



**THE SECOND
INTERNATIONAL THINK
TANK ON YOUTH GAMBLING
ISSUES**

SUMMARY REPORT

May 4-6, 2001

**McGill University International Centre for
Youth Gambling Problems and High-Risk
Behaviors**

Montréal, Québec, Canada

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EXECUTIVE SUMMARY

The Second International Think Tank on Youth Gambling was held May 4-6, 2001 at McGill University in Montréal, Québec, Canada. The event was jointly sponsored by McGill University's International Centre for Youth Gambling Problems and High-Risk Behaviors (Centre International d'étude sur le jeu et les comportements à risque chez les jeunes), and the Harvard Medical School Division on Addictions. Sixty-three delegates from nine countries attended.

The focus of the event was youth gambling as a public health issue. The mission of the Think Tank was to identify and prioritize critical issues that need to be addressed in the development of an international public health agenda on youth gambling; recommend goals and action steps to address each critical issue; and establish committees to follow up on recommendations in each issue area.

The Think Tank process was led by a facilitator, and included a number of expert presentations on topics related to youth gambling; breakout sessions where tasks were completed in small groups; reporting sessions where group findings were presented; and a final plenary session to summarize and articulate follow-up tasks.

Think Tank participants identified six critical issue areas. They included:

Definitions—the need to define the key terms when discussing youth gambling and related problems as public health issues.

Awareness—the need to increase awareness of youth gambling as a public health issue, and create a sense of shared responsibility for solutions to the problem.

Funding—the need to identify appropriate levels of funding to achieve the desired goals, and to identify sustainable sources for continued funding.

Governance—the need to establish an international, intercultural structure to coordinate development of an international public health agenda on youth gambling.

Research—the need to gather more scientific data on key aspects of youth gambling, treatment and prevention, and the factors that influence them.

Youth Involvement—the need to engage youth throughout the process of developing and implementing a public health agenda on youth gambling.

Group members established goals to address each issue, and identified a series of action steps required to accomplish these goals. Think Tank participants voluntarily agreed to participate on one or more of six committees, each established to follow up on one of the critical issues identified during the discussions.

As well, some individuals unable to attend the Think Tank event were suggested for committee membership. Committee membership will be broadened to include interested individuals with expertise in each of the designated areas.

The committees appointed at the conclusion of the 2nd International Think Tank on Youth Gambling form the basis for continued progress and scientific inquiry toward the development of a comprehensive international public health agenda on youth gambling.

While much work remains to be done, Think Tank organizers and participants can take pride in this successful effort to focus the attention of key international experts on the most critical issues marking the youth gambling landscape.

INTRODUCTION

Legalized gambling worldwide has expanded considerably over the past ten years. The current generation of school-age children is the first to grow up with widespread exposure to legalized gambling in virtually every form from national and state lotteries to riverboats, Indian casinos, horse racing, and Internet gambling. Although most forms of gambling are illegal for under-age youth, scientific research suggests that youngsters are, in fact, gambling in unprecedented numbers. Research has also revealed that youngsters may be at greater risk than adults of developing significant gambling-related behaviors that could be described as highly problematic.

On May 5-6, 2001, the International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University, in collaboration with the Harvard Medical School Division on Addictions, hosted the Second International Think Tank on Youth Gambling Issues. While the first Think Tank on Youth Gambling, held April 6-8, 1995, at Harvard Medical School, produced a general blueprint for public policy to address the issues associated with youth gambling, the second event focused more specifically on youth gambling as an international public health issue.

The mission of the International Think Tank was threefold:

- To identify and prioritize the critical issues that need to be addressed in the development of an international public health agenda on youth gambling;

- To recommend action steps necessary to address each critical issue;

- To engage Think Tank participants in follow-up activities in areas of concern.

Sixty-three delegates from nine countries attended the two-day event held at McGill University in Montréal, Québec, Canada. Participants included researchers, practitioners, educators, youth workers, policy makers and industry representatives from Canada, United States, United Kingdom, Australia, Holland, Spain, Hong Kong, New Zealand and South Africa. A complete list of Think Tank participants and brief biographical profiles are included in this report as Appendix A.

