



Strategy for gambling harm prevention in the ACT

A public health approach
2019 – 2024



ACT
Government



Gambling & Racing
Commission



This Strategy has been prepared by the ACT Gambling and Racing Commission.

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There are many ways to get help and support for gambling harm, including self-help options:

Phone: Gambling helpline 1800 858 858

Financial: Call 1800 007 007 if you would like help with your finances

Online: gamblinghelponline.org.au

Face to face: Call 1800 858 858 to find out about face-to-face counselling

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1. Statement of Support from the Gambling and Racing Commission Chair

I am very pleased to be able to present on behalf of the ACT Gambling and Racing Commission (the Commission) the *Strategy for Gambling Harm Prevention in the ACT* (the Strategy).

The prevention and reduction of gambling harm are core objectives of the Commission. Providing effective gambling harm prevention initiatives in the ACT is pivotal and underpins the Commission's roles and functions.

The development of this Strategy has evolved from years of academic research and widespread support for a public health approach to reducing gambling related harm. The Strategy provides the Commission with an evidence-based, practical plan for applying a public health approach to preventing gambling harm in our community. It also provides a roadmap for the Commission to work towards achieving our vision of a Canberra free from gambling harm.

The Commission released a draft of this Strategy for comment in October 2018 and we have proactively engaged with all interested parties including gambling industry representatives, community groups, help service providers, and Government. We are sincerely grateful for the time and effort stakeholders have taken to provide feedback. It has been invaluable in ensuring our harm prevention and reduction initiatives provide real, measurable progress in addressing gambling harm in our community.

This Strategy will guide the Commission in the development and delivery of effective, co-ordinated, evidence-based activities over five financial years, from 2019/20 to 2023/24. This demonstrates the Commission's long-term commitment to adopting a public health approach to preventing gambling harm in the ACT.

The adoption and implementation of a public health approach has placed the ACT amongst international and Australian jurisdictions progressively leading the prevention and reduction of gambling harm.

The Strategy has been developed in the spirit of:

- Promoting collaboration and shared expectations with stakeholders;
- Co-ordinating the approach across stakeholders over the coming five years; and
- Ensuring the approach is comprehensive, structured and based on current best practice.



Paul Baxter

Chairperson, ACT Gambling and Racing Commission

2. About the ACT Gambling and Racing Commission

The ACT Gambling and Racing Commission (the Commission) is an independent statutory body established under the *Gambling and Racing Control Act 1999* (the Act).

Functions

The functions of the Commission are to administer the gaming laws and to control, supervise and regulate gaming in the ACT.

This includes:

- Approving and regulating gambling and racing activities;
- Monitoring and researching the social effects of gambling and gambling harm, and funding activities relating to harm prevention;
- Providing education and counselling services;
- Engaging in community consultation as appropriate;
- Reviewing legislation and policies relating to gambling and racing, and making recommendations to the Minister on those matters;
- Investigating and conducting inquiries into issues and activities related to gambling and racing; and
- Collecting taxes, fees and charges imposed or authorised by or under gaming laws.

Core objectives

The Commission has incorporated these requirements into its core objectives of:

- Implementing harm prevention strategies;
- Increasing compliance rates by engaging and educating licensees and the gaming industry; and
- Collaborating and consulting with stakeholders with a commitment to promoting continuous improvement particularly on areas relevant for the ACT Community.¹

“The Commission’s vision is of a Canberra free from gambling harm.”

The Commission is required to exercise its functions in the way that best promotes the public interest, and in particular, as far as practicable:

- promotes consumer protection;
- minimises the possibility of criminal or unethical activity; and
- reduces the risks and costs of gambling harm to individual gamblers and the wider community.

3. Purpose

Gambling is an activity that many people enjoy, yet the significant social and individual harms that can arise from it mean it also arouses ambivalence and opposition.² The 2010 Productivity Commission into gambling concluded that one of the difficulties for governments is to preserve the enjoyment many people experience while addressing the harm.³

In 2017 the Commission released its *Gambling Harm Prevention Plan 2017-2018: A Public Health Approach to Gambling Harm*.⁵ This plan outlined

the Commission's commitment to using a public health approach to prevent gambling harm, recognising that the core goal of 'reducing the risks and costs of problem gambling' needed to be broadened to encompass the prevention of the wide range of gambling harms as experienced across the community. It also recognised the importance of providing a full spectrum of interventions aimed at preventing or mitigating gambling harm through a range of prevention, community awareness, harm minimisation and treatment strategies.⁶ This Strategy provides the next stage in the Commission's implementation of a public health approach to preventing and reducing gambling harm.

The Strategy provides a guide for developing, implementing and monitoring initiatives designed to prevent and reduce harm in the ACT. It outlines the rationale, principles and objectives for adopting a public health approach over five financial years, from 2019/20 to 2023/24.

The Strategy also provides the framework for the development of annual work plans. These will detail the priority areas, major initiatives and activities as well as indicators of success for monitoring and evaluating progress for each year. The annual work plans are living documents and are being released as separate but complementary documents under the Strategy.

This Strategy is an important step forward for the Commission in terms of adopting a public health approach to guide its regulatory functions and objectives, of ensuring the lawful conduct of gambling and racing in the ACT while reducing the risks and costs of gambling harm.

The ACT Government

"Will deliver on our commitment to implement strong gambling harm reduction measures while supporting a sustainable, diverse and vibrant club industry that continues to make a valuable contribution to the ACT community."

Gordon Ramsay MLA, ACT Attorney General.⁴

PART I: GAMBLING HARM FROM A PUBLIC HEALTH PERSPECTIVE

4. What is gambling harm?

4.1 Gambling harm and the ACT

The 2014 Survey on Gambling, Health and Wellbeing in the ACT found that 0.4 percent of the ACT population⁷, or 1,200 adults, met the criteria for problem gambling.*

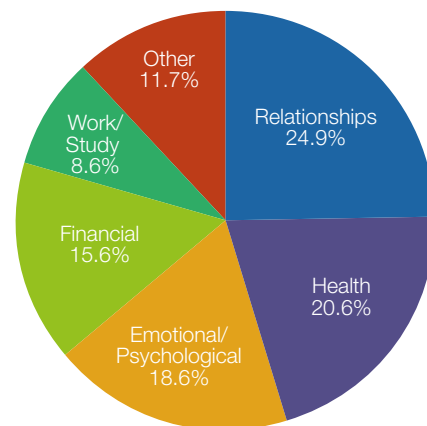
However, there is a growing body of evidence that many people are experiencing gambling harm without meeting the criteria for problem gambling.

