

Department of
Mental Health &
Substance Abuse Services

Youth Gambling Prevention and Awareness Work Group

Recommended Strategies to Strengthen Gambling Prevention and Awareness for the Under-18 Population in Tennessee

October 2026

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Executive Summary

Tennessee's gambling environment has changed rapidly with the expansion of online sports wagering in 2020. Approximately $6 billion was wagered legally on sports in the last fiscal year (FY26), while lottery games, fantasy sports, mobile apps, video games with gambling-like features, informal bets, and illegal gambling platforms have increased the ways young people may encounter gambling. For purposes of this report, "youth" refers to individuals under age 18.

Recent Tennessee data demonstrate the need for a coordinated, age-appropriate response. The 2024–25 TN Together Student Survey included 11,190 students from 176 schools in 34 counties. Among students under age 18 who responded:

- The average age of gambling initiation was 12.3 years.
- Fifteen percent (15%) reported gambling during the past 30 days.
- Among those who reported recent gambling 43% gambled on six or more days.
- One in four reported sometimes or often thinking about gambling or planning to gamble in the last 30 days.

These findings provide an important starting point but should not be interpreted as a statewide estimate of gambling disorder prevalence. Tennessee needs continued improvement in how youth gambling is measured, including questions that reflect current youth behaviors and data that support reliable trend analysis over time.

The work group also identified several gaps and areas of improvement for coordination in Tennessee's current response. Youth-specific prevention messages and parent resources are limited, existing partners do not yet have a consistent statewide approach, and many schools, healthcare providers, youth-serving organizations, and other trusted adults lack training on warning signs and referral options.

Tennessee is well positioned to address these gaps. The state has dedicated problem gambling funding, established behavioral health and prevention systems, research and clinic partners, a statewide helpline, and trusted organizations serving youth and families. Since FY23, approximately $17 million has been appropriated to the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) to support prevention, public awareness, research, treatment, referral services, and youth behavioral health programming.

Based on the work group's findings, this report recommends action in seven connected areas:

1. Data, research, and evaluation
2. Public awareness, messaging, and campaign development
3. Youth, parent, and community engagement
4. Workforce development and professional capacity
5. School-based prevention and curriculum
6. Treatment, referral, and recovery infrastructure
7. Cross-agency coordination, governance, and policy

The central recommendation is to build on Tennessee's existing infrastructure while coordinating a youth-focused system that connects education/awareness, prevention, early identification, intervention, treatment, and recovery. Strategies should be developed with young people, parents, educators and caregivers, adapted for urban and rural communities, implemented through trusted partners, and evaluated using measurable outcomes. Acting now will allow Tennessee to address gambling-related risks before they become more widespread and more difficult to treat.

Introduction

Youth in Tennessee are encountering gambling in more places and through more formats than in the past, including online sweepstakes games, prediction markets, sports betting content, lottery, and fantasy sports advertising, mobile apps, social media, informal betting, and gambling-like features in some video games. These exposures do not mean that every young person who encounters gambling will develop a gambling problem. They do, however, reinforce the need for prevention, accurate education, early identification, and accessible support that are appropriate for children, adolescents, and families.

The Youth Gambling Prevention and Awareness Work Group was established by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) in July 2026 to examine Tennessee's current approach to youth gambling prevention and awareness. The work group brought together representatives from behavioral health, education, prevention, healthcare, youth-serving organizations, state agencies, higher education, treatment, research, and gambling regulation.

Tennessee has a strong foundation for this work. State law directs five percent of the privilege tax paid by sports betting companies to TDMHSAS for activities related to problem gambling, gambling disorders, youth addiction, and mental health. Since FY23, these funds have

supported prevention, public awareness, research, treatment, referral services, and related behavioral health programming. Existing partners include the Tennessee Institute for Gambling Education and Research, The Gambling Clinic, the Tennessee Association of Alcohol, Drug and other Addiction Services, schools, prevention coalitions, healthcare providers, and other community organizations.

Although these resources provide an important foundation, Tennessee's current gambling services have primarily been designed for adults. Youth-specific prevention, early identification, family support, treatment, and referral pathways are not yet coordinated across the systems that regularly interact with young people. Tennessee-specific data are also still developing, making it important to improve measurement while expanding prevention and awareness efforts. The work group goals were to:

1. **Identify and prioritize gaps, needs, and opportunities** in Tennessee's current approach to youth gambling prevention and awareness using available data.
2. **Evaluate evidence-informed strategies and promising practices** that can be implemented through existing infrastructure and partnerships to prevent youth gambling and related harms.
3. **Produce a concise report** with actionable recommendations to guide future programmatic funding and awareness efforts.