Funding for the Second International Think Tank on Youth Gambling was provided by the following agencies and organizations, whose support we gratefully acknowledge:

Ministère de la santé et des services sociaux, Québec (Ministry of Health and Social Services, Québec)

National Center for Responsible Gaming
Ontario Problem Gambling Research Centre
British Columbia Lottery Corporation
Harrah's Entertainment, Inc.
Loto-Québec
Canadian Institutes of Health Research
Minnesota Indian Gaming Association

THE THINK TANK PROCESS

A professional facilitator led the Think Tank Process. It included four elements:

- Expert presentations on a variety of topics related to youth gambling;
- Two breakout sessions where small groups completed assigned tasks, using detailed worksheets to guide their efforts;
- Reporting sessions where small groups presented their findings to the general assembly;
- A final plenary session to integrate information, summarize and articulate follow-up tasks.

Participants were divided into six breakout groups, each under the direction of a group member who also served as leader. A graduate student, who served as recorder, assisted each group leader. The roster of breakout group assignments is included in Appendix B.

In the first round of breakout sessions, each group was asked to identify the three most critical issues to be addressed in the development of an international public health agenda on youth gambling. After the groups identified and reported their issues to the full assembly, grouping and combining similar items reduced the list. When the items had been grouped by affinity, the list had been reduced to six key issues.

For the second round of breakout sessions, each group was asked to address one of the six key issues. Group members were requested to develop and identify goals and action steps necessary to address the assigned issue.

Next, these goals and action steps were presented to the full assembly of delegates. Participants had an opportunity to provide input, question, clarify and respond to the content. That discussion has been summarized in this report where indicated.

Finally, several committees were established to follow-up each of the key issues for which goals and action steps had been developed. Members of the International Centre for Youth Gambling and High-Risk Behaviors at McGill University agreed to take responsibility for initiating committee meetings by telephone and/or e-mail, and to follow-up activities. They also suggested that

their website (www.youthgambling.org) could serve as a central depository for posting information.

THE PRESENTERS

The Think Tank process included brief intersession presentations that provided a wide range of perspectives on issues associated with youth gambling. These presentations were designed to stimulate and facilitate the discussions among the participants. The presentations were between 15 and 30 minutes in length; the presenters and their topics included:

- *“Youth Gambling: Some Issues and Concerns,”* by Dr. Durand Jacobs, Loma Linda University;
- *“Theory and Research: Our Current Knowledge and Future Directions,”* by Dr. Rina Gupta, McGill University;
- *“Framing Youth Gambling as a Public Health Issue,”* by Dr. David Korn, University of Toronto;
- *“Youth Gambling and New Technologies: Issues and Concerns,”* by Dr. Mark Griffiths, Nottingham Trent University;
- *“Gambling and the Law: When Should They Be Allowed to Gamble?”* by I. Nelson Rose, Whittier Law School;
- *“Media and Public Awareness Campaigns Targeted to Youthful Gamblers: Some Essential Strategic and Tonal Considerations,”* by Richard Earl, Greenbranch Enterprises.

THE CRITICAL ISSUES

In Breakout Session 1, each group was asked to identify the three most critical issues to be addressed in the development of an international public health agenda on youth gambling. After discussion and refinement, a total of six key issues emerged:

■ **Definitions**

Think Tank participants agreed that the key terms of any discussion of problem gambling among youth should be carefully defined from an international perspective:

Youth

Several groups noted the difficulty of engaging in international dialogue on youth gambling when the definitions of *youth* vary broadly between cultures. For example, in some cultures 14-year-olds are considered adults, while in others the age of majority is 21. Participants questioned whether the definition of *youth* is simply a legal matter, or whether developmental or other benchmarks should be considered in arriving at an appropriate definition that might be applicable across geographic and cultural boundaries.

Problem

There was general agreement that the term *problem* is used commonly in association with youth gambling, but that there is little empirical knowledge of the nature or extent of problems that may derive from youth gambling. Breakout groups noted that more information is needed on the impact of youth gambling on the individual and on the larger community. Participants also noted that the definition of *problem* might vary depending on the model used to frame the discussion. For example, if the *problem* were defined in medical terms, the discussion might be very different than if the *problem* were defined in public health terms. While the assumption remains that excessive gambling results in gambling related problems, it is important to note that this may not be representative of a public health perspective.

Gambling

Think Tank members remained concerned that the term *gambling* needed to be defined more explicitly, especially when used in connection with youth. Since gambling laws vary widely, from state to state, and from nation to nation, “legal” youth gambling in one jurisdiction may be “illegal” in another location. Participants noted that some forms of gambling are perceived as innocuous or relatively low-risk, while others might be perceived as more dangerous or high-risk. Group members also noted the distinction between institutionally operated gambling and social gambling, which often occurs at home or in informal settings among friends. According to Think Tank participants, all these factors must be taken into account to arrive at an acceptable definition of “gambling.”

