Strategy for gambling harm prevention in the ACT: A public health approach 2019-2024

Final evaluation report

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Executive summary

PURPOSE OF THE STRATEGY

The ACT Gambling and Racing Commission (the Commission) developed the Strategy for Gambling Harm Prevention in the ACT: A Public Health Approach 2019-2024 (the Strategy) as a five-year guide for preventing and reducing gambling harm in the ACT. The Strategy is based on the Commission's overarching vision of "a Canberra free from gambling harm".

The Strategy is grounded in a public health approach, building on the previous *Gambling Harm Prevention Plan 2017-2018: A Public Health Approach to Gambling Harm*. A public health approach recognises that gambling harm lies on a continuum, that responsibility for addressing gambling harm is shared across multiple actors including government, industry, help services, community and individuals, and that effective responses to reduce gambling harm require multifaceted, co-ordinated actions across multiple levels. This includes targeted and tailored interventions, and comprehensive actions.

The Strategy was structured around five objectives:

1) Ensuring Government policy and initiatives prevent and reduce gambling harm,
2) Increasing understanding about gambling harm amongst government, gambling industry, communities, families and individuals,
3) Providing a wide range of accessible, responsive and effective services and initiatives that prevent and reduce gambling harm,
4) Ensuring gambling environments and providers prevent and reduce gambling harm, and
5) Supporting and building the evidence base for gambling harm prevention strategies and initiatives.

INTERIM EVALUATION OF THE STRATEGY

In 2023, Crondar Consulting completed an interim evaluation report of the first three years of the Strategy period, from 2019-2022. The interim evaluation found that the Strategy was "highly suitable to continue for the remaining two years and to form the basis of subsequent strategies" (p62). The interim evaluation noted that two of the above objectives, specifically 1 and 4, should be revised "to align with the level of attribution of the Commission to achievement of the stated objective" (p62). The evaluation also identified 18 recommendations, several of which were incorporated into later Gambling Harm Prevention team work plans.

The interim evaluation drew on existing data, such as the 2019 ACT Gambling Survey, the Australian Gambling Statistics publication by the Queensland Government Statisticians' Office, the Commission's Research Agenda (2021-2024), and a variety of annual reports, workplans, evaluation reports and other surveys (e.g., Gambling Contact Officers training survey data). New information was obtained from focus groups with key stakeholders, including the Gambling Harm Prevention team, support services, government and the gambling industry. Interviews were also held with the CEO of the Gambling and Racing Commission, the Chair of Canberra Community Clubs and the CEO of ClubsACT.

FINAL EVALUATION OF THE STRATEGY

In 2026, CQUniversity and Ipsos Australia were commissioned to conduct a final evaluation of the Strategy, building on findings from the interim evaluation but encompassing the entire period of the Strategy. The statement of requirements for this final evaluation specifically noted that focus groups and interviews were not required, given they were covered comprehensively in the interim evaluation. Instead, this final evaluation draws on similar existing data sources to the interim evaluation, with the addition of the now-completed 2024 ACT Gambling Survey and the Community of Practice, which came into existence in 2022.

In addition, CQU and Ipsos Australia were commissioned to design a program logic and framework for the next Strategy. The 2019-2024 Strategy focused on the functions of the Gambling and Harm Prevention team, while the forthcoming Strategy will incorporate all functions of the Commission, including licensing and compliance. The development of this framework will draw on the findings from the interim and final evaluations, as well as interviews with teams within the Commission. These findings are reported separately, as they are forward-looking and intended to inform the development of the next Strategy, rather than retrospectively assess the previous Strategy.

A crucial consideration is that the interim evaluation covered years that were impacted by the COVID-19 pandemic, which had large impacts on both venue-based and online gambling. Research indicates that COVID impacts on the gambling industry have largely subsided (Hing et al., 2024) and are not expected to impact data for the years after the interim evaluation. However, the impact of COVID makes it difficult to assess trends, particularly in relation to assessing adjustments made based on the recommendations in the interim evaluation. For this reason, trends over time are reported, but should be treated with caution.

KEY ACHIEVEMENTS (2019–25)

- Completion of the 2024 ACT Gambling Survey.
- Completion of the interim evaluation.
- ACTGED substantially redeveloped and relaunched in July 2022, with a measured increase in new self-exclusions and recorded incidents.
- The Commission was consulted in the development of BetStop, the National Self-Exclusion Register for Online Wagering, thereby improving self-exclusion for venues and online.
- Resumption of full service after COVID disruption, notably Gambling Harm Awareness Week activities.
- The Commission moved to an "Always On" communication strategy, rather than communication during short periods of time.
- GCO training levels sustained annually. Improvements measured for knowledge, confidence and skills were consistent across all years.
- The ACT Gambling Support Service (AGSS) delivered therapeutic and financial counselling throughout the Strategy period, managing increased demand in the latter part of the period.
- A Community of Practice for Gambling Harm Prevention was established in August 2022, with nine meetings convened to March 2025. The CoP includes membership from across

the community sector, health services, research and government. While only six organisations completed a 2023 member survey, the feedback was very positive, with all intending to continue engagement.
- The Gambling Harm Prevention and Mitigation Fund funded research by a range of organisations, as well as community projects and events.

MAJOR FINDINGS

- The Commission implemented the Strategy largely as intended across much of the Strategy's period, although it is important to recognise the impact of the COVID pandemic on the years prior to the interim evaluation.
- The Commission was agile in responding to the 18 recommendations in the interim evaluation, with 12 fully implemented (although further improvements were identified for some), and 6 partially implemented. No recommendations were not implemented to at least some extent.
- The Commission was instrumental in providing a range of services, as outlined above in the key achievements section.
- Data used for evaluation of the effectiveness of these initiatives could be improved through formal evaluation methods and consistent data collection. Where data were available, the initiatives were generally assessed as effective.
- Impact on gambling-related harm is more difficult to assess. While gambling participation rates dropped, levels of gambling-related harm remained stable over time, with one in six ACT adults experiencing harm.
- Some data sets were lacking entirely, such as an assessment of industry attitudes and culture. A structured Outcomes Measurement Framework, including data sources and collection schedules, would greatly enhance monitoring against objectives for future Strategies.

LIMITATIONS

- The Strategy is one factor that can influence gambling harm in the ACT. Other factors, such as federal policy for online gambling and the COVID pandemic, also influence harm. It is not possible to determine the impact of the Strategy in isolation from these other factors.
- There are some data gaps which mean that not all data that were included in the interim evaluation could be included in this final evaluation. This is partly due to reporting changes over time.
- There were some minor discrepancies in the data provided, this is noted under relevant figures.
- The Statement of Requirements outlined that no interviews or focus groups were required for this final evaluation. Thus this evaluation includes less qualitative data compared to the interim evaluation.

SUMMARY OF RECOMMENDATIONS

#	Recommendation
1	Retain the public health approach as the foundation of the next Strategy. Strengthen partnership language to explicitly name the shared responsibilities of government, industry, services, and community in preventing gambling harm.
2	Raise awareness about the nature of, and misconceptions about, a public health approach to addressing gambling-related harm.
3	Expand the scope of the next Strategy to encompass all functions of the Commission
4	Identify new partnerships and strengthen existing partnerships with bodies that can meaningfully influence gambling harm.
5	Ensure all objective and action language in the next Strategy accurately reflects the Commission's sphere of influence, by identifying which measures the Commission can directly control, can influence, and are for context only.
6	Include explicit recognition of vulnerable groups in the next Strategy, with specific consideration of young men who gamble, women who are affected others, First Nations people, people from culturally and linguistically diverse communities, and children and adolescents.
7	Monitor and proactively address changes in the gambling environment, including those driven by technology and new product types. Mechanisms for environmental scanning should be built into the next Strategy's governance arrangements from the outset, enabling earlier and more proportionate regulatory responses. New products or product changes, no matter how minor, should require regulatory approval before launch.
8	Develop targeted initiatives to address the persistently low rate of help-seeking. This should include destigmatisation campaigns grounded in consumer insight, peer support expansion, strengthened community referral pathways, and exploration of opportunities to integrate gambling harm screening into primary health care and other community service settings.
9	Develop a formal Outcomes Monitoring Framework for each objective prior to the commencement of the next Strategy. The framework should specify indicators, baseline measures, data owners, collection frequency, and reporting mechanisms. All contracted service providers should be required to report against agreed indicators.
10	Address gaps in the monitoring data by: (a) commissioning regular non-prevalence harm surveys between five-yearly prevalence studies, using consistent measures across waves to enable detection of changes in harm and gambling participation; (b) where possible, collecting baseline data immediately prior to the introduction of new initiatives to strengthen evidence of effectiveness; (c) ensuring data collection is planned for all Strategy initiatives at the outset, with consistent measures over time and a focus on outcomes directly relevant to each initiative rather than contextual data alone; (d) working with the AGSS to redesign the post-counselling survey process, with a target response rate set and reported against annually; and (e) implementing formal monitoring of ACTGED incident reporting timeliness, consistent with Audit Recommendation 9 of the ACT Auditor-General's Report No. 4/2025 (Gaming Machine Licensee Regulation).