Gambling can have many different negative consequences. It can harm health, wellbeing, work, study, relationships and finances.⁸ While financial losses may be most apparent, gambling harm is about more than losing money. Gambling harm is any negative consequence caused or made worse by gambling. Recent research has shown that the majority of harms associated with gambling are not financial.

The 2014 Survey indicated that 5.4 percent of ACT adults – or more than 15,000 people experience some level of harm from their own gambling. However, gambling-related harm is not limited to the gambler.⁹ People surrounding individuals who gamble can also experience harm to their relationships, health and wellbeing, finances, work and study. A wide range of relationships can be impacted, including those with partners, parents, children, siblings, extended family, close friends and work colleagues.¹⁰ In the ACT 16 percent (or 43,000) of Canberra's adults have had a family member with gambling issues.¹¹

Gambling harm also impacts the broader community. For instance, gambling can directly contribute to health and welfare service costs and crime. It also plays a role in cycles of social inequality and disadvantage and can negatively impact upon social and human capital and community resources.¹²

Gambling harm is 'Any negative consequence caused or made worse by gambling'. Gambling harm isn't experienced by all individuals in the same manner.



Breakdown of gambling harm by type.

Source: Browne et al., 2016: p136.¹³



15,000
Canberrans

experience harm
from their gambling.



43,000
Canberrans

have had a
family member with
gambling issues.

* As defined by the Problem Gambling Severity Index

4.2 A continuum of harm

Gambling harm is a continuum, ranging from experiencing no impacts or consequences at all through to mild, substantial and severe harm from your own, or another person's gambling. Gambling more often, and losing more money, are related to experiencing gambling harm. However, harm can occur at any level of gambling and does not depend on having a diagnosis or a disorder. Individuals don't simply move along this continuum, but may enter and exit at various points.¹⁴

Harm is also not time limited. While harm may occur at any point in time, its consequences frequently persist over time - even when moving into recovery.¹⁵

'Problem gambling' and 'Gambling harm' terminology

The term 'Problem gambling' is the label given to the highest risk category of the Problem Gambling Severity Index (PGSI). This category identifies those most likely to meet diagnostic criteria for pathological or disordered gambling.[†]

In Australia many jurisdictions have also formally adopted a broader definition of 'problem gambling' as being 'characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community.'¹⁶

The use of the term 'problem gambling' has therefore been diverse; referring to gambling behaviours, to outcomes or consequences from gambling, as well as symptoms and clinical cases of pathological gambling.

In contrast, 'gambling harm' specifically refers to negative consequences caused or made worse by gambling. It does not depend upon having a diagnosis or disorder.

[†] As defined by the Diagnostic and Statistical Manual of Mental Disorders and / or the International Classification of Diseases classification systems.

4.3 Burden of gambling harm

Recent research has looked at gambling harm in terms of its total impact - or burden - on the whole population. *Assessing gambling-related harm in Victoria: A Public Health Perspective*¹⁷, provided the first direct comparison of gambling harm with other health and wellbeing issues. At the community level, the magnitude of the burden from gambling harm was similar to that found for major depressive disorder, as well as alcohol misuse and dependence.¹⁸

This research also looked at the burden of gambling harm borne by different groups within the population. People meeting the PGSI criteria for problem gambling accounted for only 15 percent of the total gambling harm experienced in the population. Around 35 percent of the total harm was shared by those at moderate-risk for problem gambling.

The bulk of gambling harm in the population - or 50 percent - is borne by people who have an elevated risk for problem gambling but this risk is relatively low compared to the moderate and problem gambling groups.

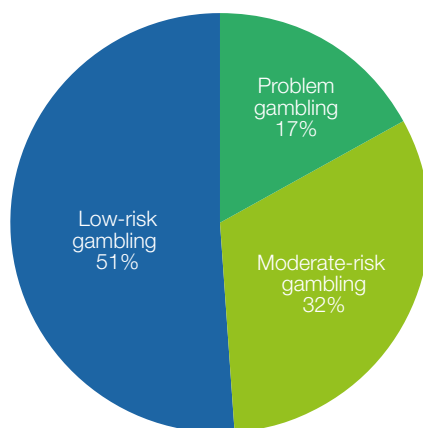
So overall, 85 percent of gambling harm in the community is borne by the people at lower levels of risk for problem gambling - those who do not meet the PGSI criteria for 'problem gambling'.^{20,21}

Applying this approach to data from *The 2014 Survey on Gambling, Health and Wellbeing in the ACT* shows that the burden of gambling harm is similar in the ACT - 84 percent of gambling harm was borne by people at lower and moderate levels of risk for problem gambling in our own community.

'You don't have to be a 'problem gambler' to be harmed by gambling'

'We found people at the moderate and even low risk end of the spectrum are experiencing harm, and because there are more of them, the total impact is greater than the impact from gamblers with severe problems'.

Dr Matthew Browne, Central Queensland University.¹⁹



Proportion of harm accounted for by people in problem gambling risk groups in the ACT.[†]

Source: Estimated from Browne et al., 2016: p132²² and Davidson et al., 2015: p44.²³

[†] As measured by the Problem Gambling Severity Index

4.4 What contributes to harm?

Anyone can experience gambling harm.

However, some people have a higher risk than others²⁴ and a wide range of factors influence a person's risk of experiencing harm. These are complex and research is continuing to expand knowledge about the roles they play. Some factors are specific to gambling and others are more general.²⁵

Gambling-specific factors

A wide range of factors specific to gambling can influence the risk of harm.

They include:

- i. The environment - the political, economic and public policy setting, as well as cultural beliefs about who carries the responsibility for gambling harm;
- ii. Exposure to gambling - the setting, accessibility of products and locations, and marketing and messaging;
- iii. The different types of gambling products; and
- iv. Access to resources that might mitigate harm such as mutual support, self-help resources and formal services.²⁶

General factors

More general factors can also influence people's risk of experiencing harm. However, at times they can also be consequences of gambling harm.

These include:

- i. Cultural factors - gender, age, ethnicity, traditions, religious groups and belief systems;
- ii. Social factors - social demographics, family and peer gambling involvement, neighbourhood, education system, and stigmatisation;
- iii. Psychological factors - personality, other health and well-being issues and coping styles; and
- iv. Biological factors - genetic inheritance and neurobiology.²⁷

Types of gambling activities

Gambling products are not homogenous, some are more harmful than others. Some types are relatively benign, such as lotteries and raffles. Other types can more easily lead to harm, particularly those involving regular, prolonged participation – because they are continuous in nature and entail an element of skill or perceived skill. These include poker machines, casino table games, horse track and sports betting.