Normal or Responsible Gambling

There was strong agreement among participants that little is known about what constitutes *normal* or *responsible* gaming among youth. They noted that it is difficult to determine definitions for abnormal or disordered

gambling without baseline information on what gambling behaviors might be considered *normal*. Prevalence and measurement issues are likely to affect the gathering of such baseline information. Members also noted that cultural differences play a significant role in determining these definitions.

■ **Awareness**

Participants suggested that there remains a lack of awareness of youth gambling as a public health issue. As a result of this low level of awareness, they noted that there is little concern and/or sense of responsibility for solutions to youth gambling problems among individuals, organizations, and systems influencing youth; among decision makers; and among youth themselves. The Think Tank participants also expressed concern that, without careful planning based on methodologically sound empirical research, broad-based public awareness campaigns could backfire, creating more interest in and demand for gambling than might otherwise have existed which could result in less public concern than might be appropriate.

■ **Funding**

Members noted the need to identify appropriate levels of international funding required to achieve the goals of an international public health initiative on youth gambling, as well as the need to identify sustainable sources of funding within both the public and private sectors.

■ **Governance**

Think Tank members agreed that an international governance structure must be developed if we are to establish an international public health agenda on youth gambling. They emphasized the importance of a truly international and intercultural framework for developing consensus on goals, promoting an agreed-upon agenda, and disseminating information and research.

■ **Research**

Participants felt strongly that considerably more scientific research is needed in several areas to aid in the development of an international public health agenda on youth gambling. Several primary areas that require additional study were identified:

The underlying psychological, physiological, familiar, societal and cultural factors causing youth problem gambling;

The biological and psychological risk and resiliency factors linking disordered gambling with other addictions or problem behaviors;

The gap between existing prevalence data (data showing the number of youth experiencing problems with gambling) and the number of youth actually seeking treatment;

The effects of gambling advertising and promotion on the initiation and maintenance of gambling behaviors among youth;

The impact of increased accessibility and availability of all forms of gambling on youth;

The impact of new technologies such as the Internet, Web-TV and cell phones on youth gambling;

Empirical research on current therapeutic and prevention programs.

■ **Youth Involvement**

Participants felt it imperative to engage youth throughout the process of developing an international public health agenda on youth gambling. They noted that programs developed with input from young people are more likely to be effective than programs developed solely by adults absent input or feedback from young people. They also suggested that the involvement of youngsters in the development of an international public health agenda on youth gambling might help to create a stronger commitment and “buy-in” among youth.

GOALS AND ACTION STEPS

In Breakout Session II, each group was asked to address one of the key issues previously identified in the earlier session. The task was to define goals for each issue, and then indicate the action steps that might be required to achieve the desired goals. As time permitted, groups were asked to rate the level of difficulty of the recommended action steps, and to identify obstacles that might prevent their achievement. The findings of each group are summarized below with the understanding that goals and action steps would be further defined and articulated by follow-up committees. It should be noted that some of this information already exists and that the respective committees might begin by acquiring existing information. As well, some groups articulated the obstacles whereas others spent their time more clearly articulating the action steps necessary to achieve the desired goals. The lack of inclusion of potential obstacles should therefore not be interpreted as a lack of impediments to achieving the stated goals.

Group 1-Definitions

- **Goal 1: To define core concepts including “youth,” “problem,” and “normal” gambling.**

- **Action Steps:**

Establish a committee, including a coordinator, to obtain suitable funding, which would be involved in the following activities:

- a. review of legal definitions of youth and adulthood, including international definitions
- b. review the scientific literature regarding susceptibility of youth to gambling problems
- c. review the scientific literature regarding the impact of gambling on youth and society
- d. consult with potential consumers of an international public health agenda
- e. consult with youth from various countries and cultures

Analyze and synthesize the collected information to develop consensus on definitions and terminology.

Disseminate the information internationally to public health agencies, consumers and policy makers through lobbying.

Complete the project by June 2002.

- **Goal 2: To define the core concept of “gambling.”**

- Action Steps:**

Work through the committee established under Goal 1.

Gather international information regarding the continuum of gambling activities in which youth typically engage.

Review the literature dealing with instruments for measuring youth gambling behaviors.

Encourage the development of new data gathering projects and methodologies.

