

International Think Tank on Presenting Gambling Populations and First Contact Services

Newsletter Number 3: July 2005

Welcome to the third issue of the Think Tank newsletter. This edition details an update of the second full meeting of the Think Tank held on 25-26 May 2005, Takapuna, Auckland, New Zealand. The meeting was held immediately prior to the *International Gambling Conference: Policy, Practice and Research - One Year On* again hosted by the Gambling Research Centre and the Gambling Helpline.

Vision

An international network of scientists, researchers, policy makers, service providers, socially concerned gambling industry members and interested others collaborating to advance understanding of gambling as an issue for public health and social/economic development.

Purpose

- A forum to address globally significant issues and developments in problem gambling policy, services and research in relation to presenting gambling populations and first contact services
- To foster cooperation between researchers, policy makers, service providers and the gambling industry
- To focus on the development of evidentially-led policies and services to meet the needs of presenting and at-risk populations

The focus of the Think Tank meeting was to provide mechanisms to promote and coordinate collaborative international projects. To date, the focus has been on policy and licensing regulations, problem gambling and health promotion service developments, industry issues and the underpinning role of research. Participants rated the inaugural meeting very highly and requested that the Think Tank be reconvened in May 2005. Strategy, structure, policy and action were the hallmarks of the second Think Tank meeting.

Participants

Present at the meeting were representatives from Australia, Canada, the UK, the USA and New Zealand (see Appendix 1 for full list of participants). Participation in the Think Tank was capped at 50. At least, that was the intention, although in the event, 54 people were part of the forum with apologies received from two people due to medical reasons. Thirty nine percent of the participants were from countries other than New Zealand. As in the previous full meeting, participants included international leaders in the field and locals deemed well positioned to make a useful contribution. There was a mix of service providers, researchers/academics, policy makers, regulators, officials and industry executives. There was a range of nationalities and ethnicities.

Programme

The programme for the two days is attached as Appendix 2. The format included brief (five minute) presentations followed by discussions.

Key points from Presentations and Discussions on Day One

Definition and measurement of problem gambling

- There is more agreement than disagreement on the concepts of problem gambling but how are concepts measured? They have to be applicable
- Definitions of problem gambling vary from a dichotomous model to a continuum model
- In measurement of problem gambling, various aspects such as quality, validity, reliability, credibility and utility need to be considered
- Measurements should focus on theoretical principles and be easy to administer, score, should require little training, should be high quality and responsive to changes
- Australia is likely to use the Canadian Problem Gambling Index throughout its states
- There are nomenclature issues with problem gambling measurement, e.g. problem versus compulsive versus pathological versus disordered gambling
- There are issues with respect to young people - for example, is gambling a primary disorder or should it be treated in the context of all other disorders that youth experience?
- Different problem gambling screens agree on psychometric outcomes but this relates to serious problem gamblers and not necessarily for those who are at-risk
- Different instruments are used for different purposes
- Lack of convincing evidence that any one instrument is more effective than another
- There is a need to be able to compare present with previous studies

Evaluation of interventions including clinical trials

- There is a need for a clinical trials network - a group of clinical sites that are coordinated to provide multi-site research studies, examples of these can be found in areas such as bipolar disorder and drug dependency
- PACT: a Primary Care based trial network provides an existing model that may be of use
- A recent review of international treatment outcome studies showed failures in methodology
- There is a lack of knowledge about certain modalities of treatment utilising media such as telephone and internet
- Ethnic communities are becoming a majority in some jurisdictions such as Toronto, Canada. These communities tend to under-utilise services and have migration and acculturation stressors
- There is some structural competition between community/ethnic and mainstream agencies and a suggestion that a 'marriage' would be the most beneficial approach
- There is a potential to fund ethnic services that are not effective to give an 'illusion' that something is being done, this may prevent more effective services being delivered
- Efficacy is needed in interventions
- There is a need for case management, ongoing budget for services, university funding for training and course provision
- There is a range of current clinical treatments from biopsychosocial to pharmaceutical interventions
- How are the different treatments selected? Are there differences in gambling habits related to these treatments? What motivational levels of change are involved?
- We do not know what are the effective components of the different interventions including residential and community interventions
- Is the placebo response important, i.e. does just paying attention make a difference?
- Should there be some measure of clients who exit programmes early, i.e. why have they exited? Have they improved? What does 'natural recovery' mean?
- How do smoking bans affect counselling of problem gamblers?
- There are no studies on the prevention of gambling