Source: Abbott et al., 2015: p21.²⁸

Issues often occur together

A wide range of health, wellbeing and social issues can co-occur with gambling harm. For instance, gambling harm is associated with increased rates of:

- i. physical health problems,
- ii. depressive, anxiety, and substance use disorders and
- iii. relationship issues, including family violence.^{29,30,31}

These sorts of difficulties can result from gambling, but they can also compound harm and trigger risky gambling behaviour.³²

Risk and protective factors

Some gambling-specific and more general factors increase the likelihood that a person will experience gambling harm, or increase the burden of existing harms. Examples include being exposed to gambling early in life and mental health and substance use problems. These are known as risk factors. Other factors contribute to people's resilience and can mitigate the impact and burden associated with gambling harm.³³ These are known as protective factors and examples include having access to quality harm prevention information in venues and having solid social support and social connectedness. These have been found to contribute to wellbeing and facilitate increased resilience.³⁴

The majority of current policy initiatives address risk factors for problem gambling and gambling harm.³⁵ While prevention efforts in other fields, such as smoking, alcohol abuse and illicit substance use, have long focussed on increasing protective factors as well as decreasing risk factors,³⁶ less is known about what protects against developing gambling problems and harms.^{37,38}

In this context the Commission acknowledges the importance of better understanding and embracing initiatives which enhance resiliency in individuals, families and communities as well as those that decrease the risk factors influencing gambling harm.

Risk and resilience

It is important to facilitate protective factors as well as address risk factors for gambling related harm.

5. A public health approach to gambling

5.1 A call for a public health approach to gambling

Gambling policy, regulation and treatment strategies have typically evolved from approaching gambling harm as an issue of personal responsibility. Initiatives have tended to target individual gamblers, either providing treatment for ‘problem gamblers’ or preventing people from becoming ‘problem gamblers’. Strategies have focussed on informing people about how gambling products work, responsible gambling and how to seek help if they have a problem. This model tends to pathologise the individual. It infers that only a very small number of people have problems with gambling products which are generally a harmless source of entertainment for the population.

This model has not been particularly effective in reducing gambling harm, but it has pointed to the importance of applying a much broader approach for preventing and reducing gambling harm.

Shortcomings include:

- A primary focus on the behaviour of gamblers does not pay sufficient attention to other contributors to gambling harm, including the gambling products, their accessibility, the nature and conduct of venues as well as environmental and social factors.
- More than 85 percent of the burden of gambling harm is carried by people who do not meet the PGSI criteria for problem gambling.³⁹ Additional harm is borne by gamblers’ family, friends and the community. Focusing only on people classified as problem gamblers misses much of the harm in the community.
- Messages that place the responsibility for problem gambling on the individual and their behaviour contribute to the shame people can feel about gambling. It has perpetuated individual and community stigma surrounding gambling harm⁴⁰ because it infers ‘there is something wrong with them, the problem is their fault, and they are personally to blame’.⁴¹
- People experiencing gambling harm tend not to seek help, or only do so when they are experiencing extreme consequences from their gambling. The shame and stigma associated with gambling harm have acted as significant barriers for people recognising they are experiencing harm and seeking help and information.

Around the year 2000, ‘problem gambling’ began to be discussed as a public health issue.

A public health approach takes a broad perspective about responsibility and areas for action. Instead of focussing only on treating ‘problem gamblers’ it also aims to prevent problems and promote wellbeing. It is commonly defined ‘as the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals’.⁴²

A public health approach relies upon integrated and co-ordinated delivery of a wide spectrum of initiatives addressing harm as experienced by people who gamble, their families and the community, encompassing prevention, reduction and community awareness.

Public health approaches have been used successfully in response to many risks to the health of communities. For instance, public health approaches are widely employed to reduce harm relating to alcohol and other drug use, as well as improving road safety. In 2010 the Australian Productivity Commission recommended the use of a public health approach to gambling harm⁴³ as did the Parliamentary Joint Select Committee on Gambling Reform in 2012.⁴⁴ Australian jurisdictions have now almost universally committed to adopting a public health approach to preventing gambling harm.

The public health approach stems from the World Health Organisation's 1986 Ottawa Charter for Health Promotion, which prioritised action in the following areas:

- Building healthy public policy;
- Creating supportive environments;
- Strengthening community action / capacity building;
- Developing personal skills; and
- Reorienting health services toward prevention of illness

The Ottawa charter was the first internationally agreed approach towards defining a 'new public health'.⁴⁵

5.2 Prevention in a public health context

While the term 'prevent' means to keep 'something' from happening, in the public health arena there has been considerable variation in what that 'something' is referring to.⁴⁶ For instance, strategies differ in whether they aim to prevent a condition's first occurrence, relapse and disability associated with the condition or the condition itself.⁴⁷

Gambling harm can be 'prevented' by reducing or delaying the actual onset of gambling harm but harm is also prevented by reducing the risks and the extent of harm associated with gambling.⁴⁸

More specifically, public health approaches aim to:

- i. prevent gambling harm before it occurs,
- ii. reduce gambling harm in its early stages through early detection of at risk gamblers, as well as
- iii. reduce the impact, complications, duration and progression of gambling harm in individuals and the community.

In a public health context

Prevention initiatives prevent, reduce or delay the actual onset of gambling harm but they can also aim to reduce the impact, complications, duration and progression of gambling harm in individuals and the community.⁴⁹

PART II: THE STRATEGY

6. Key components of the Commission's Strategy

The purpose of the Strategy is to provide a framework that ties together current initiatives and an overarching narrative for planning, implementing and evaluating future harm prevention efforts. While the formal framework is new, consumer protection and reducing the risks and costs of gambling harm have been central and informed all functions of the Commission since it was established in 1999. The Strategy necessarily addresses current levels and types of gambling activity in the ACT. It also builds upon existing harm prevention and reduction initiatives that have been developed and implemented in conjunction with key stakeholders. A snapshot of the ACT's gambling activity and the current harm prevention context are outlined in Annex A and Annex B.

Key components of this Strategy include developing:

- The underpinning principles for a public health approach in the ACT;
- Clear objectives;
- Annual work plans;
- Communications;
- Stakeholder engagement;
- Monitoring and evaluation mechanisms; and
- Governance.