Discussion:

Several participants noted that some new instruments for measuring youth gambling behaviors are currently in development and that these might offer potential for improved definitions, identification, and screening of youth with gambling problems. The participants expressed the view that research is needed to determine whether measuring youth gambling behaviors might require different instruments than those typically used to measure adult gambling behaviors. Think Tank members noted that any international effort must recognize the differences that exist in defining gambling across cultures and geographic boundaries.

Although Group I briefly referenced funding in its statement of goals, most discussion of funding issues was left to Group 3, which was specifically asked to address that topic (p. 16).

Group 2-Awareness

- **Goal: To increase public awareness of problems related to youth gambling as a public health issue, and create a sense of shared responsibility for solutions that help to minimize the social and personal costs.**

Action Steps:

Evaluate current levels of awareness in target populations for whom knowledge of the problem is deemed important.

Determine whether current levels of awareness merit an expanded awareness campaign targeted to those populations.

If and where appropriate, develop an awareness campaign with carefully crafted key messages for delivery through a variety of print, broadcast and electronic media.

Evaluate the impact of awareness campaign to determine its effectiveness in mitigating the social and personal costs associated with youth gambling.

Potential Obstacles:

Participants noted a number of potential obstacles that could impede the ability to achieve the stated goals, including reluctance to commit time and money to the effort; reaching consensus on the acceptable or desirable levels of awareness, and the purposes to be served by creating awareness; getting acceptance by various stakeholders; the difficulty of knowing when and how to measure the short- and long-term impact of an awareness campaign; and the lack of baseline data from which to measure success or failure of such campaigns.

Discussion:

The Think Tank participants emphasized the importance of clarity of purpose when considering a public awareness campaign. Some individuals noted that public awareness campaigns may actually have a counterproductive effect by serving to promote those activities they are designed to discourage. This is an especially troublesome problem when targeting youth, since youngsters often are drawn to activities considered dangerous, risky or prohibited by adults and society.

However, participants also noted that public awareness campaigns often can influence the social and political agenda at the local, state or national level. For example, an effective campaign on youth gambling might stimulate favorable action by private organizations, state public health agencies, and other governmental agencies and/or legislators at various levels.

Members agreed that comprehensive quantitative and qualitative research into the knowledge and attitudes of various target groups are warranted before launching awareness campaigns directed to any or all of those groups.

Participants also acknowledged the risks that aggressive public awareness campaigns could create a greater demand for services than can be met with existing resources, resulting in negative experiences for those who might attempt to access the system for help and find it inadequate or unresponsive.

Finally, participants were concerned that some sectors of the international gaming industry might be less than supportive of increased public awareness efforts. This concern stands in sharp contrast to the position of the U.S. gaming industry, which has taken a proactive position, according to the overwhelming majority of Think Tank participants, in the development of programs to increase awareness and reduce problems associated with youth and/or underage gambling. Almost all U.S. efforts to deal with gambling related problems have been funded in large measure by the gaming industry in

one form or another (e.g., the National Council on Problem Gambling, the National Center for Responsible Gambling).

Group 3-Funding

■ **Goal 1: To identify appropriate levels of funding to address the issue of youth gambling in target jurisdictions.**

Action Steps:

By September 1, 2001, support an international task force with a defined business plan to address problem gambling among youth.

Seek advice, consultation and funding from established international, national and local organizations such as World Health Organization (WHO), United Nations Children's Fund (UNICEF), National Council on Problem Gambling (NCPG), Ontario Problem Gambling Research Centre (OPCRG), National Indian Gaming Association (NIGA), National Collegiate Athletic Association (NCAA), Ford Foundation and the National Center for Responsible Gaming (NCRG).

Engage national organizations represented on the international task force to assist with financial planning.

Develop a communication and promotion strategy to support a broad funding base.

Potential Obstacles:

The potential obstacles noted by the group included: garnering adequate global representation of stakeholder groups and affected populations; encountering resistance from some governments; and possibly encountering resistance from some gambling industry sectors. Group members rated the degree of difficulty as low for accomplishing the goal as described.

- **Goal 2: To achieve a commitment from stakeholders to provide ongoing funding to address the issue of problem gambling among youth in target jurisdictions.**

Action Steps:

Define specific goals and activities to be undertaken, and seek matching (appropriate) funds to implement outlined programs.

