them. Some supermarkets, petrol stations, conveniences stores and news agents have broken the law by selling scratchcards to children as young as 11 and 12 (Garner, 1995; MacDonald, 1995; Moran, 1995). In addition to this, advertising for both the U.K. National Lottery and scratchcards is fast persuading viewers that gambling is normal. Children are thus being further saturated with the principles of gambling and are perhaps growing up to believe gambling is socially acceptable.

Many studies (see Griffiths, 1995a, for an overview) have shown that fruit machine gambling amongst adolescents is a popular activity in the United Kingdom. Although most adolescents control their gambling activity, a minority of adolescents who gamble have gambling behaviour that is pathological. Accepting that fruit machine gambling is a major problem for a minority of adolescents, some adolescents may find scratchcards equally addictive, which seems to be the case according to recent evidence. For example, two studies in the United Kingdom (Griffiths, 2000; Wood & Griffiths, 1998), reported that approximately 5% of adolescents aged 11 to 16 were "addicted" to scratchcards based on DSM-IV criteria.

Some conclusions

At the very least, the characteristics of scratchcards have the potential to induce excessive gambling regardless of the gambler's personality, environment or genetic make-up. These characteristics include the capability to produce psychologically rewarding experiences in financially losing situations—particularly the psychology of the near miss. Therefore, it can be argued that scratchcards are a "hard" form of gambling. At present, the Home Office has a crude distinction between "hard" and "soft" forms of gambling. Their most recent definition is outlined here:

"Hard gambling is a colloquialism for those forms of gambling which are considered to carry greater potential risks than others, usually because of the high or rapid staking associated with them" [author's emphasis] (Home Office, 1996; p. 3).

From this definition and the preceding discussion, conclusion is that "soft" gambling refers to activities, such as the U.K. National Lottery and football pools, and "hard" gambling includes roulette, blackjack, fruit machines, horse and greyhound race betting and instant scratchcards.

It is not hard to see how scratchcard gambling could become a repetitive habit between its integrated mix of conditioning effects, rapid event frequency, short payout intervals and psychological rewards and the fact that scratchcards require no skill and are deceptively inexpensive, highly accessible and sold in "respectable" outlets. Although the perceived element of skill in gambling has been argued to be an important component in the development of some gambling addictions (e.g., Griffiths, 1994; 1995b) it is not necessarily critical. There is plenty of evidence (e.g., Langer, 1975; Wagenaar, 1988) to suggest that a gambler's ignorance about probability or situational cues may encourage gamblers to think they have some influence over mainly chance-determined activities. However, it is difficult to use such information directly in regulation of these activities.

Another complicating factor is the risk that educating the public about gambling may have the reverse of the desired effect and actually increase awareness, and thus, participation. It may be that regulation is best achieved not through changing the structural characteristics but through practices such as prohibition of advertising, decreasing the number of outlets available for gambling and geographically locating gambling establishments away from sites where more vulnerable members of the population are found, such as schools.

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By Mark Griffiths, PhD

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Lotteries and the Problem Gambling Community: Myths and Countermyths

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Cats and dogs. Democrats and Republicans. Lotteries and advocates for problem gamblers: All natural enemies in the eyes of the public.

Yet cats and dogs can be the best of friends. Democrats and Republicans do come to bipartisan agreements. And lotteries and problem gambling advocates can work together for the benefit of all.

There are many good reasons for lotteries and the problem gambling community to work cooperatively. From a lottery's perspective, it is far better to be viewed as part of the solution than as part of the problem. And most importantly, it's the right thing to do. From the problem gambling advocate's perspective, an informed and aware lottery is less likely to inadvertently engage in practices that might exacerbate the problem. Plus, a lottery can provide resources and expertise difficult to find anywhere else.

Ten years ago, contacts between the two groups were few and far between. Sessions on problem gambling were rarely, if ever, found at lottery conferences, and lottery industry representatives were equally unlikely to be invited to participate in problem gambling conferences. Neither group understood the other's concerns or the environment in which each had to work.

Certainly the situation has improved dramatically since then. We're not strangers at each other's conferences. Many in the lottery industry have at least some understanding of the science behind addictions treatment and prevention. The number of states and provinces that contribute to programs for problem gamblers has increased substantially.

But there is still a degree of mistrust and suspicion of each other's motives on both sides. To some extent this is understandable. The interests of each group will never completely coincide. And we (the lottery industry) must recognize that they (the problem gambling community) have a responsibility to examine our practices and call them into question when appropriate, just as we have a responsibility to point out when they overstate or misstate their case. To a greater extent, though, mistrust stems from the persistence of myths and misconceptions that each side has of the other.

In trying to identify and understand these myths, I have arrived at what I will modestly call "Feeney's law": For every myth, there is an equal and opposing countermyth. Let me now identify some of the more egregious myths that get in the way of an effective working relationship. However, you must always keep in mind "Feeney's caveat": Most myths contain some element of truth.

Myth: Problem gambling advocates are anti-gambling.

Some certainly are, and some anti-gambling zealots have seized on problem gambling as a way to advance their moral objections, but these individuals are the exception rather than the rule. Many even gamble at least occasionally, and even most recovering compulsive gamblers don't begrudge others their entertainment. The National Council on Problem Gambling and its state affiliates maintain a neutral stance on gambling. They will, however, question industry practices they believe will adversely affect problem gamblers or exacerbate the problem. This is appropriate and often useful, though it can be uncomfortable. With a good relationship a lottery will hear these criticisms from these organizations directly rather than through the media or at a legislative hearing.

Countermyth: Lotteries need the revenue from problem gamblers in order to maximize profits.

This myth stems from a fundamental misunderstanding of how lotteries function as public agencies. Government agencies are not subject to the same pressures to maximize revenue as are private businesses. While most elected officials find higher revenues better than lower revenues, rarely does this preference override the greater public sector requirement of social responsibility. Few, if any, lottery officials have their compensation directly linked to increased sales; profit-sharing plans are not standard practice in the public sector. And irresponsible practices have a funny way of becoming the subject of legislative hearings and investigative news reports, something any lottery director dearly wishes to avoid. It is a well-known, though rarely spoken, fact of public sector life that the penalties for screwing up generally outweigh the rewards for doing well. This creates a strong incentive for lotteries, and those who govern them, to be risk-averse, and irresponsible sales and marketing practices are risky.

Yet there are examples of lotteries acting in irresponsible ways. I believe without exception these happen through ignorance rather than malicious intent. Ignorance is best overcome through collaboration and constructive engagement. Public accusations and counterclaims based on mutual misunderstanding of motive serve no one well.

Myth: By working with the problem gambling community, lotteries will be criticized for "causing" the problem and for having ulterior motives.

Another truism of public sector life is that no good deed goes unpunished. Consider this statement by "Minnesotans Against Gambling:" "The Minnesota State Lottery itself gives money for compulsive gambling treatment. Is this an admission it is producing gambling addicts?" (And is a donation to the American Cancer Society an admission that the donor causes cancer?)

But consider also this statement from an article in the Minneapolis Star-Tribune: "Kathleen Porter, director of the Compulsive Gambling Treatment Program, a division of the Minnesota Department of Human Services, said it's possible that the lottery—which funds the program with more than \$2 million annually—actually does more to fight problem gambling than promote it." Most people, including some lottery opponents, will recognize and respect a lottery for doing the right thing.

Countermyth: By working with lotteries, advocates for problem gamblers will be accused of "selling out."

There are certainly those who will reject any money or assistance from lotteries or other gambling entities as impure, and some will be quite vocal in

their criticism of those who accept such money. They are, however, few and far between. Most of the leading gambling researchers and service providers are quite happy to accept a lottery's assistance as long as (and this is a major caveat) it comes with no strings attached. A lottery cannot expect to review and approve research results, or a hotline's outreach plan. Technical assistance is appropriate, and one of the most important skills a lottery can offer, but the end product's complete independence is a necessity.

Myth: Lotteries don't contribute to the problem.

The number of problem gamblers who cite the lottery as their game of choice is small. Repeated analysis of calls to hotlines and admissions to treatment programs confirms this fact. For example, the Iowa Department of Human Services has reported that 6 percent of the calls to the state's problem gambling hotline relate to lottery play.

Nevertheless, that number is not zero. There are some people who are addicted to lottery products, and there are also those who, while not addicted, may suffer harm from spending too much money on a high lotto jackpot. The lottery industry cannot pretend that problem gambling has nothing to do with them. It does.

Countermyth: Lotteries don't contribute to the solution.

Some do not, but most do in some way, shape, or form. The North American Association of State and Provincial Lotteries Web site (www.naspl.org) has an extensive list of what each state is doing in support of programs for problem gamblers. Would that the rest of the gambling industry had such a record!

Still, many problem gambling advocates do not understand that lotteries are not free to dispense lottery revenues as they choose. Most of us are closely regulated by state or provincial legislatures who justifiably believe that it is their right to decide where lottery profits will be spent. There have been several instances of lottery directors urging elected officials to use lottery proceeds to fund problem gambling programs only to be turned down. But lotteries can, and do, contribute to the solution in ways other than funding by providing technical expertise, in-kind contributions, and educating employees, retailers, and the general public.

Myth: They only want us for our money.

Well, money is nice, and they certainly need it. But there are several examples of lotteries and problem gambling organizations that have worked

together productively even though elected officials refuse to release funding.

Countermyth: Lotteries only want us for public relations.

Again, good public relations is nice, and lotteries certainly need it. But it shouldn't be the main reason to establish a relationship, and in my experience, it generally isn't. Face it: most lottery managers are not in this business just for the money. They derive some of their satisfaction from helping to raise money for good causes and from a belief in the concept of public service. They want to do the right thing. And helping to alleviate the suffering caused by problem gambling (whether caused by lotteries or not) is the right thing to do.

Beyond money and public relations, what do we have to offer each other? Most nonprofit organizations would dearly love to have a lottery's abilities and expertise in areas like marketing, advertising, graphics, purchasing, technology, and all the other things they do so well. And lotteries have ready access to some audiences, such as players, retailers, and perhaps elected officials that problem gambling groups do not. They, in turn, offer lotteries expertise and a sounding board to go to before they inadvertently do the wrong thing.

What can we both do to explode the myths?

1. **We can both learn.** We can learn that lottery directors are not the spawn of the devil and that problem gambling advocates are not prudish, joyless schoolmarms. Lotteries can continue to learn the facts about problem gambling, and avoid the twin perils of hysteria and denial. Problem gambling advocates can learn the reality of lottery operations as opposed to their imaginations. Lotteries can better learn how to act in a way that minimizes harm, while problem gambling advocates can be reminded that, as one treatment provider once told me, "When you work with compulsive gamblers all the time, it's easy to forget that most people who gamble don't have a problem. "
2. **We can both educate.** Lotteries can educate their staff, their retailers, their suppliers, the government officials who oversee their operations, and their players. Treatment providers and researchers can help us with these tasks and educate the general public. And of course we can educate each other.
3. **We can both get involved.** Five years ago, having two lotteries

present at a problem gambling conference was cause for celebration. At the 2001 National Council on Problem Gambling conference in Seattle, ten lotteries were represented, two panels were devoted to lottery issues, and the Washington State Lottery was intimately involved in conference planning and operations. Lottery staff were welcomed with open arms. Likewise treatment professionals and researchers are increasingly seen at NASPL conferences both as presenters and participants. Lotteries can become active members of the various state, provincial, or national organizations that assist those with gambling problems, and members of those organizations can ask to speak at lottery staff meetings or retailer conferences. And every lottery should have a staff person whose responsibility includes learning as much as they can about problem gambling and serving as a liaison with the appropriate organizations.

