

Gambling and Health

Policy Position Statement

Key messages: Gambling causes harm to the physical, social and mental health of communities, families and individuals. The gambling industry is not adequately regulated. A nationwide system including uniform standards which emphasise product safety and consumer protection, and harm prevention and minimization, are urgent reform priorities. Gambling industry marketing strategies should be strongly regulated.

- Key policy positions:**
1. Ease the political, economic, and cultural obstacles to reducing the harms caused by gambling. This includes reform of political donation laws to prevent gambling operators (whether commercial or 'not for profit') from donating to politicians or parties, and limit amounts spent by all political campaigns.
 2. Enact a legislative ban on all forms of gambling marketing, including sports sponsorship and advertising.
 3. Raise awareness that the impacts of problem gambling are not confined to the individual but include families, communities, other economic actors, and society.
 4. Upstream population health measures focused on harm prevention and minimisation and product safety are required and are a key priority.
 5. Promote the principles of population health and harm minimisation to reduce the social, health and economic costs associated with all forms of gambling.
 6. Gambling via electronic gambling machines, online wagering platforms, casinos, are a priority for reform. Necessary reforms include requiring universal pre-commitment systems with a default limit, effective 'one button' self-exclusion systems, prohibitions on inducements, marketing restrictions, and adequate monitoring and enforcement to deter breaches of such regulation and legislation.
 7. Political parties should not enter into any pre-election or other agreements with gambling industry entities in relation to the regulation or taxation of the industry.
 8. Universities, research institutions and affiliated organisations should not accept funding support from gambling industries for research, or for any other purpose. Health services and sporting bodies should not accept gambling industry money for sport, healthy lifestyle or gambling promotion.

Audience: Federal, State and Territory Governments, policymakers, program managers, PHAA members, media

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Policy position statement

PHAA affirms the following principles:

1. Gambling causes harm including socio-economic harms to families and individuals, family conflict, and harm to physical and mental health.¹
2. A public health model for gambling should emphasize the general protection and promotion of well-being in the community and includes the central premises of population health and harm minimisation. Such a model would take into account the interaction of the individual, gambling opportunity, and the overall gambling environment (including gambling marketing).
3. Research into gambling and health promotion activities to reduce gambling harm should be funded independently of the gambling and gaming industries, and of those with vested interests in gambling consumption. Public health agencies, researchers, health services and sporting organisations should not accept gambling industry funding.

PHAA notes the following evidence:

4. Gambling causes harms, including economic losses, financial difficulties, stress, family conflict and breakdowns, criminal behaviour and harm to the physical, social and mental health of communities, families and individuals.^{2, 3} However, gambling continues to only be largely understood in terms of individual pathology with limited focus on public health factors.^{4, 5}
5. Globally, Australia has the highest levels of gambling losses per capita, with losses worth \$24.9 billion in 2018-19, and increasing at a rate of around 5% per annum.⁶ The AIHW has estimated “the social costs of gambling – including adverse financial impacts, emotional and psychological costs, relationship and family impacts, and productivity loss and work impacts – at around \$7 billion in Victoria”.⁷
6. A large proportion of gaming machine revenue is extracted from people experiencing problem gambling; in 2010 the Productivity Commission estimated problem gambler losses to be approximately 40% of all gambling revenue.⁸ Gambling often affects vulnerable groups, in particular, people from low socioeconomic backgrounds.⁵
7. Governments have committed to reducing the harm caused to people experiencing problem gambling. Yet, little is being done to adopt a public health approach to manage the gambling industry’s access to and encouragement of current and potential consumers of gambling products.⁹
8. State and territory governments derive substantial revenue from gambling, particularly from Electronic Gaming Machines (EGM). Gambling tax as a proportion of the total Victorian Government taxation was estimated at 8.71% (AUD\$1.9 billion) in the 2017-18 state budget.¹⁰

9. Marketing and promotion of gambling products has increased significantly in recent years.¹¹ Such tactics can be subtle, like the use of children’s playgrounds, children’s amusement machines emulating gambling machines, and discounted or free children’s meals to promote gambling venues as ‘child-friendly’.^{12,13}
10. Gambling promotion has grown exponentially at sporting venues, through sports sponsorship and in all forms of media where sport, sport scores and sport information are available.¹⁴ This promotes the normalisation of gambling as part of ‘healthy’ sport activity.
11. The Australian gambling industry is estimated to have spent almost \$300 million on advertising in 2021 (excluding in-stadium advertising and sponsorship). Whilst some Australian jurisdictions have bans on some forms of gambling marketing (e.g. Victoria has a ban on betting advertisements on roads and public transport and within 150m of public schools), there is growing concern related to the proliferation of gambling advertising for sports betting on social media platforms.¹⁵
12. Recent and rapid changes in digital technologies have had a major impact on young people’s engagement with gambling.⁵ The proliferation of sports betting advertising, availability of internet-mobile devices, social media sites and children’s video games,⁵ consequently promotes the normalization of sports betting and has made it more accessible to young people. Young people are up to five times more likely than adults to experience difficulties with gambling and many adults with gambling difficulties began gambling as young people.⁴
13. Self-regulation focused on ‘responsible gambling’ and control of ‘problem gamblers’ has been the general response of both industry and state and territory regulators to concerns about the harmful effects of gambling.⁴ There is a strong need to emphasise the public health responsibilities of governments and policy makers to protect the health of communities and improve regulation of the gaming industry.^{16,17} Harm minimisation and product safety interventions and approaches are required.⁴ The narrative of individual ‘problem gambler’ choice as the source of harm normalizes the current Australian gambling industry and removes the imperative for industry and government to actively manage gambling and the related risk and harm from an upstream population health perspective.^{7, 18}
14. Individual Australian State and Territory governments contribute different levels of funding to jurisdiction-specific programs related to problem gambling. Often with limited community input on the decision-making processes for allocations from these funds. Services have included counselling, community education, and research investigating social and economic impacts of gambling.
15. The Australian gambling evidence base in relation to health and harm is growing, but further research is needed.¹⁹ There is a strong need for research on gambling’s effects on vulnerable populations and about effective population health approaches (including harm minimization) to manage gambling related harm and the incidence of problem gambling in Australia.⁵ Social research and community engagement, independent from industry and the jurisdiction’s revenue-based interests, are required to promote the involvement of local communities in decisions about gambling that will directly affect them.²⁰
16. Recent independent inquiries have made the case for reform:
 - a. The Tasmanian Liquor and Gaming Commission has investigated the extent to which facial recognition technology and player card gaming for electronic gaming machines in casinos, hotels and clubs could minimise gambling harm. In 2022 the Commission advised the