Prospective studies of general and special populations

- There is a need for collaborative work in each of the following areas:
 - Longitudinal/prospective studies
 - Best practice in relation to natural recovery and alternative approaches to treatment such as the internet
 - Best practice in relation to prevention
 - Examination of cultural differences
 - Screening instruments including the measurement of binge gambling
 - Use of the 'Pathways' Model
 - To monitor the influence of new technologies
 - In regard to social modelling such as televised poker
 - In regard to the role of advertising
- There appears to be recovery from problem gambling over time thus conduct of prospective general population studies is very important
- Credible measures need to be added to existing longitudinal studies which do not affect the viability of the larger study
- There are issues with regard to sample size and attrition rate
- Electronic gambling machine players could be more likely to recover naturally whilst other types of gambler that are culturally and socially embedded within a community context (for example, track racing and bingo) may be less likely to recover naturally
- The longevity of the problem is not the same as the severity of the problem
- How do people react to new technologies, for example Fixed Odds Betting Terminals in the UK?

Pacific people's context

- First Nations people (internationally) should be brought to future meetings
- Elements such as spirituality as an indicator should be considered
- Pacific peoples need to be able to determine their own research needs

Who is presenting in different jurisdictions and what are future projections?

- There are similarities between presenting populations in different jurisdictions, for example electronic gambling machines are becoming the preferred mode of gambling for presenting problem gamblers
- Not enough services are being provided that are tailored to specific population groups such as older people, young people, mentally and/or physically disabled people and those who are not suited to face-to-face counselling
- Services are often provided within a particular model which may not be suitable for all cultural groups, therefore, there is a need for capacity building for cultural groups or other population groups such as young people and Maori women

What service presentation data are being collected? What would we want in an international data set?

- There is very little commonality in datasets in various jurisdictions
- Current practice is diverse. There is room for improvement
- Data collection systems should include a management and research focus alongside the service focus
- Contextual factors to shape data management systems:
 - Input versus output based (e.g. service funding determined versus matching outcomes with input and process data)

- Centralised versus decentralised system
- Privacy legislation and its impacts on data collection and sharing
- Service type and its implications for how data are collected and used (e.g. face-to-face versus telephone)
- An international structure for a dataset should include the following (as has been achieved in other areas such as child protection):
 - Assessment
 - Contact
 - Outcomes
- Need to prepare a proposal to look at the commonalities and differences of datasets currently available
- A common system is possible if prepared as a core product with modular elements; modules could be included to match the needs of individual jurisdictions and groups etc

What services are and are not being funded?

- In New Zealand, services funded include helpline, brief and early interventions, dedicated services for Maori, Pacific peoples and Asians, integrated system of follow-up of clients. In other jurisdictions residential services are also available
- Entry to services is different in different jurisdictions, e.g. through psychiatric diagnosis, self-referral etc
- There is a lack of services in some areas
- Workforce development and training is required
- Evaluation of services is required
- Funding is required for prioritised interventions that have been evaluated to be effective
- There is a need for peer review, data sharing, service-client matching, awareness raising of available services
- It is important to know the issues and barriers preventing people from accessing services
- Services provide treatment and prevention but there is not much clarity about what is actually done, e.g. there are state differences in the USA, the services do not work together and thus are all different
- There is a conflict of interest between the gambling industry and the government relationship with respect to funding
- Efficacy of services needs to be monitored, e.g. using a public health framework, international standards for regulating the industry etc
- There needs to be an agreed method for prioritising research and for implementing and evaluating services
- Need a catalogue of services available internationally with information sharing

Innovative practice

- Legitimacy of the Maori view and Maori practice
- Barriers for Maori accessing services include:
 - Accessibility
 - Availability of gambling opportunities
 - The heterogeneous nature of Maori
 - The displaced population (rural becoming urban)
 - Deculturalisation
 - Efficacy - need to do what works for Maori (i.e. by Maori for Maori)
 - Cultural identity is a prerequisite for health
- There is a need for change
- Must be flexible to meet the needs of the individual