This report provides a framework and menu of strategies for Tennessee leaders and partners. It is intended to support coordinated planning and future decision-making rather than establish a single fixed implementation plan. The sections that follow describe Tennessee's gambling landscape and funding structure, summarize available youth data, present the gaps identified by the work group, and outline recommended strategies across the public health continuum: prevention, harm reduction, treatment, recovery, and support.

Tennessee's Gambling Landscape and Problem Gambling Funding

Gambling activity in Tennessee has expanded significantly since the legalization of online fantasy sports in 2016 and online sports betting in 2020. Approximately $6 billion is wagered on sports online each year, while Tennessee Lottery games and fantasy sports remain widely available.

State law (Tennessee Code Annotated § 4-49-104(e)(3)) requires that 5% of the privilege tax paid by sports betting companies go to TDMHSAS, to be used as described in § 4-49-119.

Since FY2023, these funds have supported gambling prevention, public awareness, research, treatment, and a statewide information and referral line. Services include treatment through TIGER and The Gambling Clinic and 24/7 information and referrals through the TN REDLINE.

The table below shows Tennessee's wagering activity each year and how much funding TDMHSAS has received to prevent and treat gambling-related harm.

Sports Betting Activity and TDMHSAS Allocation, FY 2023–FY 2026

Measure	FY 2023	FY 2024	FY 2025	FY 2026	Change
Gross handle Reported gross handle	$3,942,531,785	$4,733,448,859	$5,590,550,352	$5,998,987,894	+52.1%
TDMHSAS allocation 5% of privilege tax	$4,164,288	$4,378,441	$5,171,284	$5,548,924	+33.3%
To note: The allocation does not equal the state appropriation for the given fiscal year.					

Source: Tennessee Sports Wagering Council; Tenn. Code Ann. § 4-49-119.

Tennessee's legal gambling options include online sports betting, fantasy sports, and Tennessee Lottery games. The Tennessee Education Lottery Corporation, which runs the Tennessee Lottery, first began selling tickets in 2004 after the state constitution was amended in 2002 by voters. Fantasy sports was legalized in 2016. Individuals must be 18 years old to play lottery games or fantasy sports in Tennessee. Online sports betting went live in Tennessee in 2020, and an individual must be 21 years old. Sports betting is entirely digital, through licensed websites and apps. Sports betting companies are required to verify each player's age and identity, confirm the player is in Tennessee, block credit card betting, and restrict access to anyone under 21. Brick-and-mortar casinos, gambling halls or sportsbooks continue to be illegal in Tennessee as well as slots, video card games, or other machine games. The difference between sports wagering and fantasy sports can be found in the game structure. With sports wagering, the bettor wagers against the house on the outcome of real sporting events and fantasy sports bettor assembles a virtual team to compete against other fantasy sports bettors.

Legal gambling sites have safeguards to keep young people out. Even so, youth still come across gambling through phones, apps, social media, video games, informal bets, and illegal gambling platforms. Illegal sites often do not check ages, block credit cards, limit deposits, or let users block themselves from betting. That is why prevention must address all platforms and settings where young people encounter gambling, not just the legal market.

> *The average online gaming marketplace is "structurally unbalanced" with 78% of consumer-generated revenue going to unregulated platforms. – Gambling Compliance International*

What Is Currently Funded by the Problem Gambling Program?

The TDMHSAS Problem Gambling Prevention and Treatment Services Program provides a science-informed system of care to reduce gambling-related harm. These efforts include awareness of problem gambling among people at risk, their families, and communities across Tennessee. It also helps identify and assess Tennesseans with gambling problems, provides outpatient treatment when needed, and continually evaluates regional needs to guide outreach.

To support this work, TDMHSAS partners with TIGER. Founded nearly 25 years ago by the psychology faculty at the University of Memphis, TIGER works to improve gambling prevention, assessment, and treatment; raise public awareness; and support people affected by gambling harms.