4. **We can assume that both groups mean well.** Lotteries can recognize that organizations that assist problem gamblers are not trying to put them out of business, and those organizations can recognize that lotteries are not deliberately trying to create more addicts.
5. **We can both be constructive.** Problem gambling advocates can accomplish more by calling the lottery director if they are concerned about a lottery practice than by calling a press conference. Lotteries can resist the impulse to automatically act defensively when a practice is called into question, and can seek ways to work together. We can both recognize that the media is looking for confrontation that serves neither party well. Don't give them the satisfaction.
6. **We each can take the first step.** Lotteries: If you don't already have a working relationship with your local problem gambling council or organization, pick up the phone and call them. Problem gambling organizations: Do likewise. If you've already taken the first step, take the second.

Lotteries and problem gambling organizations both employ some of the finest people it's been my privilege to know, and they've taken great strides in working together. The last few years have seen a general movement from confrontation to cooperation between the two groups, and this has only been to the benefit of both. By recognizing the myths and countermyths for what they are, we can break down the stereotypes that prevent us from accomplishing even more.

Myth: This is the director of a problem gambling council.



Countermyth: This is a lottery director.



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Information on this association can be found at:

<http://www.naspl.org/> and their publications are available at:

<http://www.nasplnrl.org/pubs.asp>.

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Appendix A

Sample information package for principals

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Letter to principal

Dear <insert principal's name>:

We have enclosed some materials for your consideration as we complete the details of conducting the youth gambling survey at your school. We will be in touch shortly to set up some dates for the survey, and a meeting to discuss your requests regarding the survey and whether or not you would like us to speak to your staff about this questionnaire.

The survey should take about 20 minutes and require no more than 30 minutes including instructions and handing out and collecting materials. For those students who are not taking the survey, we have prepared an alternative activity that has various levels of difficulty. These activities can be used for follow up discussions between students who have done the survey and those who have only read information on youth gambling.

<insert the name of the superintendent of the school board> has been kept informed of the progress and the processes of this research project. The consent process will be handled by the research project office. In this package, we have included a sample announcement, which can be used to obtain signatures from parents or guardians who can then return them in the pre-addressed, pre-stamped envelopes to our office.

We have also included an information sheet on youth gambling for school counsellors and teachers, which includes statistics on the high prevalence rates of youth gambling in Canada.

We are currently in touch with someone who is developing curriculum for secondary schools that addresses gambling issues. We hope to provide you with this curriculum for pilot testing in the <insert time of year>. The units are 30 minutes long and might fit into your TAG schedule and program.

We will be in touch with you, but please do not hesitate to contact us at the telephone numbers provided below. Thank you very much for assisting us with this important research.

Sincerely,

<insert contact telephone numbers>

Information sheet on youth gambling

Questions & answers

Why are you researching youth gambling?

- Results from six research studies already completed in Canada have indicated that 7% to 28% of teens have serious gambling-related problems. Given that average-sized classrooms in Canadian high schools seat 28 students, as many as four teens in every class may be experiencing serious gambling-related problems.
- Between 1984 and 1999 youth gambling increased from 45% to 66%, and by the year 2005, this rate is expected to rise to 80%.
- Adolescent prevalence rates for problem gambling are two to four times higher than adults.

The above points clearly illustrate that the community should be concerned with this issue and need to work toward preventing youth problem gambling.

What is the purpose of this survey?

Previous research in Canada has shown that 7% to 28% of teens in Canada have serious gambling-related problems. Since we already know that youth gambling is a problem, we want to move beyond this and find out how to prevent youth gambling, help youth at risk and assist youth problem gamblers so they can reduce or quit their gambling. Our survey specifically looks at types of teen gambling behaviours and how teens go from experimental gambling to problematic gambling. The results from this survey will be used to help us develop prevention, treatment and harm reduction interventions that will meet the needs and preferences of youth in the Niagara region.

What is the definition of gambling?

Gambling is "the act of risking money or something else of value on an activity with an uncertain outcome." Playing cards or video games for money, buying raffle tickets, betting on who is going to win the next game of pool or wagering your favourite CD on the outcome of a sports event—it's all gambling.

What is the legal age to gamble?

- In Ontario, persons under the age of 19 are not permitted to enter a casino.
- Persons under the age of 19 are not permitted to purchase or redeem tickets at a racetrack.
- Persons under the age of 18 are not permitted to purchase or sell break-open, scratch, lottery or Pro-Line tickets.
- Persons under the age of 18 are not permitted to enter a bingo hall.
- The above age restrictions vary from province to province.

Why do youth gamble?

- Most youth report that they gamble because it's exciting and enjoyable.
- Money is not the predominant reason why youth gamble – money is used as a vehicle that enables them to continue playing.
- Youth gamble for many reasons:
 - to cope with daily stresses and feelings of depression
 - to win money
 - for instant gratification
 - to escape
 - to feel less lonely
 - to feel powerful
 - to feel like they can take control of a social situation
 - to feel less shy
 - to make friends

What age do youth start gambling at?

Problem gamblers report starting gambling at a serious level at approximately age 10.

What types of gambling do youth engage in?

- Male teens prefer games of skill (e.g., betting on card games, pool, sports teams) while female teens prefer games of chance (e.g., bingo, scratch tickets).
- Canadian youth gamblers are most interested in bingo, lottery tickets, instant gratification games (e.g., scratch tickets, pull-tab cards), dice, board games and betting money on games of skill such as pool, cards, golf and sports teams (sports betting).

Why is youth gambling increasing?

- While parents, educators and the media emphasize the dangers of smoking, alcohol use and drug use, children and teens are not educated about the potentially addictive qualities of gambling.
- Society views gambling as a fairly harmless behaviour with few negative consequences — this is supported by findings that children and teens often gamble for money with their parents and other well-intentioned family members.
- Laws regarding the sale of lottery and scratch tickets to youth are often not enforced.
- Access to illegal and legal gambling activities has increased (e.g., more casinos).

How do you know if you have a gambling problem?

- Do you think about gambling at odd times of the day?
- Do you keep spending more and more money on gambling?
- Do you become restless, fed up or bad tempered when you try to reduce your gambling?
- Do you gamble to escape from problems?
- Do you gamble to win back your losses?
- Do you lie to people to hide how much you gamble?
- Do you steal money to gamble?
- Are relationships with friends or family strained because of your gambling?
- Have you have missed school or work a lot to gamble?

If you say, "yes" to 4 or more of these items you may have a gambling problem.

How do you know if a teenager has a gambling problem?

- They repeatedly lie to family and friends.
- They borrow money to support their gambling behaviour.
- They sacrifice school, parents and friends in order to continue their gambling.
- They engage in "chasing" behaviours (try to win back their losses).
- It is difficult to determine if a teen has a gambling problem because some of these behaviours (e.g., lying, skipping school, arguing with parents) are part of the teenage years.

What is low-risk or responsible gambling?

- gambling legally (e.g., at or above the legal gambling age)
- gambling socially — not alone
- setting a limit to the amount of time and money that you spends gambling
- not borrowing money to gamble
- not letting gambling interfere with school, work or family
- not gambling to cope or escape from problems

If someone has a gambling problem where can he or she go for help?

N.A.D.A.S. Gambling Treatment	905-684-1183
Problem Gambling Help Line (24-hour telephone counselling)	905-684-1859
Problem Gambling Help Line (toll free)	1-888-230-3505

Other youth help centres that address a wide range of youth issues:

Distress Centre Niagara	905-688-3711
Kids Help Phone	1-800-668-6868
Niagara Centre for Youth Care	1-800-263-4944
Niagara Alcohol and Drug Assessment Service (N.A.D.A.S.)	905-684-1183
Family and Children's Services	905-937-7731

School survey procedures and protocols

To indicate students' eligibility, the researchers (not the school) will track which students obtain parental consent by using class lists.

Each research assistant will assemble a package containing a class list, which indicates eligible students; general information; consent forms and questionnaires for each of the eligible students; alternative tasks for the remaining students, and instructions to the teacher.

Research assistants will be given a script to read to the classes, which will explain the nature of the study to the students.

The research assistants will also provide students with the following information prior to the commencement of the survey:

- Name of the study
 - Who is conducting and supporting the study
 - Purpose of the study (The purpose of this study is to better understand youth gambling behaviours.)
 - The reason why these particular students were chosen to participate in the study (Students attending secondary schools throughout the <insert region> were voluntarily selected. Students were not chosen due to personal characteristics or behaviours.)
 - Voluntary involvement (Students can drop out of the study at any time. They can skip any questions that they do not feel comfortable answering. To participate in this study, students must fill out the consent forms that are distributed and return them when asked to do so.)
 - Confidentiality and anonymity (All information they provide is private. They will not be required to write their names on the questionnaire.)
 - Questionnaire information (Students will be asked to answer questions about gambling, substance use, school achievement, extra-curricular activities and risk-taking behaviours. They will be given 20 minutes to complete the questionnaire.)
 - Instructions on how to properly fill out the questionnaire (E.g., Please use a pencil, no pens; bubbles must be completely filled in; if answers are changed, completely erase old answers)
 - Instructions on completion of questionnaire (E.g., Fold survey in half and put it in the large envelope marked "surveys" at the front of the class.)
 - Debriefing form (The students will be thanked for their participation. The teacher and/or research assistant will read the debriefing form and answer any questions.)
 - Students will be informed of community resources and reminded of school counsellors and nurses if they need to discuss any issues.
-

School newsletter and announcement

(For newsletter)

Attention Parents/Guardians:

<insert name of university> and <insert name of alcohol and drug assessment service> are trying to find out more about youth who gamble in the <insert region>. With parental permission, high school students in the <insert region> will have the opportunity to complete a survey on youth gambling.

Please expect to receive a letter in the mail in <insert month and year>. The letter will explain this project in more detail. There will also be a permission form that parents/guardians need to sign. We request that you return the permission form in the pre-addressed, pre-stamped envelope which is enclosed. Please indicate if you want your child(ren) to participate in this survey. If you have any questions about this project please contact <insert name of contact person>.

(

For school announcement)

All students at <insert name of high school> have been invited to take part in a <insert name of university research project> on teen gambling. Information and a permission form have been mailed to your home. Please remind your parents/guardians to sign the permission form and mail it back to <insert name of university>. <insert name of university> thanks you for your participation in this important research.

Letter to parent/guardian

Dear Parent/Guardian:

All students at <insert name of high school> are invited to take part in a very brief study about youth gambling. The goals of the study are to (1) find out more about teenagers' gambling behaviours, and (2) find out why some adolescents progress from experimental gambling to problem gambling. The study will consist of an anonymous and short paper-and-pencil survey.