- New models:
 - E-counselling
 - Structured counselling
 - Public awareness programmes
 - Interactive DVDs and websites for young people
 - Involvement of local communities
 - Self-help
- There is a need to work collaboratively on an international level
- Need an international convention to put problem gambling into a public health framework
- Envision an internationally available internet service that allows self-assessment, referral to local face-to-face counselling and a preferred treatment option tailored to the individual client

General discussion at the close of Day One

- Safer machines should be created, as an example they could carry health warnings (such as those on cigarette packets)
- When designing a machine, need to know how to get messages across to problem gamblers without affecting the enjoyment of recreational gamblers
- A smoking ban in venues has led to gambling harm minimisation
- Consider the role of public education in harm minimisation
- Laws could be passed that only allow safer machines (e.g. as with the laws that only allow safe cars)
- Older people are unlikely to access new internet services. In Ontario, 25% of treatment seekers are older people
- Mainstream workforce development and training should include cultural awareness for those ethnic clients who choose to access mainstream services

Key points from Presentations and Discussions on Day Two

New gambling technologies - what is coming up? Implications for problem gambling

- Packaging gambling to internet, mobile phone and digital TV technology makes commercial sense
- Information technology lends itself to casino style games
- New gambling technologies are very attractive to gamblers
- Dangers of new gambling technologies:
 - Continuous and rapid play
 - High stakes/prizes
 - Accessibility
 - Absence of public education programme
- How do we face the challenge of new gambling technologies?
- How do we become globally available sources of help for those who develop problem gambling on the new technologies?
- Issues of confidentiality in internet-based counselling
- Government efforts (regulation, accountability) to make internet gambling illegal - how is this dealt with?
- There are safeguards in the UK (regulations, proof of ID, access prevention) regarding children and new technologies

- Need social responsibility frameworks or codes of practice before setting up an internet site, for example:
 - Information on time and money spent before the player can start/resume play
 - Third party ID requirement regarding age and nationality etc
 - Player limits on money spent/week
 - Self-exclusion

Health, social and economic impacts of gambling - policy and regulatory implications

- Need to overcome fragmentation in data gathered across jurisdictions
- Previous lack of consensus (Whistler Symposium, 2000)
- Gambling has some positive impacts and negative impacts on health and socio-economically
- Impact research - choice of frame of reference influences the public policy debate
- Next steps from Whistler Symposium:
 - Develop an information and research clearinghouse
 - Research engagement with community groups and local communities
 - Adopt existing and emerging impact frameworks
 - Involve politicians
- Use the Health Impact Assessment as a policy tool (www.nhc.govt.nz/phac.htm)
- The impact of gambling is invisible without the right research
- When looking at quality of life need to start from the community/person and then look at gambling rather than vice versa

Where is regulation going and does it have an evidence base?

- There is a focus on harm prevention/minimisation
- Consider consumer rights to information, a safe environment and products
- The activities of the New Zealand Department of Internal Affairs (the regulator) are informed by evidence and are not necessarily evidence-based. There is a need for them to act and not wait
- Need all sorts of evaluation not just research
- Need to adopt the precautionary principle, i.e. that the onus is on the gambling industry to prove that their products are not harmful
- The public health approach should be used through political process
- New Zealand Gambling Act 2003:
 - What place is there for the Treaty of Waitangi and tikanga Maori?
 - Host responsibility should include the Treaty of Waitangi which provides an ongoing context and framework
 - The Powhiri Model for host responsibility has been developed and includes key concepts around mana whenua (the host), manuhiri (the guest) and manaakitanga (caring for others)
- Pop up messages give consumers information and disrupt play - these will be mandatory in New Zealand on all new electronic gambling machines (EGMs) from 1 October 2005; for existing EGMs the technology will be phased in
- Health promotion goes with harm reduction
- A decrease in revenue is equivalent to an effective measure since a majority of revenue comes from problem gamblers
- In New Zealand, by March 2007 all EGMs will be monitored by an electronic monitoring system
- Some venues could be more likely to produce problem gamblers
- In New South Wales, some machines are more popular amongst problem gamblers but this needs to be balanced against recreational gamblers who also prefer those machines

Industry responsibility and consumer protection - recent and planned developments