Potential Obstacles:

Group members noted potential obstacles, including the ability of individuals to commit adequate time to defining specific goals and activities, the lack of education on issues related to youth gambling among legislators and other funding organizations, and the potential lack of funding resources for this initiative on an international level. Group members rated the degree of difficulty as low for defining goals and activities, but high for obtaining funding commitments.

Discussion:

Participants noted that funding must be approached on a global level, using marketing strategies appropriate to the selected funding targets. These marketing strategies may vary considerably across cultures and geographic boundaries. In general, participants felt that the one-on-one approach would be most successful in generating funding commitments.

Group 4-Governance

- **Goal 1: To develop an international and intercultural governance structure for dissemination of a youth gambling-related public health agenda.**

Action Steps:

Contact the World Health Organization (WHO) regarding the feasibility of establishing a governance relationship with them.

Explore the viability of creating an international university consortium to serve and/or assist with the governance role.

- **Goal 2: To reduce the incidence, prevalence and harm associated with youth gambling.**

Action Step:

Establish measurable benchmarks for reduction goals (e.g., reduce the prevalence of youth gambling by 20% over 5 years).

- **Goal 3: To disseminate science-based information and research and to share best practices for prevention and treatment.**

Action Steps:

Establish a publicly accessible knowledge database that reflects existing scientific empirical research.

Establish scientific standards for future research in this field.

- **Goal 4: To include all stakeholders in the creation of public policies, consultation and training.**

Action Step:

Conduct a needs assessment of stakeholders to determine their public health priorities.

- **Goal 5: To reduce access or exposure of underage youth to legal gambling venues.**

Action Step:

Establish standards for consistent monitoring and enforcement of laws and ordinances governing the age of legal access to gaming.

Group 5-Research

- **Goal 1: Examine the psychological, physiological, familial, sociological and cultural risk and resiliency factors across the spectrum of gambling behavior.**

Action Steps:

Within six months from the date of the Think Tank, conduct a thorough literature review to identify risk and resiliency factors discussed in previous studies.

Within 12 months, identify further studies needed to determine which risk and resiliency factors are causal.

Within five years, conduct longitudinal studies addressing the five dimensions.

Test alternative models derived from completion of three preceding action steps.

■ **Goal 2: To explore shared risk and resiliency factors between disordered gambling, other addictions, and other behavioral disorders.**

Action Steps:

Conduct a thorough literature review to identify shared risk and resiliency factors between disordered gambling and other addictions and other disorders.

Propose various methodological approaches including cross-sectional studies examining each behavior individually, and longitudinal studies combining several disorders.

Identify ongoing substance abuse studies and seek collaboration to include gambling as a variable.

Discussion:

Think Tank participants suggested that the research proposed here might be expanded to include links to other behavior disorders and related factors, and not limited merely to links between disordered gambling and other addictions. In addition, the participants suggested establishing an inter-university/inter-agency research consortium.

■ **Goal 3: To identify the effects of the advertising and promotion of gambling on the initiation and maintenance of youth gambling behavior.**

Action Steps:

Conduct a thorough literature review on the effects of product promotion and advertising on gambling and other forms of substance use/abuse.

Compare and contrast the current state of gambling product promotion with currently permissible promotion for cigarettes and alcohol.

Identify the psychological variables targeted in gambling product promotion and how they differ from those targeted in cigarette and alcohol advertising.

Conduct secondary analysis on how groups that differ in age, gender, socioeconomic status, cultural background and other characteristics respond to gambling product promotion.

■ **Goal 4: To gauge the impact of accessibility and availability of all forms of gambling.**

Action Steps:

Operationally define the terms “accessibility” and “availability.”

Conduct multi-site and cross-cultural studies comparing access and availability.

Conduct pre- and post-testing within communities to determine the impact of access and availability on youth gambling behaviors.

Discussion:

Some Think Tank participants noted that the word “exposure” might be more appropriate in this context than “access” or “availability.” Even youth who might not have ready access to gambling can be heavily exposed to it through aggressive marketing and promotion gambling providers (e.g., lottery corporations, casinos, pari-mutuel outlets, etc.).

Group 6-Youth Involvement

■ **Goal: Involve youth in the development of international youth gambling programs.**

Action Steps:

Conduct a thorough literature review for examples of how youth have been involved in the development of programs associated with other addictions (e.g., alcohol and other drug abuse).

Employ youth consultants at various stages of program development.

Gather information regarding developmental and ethnic differences among youth that might guide proper approaches to promoting involvement.