If you wish to view the survey, click
<insert Web address> or contact us to
have a survey mailed to you.

The survey will ask your children about their gambling behaviours, school work, after-school activities, substance use and risk-taking behaviours. There are no questions about religion, sexuality or violence. The survey will be carried out during school time, in the classroom, and will take about 20 minutes to complete. The survey is totally anonymous; there are no identifying marks or codes, and there is no place for children

to put their names.

When the results of the study are reported, all answers will be grouped together, so no one can trace a specific answer back to one student. Your child's involvement in this study is completely voluntary, meaning that she or he can skip questions or stop doing the survey at any time. If your child doesn't complete the survey, this will not affect your child's school grades in any way.

Next <insert time of year> the results of this study will be presented to teachers and students, posted at the main office of the school and on our Web site. Results will also be presented in professional and scholarly forums. If you so request, a summary of the study results can be mailed directly to you.

To indicate whether your child can or cannot take part in the study, please complete the enclosed permission slip and return it to us in the pre-addressed, pre-stamped envelope. Or if you would like to talk to someone about the study, please contact <insert contact name> or the <insert name of university office of research services>. This study has been approved by the <insert name of regional board of education>, the school's principal and <insert name of university ethics review committee>.

Thank you for considering our study.

Parent/guardian consent form

Please indicate whether your child(ren) CAN or CANNOT participate in the survey, then sign and return this form in the pre-addressed, pre-stamped envelope.

(Please print.)

Child's name _____ Child's birthdate _____
month / day / year

Child's name _____ Child's birthdate _____
month / day / year

I understand the nature of the study, and I DO give permission for my child(ren) to take part in the study.

Parent/Guardian signature

Date _____

Address _____

I understand the nature of the study, and I DO NOT give permission for my child(ren) to take part in the study.

Parent/Guardian signature

Date _____

Address _____

If I give permission for my child(ren) attending <insert name of high school> to participate in this study, I understand that I will be allowing my child(ren) to partakeicipate in a study which asks questions about gambling, behaviours related to gambling, school work and after-school activities. Results of this study will help health professionals and educators develop better prevention and treatment interventions for <insert name of region> youth. My child(ren)'s participation in this study will be completely voluntary. Therefore, my child(ren) can skip any questions on the survey or withdraw from the study at any time for any reason. All information provided by my child(ren) is anonymous and will be kept confidential. Results of this study will never identify my child(ren).

If you wish to see a copy of the survey go to <insert Web address>. If you have questions about your child(ren)'s participation in the study, contact <insert contact name> or the office of research services at <insert name of university>. Results of this study will be published and presented through professional and scholarly forums. Results will also be posted on our Web site. However, if you would like to receive a written summary of the results, please check here . (The results will be available in the <insert time of year>). This study has been approved by the <insert name of school board> and <insert name of university ethics review committee and file number>.

Student consent form

Your parents/guardians gave you permission to take part in a study about gambling. The goals of this study are to find out (1) more about teenage gambling, and (2) why some teenagers gamble a little and others gamble a lot.

You should know that the survey is totally anonymous. This means no one —not your parents, your teachers, not even your friends —will know what you wrote on the survey. And when the results of the study are reported, everyone's answers will be grouped together so no one can trace your answers back to you. You should also know that your involvement in this study is completely voluntary, which means you can skip questions or stop doing the survey at any time.

If you agree to be in this study, you will be given a paper-and-pencil survey. The survey will ask questions about your gambling behaviours, school work, after-school activities, substance use and risk-taking behaviours. It will take you about 20 minutes to complete.

If you want to do the survey, read this, then sign your name.

Any questions I had about the study have been answered, and I understand that

- I am agreeing to be in this study, which asks questions about gambling, school and other behaviours (like drinking and smoking).
- My answers on the survey are anonymous, so *no one*, except me, knows what I wrote.
- My answers on the survey will be kept strictly confidential (this means private).
- My participation in this study is completely voluntary. Therefore, I can skip any questions, or even stop doing the study at any time for any reason.
- My answers will be grouped with other students' answers, then used to develop prevention and treatment programs for teenagers in the <insert name of region>.

Signature _____ Date _____

If you have any questions or concerns about the study, you may contact <insert contact name> .

Thank you for your help!

This study has been approved by your school and by the <insert name of university ethics review committee and file number>.

Youth gambling survey

[Not available online.]

(A copy of the survey was enclosed in the package for principals to review.)

Alternative activity: Level I

Please read the following article and answer the questions below:

Most people think that only adults have gambling problems. This is not true. Youth in Canada and the United States have been surveyed, and these surveys show that between 4% to 8% of teenagers (mostly males) have serious gambling problems, and another 10% to 14% of teenagers are at risk of developing a serious gambling problem. These numbers are alarming.

Teenagers who have gambling problems usually start gambling at age 10 or 11. Teens participate in many types of gambling, such as playing cards or bingo for money, games of skill, scratch and pull-tab cards, sports betting and sometimes going to the casino. Lottery tickets are teenagers' favourite way to gamble. Did you know that it is illegal to purchase lottery tickets and scratch tickets if you are not 18?

Most parents and teens think that gambling is not dangerous. Again, not true. Gambling can be dangerous. Teens that have gambling problems constantly think about gambling, spend more money than they want to, gamble to escape their troubles, miss school, steal to pay back their debts, lose friends and argue with parents or family members because of their gambling.

Most teens do not have gambling problems, and most teens report that they gamble just for fun, but it is important to remember that there are also negative consequences to gambling. Gambling can become an addiction just like cigarettes, alcohol and drugs. While teens are usually warned by parents, teachers and the media that alcohol and drugs are addictive, they are not warned about the negative effects of gambling. As well, the media and the government make gambling appealing to teens by naming tickets after children's games (e.g., bingo, Monopoly, Battleship) and using slogans such as "Everyone's a Winner." It has been reported that the increase in teen gambling is due to the aggressive marketing of these lottery tickets and the increase in the availability of gambling opportunities in Canada and the United States.

We hope more information will be made available to teens, parents, schools and our communities to let everyone know that gambling can lead to problems similar to alcohol and drugs. If people are more educated about the consequences of gambling then maybe they will be more careful, and there will be fewer gambling problems.

Questions

What is the most surprising fact in this article?

Why is there an increase in youth gambling?

How do you feel about the government aggressively marketing lottery tickets to kids?

What do you think should be done to ensure that young people do not develop gambling problems?


Why do you think it's mostly males who become problem gamblers?


What problems do you think adolescent problem gamblers are likely to experience?


Alternative activity: Level II

Teen gambling

- 4% to 8% of teens (more guys than girls) have serious gambling problems.
- Another 10% to 14% of teens are at risk of serious gambling problems.


 Types of gambling that teens participate in:

-  card playing for money
- bingo for money
- games of skill (such as pool and darts) for money

-  scratch and pull-tab cards
- sports betting
- casino gambling.

Did you know that it is illegal to buy lottery tickets and scratch tickets if you are not 18?

Teens that have gambling problems

-  think about gambling all the time
- spend most of their money on gambling
- gamble to get away from their problems
- miss school to gamble
- steal to pay back money
- lose friends
- argue with parents and family because of their gambling.

Gambling can become an addiction just like cigarettes, alcohol and drugs.

If more teens know that gambling can lead to problems then maybe they will be more careful and there will be fewer gambling problems.

Please answer the following questions:

What type of gambling do you think kids your age do?

Write down three bad things that can happen if you gamble a lot.

What can we do so that teens don't have gambling problems?

In the space below, draw a poster that will show how to prevent teens from gambling.

Debriefing form for students

Thank you!

We appreciate your time and co-operation in completing our survey. The answers you have provided will be grouped with the answers from all other participants. Once compiled, this information will help us understand how and why teenagers gamble. In fact, health professionals, counsellors, teachers and others will use this information to develop better prevention and treatment interventions for young people in the <insert name of region>.

Sometimes, after you do a survey like this, you may want to talk to someone about your answers. If you want to talk about anything that we covered in this study, please see your guidance counsellor or school nurse. If you don't want to do that, you can call one of the following places instead.

Kids Help Phone	1-800-668-6868
N.A.D.A.S. Gambling Treatment	905-684-1183
Problem Gambling Help Line (toll free)	1-888-230-3505

The final results of this study will be posted in several areas at your school, or you can find them on our Web site at <insert Web address>. You can also get information about the results —or any other part of this study —by contacting the researchers at <insert phone number> .

Did you know?

- In Canada, 4% to 8% of teenagers have a serious gambling problem, and 10% to 14% of teenagers are at risk of developing a serious gambling problem.
- Many teenagers do not think that hockey pools, Pro-line/Sports Select, break-open tickets or lottery tickets are gambling activities — ***they are!***
- Youth gambling problems are increasing.

Appendix B

[Cover letter to principals](#)

[Evaluation form](#)

[Comprehensive report for principals](#)

Cover letter to principals

Dear <insert principal's name>:

The first phase of <insert name of university, e.g., Brock University's > youth gambling research is nearing completion, and we have prepared a special report for schools, complete with an executive summary for principals.

Although we are pleased with the project thus far, there were several limitations to a survey such as this. We had a total of 2,252 students, but in some of the categories, only a handful of students were represented. As well, in a survey of this nature, we have to consider the tendency for a small percentage of youth to over or under report about their behaviours. These actions do not diminish the significance of the report but are a cautionary note on interpreting the data. This survey is one step in an attempt to understand the complexities of adolescents and problem/addictive behaviours.

As discussed previously, our research team would like to provide you and your staff with an interesting and interactive presentation that will explain the key findings of our research and suggest recommendations for secondary schools based on these results. Links to youth gambling prevention materials, curriculum and treatment resources will also be provided during this presentation. We will be in touch shortly to set up a date.

In order for our research team to evaluate how the entire research process was for all participating schools, we are asking principals to complete the enclosed evaluation form. Please do not put your name on the form \bar{N} all information is confidential. Please forward the form to <insert contact name and school board>. <insert contact name> will ensure that confidentiality is maintained by placing all evaluations together in an envelope and forwarding it to <insert name of university>.

Thanks very much for being a part of this important work. Let's hope that we can continue to work together in providing education, counselling and other forms of assistance to young people who face so many challenges as they grow up.

Sincerely,

Feedback to the youth gambling research team Evaluation form

Our research team is interested in knowing how the entire research process was for you and your school. Please complete the following form and forward it to <insert name of contact> at the <insert name of school board>. Your comments and feedback are greatly appreciated.

Was communication effective in planning the administration of the youth gambling survey?

Did the research team administer the survey with minimal disruption to your school?

Did staff and students' awareness of youth gambling increase as a result of participating in this research project?

Would you or your school participate in further activities with this project?

Was the research report understandable and informative?