- British Columbia partnership for problem gambling:
 - Promotes responsible play
 - Harm reduction/avoidance policy
 - Contracts individuals rather than agencies for the provision of treatment services
 - Education and awareness
 - Industry training programme
 - Voluntary exclusions with translations into five languages
- Safe and responsible gambling is an environmental issue:
 - Composed of definable variables (economic, legislative, knowledge, attitudes, behaviours)
 - Provided by government, gambling providers, education/treatment providers, consumers, community members
- Some British Columbia gambling industry workers felt uncomfortable about their work and a sense of relief after training; importance of benchmarking attitudes within the industry and tracking changes over time
- Currently EGMs are provided in a controlled environment. In the future, individuals will be able to gamble in uncontrolled environments on their own, e.g. using the internet
- Self-exclusion can be a problem for Asian clients who can perceive rudeness in the process (cultural implications)

General discussion at the close of the morning

- In British Columbia the government owns the gambling and has a responsibility to create a balance for all gamblers. Private gambling owners will inevitably have a profit motive
- It is difficult to see clear concrete signs of problem gambling in venues
- Consider smart cards/pre-commitment cards
- A self-exclusion programme needs to be linked to a counselling service in order to be effective
- Effects of advertising around gambling
- Legislation needs to be enacted and enforced

Tangata Whenua and Pacific people's context

- Research should focus on positive issues especially in relation to:
 - The Gambling Act (2003)
 - Young people, women, older people and the protection of those people
- The opportunity to collaborate with overseas partners is welcomed
- Autonomy is required
- Research dollars should be spent on a 'needs' basis, for example on Maori and Pacific peoples who are most affected by problem gambling in New Zealand
- Maori and Pacific peoples would like to establish their own research protocols

Research discussion

- Relationship between domestic (family) violence and gambling
 - Consider cultural factors
- A multi-site study should be a staged design and maybe would include:
 - A problem gambling family impact scale
 - Family coping styles
 - Help-seeking behaviour
- When designing interventions need to consider cause and effect

- What causes gambling problems? Need to look at:
 - Pathways model
 - Need for evaluation and testing
 - Multi-site, longitudinal, experimental, prospective studies
 - Useful in developing effective harm minimisation strategies, safe environments
 - Binge gambling
 - Could use twins studies
 - Why do people move in and out of gambling problems?
 - What are the risk and protective factors?
 - Context
- Machine design, important aspects:
 - Characteristics
 - Control
 - Venues
- Changes in gambling supply
 - Mapping
 - Difficult to monitor, eg internet
- Efficacy of harm minimisation measures
 - Test through changes in legislation - quick
 - Desired outcomes
- Efficacy of treatments/interventions
- Cost-benefit analysis, i.e. social and economic
- Regional, population based
- Consider keeping narrow
- Collaborative
- Simultaneous - multi-site

Service provision discussion

- Gaps:
 - Lack of advertisement - gambling harm minimisation
 - Raise public awareness of services and gambling harm
 - Rural areas - availability to access services
 - Strategy
 - Communication to involve significant others
 - Community awareness
- Developing help on a continuum:
 - Types of intervention, for example young people, older people, cultural awareness, racing, electronic gambling machines
 - Evidence-based research
 - Emergency rooms, CATS - identifying and screening gambling-related issues such as suicide, offering interventions
 - Co-morbidity
- General Practitioners:
 - And other services such as welfare
 - Identification of problem gambling
 - Strategies to deal with problem gambling
- Help-seeking:
 - Non help-seeking behaviours
 - Trigger
 - Evidence-based
 - Cross-section of interventions

- Outcomes
 - Research, effectiveness
- Integrated services (national and international)
- E-counselling
- Up-skilling of workers
- Social sculpting and marketing
- Research/service gap
- Stigma
- Consumer input and partnership and cultural appropriateness
- Internationally - funding
- No access to mental health services
- Need to engage consumers effectively
- Research into which clients present for help after appointments made
- Self-help: linkages with for example Gamblers Anonymous groups
- Gaps continuum:
 - Develop a range of services with a targeted approach to address their social context and specific problem.
 - Assessment matrix is robust enough to identify issues
- Gaps:
 - Spectrum
 - Assessment matrix
 - More effective
 - Wider range of options, based on presentation and severity
 - Availability
 - Relevant set of tools
 - Competencies on counselling