On a practical level the Strategy will guide the selection, monitoring and improvement of harm prevention efforts, keep long term outcomes in sight and maximise the potential for reducing gambling harm in our community.

This is the ACT's first Strategy for preventing gambling harm using a public health approach. Because of this, the Commission acknowledges the importance of establishing and developing the understanding of the public health approach in the ACT community, among gambling providers, support services and across government.



A public health approach requires flexibility and responsiveness to emerging issues and improved understanding of the effectiveness of various strategies. An agile and responsive approach is required to maximise the benefits gained from taking up opportunities as they arise. This Strategy establishes a guide for annual work plans which will evolve as the Commission's knowledge and implementation of a public health approach grows. It also establishes a governance, monitoring and evaluation regime which will allow for the incorporation of feedback and responding to emerging issues, opportunities and problems.

7. Strategy principles

The Strategy's principles are founded upon recognising (i) the broad range of harms associated with gambling for individuals and across the community, (ii) differences in risk across products, as well as (iii) the following components of a public health approach.

7.1 Multiple levels for initiatives

A public health approach recognises that focusing attention only on the small group of people who are classified as 'problem gamblers' will not, in itself, help to reduce gambling harm in the population. While addressing severe harm is a fundamental component of a public health approach, the largest aggregate source of harm is occurring outside this group.⁵⁰ On its own this demonstrates the importance of rethinking traditional approaches to gambling policy.

'A public health framework allows for an approach which works across the spectrum of gamblers. It addresses both the severe harm faced by some gamblers and the potential detriments facing gamblers generally'.⁵¹

The success of a public health approach to gambling harm relies on co-ordinated, evidence based and evaluated initiatives directed along the entire continuum of harm. More intensive approaches, like treatment, are prioritised for relatively small groups in the community and less intensive approaches, like gambling harm awareness campaigns, are prioritised for larger sections of the community.⁵²

7.2 Multifaceted across stakeholders and settings

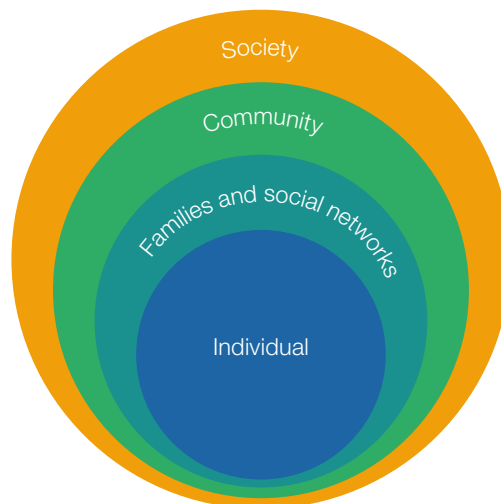
A public health approach considers harms or health impacts across the whole society rather than only upon individuals. It recognises the significant harm that can be experienced by the people around gamblers and the broader community as well as the important role a variety of people can play in preventing and reducing gambling harm. As such the Commission recognises ‘that the actions and choices of individuals, while important, are deeply embedded in social contexts and processes’.⁵³

This means effective action for reducing harm will include not only actions to influence individuals but also actions to mitigate risks at the societal (e.g. policy and regulation), community (e.g. local area cultures and groups), and interpersonal (e.g. family and friends) levels.⁵⁴

From a public health perspective, the responsibility for addressing gambling harm is broad and shared ‘from individuals and community groups to businesses, corporations and governments at all levels’.⁵⁵

A public health model therefore promotes the adoption of policies and initiatives to reduce gambling harm across a range of sectors and settings including government, gambling industry and venues, local communities, and gambling and other health and wellbeing support services. Adopting a public health approach means everyone involved needs to recognise they have a particular role in supporting an integrated and comprehensive strategy.

The importance of adopting a multifaceted approach is also illustrated by the tendency for other health, wellbeing and social issues, such as substance misuse and mental health problems, to co-occur with gambling harm. Regardless of whether these co-occurring issues are a cause, result, compounding or triggering factor, they require recognition and action across multiple stakeholders and settings.



7.3 Targeted and tailored initiatives

A public health approach acknowledges that a wide range of factors play a role in influencing health and wellbeing. It 'captures the impact of broad features of society such as policy, social cohesion, culture, education, and life-course on behaviours such as gambling, and subsequently health outcomes such as gambling harm'.⁵⁶ Gambling harm prevention initiatives aim to prevent and manage health through surveillance and promoting healthy behaviours, communities and environments. A public health approach provides a comprehensive perspective for addressing gambling harm but the broad scope requires a framework to ensure:

- i. Initiatives are tailored to relevant groups, products and settings; and
- ii. Efforts are both feasible and effective.

The ACT's 2017-18 Gambling Harm Prevention Plan outlined a framework for targeting gambling harm. The framework is based on a public health model proposed by Gordon⁵⁷ but has been adapted to address nuances of gambling harm prevention, specifically to best address the underlying continuum of gambling harm. It was therefore designed to guide harm prevention initiatives that aim to 'prevent or delay the onset of gambling harm and minimise risks and harms associated with gambling'.⁵⁸

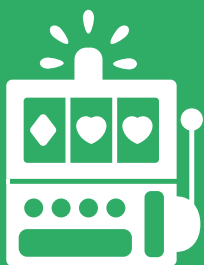
The framework includes three levels or groups for targeting the prevention and reduction of gambling related harm as experienced among:

- i. the general population;
- ii. people at heightened risk; and
- iii. people already experiencing heightened levels of harm.⁵⁹



Universal measures are initiatives that target the prevention and reduction of harm in the general population. Measures should be limited to actions that are 'safe for everyone and can be acted upon by anyone, without risk and without first needing to consult a health professional'.⁶⁰ Examples include:

- Community based communication strategies designed to increase awareness and knowledge and decrease stigma; and
- Campaigns targeting resilience and risk amongst all youth.



Selective measures are initiatives that target prevention and reduction of harm amongst groups considered at heightened risk of gambling harm because of a shared characteristic. The risk may be imminent or it may be a lifetime risk. Risks may be social, environmental, psychological or biological factors associated with gambling harm. Examples include:

- Making changes to gambling environments including accessibility and products, e.g. capping the number of venues or machines, modifications to products and restricting access to cash; and
- Increasing consumer knowledge about how to reduce harm, e.g. providing support kits containing information about gambling harm for staff and patrons of venues.



Having regrets or feeling guilty after playing

Indicated measures are initiatives that target the reduction of harm amongst people already experiencing heightened levels of gambling harm. Examples include:

- Developing and providing formal self-exclusion procedures - where people experiencing harm can exclude themselves from gambling; and
- Co-ordinating awareness and appropriate management of gambling harm across a range of health, wellbeing, financial counselling and other community services.