Additional Comments:

Comprehensive Report for Principals

Report on Adolescents and Gambling:
Attitudes and Behaviours of Youth in the Niagara Region
(Sample report) March 2002
The Youth Gambling Research Initiative
Brock University
St. Catharines, ON
L2S 3A1
Phone: (905) 688-5550 Ext. 4566
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Authors: Dr. Kelli-an Lawrance, PhD
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Acknowledgements: The authors of this report gratefully acknowledge the Ontario Problem Gambling Research Centre (O.P.G.R.C.) for funding this important study. More than 2,000 students from nine secondary schools in the Niagara Region completed our survey, which addressed adolescents' attitudes and behaviours related to gambling. We extend our sincere thanks to these students as well as the principals, teachers, staff members and school board officials who so generously assisted us with this study. Thanks is also extended to the members of our aAdvisory Committee for their contributions to this project. Members include the following: Dr. Kelli-an Lawrance (chair), Dr. John Yardley, Lisa Root, Bob Canham, Jennifer McPhee, Angela Lippert, Heather Travis, and Kristie Wilson. Finally, we would like to thank our excellent team of research assistants for their devotion to the project and their assistance in administering the surveys. Many thanks to: Aimee Beaubien, Nicole Barroni, Katie Burrows, Christena Butts, Michael Clark, Ben Custers, Bonnie Davis, Wayne Deruiter, Tara Doyle, Lyndsay Elliott, Jason Faires, Anita Federici, Chrissy Fera, Eva Gazzo, Anthony Goodman, Ruma Goswami, Rob Kappes, David Lawrence, Kellie Murphy, Fern Pham, Casey Phillips, Andrea Ross, Caroline Richardson, Caroline Sottile, Nancy Santamaria, Caroline Sottile, Nancy Scott, Marcelle Sloetjes, Karilyn Reid, Wendy Shanahan, Jamie Sheepwash, and Chris Van Nest.

Executive summary

Over the past year, the Youth Gambling Research Initiative has focused on (1) exploring youth gambling perceptions and behaviours, and (2) examining patterns of gambling behaviour in teens along a continuum from experimental to problem gambling. Our goal is to better understand how some youth progress from experimental gambling to problem gambling and why some don't. We believe that if we gain a better understanding of this process, we can use this information to guide the development of prevention/education and harm reduction interventions.

A questionnaire was completed by 2,252 secondary school students in the Niagara Region. This self-report survey included questions that asked teens how often they gambled, what types of gambling they did, what tempted them to gamble and how they perceived their own gambling behaviours. In a survey of this nature we have to consider the tendency for a small percentage of youth to over and under report about their behaviours; however, these actions do not diminish the significance of the information in this report. Preliminary findings are outlined in this descriptive report. The report is designed to function as an information guide for school boards, related agencies, students who participated in the survey and the parents of these students. Most importantly, the information contained in this report will be used to guide the development of interventions aimed at preventing or reducing youth gambling problems.

Survey responses

EJGI:7:Research:Appendix B to Understanding the school culture

Prevalence rate of teen gambling in the Niagara region:

- 28% of high school students reported that they have never gambled
- 72% reported that they do gamble

Frequency of gambling among teens in the past year:

- 25.2% reported that they have not gambled at all in the past year
- 31.4% reported gambling a few times in the past year
- 22.5% reported gambling at least once a month
- 9.2% reported gambling at least once a week
- 1.7% reported gambling everyday

Preferred gambling activities:

- The majority of teens reported they played lottery tickets and instant-win tickets.
- Teens most frequently engage in gambling activities such as cards, darts or pool for money as well as sports pools and Pro-Line.

Teens' self-perceptions of their gambling behaviours:

- 26.3% of teens labelled themselves as a non-gamblers
- 46.9% of teens labelled themselves as non-gamblers who gamble sometimes
- 18.5% of teens labelled themselves as occasional gamblers; 6.6% as regular gamblers; 1.7% as problem gamblers

Beliefs about the positive outcomes and negative consequences of gambling:

- Gamblers were more likely to believe that gambling has positive outcomes.
- Occasional gamblers were more likely than non-gamblers to believe that gambling has positive outcomes.
- Non-gamblers saw more negative consequences associated with gambling than occasional gamblers and regular gamblers.

Temptation to gamble:

- Gamblers felt a greater temptation to gamble under both positive outcomes and negative circumstances compared to occasional and non-gamblers.

Skill versus luck:

- Gamblers more frequently believed that skill was needed to be a good gambler than non-gamblers and occasional gamblers did.
- All groups believed that a little bit of luck was needed to be a good gambler.

Alcohol use, drug use and smoking among teens that gamble:

- Gamblers reported more alcohol use, drug use and cigarette smoking in comparison to non-gamblers and occasional gamblers.

Clinical measures of teen gambling:

According to an adolescent screening tool used to assess teens' level of gambling severity:

- 6% of the students surveyed were identified as gambling at problematic levels
- 20% of these students were female and 80% were male
- Very few of these teens labelled themselves as problem gamblers

Comparing teens who accurately labelled themselves as problem gamblers to teens who did not:

- Teens who accurately labelled themselves as problem gamblers showed higher scores on the clinical screen and reported higher involvement in gambling activities. They also placed higher bets, gambled at a very young age, used more alcohol and drugs and didn't participate in any after-school activities.

Do teens who gamble problematically want to quit or reduce their gambling?

- 12% of teens who accurately identified themselves as problem gamblers indicated that they wanted to quit in the following six months.
- 15% of teens who did not accurately identify themselves as problem gamblers indicated that they wanted to quit.
- None of the teens who accurately labelled themselves as problem gamblers wanted to reduce their gambling in the following six months.
- 21% of teen problem gamblers who did not label themselves as problem gamblers reported wanting to reduce their gambling in the following six months.

Based on the findings outlined in this report, it appears that:

- A significant number of teens are involved in gambling.
- A significant number of teens are gambling illegally.
- Teens who view themselves as gamblers see more positive outcomes than negative consequences of gambling, are more tempted to gamble and use more alcohol and drugs.
- A clinical gambling screen indicated that 6% of these students gamble at problematic levels.
- Some of them recognized the severity of their gambling but many underestimated the severity.
- Several differences have been found between teens who recognize the severity of their gambling and those who do not.
- The majority of students who do, do not want to seek counselling for their problematic gambling.

Summary

This information should be invaluable to help youth, families, educators, health and social services personnel, and policy makers better understand the factors leading to youth gambling and the issues it encompasses. This information speaks to the need for prevention/education and harm reduction interventions, and for adolescents it can possibly serve as protection against potential gambling problems. We plan to use this information to develop such materials, which will be made available to others who will support this endeavour.

Appendix C

Letter to parent/guardian

Executive summary of results for parents

Letter to parent/guardian

Dear Parent/Guardian:

The <insert name of university> would like to thank you for allowing your child(ren) to participate in our youth gambling survey. Our research team has received a lot of positive feedback from the schools and students who participated in it. Teachers, students and parents have indicated that the survey and information provided served as a useful tool by creating awareness and educating students about youth gambling issues.

The results of this survey from <insert number of schools> schools indicated that the prevalence rate of youth gambling is the same as shown in studies across North America. Some students responded that they are non-gamblers who gamble occasionally. This may indicate that some confusion exists about what activities constitute gambling. Students whose answers indicate they are at risk (15%) or are experiencing problems around gambling (6%) are about the same as shown in other studies.

Those who gamble and those who don't have different perceptions of the dangers. Not surprisingly, non-gamblers see gambling more negatively, and gamblers focus on the positive outcomes. Both groups believe that some luck is involved in gambling.

Risky behaviours seem to go together; gamblers are more likely to use alcohol, smoke cigarettes or be involved in drug use. Of those who are experiencing problems around gambling, 80% are male and 20% female. Again, this is consistent with other studies.

One of the challenges in dealing with youth problem gambling is convincing adolescents to seek help. An interesting finding in our study showed that all teenagers who admitted to having a gambling problem were told by someone else they had a gambling problem. This suggests that good communication within the family unit is important, that counsellors have a role to play, and even the observations of peers can help an individual recognize a gambling problem.

As promised, our research team would like to share with you some of the key findings from our survey.

Survey responses

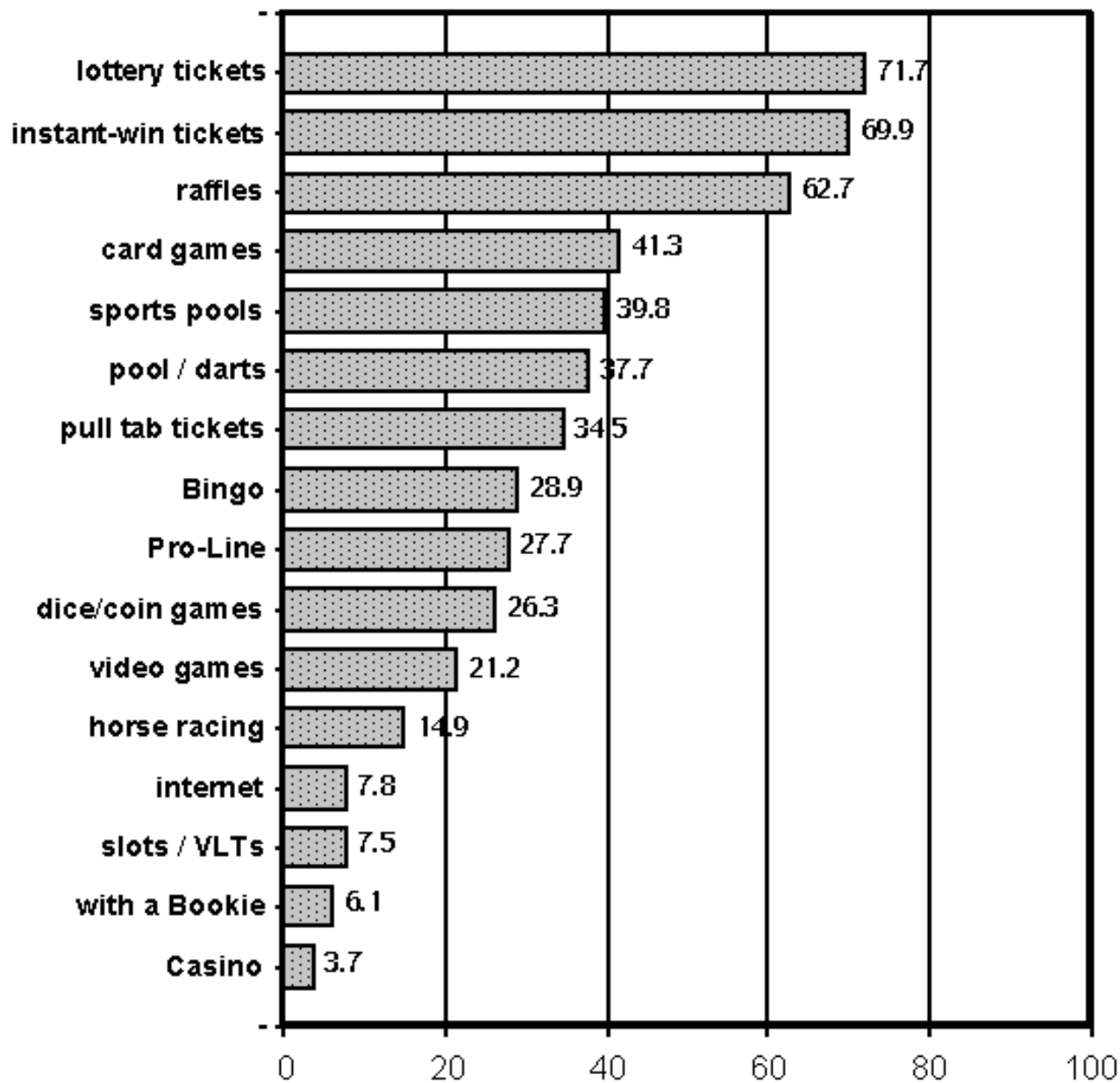
Prevalence rate of teen gambling in the Niagara region:

- 28% of high school students reported that they have never gambled
- 72% reported that they do gamble

Frequency of gambling among teens in the past year:

- 25.2% reported that they have not gambled at all in the past year
- 31.4% reported gambling a few times in the past year
- 22.5% reported gambling at least once a month
- 9.2% reported gambling at least once a week
- 1.7% reported gambling every day
- 9.7% did not answer this question

Preferred gambling activities:



Preferred gambling activities:

- The majority of teens reported they played lottery tickets and instant-win tickets.
- Teens most frequently engage in gambling activities such as cards, darts or pool for money as well as sports pools and Pro-Line.