Education in responsible gambling discussion

- General:
 - Agreed annual strategy amongst stakeholders
 - Strategy underpinned by ongoing evaluation research
 - Development of longer term strategy based on what works
 - Commonality of theme
 - International collaboration and information sharing
- Industry/helping agencies:
 - Standards for responsible advertising
 - Establishing partnerships between industry and agencies
 - Training standards for venue staff
 - Professional development for helping agencies
 - Special sector needs
 - Provision of information clearing house
- Consumers and potential consumers:
 - The principle - promotion, protection, prevention
 - Responsible - environments, product, practices
 - Supports the principle of informed consent
 - Targeted messaging for at-risk groups, including potential and actual problem gamblers
- Special Populations:
 - Youth - general education and school based programmes targeted at high-risk groups

- Women and men - targeted information and promotion
 - Older gamblers - targeted information and promotion
 - Governments/legislators
 - Ethnic populations - cultural appropriateness including multi-lingual participation
 - Those with special needs and disabilities
 - Criminal offenders, include probation service/police
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Closing Discussions of Think Tank Overall

- Future meetings should be in a similar format (facilitated, discussions) and with a narrow focus. However, information should be distributed beforehand
 - There was a good balance of international and domestic representation, however, the next meeting should be in a different location, for example Canada
 - There is a danger that the Think Tank will not have moved on in 12 months time. Need to start doing some things, maybe set up an incorporated society with a registered website domain name to enable communications
 - Next year - need to progress with projects, maintain the spread of focus including indigenous issues
 - The first two Think Tank goals and purposes have been achieved. We are probably moving forward on evidentially-led research and services. Need more international indigenous representation
 - Need more linkage between the Think Tank sub-groups with a reporting back mechanism. Need to see action
 - Need to include special needs groups such as older people, disabled people, lesbian, gay and transsexual groups
 - There needs to be international cooperation with respect to training and approaches to research in and by indigenous groups
 - Proactivity required for new technologies such as Texas Hold'Em (televised poker)
 - Need more participation from industry and government policy makers from countries other than New Zealand
 - It is valuable to hear from non-academic people
 - A document should be drafted as a starting point for creating an international NGO from the Think Tank
 - The Think Tank was conceptualised as a catalyst for small committed groups of people with shared interests who will take forward research projects, share information, seek feedback etc
 - Email addresses should be distributed so it is easy to make contacts
 - The Think Tank has been useful to find out what has been happening globally and to benchmark data and resources
 - Identified projects:
 - Family violence
 - Clinical trials network
 - Minimum data set
 - International services (global information regarding what services are available)
 - Clearing-house models
 - Cross-cultural research studies with ethno-racial and ethno-cultural communities
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Future Actions

The following people agreed to attend to the following tasks before the next Think Tank meeting:

TASK	RESPONSIBLE PEOPLE
Create a list-serve	Ruth DeSouza
Publications through eCOMMUNITY and collaboration in writing papers	Masood Zangeneh and Max Abbott
Create a consultation document for the NGO structure and strategy	Roger Parton, Jeff Derevensky and Ralph Gerdelan
International services survey	Rachel Volberg
Draft article on clinical trials	James Westphal
Work on creation of a clearing house	Janine Robinson, Phil Townshend, Masood Zangeneh, Graeme Minchin
Work on indigenous representation	Lorna Dyall, Laurie Morrison, Ruth Herd and the Pasifika group
Family violence study	Alun Jackson, Shayne Thomas, James Westphal, Max Abbott and Maria Bellringer
Minimum data set study	Alun Jackson, Shayne Thomas, James Westphal, Max Abbott, Maria Bellringer and Krista Ferguson