Note: It is important to declare that the tenth recommendation, capturing regular gambling harm data, may represent a potential conflict by the evaluation team. The first draft of a survey tracker will be conducted as part of the development of the next Strategy, led by CQU and Ipsos. We are recommending that the survey tracker continues beyond the first wave to fill a key evidence gap, and note that this may be viewed as a potential conflict of interest.

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1. Background and context

THE ACT GAMBLING AND RACING COMMISSION

The ACT Gambling and Racing Commission (the Commission) is an independent statutory body established under the ACT Gambling and Racing Control Act 1999. The Commission regulates gambling and racing in the ACT, including licensing, compliance and harm prevention functions. Harm prevention activities are led by the Gambling and Harm Prevention (GHP) team within Access Canberra, which operates under a Memorandum of Understanding with the Commission. At the time of writing, this Memorandum of Understanding is being renegotiated. The Commission's vision is a Canberra free from gambling harm.

THE STRATEGY 2019-2024

The *Strategy for Gambling Harm Prevention in the ACT: A Public Health Approach 2019-2024* (the Strategy) was the Commission's primary guide for preventing and reducing gambling harm across five years from 2019 to 2024. It built on the previous *Gambling Harm Prevention Plan 2017-2018: A Public Health Approach to Gambling Harm*, confirming the ACT's public health approach to preventing gambling harm. Prior to public health approaches, harm minimisation frameworks focused largely on behaviour by individuals, with some onus on industry to provide information so that individuals could make informed choices. A public health approach broadens this focus to preventing harm across the full population (i.e., not just those experiencing the most severe problems or harm), and addresses environmental, structural and commercial determinants of harm.

In addition to the overarching vision of a Canberra free from gambling harm, the Strategy included six principles and five objectives.

The six principles were:

1) Gambling harm is any negative consequence caused or made worse by gambling,
2) Gambling harm lies on a continuum,
3) Gambling activity is not homogenous, some products are more harmful than others,
4) Gambling harm prevention and reduction requires a multifaceted approach,
5) Initiatives need to be appropriately targeted and tailored, and
6) A public health approach requires comprehensive and co-ordinated activity.

The five objectives were:

1) Ensuring Government policy and initiatives prevent and reduce gambling harm,
2) Increasing understanding about gambling harm amongst government, gambling industry, communities, families and individuals,
3) Providing a wide range of accessible, responsive and effective services and initiatives that prevent and reduce gambling harm,
4) Ensuring gambling environments and providers prevent and reduce gambling harm, and
5) Supporting and building the evidence base for gambling harm prevention strategies and initiatives.

IMPLEMENTATION

The Strategy was implemented through Annual Work Plans (AWPs). Key funded programs included:

- The ACT Gambling Support Service (AGSS), delivered by Relationships Australian Canberra Region,
- Gambling Contact Officer (GCO) training,
- Community awareness activities such as Gambling Harm Awareness Week, renamed to Gambling Harm Action Week,
- Funding research through the Gambling Harm Prevention and Mitigation Fund (GHPMF),
- ACT Gambling Exclusion Database,
- 'Getting Played' ACT Schools Education program.

INTERIM AND FINAL EVALUATION

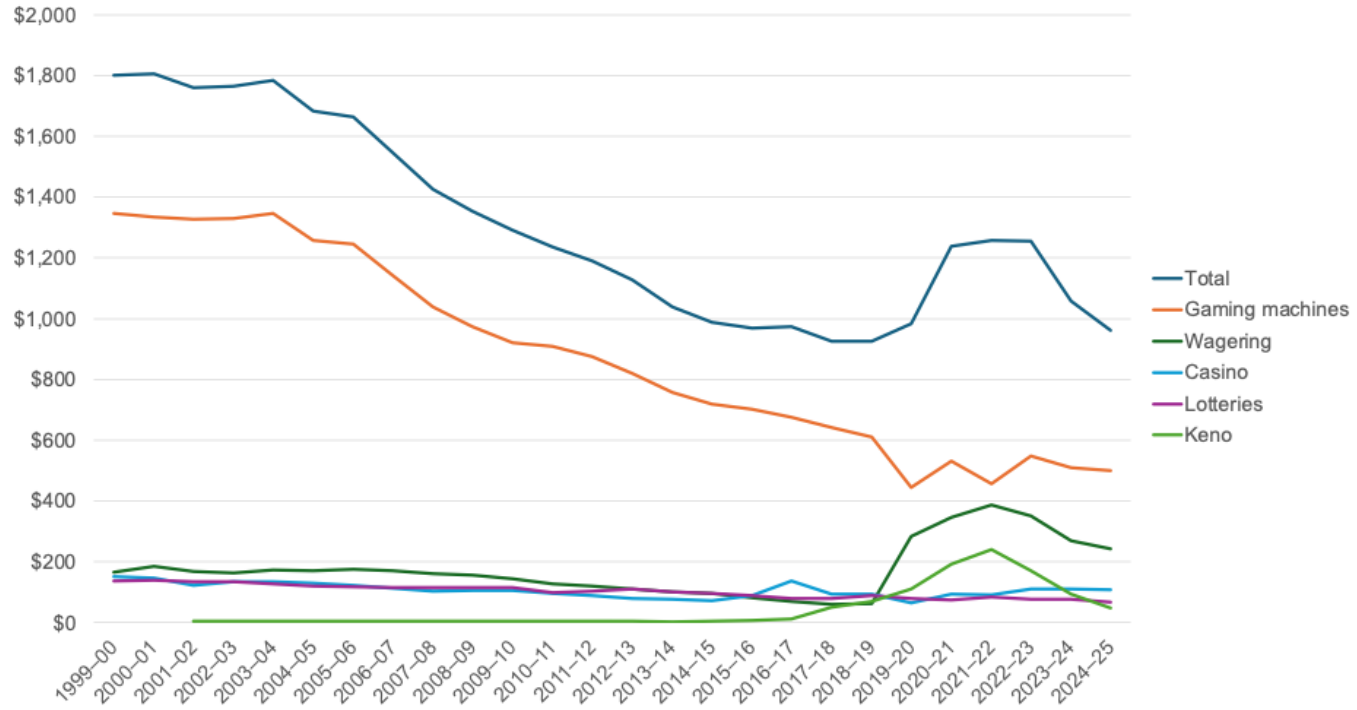
An interim evaluation of the Strategy and the Commission's uptake of the Strategy was conducted by Crondar Consulting in 2023. This report represents a final evaluation for the whole period. This final evaluation builds on the structure and evaluation questions from the interim evaluation, and examines the Commission's responses to the recommendations.

CONTEXTUAL CHANGES DURING THE STRATEGY PERIOD

The period of the Strategy saw major changes to gambling, through reforms and external events. The COVID-19 pandemic had a profound impact on the first three years of the Strategy. Gambling venues were closed March to August 2020, with further lockdowns between August and October 2021. These closures disrupted venue-based gambling (notably EGMs), may have resulted in some shifts to online gambling, resulted in cancellation or changes to Gambling Harm Awareness Week events, and disrupted the roles of Access Canberra staff. The interim evaluation noted concerns about interpreting trends based on data from this period.

According to the 2024 ACT Gambling Survey, the number of EGMs in the ACT has reduced from approximately 5,000 (as at 2015) to 3,433 EGMs (as of late 2024), across two hotels and 35 clubs, ranging from 8 to 296 EGMs per venue. Per capita EGM expenditure has declined over time, from ~$1,300 around the year 2000 to ~$500 per capita, when adjusted for inflation (Queensland Government Statistician's Office, 2024).

Figure 1 - Real per capita expenditure in the ACT from 1999-2000 to 2024-25



Source: Australian Gambling Statistics, Queensland Government Statistician's Office. Wagering data incomplete from 2002-03 to 2018-19. The increase in wagering expenditure (and total) in 2019-20 is due to the Point of Consumption tax introduction rather than gambling behaviour.

The online gambling space also saw change. The 2024 ACT Gambling Survey found that the prevalence of online gambling had increased from approximately 21% in 2019 to 26.9% in 2024, although much of this is due to buying lottery tickets online. Wagering expenditure showed a steep increase in 2019-20 when the Point of Consumption tax was introduced. Under this change, wagering expenditure is allocated to the jurisdiction in which the online wagering took place, rather than the jurisdiction where the gambling company is licensed. This increase therefore reflects a change in accounting, rather than a marked increase in wagering expenditure. Since this change, wagering expenditure increased in 2020-21 and 2021-22, before returning to 2019-20 levels, which is also reflected in the changes in the total expenditure. The National Consumer Protection Framework for Online Wagering introduced a series of measures in a staged rollout between 2018 and 2023. Relevant measures that came into effect around the same time as the interim evaluation, or just after it, include: activity statements, credit card restrictions and stricter customer verification. BetStop, the National Self-Exclusion Register, was launched in August 2023. This enabled self-exclusion from all Australian-licensed online gambling operators, but not venues.