Initiatives should be both appropriate and viable in targeting these groups. Understanding the wide range of societal, community and interpersonal factors that contribute to gambling harm is essential in informing the targeting of harm prevention and reduction initiatives so they are feasible, appropriate and effective.

7.4 Comprehensive and co-ordinated

Public health strategies recognise that major achievements do not come about through the implementation of single free-standing initiatives.⁶¹ With regard to gambling, 'it has been shown that single interventions, such as providing health information alone, have limited impacts'.⁶² Meaningful reduction is more likely to come from the collective impact of a number of initiatives strategically selected to address gambling harm by:

- Engaging with a diverse array of stakeholders and settings;
- Acknowledging the different types and levels of severity;
- Targeting the general community, at-risk groups and people already experiencing harm; and
- Ensuring initiatives are appropriately tailored to these target groups.

A public health approach provides the opportunity for identifying and assessing priorities and gaps in the co-ordination of harm prevention efforts.

7.5 Summary of principles

The Commission commits to adopting the following public health principles in preventing and reducing gambling harm in the ACT.

1. Gambling harm is any negative consequence caused or made worse by gambling

The Commission recognises that harms from gambling are diverse and can be experienced by people who gamble, people around them and at the community level. Gambling harm isn't experienced by all individuals in the same manner.

2. Gambling harm lies on a continuum

The success of a public health approach to gambling harm relies on co-ordinated, evidence based initiatives directed along the entire continuum of harm.

3. Gambling activity is not homogenous, some products are more harmful than others

The Commission recognises that gambling refers to a wide range of activities. Some types of gambling are relatively benign while others can more easily lead to harm. A balanced approach is needed, that prioritises individual activities based on risk and harm.

4. Gambling harm prevention and reduction requires a multifaceted approach

Preventing gambling harm relies upon a diverse array of stakeholders recognising their roles and responsibilities. It requires collaborative and strategic engagement across multiple stakeholders and settings.

5. Initiatives need to be appropriately targeted and tailored

A public health approach recognises the importance of targeting initiatives at factors influencing gambling harm amongst different population groups, including the general population, people with heightened risk, youth, vulnerable individuals and those already experiencing gambling harm. Initiatives need to be appropriately tailored to increase resilience and reduce risk for these groups.

6. A public health approach requires comprehensive and co-ordinated activity

Meaningful harm prevention is most likely to come from the collective impact of a number of co-ordinated initiatives. Initiatives should be strategically planned across the public health principles and mapped out over time to ensure the best possible outcomes for the Canberra Community.

8. Strategy objectives

The objectives for this Strategy will guide the development, implementation and evaluation[†] of gambling harm prevention and reduction efforts over the next five years.

1. Ensuring Government policy and initiatives prevent and reduce gambling harm.

The Strategy seeks to promote the adoption of policies and initiatives to prevent and reduce gambling harm. Government policies and initiatives will span a range of sectors, including industry, local communities and gambling information and support services.

2. Increasing understanding about gambling harm amongst government, gambling industry, communities, families and individuals.

Communications highlighting the broad range of harms that can result from gambling for people who gamble as well as their surrounding family, friends and communities, will raise awareness, reduce the stigma associated with gambling harm, and encourage those individuals who may require information and assistance to seek it.

3. Providing a wide range of accessible, responsive and effective services and initiatives that prevent and reduce gambling harm.

A range of initiatives are required that prevent and reduce the full spectrum of gambling harm as experienced by the different people affected by gambling in our community. These include resources and services covering: screening and early intervention; assessment; self-help tools; short-course initiatives for individuals affected by mild gambling harm; and more specialist initiatives for individuals experiencing substantial or severe gambling harm. The Commission commits to ongoing development, maintenance, evaluation and improvement of such services and initiatives that prevent and reduce gambling harm.

4. Ensuring gambling environments and providers prevent and reduce gambling harm.

The *Gambling and Racing Control (Code of Practice) Regulation 2002* sets out the minimum standards that gambling providers or venues must meet when providing gambling products in the ACT.⁶³ It provides a consistent approach to gambling in the ACT, providing protection for individuals by ensuring a minimum level of consumer information is available.

This includes developing proactive compliance and investigation programs, advertising and promotions, provision of information, training of staff, and initiatives designed to reduce harm.

It provides additional protection for individuals at risk of substantial or severe gambling harm.

The Commission will continue to work with gambling providers and other key stakeholders to develop, identify and implement in-venue opportunities to prevent gambling harm.

[†] Potential indicators of success for the objectives are provided in Annex C of this document.

5. Supporting and building the evidence base for gambling harm prevention strategies and initiatives.

Research and evaluation plays a key role in informing and developing a public health approach to gambling harm prevention. The Commission recognises the importance of building a stronger evidence base regarding the best practice for gambling harm prevention strategies and initiatives. The Commission will continue to support and build upon research relating to the prevalence, incidence and causes of gambling harm as well as gambling harm prevention initiatives. This will assist in providing an evidence base for informing future activities and strategies.

9. Annual work plans

The Commission will develop and deliver annual work plans guided by the Strategy.

The annual work plans will specify priority areas, initiatives and activities, key themes and objectives, measures of success and relevant communications and engagement for each financial year.

All annual work plans will be developed to reflect the principles and objectives of the public health approach and will be 'living documents' in that they will be adjusted according to feedback received from monitoring and evaluation activities and other sources such as key stakeholders and Government.

Initiatives and activities will be prioritised and assessed according to their capacity to address tangible outputs and outcomes for the Strategy objectives.

10. Communications

Effective communication is key to realising the principles and objectives of this Strategy. As such communication plans will be developed and outlined for each priority area and for individual initiatives, as relevant. Each of the annual work plans will address the communications to achieve the initiatives that are to be prioritised for that year.

Government, the gambling industry, communities, families and individuals need to better understand the range of harms from gambling that affect individuals, families and communities. The Commission will first and foremost design communications to achieve this objective, guiding and informing the development of initiatives that build knowledge over the five year period.