TIGER runs The Gambling Clinic (www.thegamblingclinic.com), the oldest gambling treatment center in the United States. Today, TIGER and The Gambling Clinic are a partnership between psychology faculty at the University of Memphis, led by Dr. James Whelan, and East Tennessee State University (ETSU), led by Dr. Meredith Ginley. Doctoral students from these universities and Tennessee State University staff the clinics in Memphis, Nashville, and Johnson City. The clinic provides tools to help individuals and families understand gambling-related harms and ways to address them.

> *The Gambling Clinic averages 195 patients annually, and 95.5% no longer meet criteria for gambling disorder after treatment.*

TIGER also created the Gambling Awareness, Mitigation and Education (GAME) learning module, a diversion program for adults under 21 suspected of gambling illegally. In spring 2026, TIGER launched the Control the Trolls (controlthetrolls.org) digital media campaign to give people who bet tools to do so more safely and reduce harm. Additionally, TIGER is building a module to help Tennessee parents recognize how gambling shows up in young people's lives and how to talk with their children about the risks.

TAADAS runs the TN REDLINE, a free helpline available 24 hours a day, 7 days a week. The REDLINE gives callers up-to-date information and referrals for alcohol, tobacco, and other drug use; co-occurring disorders; problem gambling; and prevention, treatment, and recovery services. In FY2026:

- 70% of people who contacted the REDLINE about gambling sought counseling or assessment, support groups, or outpatient services.
- 62.6% were ages 25 to 54.
- 78% were men.
- Only six contacts involved someone under age 18.

The limited number of young people seeking help suggests that youth gambling-related harm is largely hidden within a help system designed primarily to serve adults. Tennessee needs youth-focused prevention and early identification, rather than relying on young people or families to recognize a problem and ask for help on their own.

What Do We Know About Youth Gambling in Tennessee?

In 2024–25, TDMHSAS tested new gambling questions on the TN Together Student Survey. The questions asked about:

- Lifetime and past 30-day gambling
- Age when students first gambled
- Age limits for gambling
- How often students think about gambling

The survey reached more than 11,000 students in 176 schools across 34 counties. Early results showed an average age of initiation of 12.3 years old. Of the 15% of students under 18 who reported gambling in the past 30 days, 43% reported gambling on six or more days, and one in four reported “sometimes” or “often” thinking about gambling or planning to gamble.

These survey findings provide important information about reported youth betting behavior, but they should not be interpreted as a statewide estimate of gambling disorder prevalence. The work group noted that data collection gaps exist in Davidson and Shelby counties and that the initial survey items are being revised to better reflect current youth betting behaviors, distinguish legal and illegal activities, and align with Tennessee law and research protocols. Future survey administrations should be used to establish more reliable trends and identify regional differences.

> *Students first gambled at an average age of 12.3, the youngest starting age of any behavior measured in the TN Together Student Survey, including vaping nicotine, alcohol, cannabis, cigarettes/tobacco, and prescription drug use.*

Before the 2026–27 survey, the Department held a planning meeting to review the survey questions, available data, state laws, and national tools. The next survey will use less stigmatizing language, separate legal from illegal gambling under Tennessee law, reflect how youth bet today, and add questions about the harms gambling can cause.

Gaps Identified by the Work Group

Prevention gap. Work group members said the prevention gap begins long before a young person develops a gambling problem. Children and teens see sports betting, lottery games, fantasy contests, social media ads, and informal bets, as well as gambling-like features in video games. Members stressed that gaming and gambling are not the same thing, even when games encourage spending or chance-based rewards, and that playing video games does not simply lead to gambling. Instead, prevention should consider the many things that shape a young person's choices, such as normal curiosity, risk-taking, family and friends, impulsivity, and online spaces. Parents need practical, age-appropriate guidance that helps them tell the difference between normal interest and a growing problem.

Messaging gap. Tennessee has responsible gambling resources, but it does not have one clear message for youth. That message should explain what gambling can look like at different ages, why legal age limits matter, and what adults should do if they are worried. Members stressed the need to push back on the idea that gambling is harmless fun. Messages should be accurate and should not shame or label young people. They should make clear that gambling products are meant for adults and that underage gambling can lead to legal, financial, school, family, and mental health problems. The message must feel believable to young people and be useful for parents, coaches, teachers, and healthcare providers.

Coordination gap. Tennessee has strong community partners to build on. Work group members named prevention coalitions, Boys & Girls Clubs, school-based behavioral health liaisons, Sources of Strength, a peer-led school prevention program, parent-teacher associations, pediatric providers, youth sports organizations, the Department of Children's Services, juvenile courts, faith communities, and university and local partners as trusted messengers. What is missing is coordination. These groups do not yet share a common message, ready-to-use materials, clear training expectations, or a consistent way to refer youth for help. Without these tools, prevention will depend on what each community happens to know and do, instead of a reliable statewide approach that can be adapted locally.