Government to implement a player card gaming scheme, and the Tasmanian Government has adopted its recommendation.²¹

- b. In 2022 regulators in NSW also examined gaming machine policies. In October 2022 the NSW Crime Commission recommended the adoption of a cashless gaming card, for the purpose of controlling money laundering activity.²²
17. The Alliance for Gambling Reform, of which PHAA is a member, recommends that gaming machine regulations should be reformed to include a pre-commitment system, utilizing a cashless gaming card that is compulsory for all gaming, has appropriate upper limits for gaming losses per day, month and year, and is effective in ceasing gaming activity once loss limits are reached.²³
18. The practice of political parties entering into agreements with gambling industry entities or organisations, typically prior to elections, severely constrains policy-making for the public's health.
19. Gambling research has focused on prevalence studies and individual pathology rather than on harm reduction, health promotion or consumer safety issues.⁵ Research activity has been substantially funded by organisations with a vested interest in research outcomes and in many cases, the research has been influenced by the funding source (e.g., governments with vested interests in gambling taxes).²⁴
20. Gambling industry funding of research, and health promotion activities by sporting clubs and community organisations can function to promote gambling thereby causing harm.²⁵
21. Implementing this policy would contribute towards the achievement of [UN Sustainable Development Goals 3 – Good Health and Wellbeing](#) and [1 - No Poverty](#).

PHAA seeks the following actions:

22. The Commonwealth government should appoint a minister to be responsible for gambling harm reduction. The minister should play a lead role in partnership with State and Territory governments to ensure that population health and harm minimization strategies are adopted.
23. Harm minimization strategies should focus on active management of gambling, development of product safety guidelines and reviews, development and enforcement of harm minimisation practices, and comprehensive and continuing assessment of the costs and benefits of gambling modes and practices.
24. Governments should reform schemes for gambling-derived revenue to be dedicated to community support activities, such as:
 - c. 20% per annum of gambling revenue to directly support those experiencing harms of problem gambling.
 - d. community support funds disbursed by independent panels include community representatives.
 - e. support for welfare organisations to meet demand arising from problem gambling.
25. Electronic gaming machine regulations should be reformed by all states and territories to include a pre-commitment system, utilizing a cashless gaming card which is compulsory for all gaming, has appropriate upper limits for gaming losses per day, month and year, and is effective in ceasing gaming activity once loss limits are reached.¹⁴

26. A legislative ban should be placed on all types of gambling marketing across all media. This should include banning of sports sponsorship by the gambling industry. There should be rigorous legislated controls implemented to protect children and young people from exposure to the advertising and promotion of gambling including through play and recreation. Additional measures should aim to restrict the inflow of gambling marketing on digital platforms arising in other countries.
27. Donations to political parties from the gambling sector (including operators and their industry groups) should be prohibited. (See also PHAA's Unhealthy Political Influence policy position statement).
28. Political parties should not enter into any pre-election or other agreements with gambling industry entities in relation to the regulation or taxation of the industry.
29. There should be an increase in public health focused gambling research to explore the impact of gambling and increased gaming opportunities on the overall health of families and communities –
 - a. by research organisations that are independent from the gambling industry, and independent from any entity with a financial interest in gambling consumption
 - b. supported through the auspices of the Australian Research Council and/or the National Health and Medical Research Council.
30. Industry-sourced funding for non-independent research should be rejected:
 - a. Universities and research institutions should adopt gambling research integrity policies, refusing all industry-sourced funding.
 - b. Health service organisations, sport and recreation organisations should not accept gambling industry funding, whether for health promotion and healthy lifestyle activities or any other ends.
 - c. Public health and gambling research journals require full disclosure of all funding sources as a pre-condition of publication of articles reporting gambling or related research.

PHAA resolves to:

1. Collaborate with the Alliance for Gambling Reform and other professional bodies in promoting the principles of population health and harm minimisation to reduce the social, health and economic costs associated with commercial gambling and not accept funding sourced from the gambling industry.
2. Advocate for national and state legislatures, governments and regulators to adopt stronger regulation of all gambling venues in Australia, including promotion and marketing, and applying technical standards which emphasize consumer protection.
3. Advocate for a legislative ban on all forms of gambling marketing across all media and settings and for funding to be allocated specifically for the purposes of health research related to gambling.
4. Legislate for all electronic gaming machines to operate on a cashless basis, allowing harm reduction policies to be applied, and also addressing the practice of money laundering.

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