Self-perception of gambling behaviours:

- 26.3% of teens labelled themselves as a non-gamblers
- 46.9% of teens labelled themselves as non-gamblers who gamble sometimes
- 18.5% of teens labelled themselves as occasional gamblers; 6.6% as regular gamblers; 1.7% as problem gamblers

Beliefs about the positive outcomes and negative consequences of gambling:

- Gamblers were more likely to believe that gambling has positive outcomes.

Occasional gamblers were more likely than non-gamblers to believe that gambling has positive consequences.

- Non-gamblers saw more negative consequences associated with gambling than occasional gamblers and regular gamblers.

Temptation to gamble:

- Gamblers felt a greater temptation to gamble under both positive outcomes and negative circumstances compared to occasional and non-gamblers.

Skill versus luck:

- Gamblers more frequently believed that skill was needed to be a good gambler than non-gamblers and occasional gamblers did.
- All groups believed that a little bit of luck was needed to be a good gambler.

Alcohol use, drug use and smoking among teens that gamble:

- Gamblers reported more alcohol use, drug use and cigarette smoking in comparison to non-gamblers and occasional gamblers.

Clinical measures of teen gambling, according to an adolescent screening tool used to assess level of gambling severity:

- 6% of the students surveyed were identified as gambling at problematic levels
- 20% of these students were female and 80% were male
- Very few of these teens labelled themselves as problem gamblers.

Summary

This information indicates that there is a need for effective prevention/education and harm reduction interventions that can possibly serve to protect youth against gambling problems. We plan to use this information to guide the development of such programs and to ensure that these programs meet the needs of youth in <insert name of region>.

The results of the <insert name of survey> suggest that education about responsible gambling is important, that family plays a role in developing appropriate attitudes, and that our youth need some protection. They also need the opportunity to develop their own defences against the possibility of developing gambling problems.

If you have any questions about the results of this study please contact <insert name of contact person>. A 20-page descriptive report of this research is available for your review at the office of your child(ren)'s school or you can download this report from our Web site at <insert Web address>.

Thank you again for your allowing your child(ren) to participate in this research project.

Sincerely,

Executive summary

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1.0 Initial Findings

1.1 Who was surveyed?

A total of 2,252 students (1,067 or 47.8% were girls and 1,163 or 52.2% were boys) from nine high schools in the Niagara Region completed surveys for this study. The remaining 22 students did not indicate their gender. Students came from all grades, and their average age was 15.4 years.

Most of these students engaged in after-school activities, only 10% reported doing nothing after school. Sports, clubs or

work were the most common after-school activities. The majority of students indicated that their school grades were good, and three-quarters of all students said their overall average exceeded 70%.

1.2 What is gambling?

The cover page of the survey offered students this definition of gambling: "Gambling is betting money, or anything of value on activities such as Sports Select/Pro-Line, lottery tickets, scratch tickets, slot machines, poker machines, card games, dice games, sports pools, games of skill (like pool or darts), arcade and video games and Internet betting games."

1.3 Who has gambled?

Think of the grade you were in when you first gambled. How old were you?
 _____ *years old*

I have never gambled.

Students were asked when, if ever, they had first gambled. In response to this question, about one-quarter (28%) said they had never gambled. Among the 72% who had gambled, most started gambling between the ages of 8 and 12, the average age was 10. Similarly, when asked how often they had gambled in the past year, about one-quarter (25.2%) said they had not gambled at all. Nearly one-third (31.4%) said they had gambled a few times in total. Almost one-quarter (22.5%)

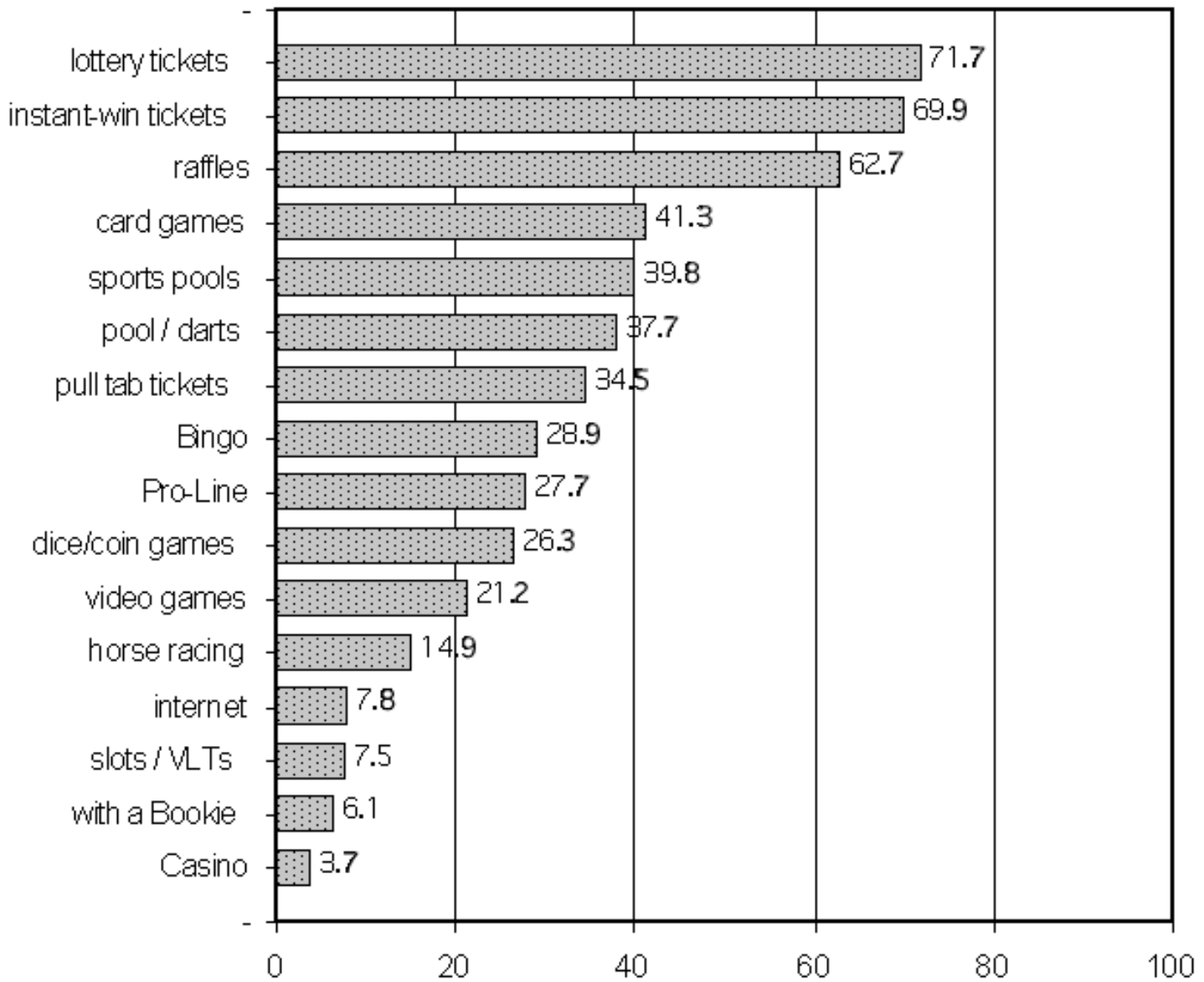
gambled at least once a month, 9.2% gambled at least once a week and 1.7% gambled every day.

1.4 How do teens gamble?

The students were given a list of 16 gambling or betting activities and asked to check all the activities they had done in the past year. Figure 1 (below) shows the different types of gambling activities that students engaged in.

1.5 Figure 1: Percent of students engaging in various gambling/betting activities

[\[KL1\]](#)



1.6 Self-perceptions of gambling

To determine how teens perceived their own gambling behaviours, we asked them to describe their gambling according to one of five categories, as shown in Table 1 (below).

1.7 Table 1: How teens see their own gambling status

Self-Perceived Gambling Status	Number	% of Sample
Non-gambler who never gambles	573	26.3
Non-gambler who gambles sometimes	1,023	46.9
Occasional gambler	403	18.5
Regular gambler	143	6.6
Problem gambler	37	1.7
Total	2,252	100

As Table 1 shows, about one-quarter of teens label themselves as non-gamblers who never gamble. This is consistent with earlier responses also showing that one-quarter of teens had not gambled in the past year, if ever. On the other hand, nearly half of all students describe themselves as "non-gamblers who gamble sometimes." These students may be purchasing lottery tickets, playing cards for money, participating in sports pools or engaging in other types of betting activities without realizing that they're gambling. Some of these teens will progress to more serious, potentially problematic levels of gambling.