Treatment, training, and systems gaps. Current gambling treatment was designed for adults. Tennessee has few youth-specific options for assessment, family involvement, treatment, recovery, and reimbursement pathways. Many professionals who may see youth gambling problems have little training in this area, and the gambling endorsement for licensed alcohol and drug abuse counselors (LADAC) is underused or outdated. School and community staff

need concise training on warning signs, how to talk with young people, privacy rules, and the roles of the TN REDLINE, The Gambling Clinic, schools, and local providers.

Together, these gaps point to one conclusion: Tennessee has strong resources, but it needs a coordinated, age-appropriate youth response that connects prevention, early identification, treatment, and recovery. Members stressed that this work should be designed *with* young people and caregivers, not simply for them, and tested in both urban and rural communities before it is rolled out statewide. They also emphasized tracking whether resources improve knowledge, prompt earlier help-seeking, and remove barriers to appropriate care.

Work Group Recommended Strategies

The work group identified seven strategy areas that support each other. They are shown below. The tables at the end of this section list possible short- and long-term actions for each area. These are options for leaders to refine, prioritize, and fund over time, not a fixed plan.

Seven Strategy Areas at a Glance

1 Data, Research and Evaluation Learn what youth and parents experience, and track whether prevention is working.	**2 Public Awareness, Messaging and Campaign Development** Create one clear, trusted statewide message about youth gambling.
3 Youth, Parent and Community Engagement Involve young people and families in shaping and sharing prevention messages.	**4 Workforce Development and Professional Capacity** Train professionals to recognize risk and respond with confidence.
5 School-Based Prevention and Curriculum Use schools to reach students early with age-appropriate lessons.	**6 Treatment, Referral and Recovery Infrastructure** Build a clear path to youth-specific help, treatment, and recovery.
7 Cross-Agency Coordination, Governance and Policy Align state agencies and partners around shared goals and policy.	**All seven areas support every stage** Prevention → Early identification → Intervention → Treatment → Recovery

Each area supports several stages of the public health continuum described in the next section, from prevention to early identification, intervention, treatment, and recovery. For example, workforce development and public awareness help at many stages, not just one.

Act now with what already exists. In the near term, Tennessee can move quickly using existing programs. The Department can strengthen TN Together and other data sources; conduct research that includes youth and parent input; develop age-specific talking points and plain-language materials; expand trusted messaging for youth and parents; and share ready-to-use resources through schools, prevention coalitions, healthcare providers, faith communities, and trusted local organizations.

Schools are especially important. School-Based Behavioral Health Liaisons, counselors, teachers, coaches, and athletic staff are influential adults in young people's lives. They can spot concerns early, share accurate information, and connect students and families to help. Training through Substance Abuse Prevention Skills Training (SAPST), webinars, and continuing education can prepare prevention professionals, counselors, and other frontline adults.

Create a clear path to help. Families and professionals should know when to call the TN REDLINE, how to access The Gambling Clinic, and what support is appropriate when youth gambling-related harm is suspected. Over time, Tennessee should develop a youth treatment model that includes education and family involvement, set up formal referral partnerships with schools and youth-serving systems, clarify how treatment is diagnosed and paid for, and create age-appropriate peer recovery supports.

Build lasting leadership and accountability. Long-term success will require ongoing leadership and accountability. Tennessee should establish measurable statewide and regional goals, review trends publicly, pilot and evaluate prevention approaches, and expand what works. The main message of this report is simple: Tennessee has the funding, partners, and prevention infrastructure to lead. By bringing these resources together for young people and families now, the state can reduce gambling-related harm before it becomes more difficult and costly to address.

Strategy Area Details

1. Data, Research and Evaluation

Why it matters: Tennessee needs consistent basic information about youth gambling, risk factors, what parents know, and differences between regions. Existing surveys offer a starting point. Regular measurement will show whether prevention efforts are working.