2. Purpose and evaluation questions

PURPOSE OF THE FINAL FOLLOW-UP EVALUATION

This final evaluation extends the 2023 interim evaluation (Crondar Consulting, 2023) to provide a comprehensive five-year assessment of the Strategy, covering 2022–23 to 2024–25. The Strategy initially ran until 2024, but was later extended until late 2026, and much of this evaluation draws on Annual Reports based on financial years. Therefore, data from 2024-25 is also reported where available, reflecting the last complete financial year of the Strategy at the time of procurement.

This final evaluation also assesses the extent to which the Commission and its partners responded to the recommendations from the interim evaluation, and whether any changes were effective.

OBJECTIVES OF THE FOLLOW-UP EVALUATION

This final evaluation has five objectives. They are:

1) To assess the extent to which Strategy objectives have been achieved across the full five-year period (2019 to 2024),
2) To assess the extent to which interim evaluation recommendations were adopted and implemented,
3) To evaluate the effectiveness of changes made in response to the interim evaluation, where evidence is available,
4) To provide an overall assessment of whether the Strategy is effective, sustainable and fit-for-purpose, and
5) To identify lessons learned and provide recommendations for future Strategy design, implementation and evaluation.

OVERARCHING EVALUATION QUESTIONS

The interim evaluation outlined six overarching questions. Some of these were relevant for the interim evaluation, but not suitable for this final evaluation. For example, the last question was whether the Strategy was suitable to continue, with or without amendments, or whether an alternative approach was required. This question was appropriate for a mid-Strategy review, but given the Strategy has now expired and a new one is being developed concurrently with this evaluation, it is no longer directly relevant. This final evaluation also assesses the extent to which recommendations were adopted and the success of these changes. Given these considerations, the final evaluation has seven overarching evaluation questions, drawing on and modifying those from the interim question.

The seven overarching evaluation questions are:

1) Has the Strategy reduced gambling harm in the ACT over the full five-year period?
2) Has the Strategy reduced the risk of gambling harm through implementation of the Strategy objectives?
3) What enabled, and what hindered, achievement of the Strategy objectives?
4) Has the Strategy been delivered according to its principles?
5) Which interim evaluation recommendations were adopted, to what extent, and with what apparent effect?
6) How effectively did the Strategy adapt over time in response to evidence and changing context?
7) What does the five-year evidence base suggest for the design and evaluation of future strategies?

OBJECTIVE-SPECIFIC EVALUATION QUESTIONS

For each of the five Strategy objectives, this final evaluation describes:

1) The intended outcome,
2) A summary of the interim evaluation findings and recommendations,
3) Actions taken by the Commission in response to the recommendations,
4) Five-year data, where available, and
5) Interpretation of the findings.

3. Methodology

ANALYTICAL APPROACH

This evaluation draws on existing data, with sources outlined below. While the interim evaluation included focus groups and interviews with stakeholders, these were not a part of the statement of requirements for this final evaluation, given they were comprehensively covered in the interim evaluation.

For quantitative data, longitudinal trends are presented where data are available across the five-year period. The 2024 ACT Gambling Survey was completed after the interim evaluation and comparisons are made against the 2019 prevalence study, although no statistical tests are conducted due to changes in sampling methodology, consistent with the reporting in the 2024 ACT Gambling Survey (Rockloff et al., 2025).

DATA SOURCES

Crondar Consulting (2023) Interim Evaluation

- This is the primary reference for recommendations from the interim evaluation, and data prior to the interim evaluation.

Annual Reports and Performance Documents

- ACT Gambling and Racing Commission Annual Reports 2021–22 to 2024–25.
- ACT Gambling Support Service Annual Performance Reports 2022–23 to 2024–25 (Relationships Australia Canberra Region).
- Annual Work Plans and Key Achievement documents 2022–23 to 2024–25.

Training Evaluation Data

- Pre- and post-training evaluation data from five different types of sessions provided by: Wisdom Learning (GCO training: 2020–21 to 2023–24); Lifeline Canberra (GCO training: 2023–24 and 2024–25); Access Recognised Training (GCO training: 2024–25); Lifeline Canberra (Community Sector Training: 2024–25); and Wisdom Learning (Club Board Member Training: 2023–24).

ACTGED Data

- ACT Gamblers Exclusion Database: annual data on gambling harm incidents, self-exclusions, licensee exclusions, breaches, and revocations.

Gambling Help Online

- GHO ACT-specific annual reports for 2022–23 to 2024–25.

GHAW Post-Event Data

- GHAW review presentations and Final Media Performance Reports for 2022–2025.

Population Prevalence Studies

- 2024 ACT Gambling Survey (Rockloff et al., 2025), and
- 2019 ACT Gambling Survey (Paterson et al., 2019).

The ACT Auditor-General's Performance Audit Report: Gaming machine licensee regulation (Report number 4, 2025).

INTERIM VS FINAL DATA

The report shows findings for the whole period from 2019-20 to 2024-25 where available. Tables and figures are colour-coded to demarcate findings from 2019-20 to 2021-22 (assessed in the interim evaluation, lighter colours) from 2022-23 onwards (after the interim evaluation, darker colours).

LIMITATIONS

The primary aim of the Strategy, and the Commission as a whole, is to prevent gambling harm. The main measure of gambling harm is the prevalence survey, which occurs every five years. This means that it is difficult to capture trends in harm during the Strategy. Indirect measures of harm are available, such as losses. Prevalence surveys are expensive and conducting them on an annual basis is not feasible. However, lower-cost surveys with online panels can still be used to identify *changes* in harm (and other factors such as participation rates in different products). The first of these has been commissioned as part of the present research. It is strongly recommended that these are continued each year, and that core measures remain consistent throughout.

The Commission can control some factors that are associated with gambling harm, such as EGM licensing in the Territory. However, the Commission cannot control all factors related to gambling harm. An example is online gambling policy and regulation, which occurs at the Federal level. While the Commission (and other state and territory bodies) may be consulted, the final decision on these policies does not lie with the Commission. This is recognised throughout this report where, in line with the interim evaluation, findings are interpreted as partly or fully attributable to the Strategy.

There are gaps in the data, or breaks in time series, for a variety of reasons. This includes changes in service providers, reporting systems (particularly the redevelopment of ACTGED in 2022) and questions in survey instruments. This limits the ability to interpret trends over time. In addition, the influence of the COVID pandemic particularly on data evaluated as part of the interim evaluation means that caution should be applied when assessing trends. An additional data issue is low response rates, such as post-counselling surveys, where the response rate was below 10% across the life of the Strategy. A further issue is the GCO training assessment, where data is captured in groups, rather than individuals.

Finally, as per the scope in the Statement of Requirements, primary qualitative data was not captured from stakeholders. Therefore, while the interim evaluation could draw on a wider array of data, the final evaluation is based largely on data from annual reports and work plans. Perspectives on implementation are largely captured through reporting in the annual work plans.

4. Five-year outcomes by objective

For each of the five objectives, this chapter reports the intended outcome of the objective. The findings of the interim evaluation are reported verbatim (see the green boxes), followed by actions taken since the interim evaluation for each objective. The actions are drawn from the Key Achievement & Overview documents for each financial year from 2022-23 to 2024-25. This information relies on reporting from the Commission. Some actions relate to more than one objective. To reduce redundancy, where an action applies to more than one objective, it is reported in fuller detail the first time it appears in the chapter and referred to again in later objectives in lesser detail.

Data are then provided to assess progress throughout the period of the Strategy. As outlined in the methods section, it is crucial to recognise that the earlier years of the Strategy (particularly pre-interim evaluation) were impacted by major factors such as COVID, and therefore trend interpretations should be treated with caution. Where data may apply to multiple objectives, it is reported with the objective to which it is most relevant.

Finally, for each objective, there is a discussion around the extent to which the objective has been met by the Commission.

The next chapter extends this further by examining the extent to which each of the 18 recommendations from the interim evaluation have been addressed by the Commission.

OBJECTIVE 1: ENSURING GOVERNMENT POLICY AND INITIATIVES PREVENT AND REDUCE GAMBLING HARM

Intended outcome

Government policies and initiatives are informed by evidence and designed to prevent and reduce gambling harm. The Commission appropriately influences relevant legislation, regulation and policy through advocacy, engagement, submissions, and participation in national forums.

Interim evaluation findings

The interim evaluation reported the following summary of findings:

ACT and Commonwealth government policies and initiatives have been influenced through implementation of the Strategy. Taking a broader whole of government approach since the start of the Strategy, the Commission has ongoing engagement with multiple Directorates of the ACT Government, governments of the majority of other Australian jurisdictions and with the Commonwealth Government through membership of national committees and working groups.