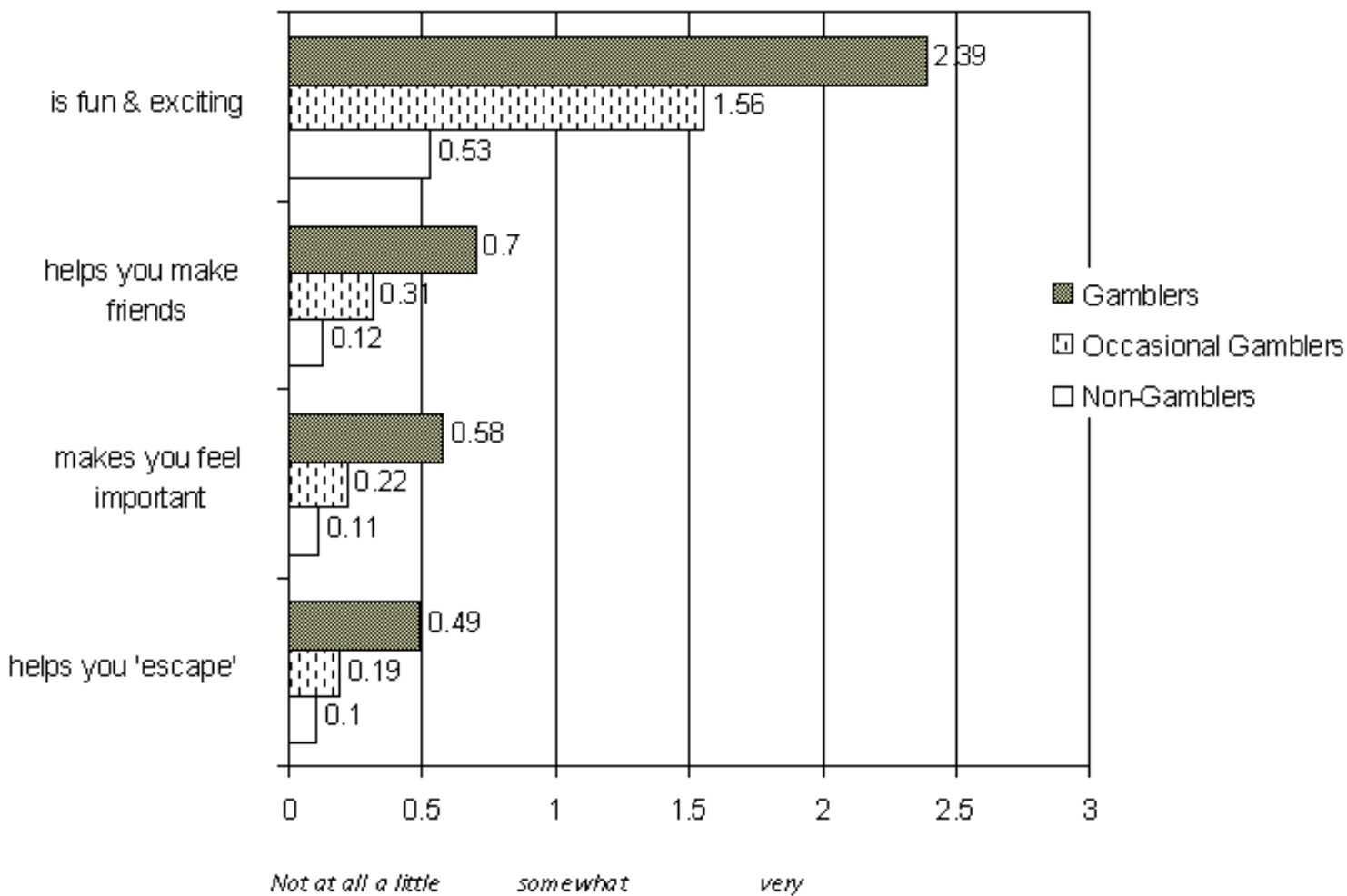
2.0 Comparing non-gamblers, occasional gamblers and gamblers

Students were grouped based on their gambling frequency and perceived gambling status. Non-gamblers were students who indicated they had not gambled in the past year, and who saw themselves as non-gamblers who never gamble. Occasional gamblers included students who gambled, but not regularly. Gamblers were students who reported gambling at least once a month, and who saw themselves as occasional, regular or problem gamblers.

The three groups of gamblers were compared in terms of their attitudes toward gambling, temptations to gamble and beliefs about the involvement of skill and luck in gambling. These comparisons are presented in Figures 2 and 3 (below).

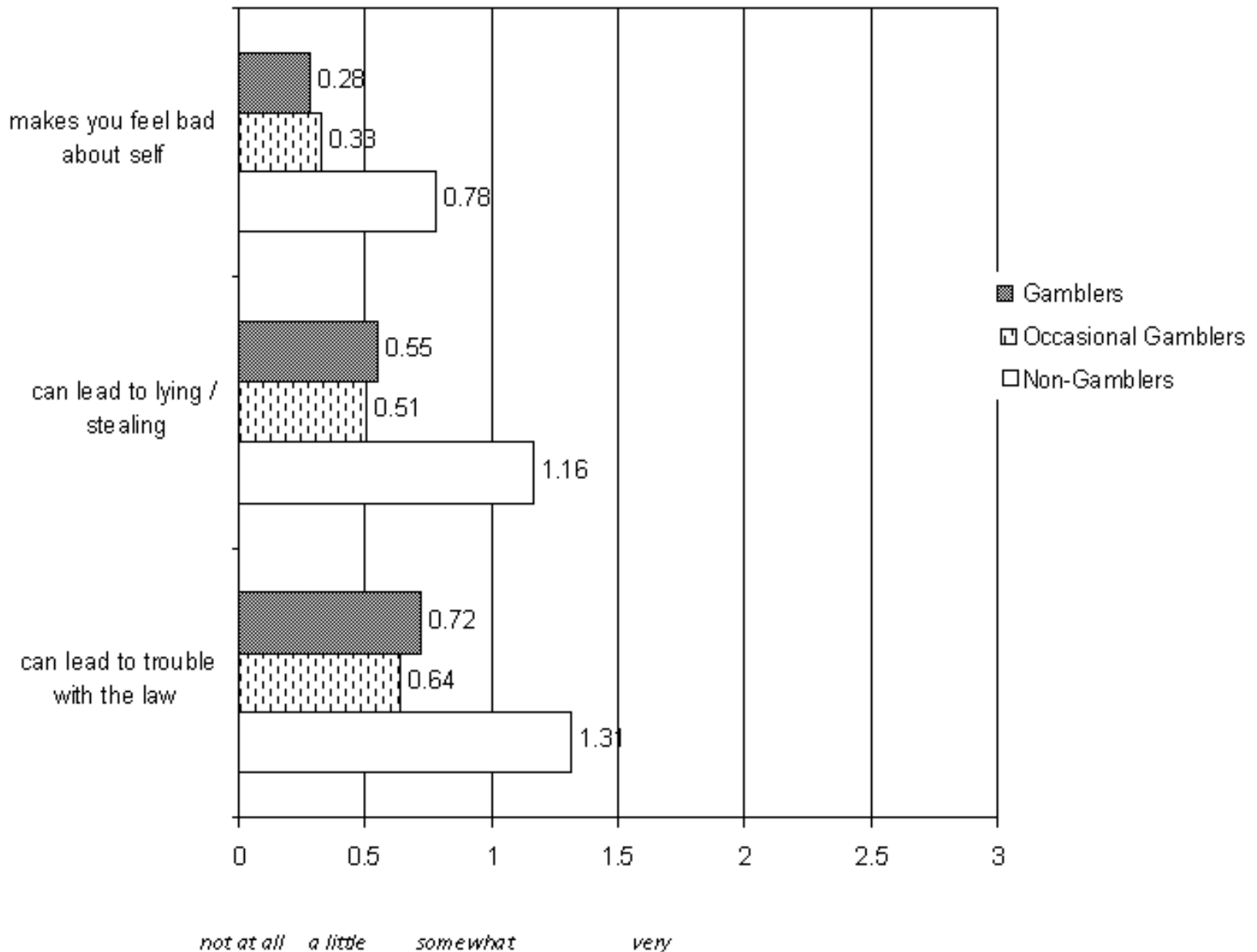
2.1 Figure 2: Teens' beliefs about the positive outcomes of gambling

Degree to which teens believe gambling...



2.2 Figure 3: Teens' beliefs about the negative consequences of gambling

Degree to which teens believe gambling...



Gamblers were more likely than occasional gamblers to believe that gambling has positive outcomes, and occasional gamblers were more likely than non-gamblers to believe that gambling has positive outcomes. Non-gamblers saw more negative consequences than either gamblers or occasional gamblers.

Compared to the other two groups, gamblers felt more tempted to gamble under both positive circumstances (e.g., when feeling good or socializing) and negative circumstances (e.g., when feeling stressed, after already losing money). On a four-point scale with 1 representing "not at all tempted" and 4 representing "very tempted," gamblers' scores for positive circumstances ranged from 2.4 to 2.8, while occasional and non-gamblers' scores ranged from 1.2 to 1.7. The single exception was that occasional gamblers scored 2.1 for wanting to gamble when feeling lucky. For negative circumstances, gamblers' scores ranged from 1.5 to 2.1, while the other two groups had scores of 1.2 to 1.7.

How much skill is needed to be a good gambler?

1 - 2 - 3 - 4 - 5 - 6 - 7

Students were asked to rate how much skill is needed to be a good gambler. Gamblers felt that some skill was needed; on average they chose a 4.0 score. Non-gamblers and occasional gamblers, on the other hand, believed less skill was needed; on average they chose 3.1 and 3.2, respectively. Surprisingly, all three groups agreed that a little bit of luck is needed to be a good gambler. On average, for this attribute, they all chose close to 4.6.

2.3 Risky behaviours among non-gamblers, occasional gamblers and gamblers

In adolescence, teens often engage in risk-taking behaviours. Furthermore, risky behaviours tend to encourage other high-risk behaviours. As shown in the following table, drinking, drug use and smoking are often associated with gambling.

2.4 Table 2: How often non-gamblers, occasional gamblers and gamblers engage in risky behaviours

Frequency of Behaviour	Never	Sometimes	Often
		(1 to 8 times per month)	(3 to 7 times per week)
Alcohol consumption			
Non-gamblers	57.2	40.9	1.9
Occasional gamblers	37.8	56.2	6.0
Gamblers	20.3	64.4	19.4
Drug use			
Non-gamblers	80.7	15.3	4.0
Occasional gamblers	73.7	18.2	8.1
Gamblers	53.1	24.4	22.4
Cigarette use			
Non-gamblers	81.7	9.7	8.6
Occasional gamblers	75.9	12.4	11.8
Gamblers	67.7	12.1	20.2

3.0 Youth problem gambling

In addition to using self-reporting 'to identify students' level of gambling, this study also used a classification measuring system called the South Oaks Gambling Scale-Revised for Adolescents (SOGS-RA). This measure classifies adolescents into three categories: (1) gamblers with no problems; (2) gamblers at risk of having problems; and (3) problem gamblers.

The SOGS-RA is commonly used by clinicians to determine an adolescent's level of gambling severity. Teens who

answer yes to at least five of the 11 SOGS-RA statements are classified as gambling at a problematic level (meaning that their gambling has caused social, emotional or financial problems for them). Figure 4 (below) illustrates the percentage of teens who answered yes to each of the 11 SOGS-RA questions.

These findings illustrate that boys scored considerably higher than girls on every SOGS-RA question, and 6% of students are already gambling at problematic levels. Of these teens, who were identified as gambling at problematic levels, 20% were girls and 80% were boys.