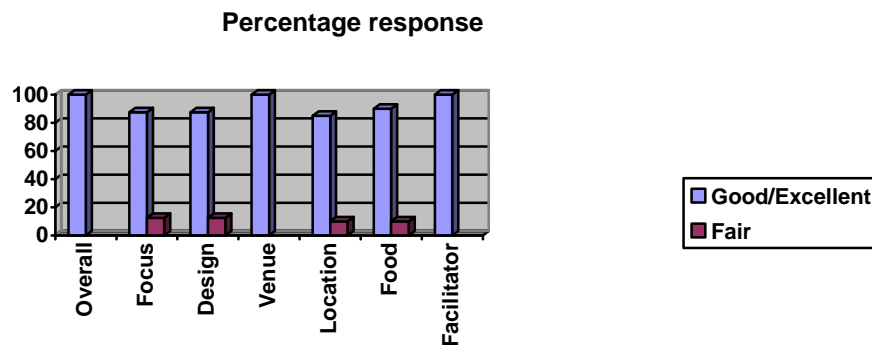
Proceedings

Arrangements have been made for proceedings from the Think Tank (i.e. selected papers from the short presentations) to be published in a special joint conference and Think Tank edition of *eCOMMUNITY: International Journal of Mental Health and Addiction*. Papers have been requested to be submitted by the end of September 2005 and will then go out for peer-review. It is anticipated that the proceedings edition of the journal will be available in 2006. Papers on the topic of definition and measurement of problem gambling will be published in a special edition of the journal *International Gambling Studies* along with selected papers from last year's Think Tank, rather than in the electronic journal.

Evaluation

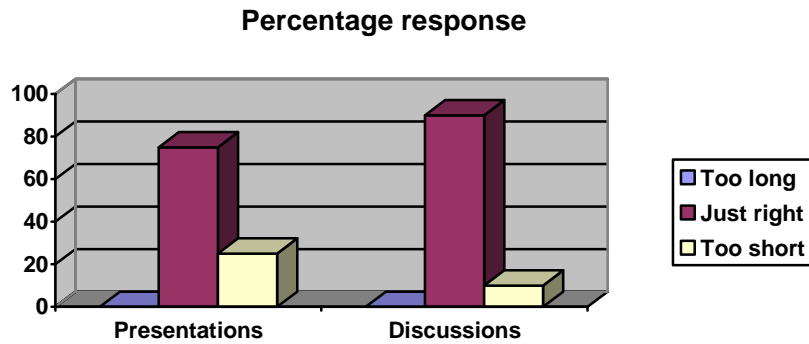
Overall

Feedback was sought from participants on their evaluation of the Think Tank. Twenty responses were received. The majority of the respondents indicated that the event was good/excellent in terms of focus, design, location and food. There was 100% agreement that the overall event, the venue and the facilitator were good/excellent.



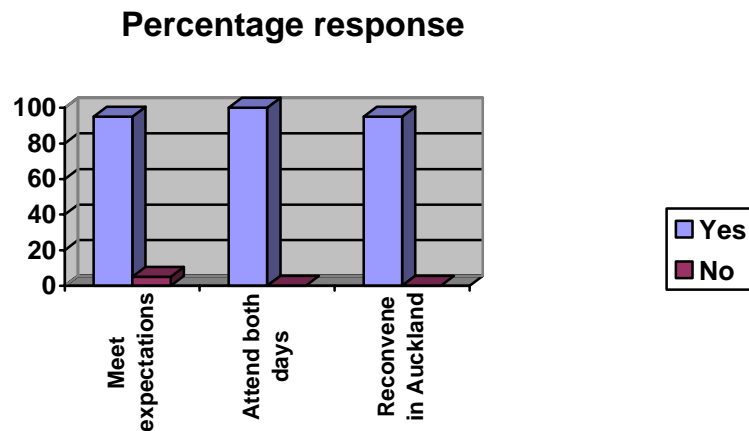
Session length

In general, respondents thought that the length of the formal presentations and discussions was just right. However, 25% of respondents thought that the length of the presentations was too short and 10% of respondents thought that the time allowed for discussions was too short. No-one thought that either presentation or discussion time was too long.



Expectations and attendance

All respondents attended both days of the conference and the majority felt that the event had met their expectations. The majority also stated that they would attend another Think Tank in Auckland.



Highlights

In general, participants thought that the highlights of the Think Tank were the gathering of many minds, thinking about working in collaborative ways and the making of connections. Short presentations with key messages were liked. The facilitator was thought to be superb and made the most of the available time. Discussions, the different cultural perspectives, the move to an action focus, the break-out groups and learning about international perspectives were also highlights.