Within the ACT Government, engagement and influence have been with JACS Directorate; Alcohol, Tobacco and Other Drug Policy, ACT Health Directorate; Preventive and Population Health, ACT Health Directorate; and Education Directorate. Collectively these influences have addressed gambling related legislation and integration of gambling harm prevention into broader health and wellbeing initiatives.

While the advocacy and engagement has appropriately targeted policies and initiatives where most gains can be made, there are opportunities where additional gains can be made. These include reviewing of the legislation and making recommendations to the Minister, greater coordination and collaboration between the JACS Directorate and each of the Commission staff and the GRC Board, and engagement with other directorates of the ACT Government.

Actions taken since the interim evaluation

As a result of the interim evaluation, it is recognised that the original wording of this objective overstated the role of the Commission. The Commission can *influence* Government policy and initiatives, but does not have a final say. Therefore, this section mainly recognises the Commission's engagement with various bodies, such as ongoing engagement with relevant ACT, interjurisdictional and Federal Government departments. This includes both regular and ad-hoc meetings as required, which in 2022-23 was particularly notable in terms of ongoing communication with NSW Liquor and Gaming. This is important given the ACT is surrounded by NSW and concerns around cross-border gambling regulation, and includes an agreement with NSW for ongoing provision of confidential EGM data to monitor cross-border trends. The Commission was also actively engaged in various committees or working groups, such as the Gambling Research Australian Governance Committee and working groups, Responsible Gambling Training and Communication Materials Working Group, the National Consumer Protection Framework Implementation Governance Committee (IGC), and the National Gambling Help Online Working Group. The Commission also established the Community of Practice during this period.

The redevelopment of the ACTGED Exclusion and Incident register represents a major initiative during this period, along with the Commission's consulting role in the development of the National Self-Exclusion Register, BetStop, which was launched in August 2023.

Consultation with the ACT Government resulted in the Government committing to a substantial gambling reform package, including staged reductions in EGM numbers and cashless gambling requirements. The strong relationship with the ACT Minister for Gambling Reform, Dr Marisa Paterson, was also evident through the Minister attending the March 2025 Community of Practice meeting.

The Commission developed the "Getting Played" secondary school gambling harm prevention program, in collaboration with the ACT Education Directorate. It revised its Annual Work Plan language in response to the interim evaluation to reflect the scope of the Commission (e.g., influencing policy), and continued to advocate for changes to the Code of Practice to align language with a public health approach. The Commission also completed the 2024 ACT Gambling Survey, a major piece of research that informs government policy and initiatives.

Five-Year Findings

This objective is primarily assessed through qualitative evidence of policy influence. The actions outlined above demonstrate the Commission's role in supporting and influencing ACT Government policies and initiatives (e.g., EGM reductions), as well as connections with other jurisdictions, notably NSW, and the Commission's role in Federal initiative, such as the National Consumer Protection Framework.

The most significant reform following in the interim evaluation was the introduction of gambling reforms related to EGMs, as they are the form associated with the most harm in the ACT according to the 2024 ACT Gambling Survey. The Commission's role - as regulator - was to implement these reforms, which included reducing the number of EGMS from 5,000 to just under 3,500, with a longer-term goal of 1,000 EGMs. The redevelopment of ACTGED and the introduction of BetStop also represent advances in self-exclusion, and ACTGED also represents improvements in incident reporting and monitoring.

The Commission's establishment of the Community of Practice (CoP) for Gambling Harm Prevention in 2022 has also contributed to this objective by creating a forum for engagement across sectors. Membership spans ACT Government directorates, community organisations, health services, and research institutions, which has facilitated a more coordinated approach to preventing gambling harm.

The Commission's active engagement in these matters, including working with other ACT government departments such as JACS, underscores the Commission's role in influencing policy and initiative to reduce harm in the ACT. It is important to reiterate that the Commission has direct control over some initiatives, e.g., the ACTGED, but can only influence some other

initiatives, e.g., ACT Government policy, BetStop. This should be considered when evaluating the extent to which the Commission delivered on this objective.

Taken together, these findings illustrate the Commission's active role in influencing ACT and Federal government policy and initiatives to reduce gambling harm.

OBJECTIVE 2: INCREASING UNDERSTANDING ABOUT GAMBLING HARM AMONGST GOVERNMENT, GAMBLING INDUSTRY, COMMUNITIES, FAMILIES AND INDIVIDUALS

Intended outcome

Government, industry, community services, and the general community have increased knowledge of and capacity to act on gambling harm, through training, awareness programs, outreach, and education.

Interim evaluation findings

The interim evaluation reported the following summary of findings:

The understanding of gambling harm and the public health approach amongst government, gambling industry and the community sector has increased through formal training and engagement with these stakeholders. However, the increased understanding varies markedly between individuals in the gambling industry, gambling venues and representative bodies for clubs. The level of understanding of the general public is unknown but will be assessed in the 2024 Gambling Survey.

Significant gains have been made as a result of or in part due to the Strategy. These include:

1 Establishment of a partnership approach of the Commission, the support services, community sector organisations that can co-occur with gambling harm and industry. The partnerships involve two-way engagement between stakeholders, including the Commission. The partnerships are developing and in particular are stronger with some parts of industry than with others.

2 Development of Community of Practice with community organisations that address co-occurring issues, with inclusion of a broad range of organisations.

3 Increased reach of community awareness programs, despite the impact of COVID-19 restrictions on activities.

4 Increased knowledge and capacity to act of GCOs, as a cornerstone of gambling harm minimisation in venues. The GCO training provides industry a platform to build the experience of GCOs to undertake their responsibilities with confidence and impact.

There are gaps in increasing understanding of all stakeholders and monitoring the level of understanding. Potential and planned strategies to address these gaps are listed.

Actions taken since the interim evaluation

Major actions in 2022-23:

- After three years of COVID disruption, Gambling Harm Awareness Week was conducted in full. The 2022 theme was "Every Story Matters", drawing on lived experience. This was distributed using a partnership approach via printed and digital media, through industry and community sector stakeholders. (Also addressing Objective 3.)
- The "Always On" communication approach was launched in GHAW 2022, shifting from discrete periods of messaging to year-round messaging. This included ongoing

stakeholder engagement and two paid media plans covering 103 days. (Also addressing Objective 3.)

- The Community of Practice was implemented. It held three meetings, attended by 23 organisations from the ACT community, health, government and research. Ten presentations were held on a variety of topics, increasing knowledge of the CoP stakeholders. (Also addressing Objective 3.)
- The development of a school-based educational program ("Getting Played: Gambling, Gaming and Young People") was initiated, including inter-jurisdictional meetings with counterparts in other states, meetings with Education Directorate representatives, ACT Health representatives and the establishment of a working group.
- A new collaboration between Lifeline Canberra and the Vikings Group trialled a community venue support model. This pilot aimed to provide staff with resources to help identify and engage with patrons who are at risk of experiencing gambling harm. (Also addressing Objective 4.)
- GCO training was delivered by Wisdom Learning across 11 sessions, reaching 124 GCOs. This included tailored training sessions for casino staff, with 11 casino staff attending on 4th May 2023. (Also addressing Objective 4.)
- MIEACT's "Voices of Gambling Harm" added a lived experience dimension to the Commission's community engagement activities. This program shares lived experiences stories to reduce stigma. This highlighted a challenge in that people were reluctant to volunteer and openly share their gambling harm lived experience stories. Research has identified that this is particularly the case for Aboriginal and Torres Strait Islander people.
- Engagement with AGSS to ensure AGSS review MIEACT (lived experience) project outputs, in-person attendance by Markus Fischer (AGSS) at 3 Community of Practice sessions, and supporting AGSS engagement with ACT Health Mental Health Commissioning process. (Also addresses Objective 3.)
- AGSS contract management, and supporting AGSS education and engagement activities. (Also addresses Objective 3.)
- Other ongoing roles involving advocacy, support and engagement with various stakeholders, as outlined in the Key Achievements & Overview document.

Major actions in 2023-24:

- The 2024 ACT Gambling Survey was commissioned. (Also addresses Objectives 1 and 5.)
- Continued implementation of the Gambling Harm Prevention Community of Practice, with 21 member organisations participating.
- Gambling Harm Awareness Week ("Chances are, there's more to life"), in October 2023. This included a deliberate move away from responsible gambling messages, with a focus on community connections and a better understanding of gambling products and their risk. The primary audience was young men, aged 18-34 in the ACT, with a secondary audience of family and friends (all ACT adult population).
- Developed the "Getting Played: Gambling, Gaming and Young People" school education program, ready for launch in Term 4, 2024. (Also addresses Objectives 3 and 5.)
- GCO training continued, with 10 sessions delivered to 146 GCOs, delivered by Lifeline Canberra and Wisdom Learning. This included a dedicated session for casino staff, with 19 casino staff attending, to improve confidence when having conversations with people who are experiencing gambling-related harm. In addition, 43 Club Board Members attended information sessions to raise awareness of licensee responsibilities. Lifeline

Canberra also developed training for the community sector to increase knowledge and awareness of gambling and harm, as well as recognising and confidently responding to gambling harm in community sector settings. (Also addresses Objective 4.)

