Public Health Association of Australia:  
Policy-at-a-glance – Gambling and Health Policy

Key message:  PHAA will –
1. Advocate to reduce the political, economic, and cultural obstacles to reducing the harms caused by gambling. A major barrier is that Australian State and Territory Governments derive about 8% of their taxation revenue from legalised gambling.
2. Raise awareness that the impacts of problem gambling are not confined to the individual but include those on the family (reduced household solvency) and wider community (lost productivity, reduced circulation of money within communities (lower 'multiplier effect'), and increased pressures on financial, legal, and social services, and the costs of criminal behaviour).
3. Emphasise that upstream population health measures focussed on harm minimisation and product safety are required.
4. Collaborate with 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.

Summary: A considerable proportion of gambling revenue, is derived from people experiencing problems because of harm to the physical, social and mental health of communities, families and individuals. A code of conduct should be developed for all gambling venues in Australia, including measures addressing media advertising, and requiring regulators to adopt uniform standards which emphasise product safety and consumer protection as priorities for regulatory activity.

Audience: Federal, State and Territory Governments, policy makers and program managers, public health agencies, research institutions, health services and sporting organisations.

Responsibility: PHAA’s Primary Health Care Special Interest Group (SIG).

Date policy adopted: October 2017

Contacts: Jacqui Allen & Gwyn Jolley, Co-Convenors, Primary Health Care SIG
Gambling and Health Policy Statement

This policy should be considered in conjunction with the PHAA Gambling Industry Funding Policy.

The Public Health Association of Australia notes that:

1. Australian gambling expenditure rose from 1.8% of household disposable income in 1991-92 to 2.07% in 2014-15.¹

2. Australian State and Territory governments derive substantial revenue from gambling, in particular from Electronic Gaming Machines (EGM). For example, gambling tax as a proportion of the total Victorian Government taxation is estimated at 8.71% ($1.9 billion) in the 2017-18 budget.²

3. The Productivity Commission estimated in 2010 that approximately 40% of gaming machine revenue came from people experiencing problem gambling.³

4. Gambling causes harm to the physical, social and mental health of communities, families and individuals. Moderate to severe problem gambling results in suicide, relationship breakdown, financial difficulty, mental health problems such as anxiety and depression, and crime.³,⁴

5. Gambling particularly affects vulnerable groups in the community such as people from low socioeconomic backgrounds.³-⁵

6. Under-age gambling is of increasing concern. Recent and continuing rapid changes in digital technologies have a major impact on young people’s engagement with gambling.⁴ There has been a proliferation of advertising in relation to sports betting, increasing availability of mobile devices with internet access, and new interfaces that promote gambling such as social media sites and children’s video games.⁴ Consequently, gambling is more normalised and accessible to young people than it was to their parents. 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.³

7. 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.³ 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.⁶,⁷ Harm minimisation and product safety interventions and approaches are required.³,⁴

8. Individual Australian State and Territory governments have contributed different levels of funding to service State/Territory-specific programs related to problem gambling. Responses have included one, more, or all of the following: counselling services, community education, and research investigating
social and economic impacts of gambling. In general, there has been limited community input on the decision-making processes for allocations from these funds.

9. The emphasis on ‘responsible gambling’ and the ‘problem gambler’ as the source of risk and harm normalises 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.\(^5,7\) Interventions and approaches designed to achieve reductions in the incidence of problem gambling are required.\(^4\)

10. The evidence base and policy research in relation to Australian gambling, health and harm is growing but further research is needed.\(^8\) There is a strong need for research about the effects of gambling on vulnerable population groups within Australian communities. Research is required about effective population health approaches and interventions including harm minimisation, to manage gambling related harm and the incidence of problem gambling in Australian communities.\(^4\)

11. Social research and community engagement, independent from the gambling industry and the revenue based interests of State and Territory governments, are required to promote the active involvement of local communities in decisions about gambling that will directly affect them.\(^9\)

### The Public Health Association of Australia affirms the following principles:

12. The PHAA and other professional bodies adopt a public health model for gambling, which emphasises the general protection and promotion of well-being in the community, and includes the central premises of population health and harm minimisation. This model would take into account the interaction of the individual, gaming opportunity, gaming environment and the wishes of the community.

13. The Commonwealth government should play a lead role in partnership with State and Territory governments, in ensuring that population health and harm minimisation strategies are adopted, with specific focus on active management of gambling, and 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 specific gambling modes and practices.

14. Research should be supported through the auspices of the Australian Research Council and the National Health and Medical Research Council to explore the impact of gambling and increased gaming opportunities on the overall health of families and communities.

15. Apply various community support (or like) funding models to gambling derived revenue:
PHAA Policy Statement on: Gambling and Health Policy Statement

a. Commit 20% per annum of gambling revenue to provide direct support to those experiencing harm as a result of problem gambling.

b. Provide support to welfare organisations to meet demands placed on their services due to problem gambling.

c. Have community support funds disbursed by independent boards, which include community representatives.

d. Fund public health and social research independent of government and gaming interest groups, and regularly communicate the results of this research to government and the public.

The Public Health Association of Australia resolves to undertake the following actions:

16. Collaborate with 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.

17. Advocate for funding to be allocated specifically for the purposes of health research related to gambling.

18. Lobby government and gaming interests to develop a mutually agreed code of conduct for all gambling venues in Australia, including measures addressing media advertising, and to require state regulators to adopt uniform technical and other standards which emphasise product safety and consumer protection as priorities for regulatory activity.

19. Oppose increases in the number of gambling outlets or the installation of further EGMs until the extent of the harms generated from current gaming practices has been established.


First adopted at the 2008 Annual General Meeting of the Public Health Association of Australia. The latest revision has been undertaken as part of the 2017 policy review process.
References