Areas for improvement

Areas for improvement varied according to individual respondents and included the following. The room was felt to be dark and small with an inconvenient layout; Day 2 appeared to be dominated by New Zealand issues/wanted less New Zealand cultural aspects; one individual dominated some break-out groups pushing own agenda and restricting discussions; wanted a social event at the end of Day 1; wanted more cohesion in linkage; wanted more of a treatment focus; wanted more action from discussions; wanted presentation from an industry viewpoint; sometimes break-out time was too long.

Additional comments

These included: May is not a good month for the Think Tank as too close to year end for contracts - August would be a better month; Think Tank was excellent; it is inappropriate for a group member to promote their projects.

And Finally.....

..... to end this lengthy newsletter - thank you to those who were able to attend and contribute to the Think Tank. To those of you who could not attend we hope to see you again soon.

APPENDIX 1

Participants

New Zealand

Professor Max Abbott, Gambling Research Centre, Auckland University of Technology
Dr Maria Bellringer, Gambling Research Centre, Auckland University of Technology
Vicki Berkahn, Ministry of Health
Vincent Burke, Top Shelf Productions
Mua'autofia Tuiepi Clarke, National Pacific Gambling Project
Gary Clifford, Gambling Helpline
Dean Clure, Clubs New Zealand
Bill Day, New Zealand Community Trust
Dr Lorna Dyall, Division of Maori Health, University of Auckland
Krista Ferguson, Gambling Helpline
Molly Fiso, National Pacific Gambling Project
Ralph Gerdelan, Responsible Gambling Solutions Ltd
Heather Harris, Gambling Commission
Ruth Herd, Hapai Te Hauora Tapui
Major Lynette Hutson, Salvation Army
Pefi Kingi, National Pacific Gambling Project
Dr Jason Landon, Ministry of Health
John Markland, Department of Internal Affairs
Adrian Mattinson, Clubs New Zealand
Helen Morgan-Banda, New Zealand Lotteries Commission
Laurie Morrison, University of Waikato
Renei Ngawati, Maori Health, Auckland University of Technology
Richard Northey, Problem Gambling Foundation of New Zealand
Cynthia Orme, Problem Gambling Foundation of New Zealand
Roger Parton, Clubs New Zealand
Lana Perese, Gambling Research Centre, Auckland University of Technology
Russell Phillips, Waipareira Trust
Dr John F Smith, Health Promotion/Health Development, Auckland University of Technology
John Stansfield, Problem Gambling Foundation of New Zealand
Junior Toleafoa, SkyCity Entertainment Group, New Zealand
Sue Torkington, GamblingWatch, New Zealand
Dr Philip Townshend, Gambling Research Centre, Auckland University of Technology,
John Wong, Asian Services, Problem Gambling Foundation of New Zealand

APPENDIX 1 - continued

Australia

Dr Clive Allcock, Cumberland Hospital

Dr Malcolm Battersby, Centre for Anxiety and Related Disorders, Flinders University

Andrea Brebner, Uniting Care Wesley Bowden

Rev. Chester Carter, Wesley Gambling Counselling Service

Drew Harper, SkyCity Entertainment Group

Associate Professor Nerilee Hing, Centre for Gambling Education and Research, Southern Cross University

Professor Alun Jackson, La Trobe University

Paul Marden, Office of Gambling and Racing, Victoria

Sharen Nisbet, Centre for Gambling Education and Research, Southern Cross University

Jane Oakes, Centre for Anxiety and Related Disorders, Flinders University

Sandra Richards, Department of Human Services, Victoria

Professor Shane Thomas, La Trobe University

Eric Tyssen, Turning Point - Healthlink

Canada

Professor Jeffrey Derevensky, International Centre for Youth Gambling Problems and High Risk Behaviors, McGill University

Janine Robinson, Centre for Addiction and Mental Health

Gail White, British Columbia Lottery Corporation

Masood Zangeneh, Centre for Addiction and Mental Health

United Kingdom

Professor Corinne May-Chahal, Department of Applied Social Science, Lancaster University