Major actions in 2024-25:

- The 2024 ACT Gambling Survey report was completed and released to the public, including promotional activities.
- The "Getting Played" school education program was launched in late 2024 (also addresses Objectives 3 and 5). This program was co-designed with local teachers and students from the public, Catholic and Independent school sectors in the ACT. It was also developed by a working group comprising representatives from ANU, gambling support services, youth organisations and people with lived experience of gambling harm.
- Continued operation of the Gambling Harm Community of Practice, with 23 member organisations taking part in four meetings during this period. The Minister for Gaming Reform attended a meeting to discuss early priorities for gambling reform and to respond to questions.
- Gambling Harm Awareness Week 2024 ("Let's connect with what really matters") recognised that the increased promotion of gambling, and that gambling harm can affect anyone because gambling products are designed to keep people spending.
- GCO training continued, with 15 training sessions delivered to 192 GCOs across two training offerings. A new service provider, Access Recognised Training (ART), was awarded a contract to develop and deliver annual GCO training sessions for an initial two-year period, with possible extensions. The ART contract included development and delivery of GCO training for casino staff, with a dedicated session delivered to 11 casino staff on 23rd June, 2025. The other training offering was provided by Lifeline Canberra. (Also addresses Objectives 3 and 4.)
- A new training program application was received from The Lottery Corporation, and approved by the Commission. (Also addresses Objectives 3 and 4.)
- Lifeline Canberra continued to deliver specialised training for community and primary health care sectors. This program trains people to identify signs of gambling harm, respond and refer individuals so appropriate support when required. An initial pilot was held in 2023-24 and two training sessions were delivered. (Also addresses Objectives 3 and 4.)
- Club Board Member training was suspended in 2024-2025 due to logistical challenges. It also should be recognised that this training was not compulsory, and may not be the best way to influence gambling harm prevention from a public health perspective.

Five-Year Findings

Community of Practice

The Community of Practice for Gambling Harm Prevention was established in August 2022, supported by the GaHP team as Secretariat. The CoP met three times per year since the interim evaluation, with a diverse membership including community services, health and wellbeing, research, ACT Government, the GRC Board and the gambling support sector. Meeting themes across the period were selected in response to emerging evidence and priorities, and were designed to maximise relevance to all parties.

In general, member feedback about the CoP was very positive. A member survey was conducted in November 2023 (n = 6 participants), finding that most of the six rated the CoP as having benefitted their organisation's understanding of gambling harm "a lot" or "extremely". All reported that their organisation would continue to engage with the CoP, and those who had attended multiple meetings noted that the CoP had helped their organisation plan how they work with the community.

The CoP has generated practical insights that have informed Commission activity. This includes idea exchanges about barriers to help services faced by people from culturally and linguistically diverse communities (notably stigma, confidentiality and trust), the need for screening across community services, age-appropriate messaging for young people, the importance of lived experience voices in reducing shame and stigma, cross-sector collaboration, and the potential for gambling harm screening to be integrated into broader health settings. The CoP also worked with the Commission to disseminate information about initiatives.

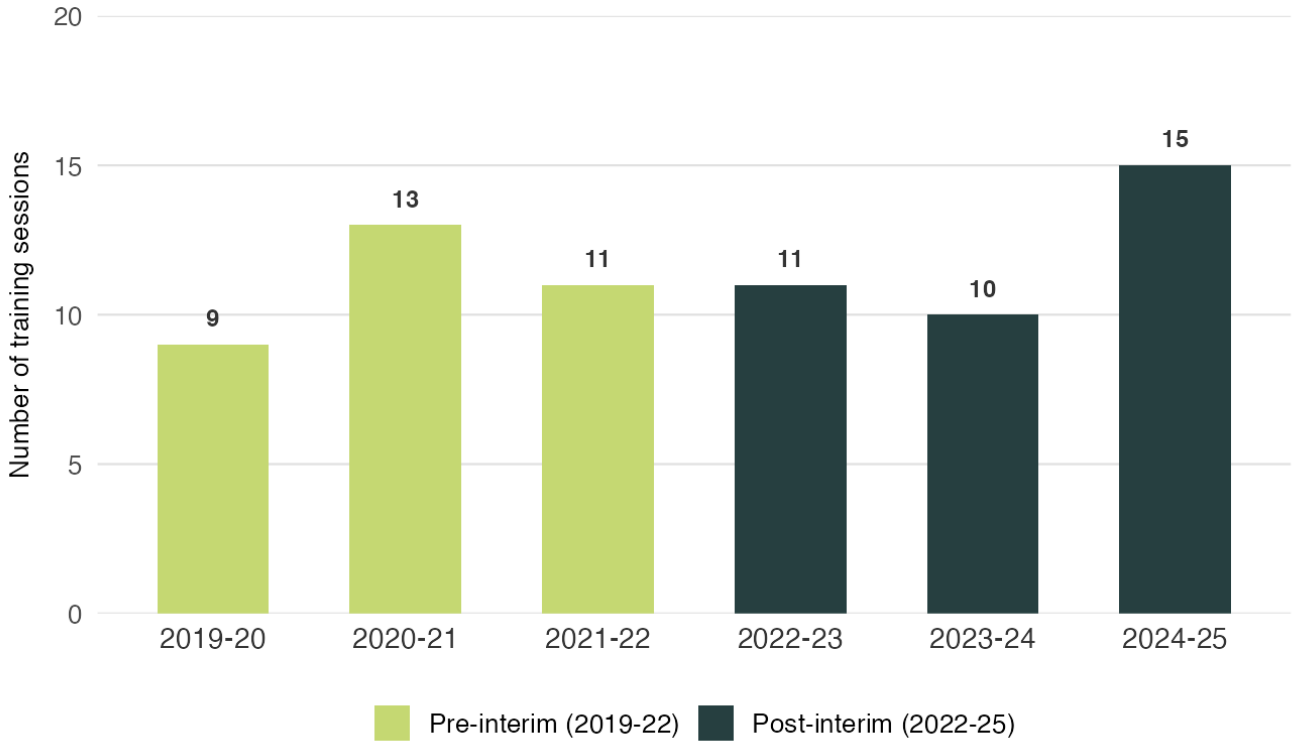
Getting Played - Secondary School Education Program

The Getting Played gambling harm prevention program for ACT secondary schools was developed in the follow-up period as a direct response to recommendations in the interim evaluation. The program provides professional learning for teachers alongside classroom resources for Years 7–10, developed in partnership with ACT Education Directorate. By 30th June 2025, 38 teachers had completed the professional learning program, with positive feedback received. The program represents the first systematic gambling harm prevention content for ACT school students and an important extension of the public health approach into a school setting.

GCO and Board Member Training – Delivery

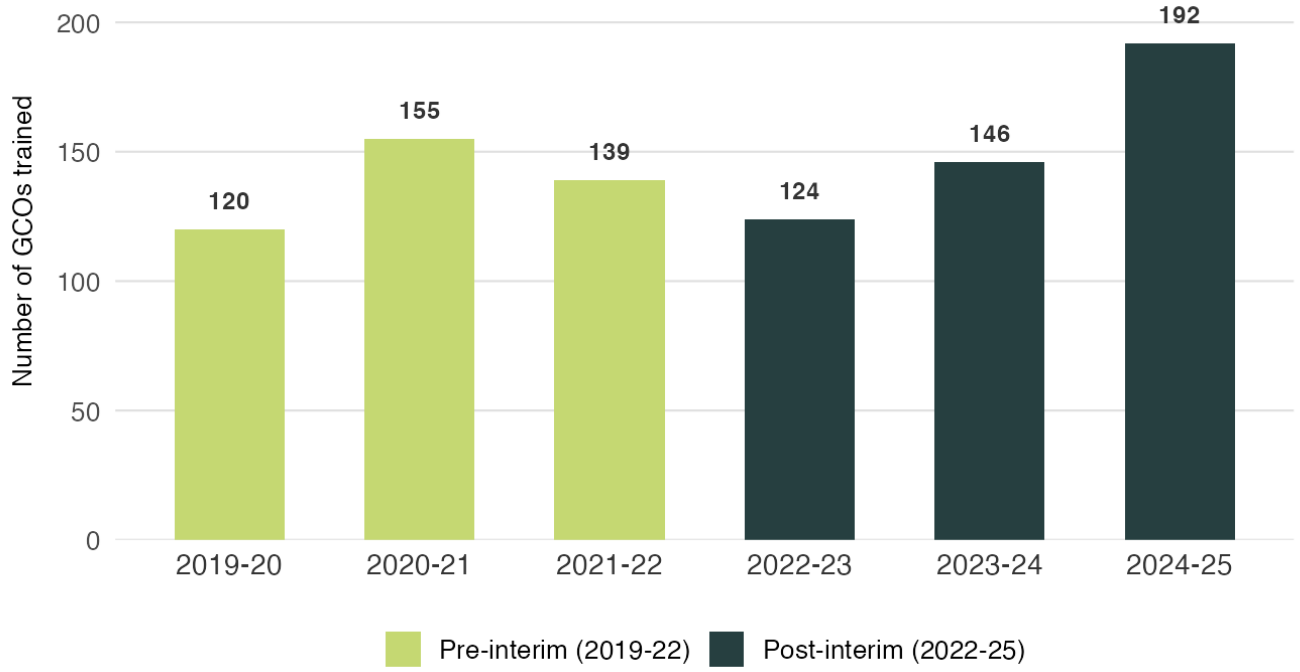
Figures 2 through 4 show information about GCO training delivery. Figure 2 shows the number of sessions delivered per year since 2019-20 has remained approximately stable, with between 9 and 15 sessions delivered per year. Figure 3 shows the number of participants taking part each year also remained approximately stable, with an increase in 2024-25, reflecting that more sessions were conducted. Since the interim evaluation, casino-specific GCO training sessions have been developed and delivered in each year, with 41 casino staff attending across the three years. These sessions were tailored to situations staff encounter in the casino context and were delivered by Wisdom Learning (2022-23 and 2024-25) and Lifeline Canberra (2023-24). Board member training occurred in 2021-22 (10 participants) and 2023-24 (43 participants), but not in other years. As noted above, the Commission recognised logistical issues with board member training, and indicated that it may not be the most suitable method for harm reduction.