The Commission's communication and engagement approach will incorporate:

- Increasing knowledge and awareness about the signs, risk and protective factors of gambling harm and actions people can take to reduce gambling harm;
- Actively encouraging and supporting behaviours that protect against, prevent or reduce gambling harm;
- Ensuring quality initiatives and resources are widely available to all ACT residents;
- Providing information about services and resources for people experiencing gambling harm;
- Decreasing stigma and shame associated with gambling harm;
- Empowering and increasing community capability in actively engaging in the prevention of gambling harm;
- Being consistent with a public health approach, e.g. initiatives will be appropriately targeted and tailored to groups, products and settings;
- Providing mechanisms for the community and stakeholders to provide feedback on initiatives; and
- Ongoing evaluation to ensure communications are improved and continue to have impact over the five year period.

Overall, the Commission's communications will increase knowledge and awareness while decreasing shame and stigma associated with gambling harm.

11. Stakeholder engagement

A public health approach is most effective when initiatives are developed, supported and delivered collaboratively with key stakeholders working together, including: gambling industry and providers; community and health services; government and non-government organisations; community groups and researchers.



The Commission recognises that the development and successful implementation of harm prevention and reduction initiatives relies upon understanding the potential impact, barriers and capacity for key stakeholders in taking effective action. Stakeholder engagement is essential in ensuring initiatives are feasible, supported and consistently implemented across the community sector and gambling venues.

We will work collaboratively with all stakeholders in building a safe, healthy and resilient Canberra community through preventing and reducing the harms (including health, social, cultural and economic), from gambling.

The Commission's stakeholders cover a diverse range of groups who have an interest in, or may be impacted by, gambling harm and initiatives preventing and reducing harm. These include:

- The ACT Community;
- ACT government representatives;
- Advocates and community members affected by gambling;
- Gambling industry, business and advocacy groups;
- Community groups;
- Researchers;
- Media;
- Government representatives from other jurisdictions; and
- Health, wellbeing and support service providers.

The Commission currently consults through a range of processes including the Gambling and Racing Commission Advisory Committee which has members from community sector organisations, industry organisations, gambling help services, the ACT government health sector and the youth sector.

The development of effective and constructive stakeholder engagement is a key component of this Strategy. It relies upon reviewing existing processes and identifying the stakeholder roles and functions which best support progress towards implementing a public health approach to gambling harm prevention.

The Commission commits to:

- The development of a common understanding of the ACT's harm prevention approach;
- Voluntary compliance in terms of providers meeting the requirements of the ACT's gambling laws;
- The identification of opportunities for initiatives;
- Co-ordinated and collaborative delivery of initiatives; and
- Feedback and ongoing practical and meaningful improvements being made.

12. Monitoring and evaluation

The annual cycle for developing work plans has been designed to enable harm prevention efforts to be flexible and responsive to emerging issues and knowledge, and to maximise the relevance and impact of the Strategy into the future. As such a comprehensive monitoring and evaluation process will be built into the design phase of each annual work plan covering priority areas and activities as well as the Strategy's principles and objectives.

12.1 Priority areas and activities

The Commission will continue to monitor the effectiveness of the implementation of substantial activities towards preventing gambling harm. Key measures of success will be developed and evaluated for activities under each priority area identified in the annual work plans. Information learned from the monitoring and evaluation process will provide continuous quality improvement for all activities as well as inform recommendations for developing the subsequent annual work plans.

12.2 The Strategy's principles and objectives

Progress towards adopting the principles and objectives of the public health approach will also be reviewed, including successes, any obstacles, gaps and lessons learned. Potential indicators of success for the objectives have been included in Annex C for reviewing the progress of the Strategy.

The monitoring and evaluation process will specifically be used to review the effectiveness of the Strategy's overall approach to determine:

- Whether the Strategy has delivered on the principles and objectives of the Commission's public health approach;
- Whether the Strategy is suitable to continue, with or without minor amendments; or
- Whether an alternative approach needs to be adopted.

This will ultimately update the Commission about the suitability of the Strategy for informing harm prevention and reduction efforts in the ACT.

12.3 Data and monitoring resources

In monitoring progress, the Commission commits to:

- Utilising new and existing data sources such as (i) Australian Gambling Statistics, (ii) the ACT prevalence surveys and (iii) de-identified information from the ACT's gambling exclusion database and incident register;
- Strategically identifying key areas where data and monitoring resources are limited and explore the development and collation of new resources, where feasible; and
- Reviewing and integrating emerging research.

13. Governance

The ACT Gambling and Racing Commission board will oversee the development, implementation, monitoring and evaluation of the Strategy.

14. Moving forward together

The prevention of gambling harm involves a wide range of stakeholders with diverging and sometimes conflicting perspectives working together. This Strategy maps a way forward towards achieving the Commission's vision of a Canberra free from gambling harm. A Canberra where people are making informed choices about gambling in safe environments, which are created by the community, gambling providers, support services, Government and the Commission effectively working together to prevent gambling harm.

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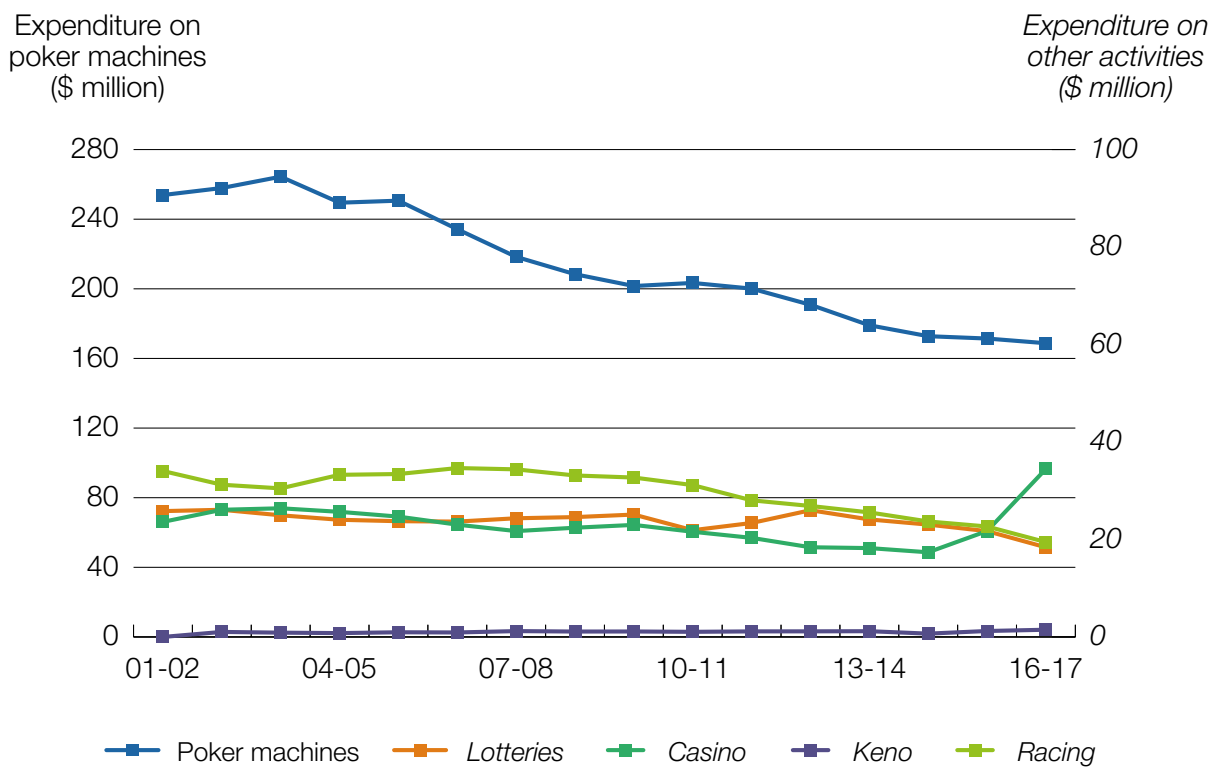
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Annex A: A snapshot of gambling in the ACT