Adrian Scarfe, GamCare

United States of America

Dr Rachel Volberg, Gemini Research, USA

Dr James Westphal, University of Hawaii, John A. Burns School of Medicine

Apologies

Professor Jan McMillen, Australian National University

Dr Richard Tan, Hong Kong

APPENDIX 2

Programme

DAY ONE: 25 May 2005

Time	Subject	Presenter
9.00	Mihi	Kaumatua Ike Samuels
9.15	Opening Speech	Hon. Damien O'Connor
9.45	Facilitator comments and housekeeping	Ruth DeSouza
9.55	Welcome and introduction, including feedback from Gold Coast and Las Vegas meetings	Professor Max Abbott and Gary Clifford (Think Tank hosts)
10.10	Morning Tea	
Research priorities for international collaborative studies		
10.35	<i>Definition and measurement of problem gambling</i> Short presentations	Dr Rachel Volberg Professor Max Abbott (for Professor Jan McMillen) Professor Jeffrey Derevensky
10.50	<i>Definition and measurement of problem gambling</i>	General discussion
11.10	<i>Evaluation of interventions including clinical trials</i> Short presentations	Dr James Westphal Professor Alun Jackson Masood Zangeneh
11.25	<i>Evaluation of interventions including clinical trials</i>	General discussion
11.45	<i>Prospective studies of general and special populations (to examine natural history including onset and recovery, risk and protective factors)</i> Short presentations	Professor Max Abbott Professor Jeffrey Derevensky
11.55	<i>Prospective studies of general and special populations</i>	General discussion
12.15	Details on afternoon format	Professor Max Abbott Gary Clifford
12.20	Lunch	
Key issues in problem gambling services		
13.15	<i>Who is presenting in different jurisdictions and what are future projections?</i>	Discussion topic - breakout group
13.15	<i>What service presentation data are being collected? What would we want in an international data set?</i>	Discussion topic - breakout group
13.15	<i>What services are and are not being funded?</i>	Discussion topic - breakout group
14.45	Plenary feedback	Breakout groups feedback
15.15	Afternoon Tea	
15.40	<i>Innovative practice</i> Short presentations	Gary Clifford Ralph Gerdelan Ruth Herd
15.55	<i>Innovative practice</i>	General discussion
16.15	<i>Final discussions revolving around the day's topics</i>	General discussion
17.00	Day One ends	

DAY TWO: 26 May 2005

Time	Subject	Presenter
9.00	Facilitator comments and housekeeping	Ruth DeSouza
Gambling policies, regulation and public health		
9.10	<i>New gambling technologies - what is coming up? Implications for problem gambling</i> Short presentation	Adrian Scarfe
9.15	<i>New gambling technologies - what is coming up? Implications for problem gambling</i>	General discussion
9.35	<i>Health, social and economic impacts of gambling - policy and regulatory implications</i> Short presentations	Professor Corinne May-Chahal Ruth Herd
9.45	<i>Health, social and economic impacts of gambling - policy and regulatory implications</i>	General discussion
10.05	<i>Where is regulation going and does it have an evidence base?</i> Short presentations	John Markland Dr Lorna Dyal
10.15	<i>Where is regulation going and does it have an evidence base?</i>	General discussion
10.35	Morning Tea	
11.00	<i>Industry responsibility and consumer protection - recent and planned developments</i> Short presentations	Gail White Dr Philip Townshend
11.10	<i>Industry responsibility and consumer protection - recent and planned developments</i>	General discussion
11.30	<i>Final discussions revolving around the morning's topics</i>	General discussion
12.30	Details on afternoon format	Professor Max Abbott Gary Clifford
12.35	Lunch	
Closing workshop topics		
13.30	<i>Identify the five most important questions that research is required to address</i> <i>Why is each important?</i> <i>Select one of these questions and design a multi-site study to address this question or a significant aspect of it</i>	Discussion topic - breakout group
13.30	<i>What are the most important gaps in present service provision?</i> <i>Why is each important?</i> <i>Select one of these gaps and design a service/intervention to address it</i>	Discussion topic - breakout group
13.30	<i>Any other discussion topic</i>	Discussion topic - breakout group
15.00	Plenary feedback	Breakout groups feedback
15.30	Afternoon Tea	
16.00	<i>Agreements on future actions</i> <i>Where to from here?</i> <i>Who is going to do it?</i>	General discussion
17.00	Day Two ends	
18.00	<i>Cocktail Function at SkyCity, Auckland</i> Transport to SkyCity provided by SkyCity Casino	Hosted by SkyCity Casino
20.00	<i>Cocktail Function ends</i> Transport back to Spencer on Byron Hotel provided by SkyCity Casino	