Figure 2 - GCO training: Number of sessions delivered per year



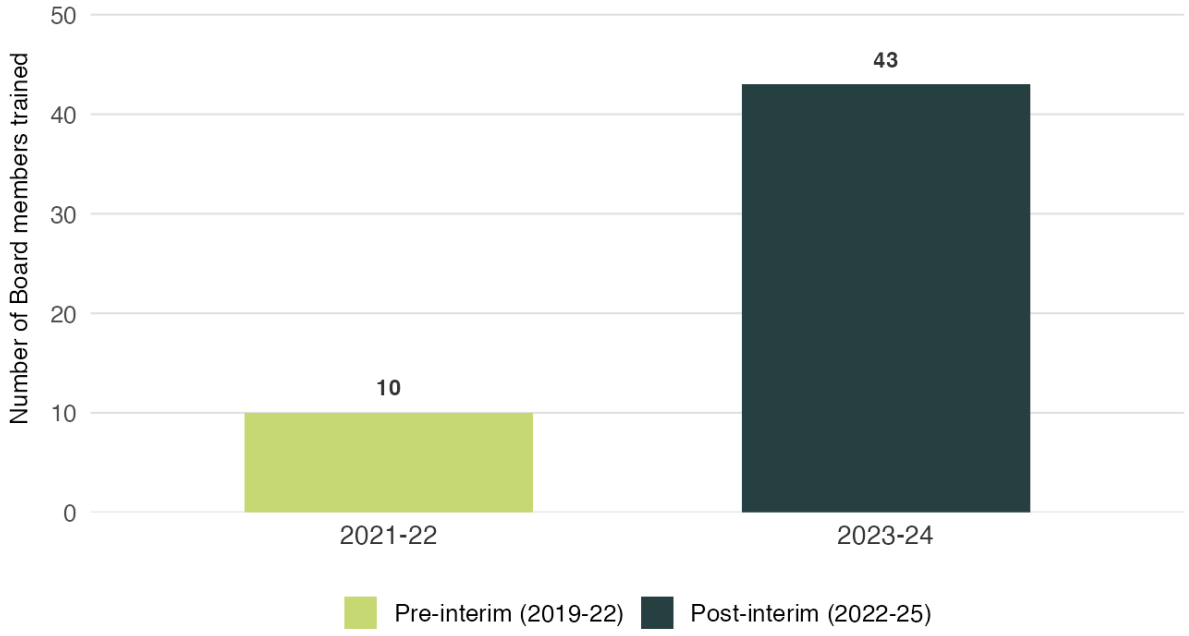
Note: Count of Gambling Contact Officer (GCO) training sessions delivered in each financial year. Source: Crondar Consulting (2023) Table 1; GRC monitoring data; AGSS Annual Report 2024-25; additional reporting by the Commission.

Figure 3 - GCO training: Number of participants trained per year



Note: Count of Gambling Contact Officers (GCOs) who completed accredited training in each financial year. Multiple providers contributed from 2022-23 onward. Source: Crondar Consulting (2023) Table 1; GRC monitoring data; AGSS Annual Report 2024-25; additional reporting by the Commission.

Figure 4 - Number of board members trained per year

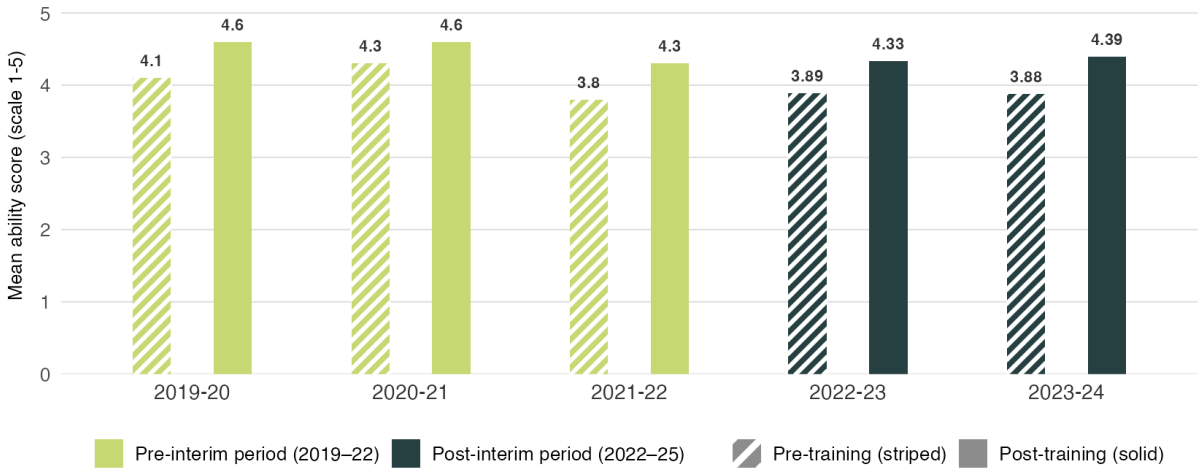


Note: Number of gambling industry Club Board Members who completed Board Member training in years when training was delivered. Training was not delivered in 2019-20 or 2020-21 (COVID restrictions) or in 2022-23 or 2024-25 (logistical challenges). 10 members at 1 club (2021-22) to 43 members across 6 clubs (2023-24). Source: GRC monitoring data; Crondar Consulting (2023).

GCO Training – Effectiveness

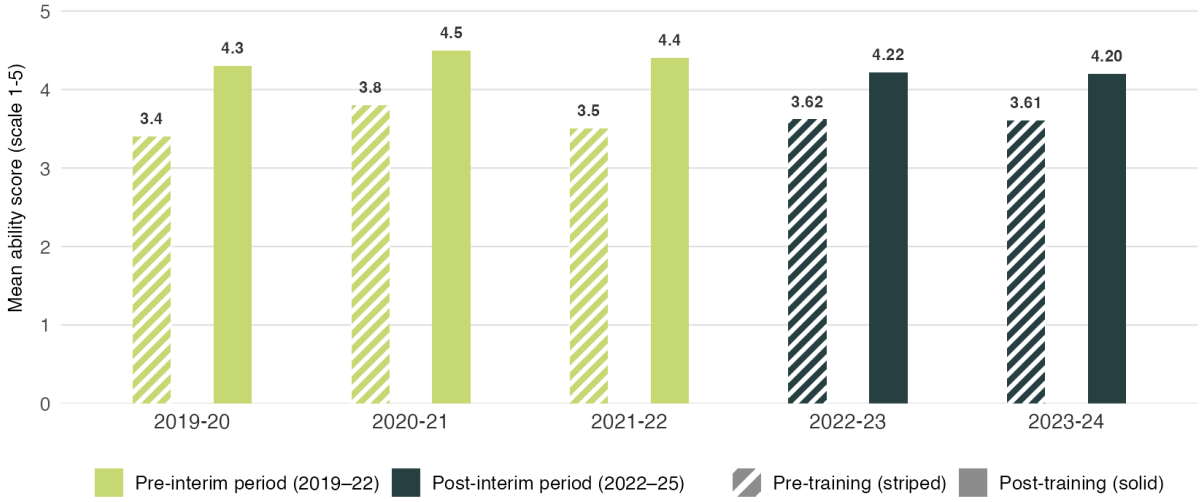
Figures 5 through to 8 report pre and post training scores for measures related to the effectiveness of the training. In each year, for all measures, there is a clear increase from pre to post scores, indicating the effectiveness of the training. This includes perceived ability to identify signs of gambling harm, to list key GCO obligations, to know how and when to assist patrons, and to initiate conversations with patrons. The latter two years of the strategy saw the development of two new training options with different, more practical and applied learning outcomes, including confidence and skills in conversations with people experiencing gambling harm and a scenario-based approach to learning. The change in learning outcomes mean the pre and post training survey questions needed to be changed. Some questions asked in the first three years of the strategy were no longer asked, or improved in 2024-25 and hence not comparable.