Timeframe	Actions	Key partners
Short term	• Review existing tools and data, such as TN Voices safety assessments and the TN Together Survey. • Hold focus groups and interviews with middle and high school students, parents, educators, healthcare providers, coaches, and others in urban and rural communities. • Review current gambling-related messaging in East, Middle, and West Tennessee. • Learn what makes young people curious about gambling, and what parents know, don't know, and want to know.	TDMHSAS; Tennessee Department of Education; Tennessee Department of Health; school districts; universities and research partners; community coalitions
Long term	• Evaluate existing gambling screening tools and the opportunity to develop Tennessee's own. • Create statewide and regional plans with measurable outcomes and key performance indicators. • Set a regular schedule to analyze and publicly report youth gambling data.	TDMHSAS data and evaluation staff; Tennessee Department of Education; Tennessee Department of Health; universities; school districts; regional councils; community prevention partners

2. Public Awareness, Messaging and Campaign Development

Why it matters: Tennessee can move quickly by adapting existing campaigns and materials. Over time, the state needs one recognizable youth gambling prevention message built on tested, age-appropriate content.

Timeframe	Actions	Key partners
Short term	• Clearly define what gambling is and the different forms it can take. • Adapt and expand existing responsible gambling materials for youth and parents, including digital versions. • Identify campaign champions, influencers, and trusted places to share information, such as QR-code infographics and other resources.	TDMHSAS; youth representatives; Tennessee Sports Wagering Council; The Gambling Clinic; TAADAS and TN REDLINE; communications partners; healthcare providers; schools and community coalitions

Long term	• Create a recognizable statewide name and message for the initiative. • Develop core materials for elementary, middle, and high school levels, such as talking points, a public service announcement (PSA), a short toolkit, and social media content about warning signs and online risks. • Test campaign approaches in selected communities, measure results, and expand what works statewide.	TDMHSAS; communications and evaluation contractors; youth and parent advisory groups; schools; healthcare organizations; community coalitions; media partners

3. Youth, Parent and Community Engagement

Why it matters: Prevention messages are more believable when young people help create and share them. Parents also need practical guidance from people and organizations they already trust.

Timeframe	Actions	Key partners
Short term	• Develop PSAs and messages with feedback from Tennessee Strong Ambassadors, youth coalitions, and other established youth groups. • Share the parent education module through parent networks and toolkits modeled on efforts like "Talk. They Hear You." • Connect with Sources of Strength and/or Building Strong Brains to learn from their experience.	TDMHSAS; youth coalitions; Tennessee Strong Ambassadors; schools and parent organizations; Tennessee Secondary School Athletic Association (TSSAA); Boys & Girls Clubs; Department of Children's Services (DCS) and juvenile courts; faith communities; universities and local coalitions
Long term	• Formalize and sustain a statewide youth advisory or ambassador network. • Develop youth and parent resources that help families, schools, and community organizations recognize risk factors early and strengthen protective factors that reduce the likelihood of gambling-related harm • Develop family resources using models such as Screenagers and Wait Until 8th. • Build a statewide network of trusted messengers, including coalitions, Boys & Girls Clubs, school-based liaisons, coaches, juvenile courts, DCS, and church youth groups. • Maintain a resource library for caregivers, children, teens, and community organizations, possibly including a children's book.	TDMHSAS; Tennessee Department of Education; youth and family organizations; Imagination Library partners; schools and universities; pediatric and behavioral health providers; community organizations

4. Workforce Development and Professional Capacity

Why it matters: Tennessee needs professionals who can recognize gambling risks, talk confidently with young people and families, and provide the right services. Training now can strengthen the current workforce while formal credentials and academic programs are developed.

Timeframe	Actions	Key partners
Short term	• Offer workforce training, such as through Substance Abuse Prevention Skills Training (SAPST) content, webinars, videos, and other resources. • Offer continuing education that helps counselors recognize youth gambling risks. • Identify skills that could later support a gambling-focused professional certification. • Create regional gambling education coordinator or health educator roles to train and support youth-serving organizations.	TDMHSAS; The Gambling Clinic; TAADAS; professional associations and licensing boards; regional prevention providers; universities; behavioral health providers

Long term	• Create a renewable problem gambling certification for therapists, crisis providers, licensed alcohol and drug abuse counselors (LADACs), and other professionals. • Add problem gambling content to graduate-level clinical programs. • Develop peer recovery pathways focused on teens, including a Certified Peer Recovery Specialist (CPRS)–Gambling endorsement that also applies to Certified Young Adult Peer Support Specialists (CYAPSS).	TDMHSAS; professional licensing boards; colleges and universities; TAADAS and other credentialing organizations; provider associations; clinical programs; peer recovery organization

5. School-Based Prevention and Curriculum

Why it matters: Schools offer the most consistent way to reach young people before harmful gambling starts. Using existing behavioral health and education programs allows action now while a full curriculum is developed.