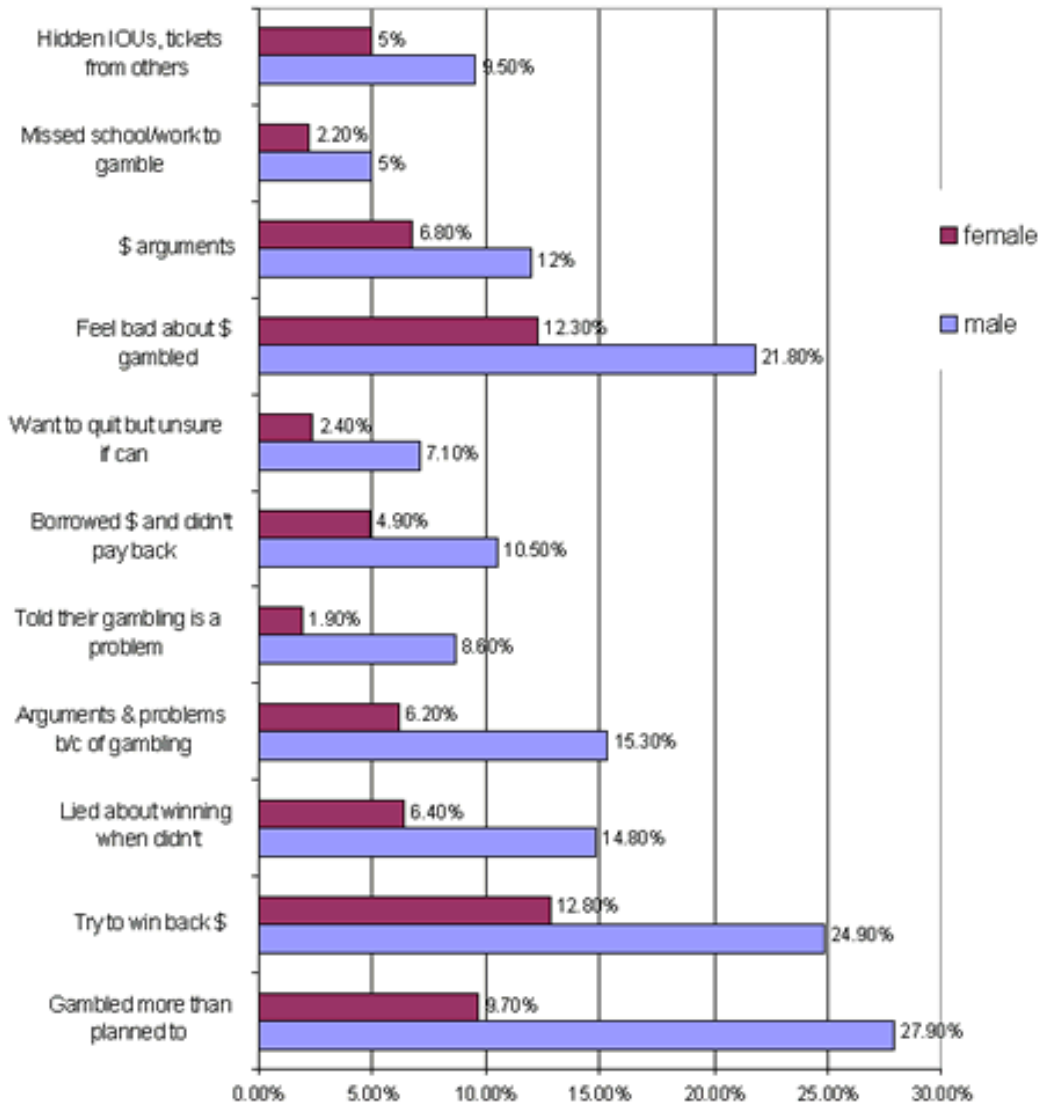
3.1 Most teens classified by the SOGS-RA as gambling problematically underestimate the severity of their gambling

This study examined whether teens classified as problem gamblers by the SOGS-RA perceived themselves as problem gamblers. Among teens classified as problem gamblers, only 14% recognized that they were gambling at problematic levels, 5% saw themselves as non-gamblers who never gamble, 13% saw themselves as non-gamblers who gamble sometimes, 28% saw themselves as occasional gamblers and 33% saw themselves as gamblers. Thus, teens that are considered to be gambling at problematic levels are more likely to perceive themselves as gamblers rather than problem gamblers.

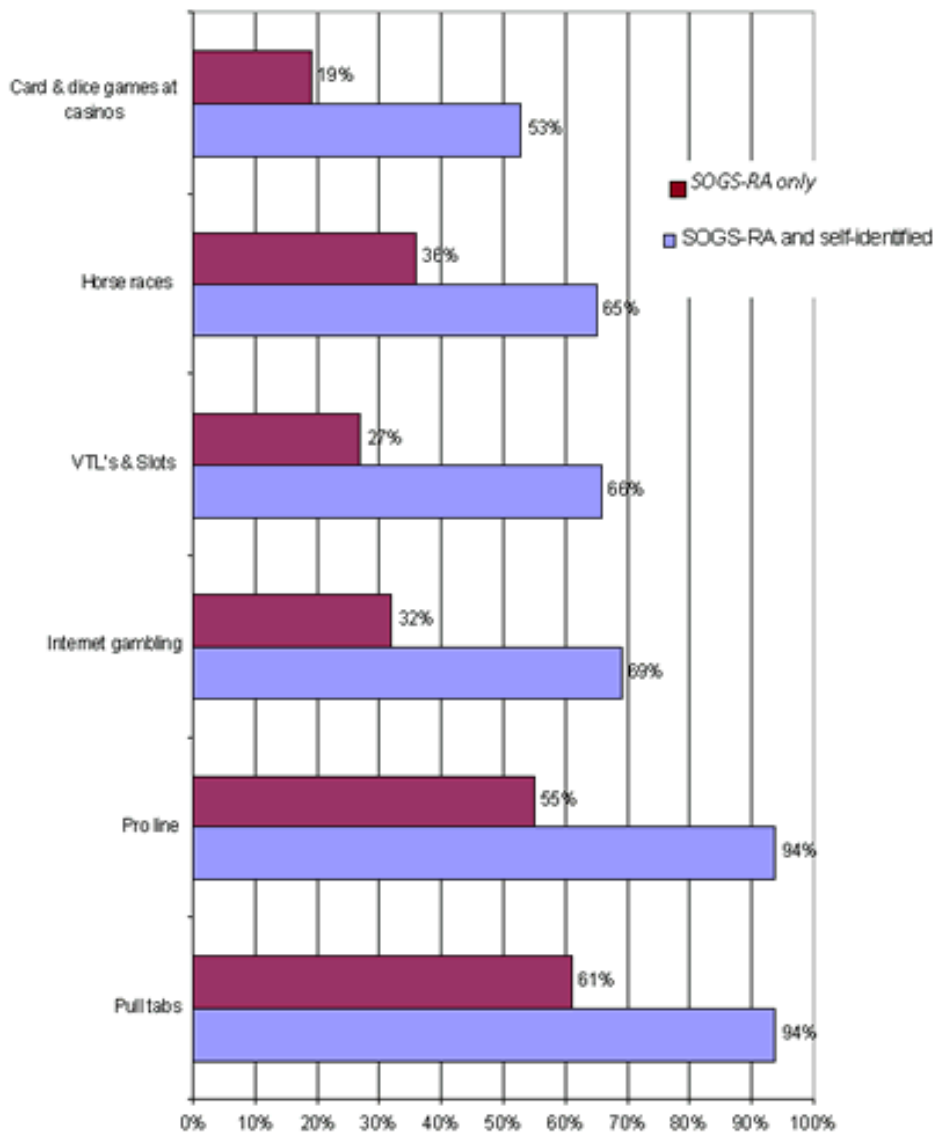
3.2 Differences between teens who recognize the severity of their gambling and those who do not

Characteristics of teens who did and did not accurately identify their problematic gambling were examined. Teens who accurately perceived their problematic gambling reported significantly higher rates of involvement in many gambling activities (see Figure 5). Many teens failed to recognize their problems. The average age for problematic gambling, which was identified by the SOGS-RA, was 15.

3.3 Figure 4: Percentage of affirmative responses to the SOGS-RA questions as a function of gender



3.4 Figure 5: Comparison of the kinds of gambling preferred by problematic gamblers identified only by the SOGS-RA vs. SOGS-RA and self-identified problematic gamblers



In addition, teens who accurately identified themselves reported more alcohol and drug use and less involvement in after-school activities (e.g., work, sports, clubs, etc.) in comparison to their counterparts. These teens also reported gambling at an earlier age and placing larger bets when gambling. Table 3 (below) outlines these differences in more detail.

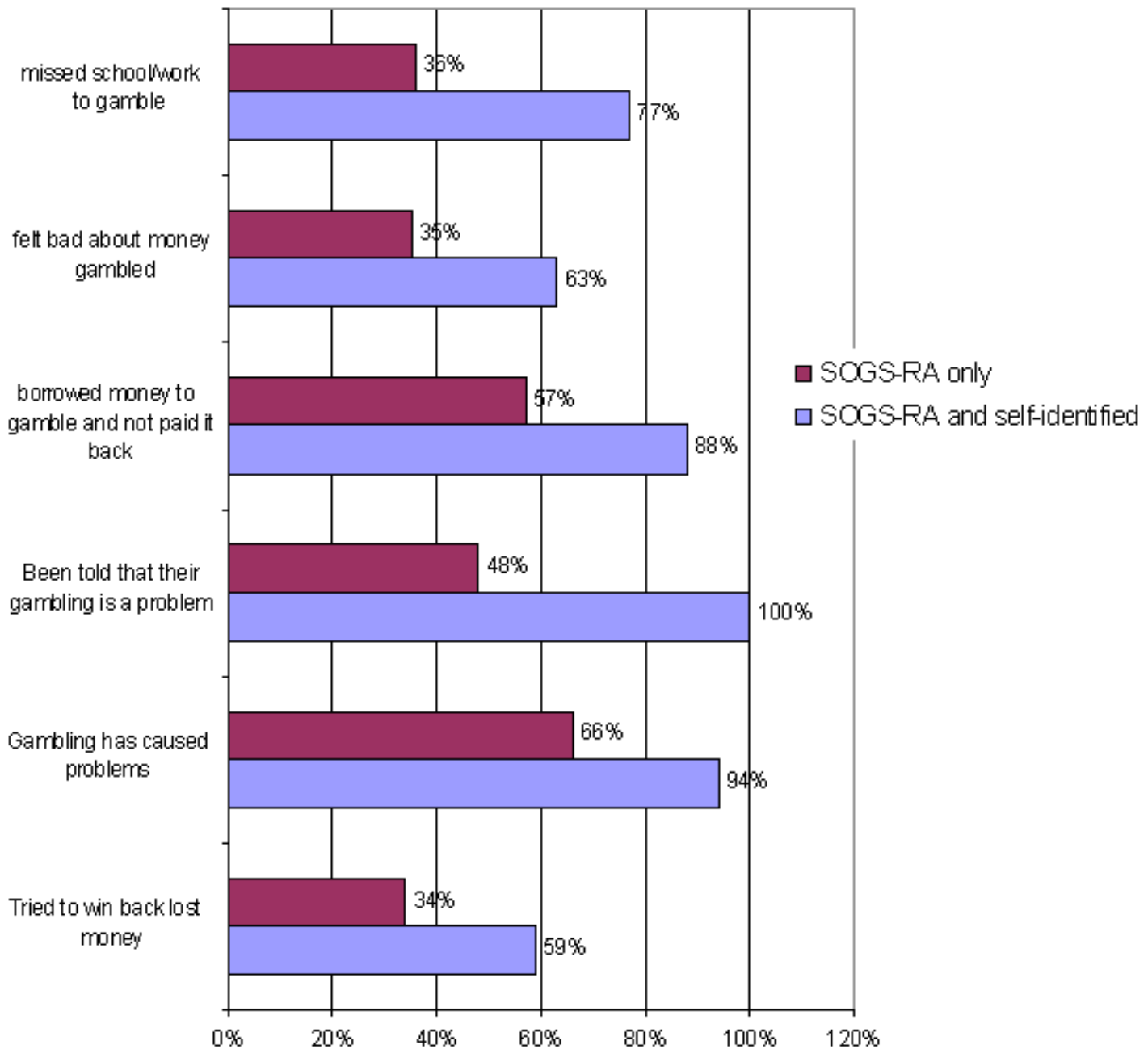
3.5 Table 3: Comparison of problematic gamblers identified by the SOGS-RA vs. SOGS-RA and self-identified problematic gamblers on various factors

	SOGS-RA and self-identified	SOGS-RA only
Alcohol use (3 to 7 times a week)	75%	35%

Drug use (3 to 7 times a week)	71%	35%
No involvement in after-school activities	41%	13%
Age began gambling	8 years old	10 years old
Average amount spent in past month	\$1,081	\$100

It was thought that the teens who accurately identified themselves might have higher scores on the SOGS-RA in comparison to the teens that did not accurately self-identify, assuming that the former group may have an increased awareness of their gambling severity. Indeed, those teens who accurately self-identified scored (on average) 8/11 on the SOGS-RA while those teens who did not scored (on average) 6/11. A score of five or more (answering yes to five or more questions) out of 11 indicates problematic gambling. Figure 6 illustrates these differences by identifying specific questions from the SOGS-RA which these two groups differed significantly.