Figure 5 - GCO training: Identify signs of gambling harm (pre and post)



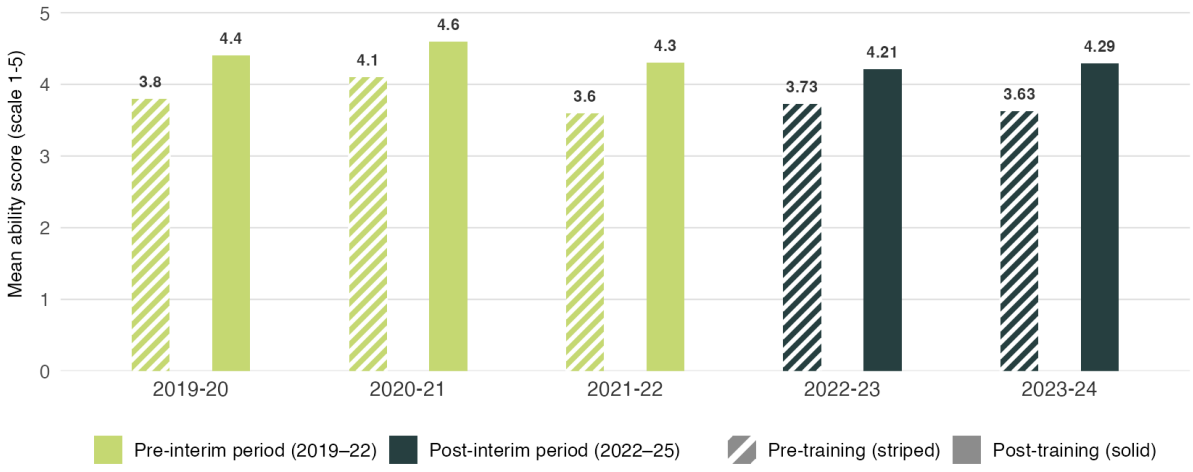
Note: Survey item: 'How well are you able to identify signs that a patron may be experiencing gambling harm?' Self-rated ability on a 5-point scale (1 = not at all able, 5 = extremely able). Values are group means. Striped bars = pre-training score; solid bars = post-training score.
Source: Crondar Consulting (2023) Table 1 (2019-22); GRC training evaluation data (2022-24).

Figure 6 - GCO training: List key GCO obligations (pre and post)



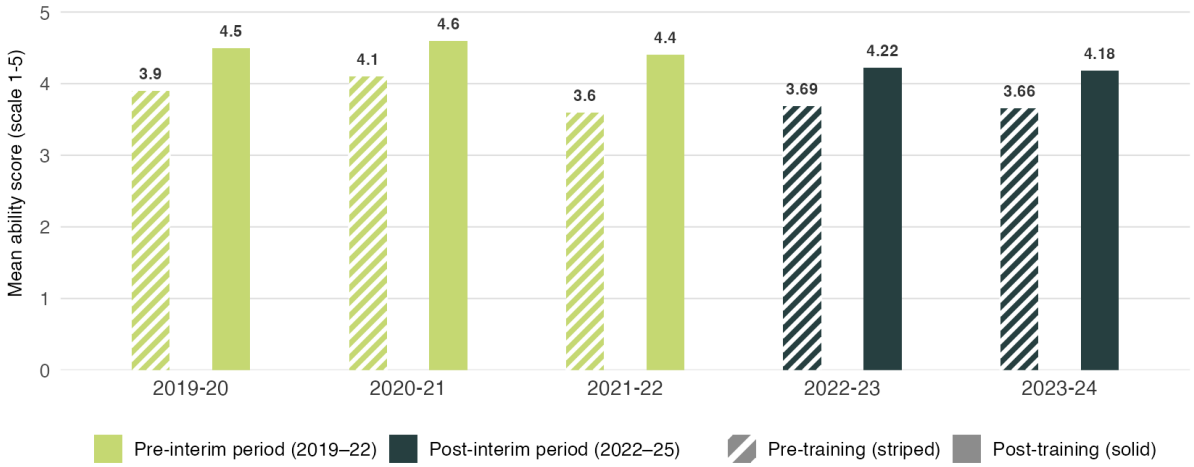
Note: Survey item: 'How well are you able to list the key obligations of a Gambling Contact Officer?' Self-rated ability on a 5-point scale (1 = not at all able, 5 = extremely able). Values are group means. Striped bars = pre-training score; solid bars = post-training score. Source: Crondar Consulting (2023) Table 1 (2019-22); GRC training evaluation data (2022-24).

Figure 7 - GCO training: Know how/when to assist patrons (pre and post)



Note: Survey item: 'How well do you know how and when to assist a patron who may be experiencing gambling harm?' Self-rated ability on a 5-point scale (1 = not at all able, 5 = extremely able). Values are group means. Striped bars = pre-training score; solid bars = post-training score. Source: Crondar Consulting (2023) Table 1 (2019-22); GRC training evaluation data (2022-24).

Figure 8 - GCO training: Initiate conversations with patrons (pre and post)

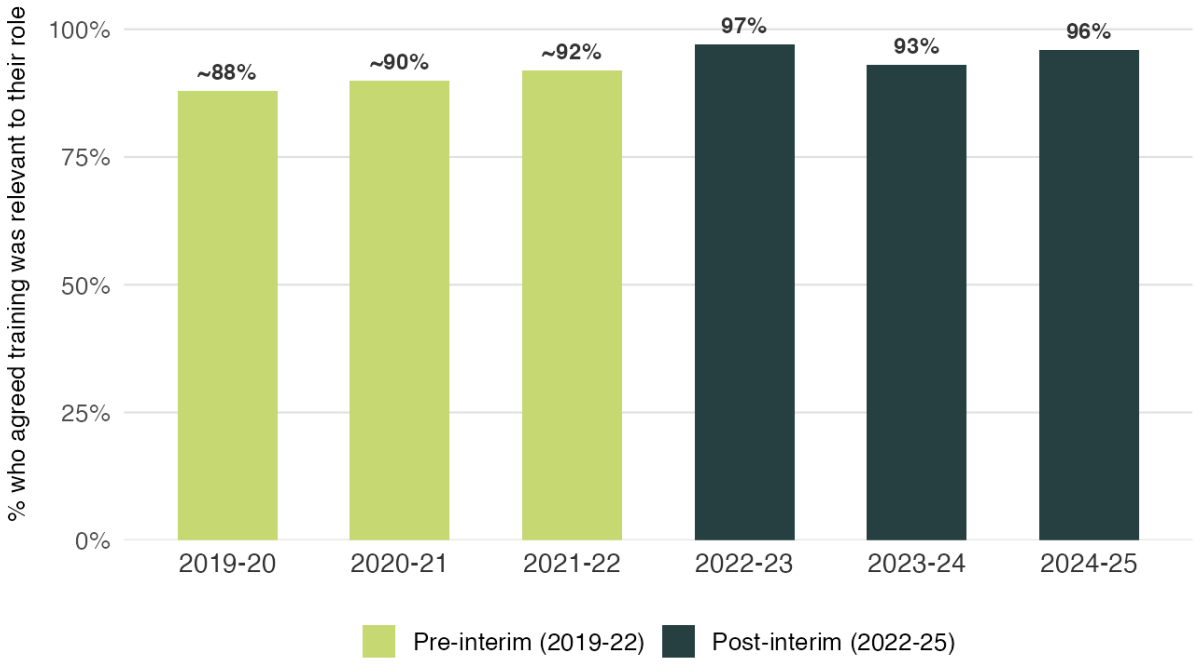


Note: Survey item: 'How confident are you in initiating a conversation with a patron who may be experiencing gambling harm?' Self-rated ability on a 5-point scale (1 = not at all able, 5 = extremely able). Values are group means. Striped bars = pre-training score; solid bars = post-training score. Source: Crondar Consulting (2023) Table 1 (2019-22); GRC training evaluation data (2022-24).