The Strategy is designed to prevent and reduce harm recognising the changing nature and composition of gambling in the ACT. For instance, total gambling participation and expenditure has been falling amongst ACT residents since about 2000.¹ During this time the total amount of money lost to gambling in Canberra has fallen by close to 30 percent.² Gambling has also become less common amongst ACT adults. Between 2009 and 2014 the proportion of ACT residents who said they had gambled in the last year fell from 70 percent to 55 percent.³

However, change has not been uniform across gambling activities. While expenditure on races, poker machines and lotteries has fallen since 2000, the fall has been particularly marked for poker machines and races, as shown below.



Real gambling expenditure (\$ million) in the ACT by type of activity, 2001-02 to 2016-17.⁴

1 Davidson T, Rodgers B, Taylor-Rodgers E, Suomi A & Lucas N (2015). *2014 Survey on Gambling, Health and Wellbeing in the ACT*. Centre for Gambling Research, Australian National University, Canberra. https://www.gamblingandracing.act.gov.au/__data/assets/pdf_file/0010/846901/2014-Survey-on-Gambling,-Health-and-Wellbeing-in-the-ACT-.pdf

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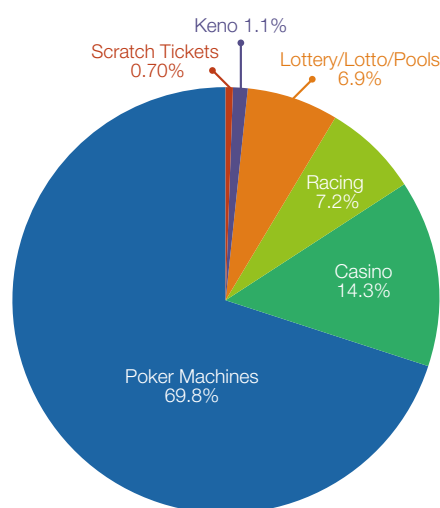
In contrast, the sale of Casino Canberra in 2015 corresponded with an increase in recent expenditure in terms of patrons' gambling activity. Furthermore, online wagering expenditure across Australia has been estimated as increasing by 15 percent per year since 2004.^{5,6}

We know that about 8 percent of ACT adults gambled using the internet in 2014, with 2 percent doing so at least once a week. However, as yet we do not know the extent and impact of any change in online gambling over time.

Recognising, clarifying and responding to the changing composition of gambling is a high priority for ACT and Australian gambling policy and research.

The overall reduction in gambling activity in the ACT could be taken as a sign that gambling related harm is also reducing. However, there has not been a statistically significant decline in the number of ACT residents experiencing high levels of harm⁷ and the amount of money outlaid and lost on gambling remains substantial.

In 2016-17 more than \$241 million was lost by people gambling 'in the ACT, with two thirds - about \$169 million - being lost playing' poker machines.⁸ Furthermore, in the ACT almost half of all money lost to gambling - 44 percent - is estimated as coming from people experiencing gambling harm.⁹



Total gambling expenditure in the ACT by type of activity, in 2016/17.¹⁰

5 This estimate is from industry data. It does not include offshore wagering and estimates are not available for individual jurisdictions.

6 Commonwealth of Australia, Department of Social Services (2015). *Review of Illegal Offshore Wagering*. Report to the Ministers for Social Services and the Minister for Communication and the Arts. 18 December 2015, pg46. https://www.dss.gov.au/sites/default/files/documents/04_2016/review_of_illegal_offshore_wagering_18_december_2015.pdf

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Annex B: The ACT's harm prevention context

Reducing the risks and costs of gambling harm is a core function of the Commission and this Strategy necessarily builds upon initiatives that have already been developed and implemented in conjunction with key stakeholders. In recent years a range of harm prevention and reduction initiatives have been introduced that govern gambling activity in the ACT. These involve the development of policy and legislation as well as initiatives developed under the broader remit of the Commission's regulatory and harm prevention functions.

Policy and legislative initiatives

A core function of the Commission is to provide advice and collaborate in the development and implementation of policy and legislation. The Commission is committed to collaborating with other jurisdictions as well as advising the ACT government about policy and legislation designed to prevent harm associated with gambling.

Online wagering and gambling

The Federal Government is responsible for the policy and legislation regulating online wagering. Along with other jurisdictions, the ACT government has endorsed and is working towards implementing the *National Consumer Protection Framework for Online Wagering*.¹ This Framework specifies minimum standards for Australian online wagering services, providing strong, nationally consistent protection for consumers.

All states and territories have agreed to implement a suite of measures designed to prevent and reduce harm from online wagering. These include but are not limited to establishing:

- A pre-commitment scheme;
- A national self-exclusion register;
- Restrictions on inducements and payday lenders providing small credit contracts; and
- Prohibition from offering lines of credit.

Poker machine venues

In consultation with the Commission and key stakeholders the ACT Government has introduced a range of legislative initiatives specifically regulating poker machine venues, including:

- Reducing the number of poker machines;
- A \$250 ATM cash withdrawal limit in gambling venues;
- Prohibition of cash facilities in gaming area;
- A \$20 limit for gaming machine note acceptors
- Prohibition of alfresco gaming; and
- Restrictions on 24-hour trading.