Develop partnerships with agencies and organizations already serving youth (e.g., schools, clubs, etc.)

CLOSING GENERAL SESSION: ASSIGNMENT OF TASKS

After goals and action steps had been reviewed and discussed by all Think Tank participants, committees were formed to follow up in each of the issue areas. The table below shows the temporary chair and members of each committee.

Definitions	Awareness	Funding	Governance	Research	Youth Involvement
<i>K. Winters</i>	<i>R. Murray</i>	<i>H. Shaffer</i>	<i>R. Gerdelan</i> <i>H. Wynne</i>	<i>McGill Team</i>	<i>P. Delfabbro</i>
P. Collins S. Chevalier H. Lesieur L. Nower M. Griffiths N. Rose C. Poulin P. Delfabbro R. Gupta E. Kwan H. Shaffer H. Wynne R. Volberg A. Blaszczyński J. Derevensky	R. Gupta P. Bellringer D. Hesterman K. Spilde J. Kelly P. Remmers L. Arabia D. Feeney J. Azmier R. Gerdelan C. Hawley R. Earle D. Jacobs J. Felsher R. Wood K. Scanlan R. Svendsen	R. Gerdelan B. George J. Noonan B. Saum H. Wynne C. Reilly J. Paterson A. Feldman J. Kelly J. Breiling K. Whyte P. Collins P. Remmers A. Herdina	K. Whyte B. Eadington D. Korn L. Dickson J. Kelly H. Shaffer P. Collins E. Kwan C. Maurer P. Remmers H. Lesieur G. White P. Bellringer E. Single McGill Team	D. Jacobs R. Stinchfield P. Delfabbro A. Gonzalez-Ibanez S. Chevalier R. Wood B. Wildman J. Breiling H. Wynne L. Nower M. Zocillo M. Griffiths D. Feeney N. Beaulieu K. Winters R. Simpson V. Williams ** J. Westphal ** B. Ladouceur R. Frisch E. Single R. Volberg ** A. Blaszczyński ** Harvard Team CAMH L. Nadeau	R. Gerdelan C. Hawley J. Azmier J. Kolesar L. Nower D. Korn R. Earle M. Dibbs L. Arabia R. Svendsen McGill Team Harvard Team B. George *

* Requested committee assignment after the meeting

** Recommended for committee membership but not attending meeting

SUMMARY AND CONCLUSION

The committees appointed at the conclusion of the Second International Think Tank on Youth Gambling form the basis for continued progress toward the development of an international public health agenda on youth gambling. According to participants, one of the most important benefits of the Think Tank event was the opportunity for interaction and discussion among professionals in

various related fields. This interaction will continue as the appointed committees convene and add other members. The committee members can carry out their work by telephone and/or e-mail in an effort to work on the critical issues assigned to them. Undoubtedly, other issues will emerge because of this process.

The Think Tank process requested participants' focus on the issues they deemed most critical to the development of an international public health agenda on youth gambling. Six issues were identified as critical, but dozens of others were noted and tabled for further discussion at another time. The following is a listing of some of the other important issues raised in Think Tank group sessions:

- Developing more effective prevention programs
- Developing more effective treatment programs
- Developing instruments to measure treatment efficacy
- Reconciling the conflict between anti-gambling messages and government promotion of gambling
- Exploring the effectiveness of harm minimization efforts
- Understanding the economic and jurisdictional significance of gaming to Indian and First Nation peoples

While these issues were not deemed the most critical within the context of an international public health discussion, it is clear that some issues are significant enough in their own right to warrant special attention in future conferences or Think Tank events.

By formalizing a follow-up process to promote on-going work on these issues, Think Tank members will make a lasting contribution to progress in the field. This progress will likely be marked by

- a new era of international cooperation among all stakeholders;

- a new tacit agreement among stakeholders to work collaboratively, develop consortiums and seek other means of sharing information and ideas;

- a possible special track or pre-conference program on youth gambling as part of the National Council on Problem Gambling annual conference;

- agreement by Harvard University and the National Center for Responsible Gaming to address the issue of nomenclature, measurement and prevalence as it affects youth at its upcoming conference in December 2001;

- agreement by the International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University to act as a central

depository of information and as a vehicle for dissemination of all information concerning youth gambling problems and high-risk behaviors.

While much work remains to be done in a variety of areas, Think Tank organizers and participants can take pride in this successful effort to collaborative move forward in enhancing this important agenda.

Appendix A-Participants

Appendix B-Breakout Groups