Timeframe	Actions	Key partners
Short term	• Add gambling prevention to Tier 1 (all students) and Tier 2 (students who need extra support) services in the School-Based Behavioral Health Liaison program. • Educate coaches, athletic staff, and other adults who influence students. • Add gambling education to existing school and youth development programs when possible. • Give schools ready-to-use talking points, infographics, referral information, and parent materials.	TDMHSAS; Tennessee Department of Education; local school districts; School-Based Behavioral Health Liaison providers; teachers, counselors, coaches, and school nurses; community prevention coalitions
Long term	• Develop a Tennessee-specific, age-appropriate youth gambling prevention and treatment curricula. • Add financial literacy lessons that explain how problem gambling can affect individuals and families. • Include risk-reduction content in elementary programs such as the Good Behavior Game. • Provide consistent prevention content across grade levels, with training for educators.	TDMHSAS; Tennessee Department of Education; school districts; curriculum specialists; universities and educators; financial literacy organizations; youth development experts

6. Treatment, Referral and Recovery Infrastructure

Why it matters: Tennessee's current system mainly serves adults. Young people and families need a clear path to help, trained providers, and treatment that fits their age and family needs.

Timeframe	Actions	Key partners
Short term	• Use school-based liaisons and trained counselors to improve early identification and education. • Bring together clinical, family, and youth experts to begin designing a youth treatment model. • Make sure public materials tell parents and professionals what to do if they suspect gambling-related harm.	TDMHSAS; The Gambling Clinic; TAADAS and TN REDLINE; School-Based Behavioral Health Liaison providers; schools and clinicians; pediatric providers; family representatives
Long term	• Define and fund youth-specific treatment that includes education and family reinforcement, possibly through a specialized clinic or service track. • Set up formal referral and communication pathways among school resource officers, truancy officers, juvenile courts, DCS, and treatment providers. • Add problem gambling education to Mental Health and Recovery Court programs. • Raise awareness that problem gambling treatment is billable by clarifying the correct diagnosis, documentation, and reimbursement steps. • Strengthen peer recovery supports for teens and young adults.	TDMHSAS and TennCare; The Gambling Clinic; TAADAS and TN REDLINE; DCS; Tennessee Department of Education and school districts; juvenile courts and the Administrative Office of the Courts; law enforcement; clinical providers and peer recovery organizations

7. Cross-Agency Coordination, Governance and Policy

Why it matters: Youth gambling touches education, behavioral health, healthcare, child welfare, juvenile justice, and gambling regulation. No single organization can address it alone, so clear leadership and coordinated policy are essential.

Timeframe	Actions	Key partners
Short term	• Bring together TDMHSAS, the Tennessee Department of Education, TennCare, the Tennessee Department of Health, the Tennessee Commission on Children and Youth, and other agencies to find ways to work together. • Involve the Statewide Planning and Policy Council and its seven regional councils in needs assessment and policy discussions. • Begin planning a policy summit or legislative briefing based on the work group's findings.	TDMHSAS; Tennessee Department of Education; Tennessee Department of Health; TennCare; Tennessee Commission on Children and Youth; DCS; Statewide Planning and Policy Council and regional councils; Tennessee Sports Wagering Council; community stakeholders

Long term	• Create an ongoing cross-agency group for youth gambling prevention and awareness. • Consider placing youth gambling under an existing youth mental health council. • Hold a statewide policy summit with policymakers, legislators, and community stakeholders. • Use regional input and pilot results to guide statewide expansion and future investment.	TDMHSAS and partner agencies; Tennessee General Assembly; Tennessee Department of Education; Tennessee Department of Health; TennCare; Tennessee Commission on Children and Youth; DCS; Tennessee Sports Wagering Council; statewide and regional councils; local governments and community organizations

A Public Health Continuum for Youth Gambling Prevention

The seven strategy areas work across a shared public health continuum. Tennessee can address youth gambling at every stage, from preventing harm before it starts to supporting long-term recovery. At each stage, efforts should be guided by state and local data, strengthened through strong partnerships and a trained workforce, aligned with measurable goals, implemented using evidence-informed and culturally responsive strategies, and evaluated for continuous improvement.