¹ National Consumer Protection Framework for Online Wagering in Australia: National Policy Statement. 26 November 2018. <https://www.dss.gov.au/communities-and-vulnerable-people-programs-services-gambling/national-consumer-protection-framework-for-online-wagering-national-policy-statement>

Community contribution and harm prevention funds

Under current legislation, venues are required to contribute 8 percent of net gaming machine revenue to organisations or activities that are recognised by the Commission as benefitting the community. In 2019 this proportion increases to 8.8 percent and improvements are being made to increase the effectiveness and transparency of the scheme, and to maximise its community benefit. Further to this, 0.75 percent of gross gaming revenue goes specifically to a fund dedicated to preventing gambling harm, the Gambling Harm Prevention and Mitigation Fund.

The Commission's regulatory and harm prevention functions

A range of initiatives have also been introduced in terms of how the Commission approaches regulation, consumer protection, compliance and reducing the risks and costs of gambling harm. The Commission is committed to collaborating with other jurisdictions in developing and implementing regulation designed to prevent harm associated with gambling. Liaising with and learning from other jurisdictions provides an invaluable resource for informing the ACT's regulatory approach and initiatives.

Gambling harm awareness

The Commission is committed to providing the community with factual information about gambling products, harm and how and where to obtain assistance and information so that people can make informed choices about their gambling. As part of this imperative the Commission is committed to an annual Gambling Harm Awareness Week. To date activities have targeted increasing awareness amongst industry, communities, families and individuals about the broad range of gambling harm, delivering conferences for stakeholders, social marketing campaigns, and developing training videos for club staff.

Engagement and education

The Commission is dedicated to raising awareness about the broad range of gambling harm and the public health approach amongst key stakeholders. Ongoing engagement, such as running information sessions, has been invaluable in providing scope for identifying emerging opportunities for applying the public health principles to gambling harm prevention in the ACT.

Engagement and education play a key role in preventing gambling harm under the Commission's compliance programs, which are fundamentally designed to ensure providers of the different gambling products available in the ACT comply with their obligations under the gaming laws.

However, the Commission takes a proactive approach to compliance. For instance, the Commission has developed and provided support kits – which are designed to assist gaming machine venue staff identify gambling harm and take appropriate action, as required by law. Fostering positive and open working relationships and educating stakeholders reinforces norms and voluntary compliance, pre-empting non-compliance, investigation and enforcement procedures.

Training

The Commission has developed and conducts training sessions for TAB, casino and club staff involved in providing gambling services. Training has also been tailored for board members and Gambling Contact Officers. The training is designed to:

- Inform participants of the extent and range of gambling harm associated with the products they provide and the public health approach;
- Train and support staff to provide better assistance to people experiencing harm in their venues; and
- Support the management and reporting of gambling related incidents, and exclusion practices, with the goal of reducing harm in venues.

Support services and tools

The Commission manages and reviews the contract for providing the ACT's gambling counselling service. The gambling harm support resources are currently being reviewed to ensure they best address the scope of the public health approach. The Commission has also worked with key community stakeholders in developing information and web based tools to facilitate recognition, prevention and appropriate responses to gambling harm. To date projects have targeted increasing awareness amongst youth and primary care providers, and have been funded by the Gambling Harm Prevention and Mitigation Fund. This illustrates the Commission's commitment to addressing gambling harm across multiple settings and key stakeholders.

The Commission is also committed to ensuring the Canberra community continues to have access to an effective and well utilised exclusion scheme. The Commission provides a secure electronic database for all ACT gambling venues to record self-exclusions, licensee exclusions, exclusion breaches and gambling related incidents and outcomes.

Research and building a high quality evidence base

While progress has been made there are still gaps in the evidence base regarding the efficacy of many gambling harm prevention initiatives.

The Commission is committed to establishing up-to-date evidence regarding gambling behaviour as well as the prevalence and correlates of gambling harm in the community. Multiple research projects have been funded by the Commission, including the 2001, 2009, 2014 and 2019 ACT Gambling Prevalence Surveys as well as research on stigma, self-exclusion and how best to target interventions for preventing gambling harm in the ACT. These have provided local information for informing and monitoring the Commission's priorities and activities.

Liaising with other jurisdictions, sharing information about successes and challenges from developing and implementing public health initiatives also assists in developing better resources for monitoring gambling harm and building a stronger evidence base for gambling harm prevention initiatives.

The Commission recognises that the ACT regulatory context is unique in being small and geographically surrounded by another jurisdiction. Collaboration with New South Wales, sharing resources and information, is therefore particularly important to enable effective monitoring and responses to any emerging cross-border trends and issues.

Annex C: Indicators of success

The progress of the Strategy towards adopting the principles and objectives will be reviewed including successes, obstacles, gaps and lessons learned. This Annex provides potential indicators of success for the Strategy objectives.

Objective 1: Ensuring Government policy and initiatives prevent and reduce gambling harm.

Potential indicators of success

- Reduction in gambling harm amongst gamblers and people around them[‡]
- Development in policy and legislation
- Engagement and information sessions with Government agencies
- Development of cross-border gambling harm prevention monitoring processes

Objective 2: Increasing understanding about gambling harm amongst government, gambling industry, communities, families and individuals.

Potential indicators of success

- The development of targeted communication campaigns for stakeholders and or population groups
- Gambling harm awareness week priorities that progressively increase understanding over the 5 year period of the Strategy

Objective 3: Providing a wide range of accessible, responsive and effective services and initiatives that prevent and reduce gambling harm.

Potential indicators of success

- The development and provision of information that appropriately targets different population groups
- The development and provision of gambling harm treatment and prevention services that reflect the mix of needs in our community

Objective 4: Ensuring gambling environments and providers prevent and reduce gambling harm.

Potential indicators of success

- Development and delivery of proactive and targeted compliance programs
- Increase in compliance and reductions in breaches of the code
- Engagement and educating providers
- Reduction in the number of EGMs per capita, and relative to other jurisdictions
- Development of the gambler's exclusion database and recording of incidents
- Development and provision of training for venue staff and board members

[‡] In the short term, rates of gambling harm and service use may increase along with community knowledge, recognition and action.

Objective 5: Supporting and building the evidence base for gambling harm prevention strategies and initiatives.

Potential indicators of success

- Better data for monitoring online gambling
- Funding of research projects designed to inform ACT harm prevention initiatives
- Systematic research reviews
- Interjurisdictional collaboration, such as contribution to the development of Gambling Research Australia research projects and priorities
- Development of a process for understanding cross-border gambling harms and trends and implications