Gambling Industry Funding
Policy Position Statement

Key messages: Gambling causes harm including socio-economic harms to families and individuals, family conflict, and harm to physical and mental health. The health and wellbeing of communities, including families and individuals, is shaped and influenced by social, political and environmental contexts. Funding streams can support contexts for health, or contexts that harm health and wellbeing.

Key policy positions:
1. PHAA will not accept funding from the gambling industry
2. Universities, research institutions and affiliated organisations should not accept funding support from gambling industries for research, or for any other purpose
3. Health services and sporting bodies should not accept gambling industry money for sport, healthy lifestyle or gambling promotion.

Audience: Public health agencies, research institutions, health services and sporting organisations. Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility: PHAA Primary Health Care Special Interest Group

Date adopted: 18 September 2019

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Gambling Industry Funding

Policy position statement

This Gambling Industry Funding policy position statement is accompanied by PHAA’s Gambling and Health 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. The health and wellbeing of communities, including families and individuals; is shaped and influenced by social, political and environment contexts. Funding streams can support contexts for health, or context that harm health and wellbeing.²

3. Gambling industry funding of research, and health promotion activities by sporting clubs and community organisations can function to promote gambling thereby causing harm.³

4. 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.

5. Public health agencies, researchers, health services and sporting organisations should not accept gambling industry funding.

PHAA notes the following evidence:

6. Gambling causes harms, including economic losses, financial difficulties, stress, family conflict, and criminal behaviour.¹ ⁴ Gambling continues to be largely understood in terms of individual pathology with limited focus on public health factors⁵ (see also PHAA’s Gambling and Health policy position statement).

7. The lack of appropriate regulation of the gambling industry has seen exponential growth in gambling losses by consumers, particularly in states and territories where electronic gaming machines are allowed in hotels and clubs.¹

8. The goals of a public health approach to gambling include — upstream, harm reducing interventions, particularly those focused on consumer protection; restrictions on advertising and enforcement to reduce the harm-creating propensity of electronic gambling technologies such as electronic gaming machines ‘pokies’, online betting and smart phone apps.³ ⁶

9. Governments have committed to reducing the harm caused to people experiencing the effects of problem gambling. Yet, despite this commitment, 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.² ⁶
10. Marketing and promotion of gambling products has increased significantly in recent years.\textsuperscript{1,7} Marketing and promotion of gambling can be subtle such as occurs in the promotion of gambling venues as ‘child-friendly’ using incentives including children’s playgrounds, children’s amusement machines emulating gambling machines, and discounted or free children’s meals.\textsuperscript{8,9}

11. There is an exponential increase in gambling promotion at sporting venues, through sports sponsorship and in all forms of media where sport, sport scores and sport information are available.\textsuperscript{10} This promotes the normalisation of gambling as part of ‘healthy’ sport activity.

12. Research activity in gambling has focused on prevalence studies and individual pathology rather than on harm reduction, health promotion or consumer safety issues.\textsuperscript{5} Research activity has been substantially funded by organisations with a vested interest in research outcomes. In many such cases, the research has been influenced by the funding source (including governments with vested interests in gambling taxes and the gambling industry).\textsuperscript{2}

13. Implementing this policy would contribute towards the achievement of UN Sustainable Development Goals 3 – Good Health and Wellbeing and 10 – Reducing Inequalities.

PHAA seeks the following actions:

14. An increase in gambling research funding with a public health focus by organisation that are independent from the gambling industry, and independent from organisations with vested interested in gambling consumption.

15. Universities and research institutions sign a charter of gambling research integrity.

16. Strengthen guidelines to ensure that health service organisations, sport and recreation programs and clubs are not accepting gambling industry funding for health promotion and healthy lifestyle activities or any other activities.

17. Rigorous legislated controls implemented to protect children and young people from exposure to the advertising and promotion of gambling including through play and recreation.

18. 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:

19. Advocate for the above steps to be taken based on the principles in this position statement.

20. Not accept funding from the gambling industry.

ADOPTED September 2019
(First adopted 2013, revised in 2016 and 2019)
References


3. Catford J. Battling big booze and big bet: why we should not accept direct funding from the alcohol or gambling industries. Health Promot Int. 2012;27(3):307-10.