Universal prevention reaches young people, parents, and communities before harm happens. It includes clear, age-appropriate education; parent resources; school and community messaging; and policies that lower risk and strengthen the things that protect young people.
Early identification helps trusted adults notice concerns before they get worse. School-based behavioral health liaisons, counselors, healthcare providers, coaches, and prevention professionals can use training, screening tools, and clear referral information to spot warning signs and start supportive conversations.
Intervention gives young people and families timely, practical support when a risk is found. This may include brief education, family involvement, counseling, help with referrals, and connections to local behavioral health or youth services.
Treatment offers age-appropriate clinical care for youth harmed by gambling, including assessment, counseling, family involvement, and coordination with schools and other services.
Recovery supports young people and families over time through peer and family support, ongoing care, and links to community resources. Across every stage, evaluation should track how well efforts are carried out, what results they achieve, and how Tennessee's response can improve.

Conclusion and Next Steps

Tennessee has a chance to address youth gambling before the harms become more widespread. The state already has dedicated funding, clinical and research partners, a statewide helpline, and strong education, health, prevention, youth, family, and regulatory networks. The work group's recommendations offer a framework to connect these resources into one coordinated system focused on youth. With steady leadership, shared accountability, and decisions guided by data, Tennessee can strengthen prevention, make it easier to find help,

and better prepare young people, families, educators, and communities to respond to gambling-related harm.

Resources

Below is a current list of resources available to the public, including parents and providers:

- Gambling Addiction Treatment Since 1999 | TGC in TN - Free in-person or telehealth treatment for gambling harm
- TAADAS Clearinghouse of Free Materials on Gambling
- TDMHSAS - Problem Gambling Programs
- Control the Troll
- Self-Exclusion through the Sports Wagering Council - Tennessee Voluntary Sports Wagering Self-Exclusion Application
- Responsibility - American Gaming Association
- Tennessee REDLINE
- Helpline Home - National Council on Problem Gambling

Participating Organizations

TDMHSAS thanks the following individuals and organizations for taking part in the Youth Gambling Prevention and Awareness Work Group. Each member brought valuable insight into the gaps and opportunities for addressing youth gambling in Tennessee.

- Catherine Brunson, President of Strategic Initiatives, Prevention Alliance of Tennessee
- Trent Coffey, Executive Director, STAND Coalition
- Jagger Coffey, Prevention Coordinator, STAND Coalition
- Cameron Conn, President, Tennessee Independent Colleges and Universities Association
- Charles Everett, President, Tennessee PTA
- Kym Gerlock, Director of Communications and Corporate Social Responsibility, Tennessee Education Lottery Corporation
- Meredith Ginley, Clinical Psychologist; Associate Professor and Assistant Chair of Research and Assessment, ETSU Department of Psychology
- Jaclyn Harding, Chief Operations Officer, Tennessee Sports Wagering Council
- Richard Kennedy, Executive Director, Tennessee Commission on Children and Youth
- Alysia Smith Knight, Executive Director, TAMHO
- Chloe Ligon-Smith, Director of Policy and Advocacy, TAMHO
- Sam Lee, Council Member, Tennessee Sports Wagering Council

- Kayce Matthews, Director, Coalition for Healthy and Safe Campus Communities (CHASCo)
- Angela Miller, Deputy Director for Child and Adolescent Health and Injury Prevention, Tennessee Department of Health
- Lori Paisley, Assistant Commissioner, Tennessee Department of Education
- Mary Linden Salter, Executive Director, TAADAS
- Mary Beth Thomas, Executive Director, Tennessee Sports Wagering Council
- Hanes Torbett, Council Secretary, Tennessee Sports Wagering Council
- James Whelan, Clinical Psychologist; Research Professor; Executive Director, Tennessee Institute for Gambling Education and Research (TIGER) and The Gambling Clinic

TDMHSAS also thanks the following team members for leading and facilitating the work group.

- Matt Yancey, Deputy Commissioner
- Jessica Youngblom, Director of Strategic Initiatives
- Kaili Hardiman, Assistant Director of Strategic Initiatives
- David Smith, Problem Gambling Program Manager
- Anthony Jackson, Director of the Office of Prevention and Early Intervention Services
- Kayla Mumphrey-Oquendo, Director of School-Based Initiatives
- Krystal Fortney, Director of Youth and Young Adult Initiatives