3.6 Figure 6: Comparison of problematic gamblers identified by the SOGS-RA vs. the SOGS-RA and self-identified problematic gamblers on questions from the SOGS-RA



While all of these differences remain limited by the small number of teens who gamble at problem levels (120 students), the significant differences that have been reported by accurate self-identifiers (e.g., placing large bets, engaging in a multitude of gambling activities, gambling at an early age, feeling bad about their gambling) may be contributing factors in their greater level of awareness, compared to teens that did not accurately self-identify.

3.7 Do teens who gamble problematically want to quit or reduce their gambling?

While it may appear that the students who accurately self-identify have a greater awareness of their problem in comparison to those who did not accurately self-identify, no differences were found in their responses to the question "Do you plan to stop gambling in the next six months?" Twelve per cent of teens who accurately identified themselves as problem gamblers indicated that they wanted to quit in the next six months, while 15% of teens that did not accurately identify themselves as problem gamblers indicated that they wanted to quit. When asked "Do you want to reduce your gambling in the next six months?" none of the teens who accurately identified themselves wanted to reduce their gambling, while some (21%) teens who did not accurately self-identify indicated that they wanted to reduce their

gambling in the next six months.

4.0 Conclusions

This study provides preliminary data on patterns of gambling behaviour in teens along a continuum from experimental to problem gambling. The current research examines the types of gambling activities teens participate in, the pros and cons teens associate with gambling, how tempted teens are to gamble, risky behaviours associated with gambling and how teens perceive their own gambling behaviours. In addition, individual differences were examined among teens who classified themselves as problem gamblers. It is our intent that findings from this study will be used to guide the development of youth gambling prevention, education and treatment interventions.

In terms of teens' gambling behaviours, this survey revealed that a large percentage of teens (72%) in the Niagara Region do gamble. The range of gambling activities was broad-based and showed high participation rates in lottery tickets, instant-win tickets, raffles and games of skill, such as card games, sports betting and betting money on games of pool or darts. Most research thus far has also found high rates of youth participation in these gambling activities (Gupta & Derevensky, 1998; Jacobs, 2000). In this study, the top four gambling activities that boys participated in were scratch tickets, betting on sports teams, raffles and playing games of skill for money. The top four gambling activities that girls participated in were scratch tickets, raffles, break-open tickets and bingo. Past research that has examined gambling preferences among youth has consistently found that boys prefer games of skill and girls prefer games of luck (Gupta & Derevensky, 1998; Jacobs, 2000).

A majority (72%) of the teens in this study indicated that they gambled in the past year; however, most of them labelled themselves as non-gamblers who gamble sometimes. Very few teens perceived themselves as occasional gamblers, regular gamblers or problem gamblers. This is not surprising given the fact that people often identify themselves with labels that differ from the way they behave (Tagliacozzo, 1979). For example, how many cigarettes would it take to call yourself a smoker? It is possible that teens may perceive themselves as non-gamblers who gamble sometimes because they participate in only a few gambling activities or because they do not consider what they do as gambling. In fact, results from this study show that teens who perceived themselves as non-gamblers who gamble sometimes participated in fewer gambling activities than teens who perceived themselves as occasional, regular or problem gamblers. Past research has suggested that activities such as instant-win tickets may not be viewed as gambling because they are easily accessible, often based on childhood games (such as Monopoly or Battleship), easy for underage youth to purchase illegally and often given to teens by well-intentioned family members (Korn & Shaffer, 1999). It is important to keep in mind that the activity of gambling in itself does not necessarily lead to a gambling problem. However, these findings further exemplify the need to develop prevention and education materials that will create more public awareness and allow youth and their families to make healthy decisions about their gambling behaviours.

Another dimension of this study examined teens' beliefs about the positive and negative consequences of gambling as well as their temptation to gamble. These factors were examined along a continuum of non-gambling, occasional gambling and gambling. Teens were grouped into these categories based on their reported gambling frequency and perceived gambling status. Findings showed that gamblers were more tempted to gamble and more likely to associate positive consequences with gambling in comparison to teens in the remaining categories.

Future research is needed to determine whether these beliefs lead teens to gamble more or if gambling frequently leads to adopting these beliefs. Some researchers have suggested that a teen's first big win can lead to several cognitive distortions regarding the odds of winning and the positive outcomes of gambling (Stinchfield & Winters, 1998). Moreover, it is reasonable to expect that some teens may attribute more positive consequences than negative consequences to gambling since the costs of gambling for teens are very different than those for adults. Unlike their adult counterparts, teens do not often have a job or spouse to lose nor do they incur such large debts. Together, these findings emphasize the value in educating teens about the odds of winning and the negative consequences associated with

problem gambling. Prevention programs that are aimed at teaching teens the definition of gambling, the odds of winning at gambling and the problems that arise from problematic gambling may help teens to make healthier, more informed choices, and in turn, reduce the harm associated with youth gambling.

The examination of risky behaviours and gambling was emphasized in this study. Overall, findings indicate that risky behaviours tend to cluster; teens who were categorized as gamblers (based on frequency of gambling and self-perceived gambling status) reported more alcohol use, drug use and cigarette use in comparison to their counterparts. When examining the percentage of teens who reported using alcohol and drugs three to seven times a week, differences between groups (non-gamblers, occasional gamblers and gamblers) were greatly magnified in comparison to group differences where substance use was less frequent. These results indicate that substance abuse and gambling problems are closely related.

Many other studies have also found that rates of alcohol, drug and cigarette use tend to be highest among teens with moderate and severe gambling problems compared to non-gamblers or at-risk gamblers (Griffiths & Sutherland, 1998; Ladouceur, Dube & Bujold, 1994; Vitaro, Ferland, Jacques & Ladouceur, 1998). Previous studies have shown that gambling and substance use are linked in a network of other youthful problem behaviours (e.g., delinquency) (Proimos, Durant, Pierce & Goodman, 1998). It is evident that further research is needed to better understand the relationship between gambling and substance use among adolescents. More research can help determine whether gambling increases substance use, substance use increases gambling or other factors influence both of these patterns. Although more comprehensive research is needed, these preliminary findings have potentially important implications for the design of interventions aimed at preventing or treating problem gambling in teens. For example, these results highlight the need to screen adolescents seeking treatment for alcohol and drug problems for gambling problems and to screen adolescents seeking gambling treatment for alcohol and drug problems.

This study also examines the prevalence of problem gambling in this sample of teens. Students completed a survey measure, called the SOGS-RA, which is used by clinicians to determine an adolescent's level of gambling severity. Using the SOGS-RA, six per cent of teens from this study were identified as gambling at problematic levels. Comparisons were made to determine if teens who were classified as problem gamblers according to the SOGS-RA also identified themselves as problem gamblers. Results showed that the majority of teens who were identified as gambling at problematic levels (by the SOGS-RA) perceived themselves as regular gamblers, and only 14% of them perceived themselves as problem gamblers. Individual differences between teens who did perceive themselves as problem gamblers and teens who did not perceive themselves as problem gamblers were examined. Many interesting results were found. For example, teens who did perceive themselves as problem gamblers reported higher rates of involvement in many gambling activities, gambled at an earlier age, placed larger bets, indicated higher rates of substance use and were less involved in school activities than their counterparts. Of interest, all 14% of teens who perceived themselves as problem gamblers reported that others told them they had a gambling problem. Given these findings, it is possible that the combination of the above factors (e.g., being told they have a problem, placing large bets, etc.) may be responsible for the increased awareness that these teens have about their gambling behaviours. Thus, developing interventions that allow teens the opportunity to examine these different factors (or life areas) may raise awareness and assist teens in evaluating their gambling behaviours.

Surprisingly, teens that did not self-identify accurately as problem gamblers expressed more of an interest in reducing or quitting their gambling in comparison to their counterparts. A larger sample of problem gamblers is needed to further explore these results. These findings may explain the low percentage of teens who seek treatment for their gambling problems. Perhaps those teens who recognize they are gambling problematically do not want to change. Further research is needed in this area. It is important to note that this study also asked teens "If you think you have a gambling problem why don't you seek help to reduce your gambling?" Few teens answered this question; therefore the results are not representative. Future studies that attempt to examine if problem gamblers want to quit or reduce their gambling and whether or not teens want to seek treatment is important as it will help guide the development of effective interventions.

The present study attempts to better understand adolescents' patterns of gambling behaviour from experimental to problem gambling. Findings from this research can be used as baseline data that can guide further research aimed at developing effective education/prevention and treatment interventions that meet the needs of youth. The authors acknowledge that more comprehensive research needs to be carried out to further explore adolescent gambling and effective strategies that can be used to develop youth gambling interventions. While data from this study is preliminary, further analyses will be conducted and published in the form of a monograph at a later date. It is predicted that the findings from this study in combination with findings from future studies will be helpful in guiding the development of interventions aimed at preventing or reducing youth gambling problems.

If you have any questions concerning the findings that are outlined in this report, or if you are interested in further results, please contact Ms. Jennifer McPhee, Project Manager of the Youth Gambling Research Initiative, by phone at (905) 688-5550, ext. 4566 or by e-mail at jmcphee@arnie.pec.brocku.ca.

If you are interested in learning more about the issues around youth gambling, please refer to any of the following Web sites or the references cited at the end of this report.

Youth Gambling Web sites:

www.gamblingresearch.org

www.camh.net/egambling

www.responsiblegambling.org

www.education.mcgill.ca/gambling

www.aadac.com

www.ccsa.ca

www.thewager.org

Free, confidential counselling services are available for persons with gambling problems at the N.A.D.A.S. Problem Gambling Program located in St. Catharines, Ontario. Please call (905) 684-1183 to arrange for an appointment. Free telephone counselling is also available at the Problem Gambling Hotline (24-hour service) at (905) 684-1859.

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