GCO Training – Outcomes

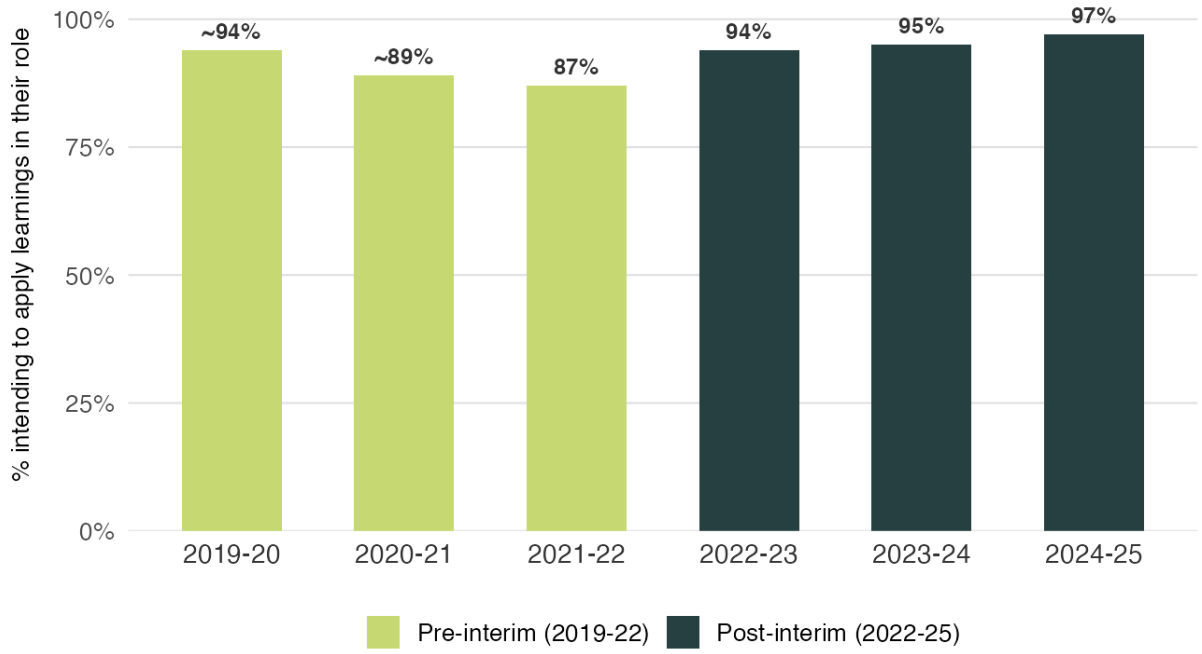
The post training surveys indicated that a high proportion of participants rated the GCO training to be relevant to their role (about 90% pre-interim evaluation, up to about 95% post-interim evaluation), with similar findings for the proportion of participants who intended to apply the learnings in their role.

Figure 9 - GCO training: % rating training relevant to role



Note: Post-training survey item: 'This training is relevant to my role as a Gambling Contact Officer.' Percentage of respondents who agreed or strongly agreed. Values for 2019-22 are approximate (indicated by ~). Source: Crondar Consulting (2023) Table 1; GRC training evaluation data; AGSS Annual Report 2024-25.

Figure 10 - GCO training: % intending to apply learnings



Note: Post-training survey item: 'I intend to apply what I have learned in this training in my role.' Percentage of respondents who agreed or strongly agreed. Values for 2019-21 are approximate (indicated by ~). Source: Crondar Consulting (2023) Table 1; GRC training evaluation data; AGSS Annual Report 2024-25.

Gambling Harm Awareness Week

The biggest achievement during this period was the resumption of full Gambling Harm Awareness Week activities, after COVID restrictions. The website design and available data changed during this period. In the interim evaluation, the data showed unique visits to the Commission's gambling help website during the GHAW campaign period, with values of 3,712 visits in 2019-20, 2,913 visits in 2020-21 and 1,389 visits in 2021-22. Data were not available for 2022-23, and from 2023-24 onwards, the data covers unique visits to the Commission's new gambling help landing page for a 12 month period. This is an appropriate change, reflecting the shift to the "always on" approach to gambling harm awareness, but it means that the data cannot be compared over the course of the Strategy. However, the number of unique visits to the gambling help landing page were 21,164 in 2023-24 and 29,420 in 2024-25, which will be useful as a baseline for an evaluation of the next Strategy. In addition, the 2024-25 Gambling Harm Awareness Week campaign saw more than 7 million social media impressions, compared to less than one million in 2019-20 and 2020-21.

2024 ACT Gambling Survey harm literacy analysis

At the request of the Commission, the 2024 ACT Gambling Survey included the question "In your opinion, what are all the ways people might be harmed by gambling?". A random selection of approximately 10% of participants were asked this question, and could provide as many answers as they wished.

Financial harm was, by far, the most commonly mentioned category. The next three most common categories were family and relationships, general mentions of addiction, and emotional and psychological harm. Lower prevalence harms, such as criminal activity, were mentioned less frequently. These responses were benchmarked against data collected by Browne et al. (2016). The proportions of participants mentioning each response approximately aligned with the relative prevalence of different harm categories in the population. An additional interesting finding was that a relatively high proportion of participants mentioned gambling advertising, unprompted, even though it's not necessarily a gambling harm.

While these findings represent awareness of different types of harm that can occur due to gambling, an important consideration for future research is the degree to which they feel that these are the responsibility of the individual, and how much responsibility is held by the industry, government and other organisations. Capturing this information would help to inform the Commission about the public's uptake of a public health perspective to gambling harm.

Interpretation

Objective 2 shows consistent and strengthening positive outcomes across the full five-year period, noting that some metrics were impacted by COVID in the first half of the Strategy. GCO training demonstrated reliable pre-to-post improvements in knowledge, confidence, and skill across all measured years. GCO training engagement remained consistent throughout the Strategy, with a high proportion of participants seeing the training as relevant to their role, and intending to use the learnings in their role (about 90% pre-interim evaluation and about 95% post-interim evaluation).

The Community of Practice has been a substantive addition to addressing Objective 2. Nine meetings convened across the follow-up period brought together community sector, health, research, and government organisations, generating cross-sector learning and facilitating referral network development. All six member organisations who responded to the 2023 CoP survey (100%) confirmed they would continue to engage. The Getting Played school program extended the reach of gambling harm education into a school setting. The completion of the 2024 ACT Gambling Survey has resulted in data that can be used to inform these initiatives.

OBJECTIVE 3: PROVIDING A WIDE RANGE OF ACCESSIBLE, RESPONSIVE AND EFFECTIVE SERVICES AND INITIATIVES THAT PREVENT AND REDUCE GAMBLING HARM

Intended outcome

Accessible gambling support services and initiatives are available to ACT residents experiencing or at risk of gambling harm, reducing the risk and impact of harm and increasing clients' capacity to manage the issues they seek help for.

Interim evaluation findings

The interim evaluation reported the following summary of findings:

For almost all clients, counselling through the ACT gambling support services reduced the risk and impact of gambling harm and increased the clients' capacity to manage the issues they sought help for. Counselling reduced the impact of gambling for 90 per cent of clients.

The scope of support services was similar in 2020-21 and 2021-22. Between these two years, there was a 20 per cent increase in the number of people provided counselling support and 56 per cent increase in the number of gambling harm support sessions provided. The extent that the services met the needs of specific population groups is unable to be determined, based on the reporting.

Assessment of the impact of the services is based on a survey with response rate of less than 10 per cent, with response options that could be improved to increase the sensitivity of the survey. These attributes of the survey require improvement.

The evaluation of the therapeutic and financial counselling services requires review to ensure the provision of consistent information for assessment of the outcomes of the services and the Strategy, and that the evaluation is aligned with the theory of change of the services.

People seeking help to reduce gambling harm can access counselling services, self-exclude from gambling venues and/or access services provided by the ACT Gambling Support Service, National Gambling Helpline, Gambling Help Online, as well as other more general support and information services. Gambling support counselling, funded in accordance with the Strategy, was provided to 365 people in 2021-22. In 2021-22 there were 81 calls from ACT residents to the National Gambling Helpline to answer gambling harm related enquiries, and follow-up support provided to 112 callers.

Actions taken since the interim evaluation

Major actions in 2022-23:

- The ACT Gamblers Exclusion Database, or ACTGED, was redeveloped and launched. The register supports exclusions and incident reporting. The Commission described the delivery of the new centralised register as one of the biggest achievements during this year. ACTGED is a "more patron centred approach to preventing gambling harm" (2022-

23 Key Achievements and Overview document, p1). ACTGED also allows the Commission and Licensees to monitor trends over time. (Also addresses Objectives 4 and 5).
- Established a project working group and liaised widely to develop a school-based education program (see Objective 2).
- Various engagement activities with stakeholders, including training delivery, contract management of the AGSS, and supporting AGSS engagement and education activities. The Commission also supported online help services, particularly GHO in the ACT (see Objective 2).
- The commencement of the "Always On" communications approach (see Objective 2).
- The implementation of the Community of Practice and facilitation of sessions (see Objective 2).
- The implementation of the "Every Story Matters" campaign (see Objective 2).

Major actions in 2023-24:

- ACTGED was in operation, with the Commission playing a role in supporting venues and processing exclusions and incidents (see also Objectives 2 and 4).
- The "Getting Played" school education program was developed, ready for launch in Term 4, 2024 (see also Objectives 2 and 5).
- GCO training continued (also addresses Objectives 2 and 4).
- Community referral networks continued to expand through CoP relationships and the AGSS's ongoing sector engagement.
- The GHO website was significantly refreshed in July 2023.

Major actions in 2024-25:

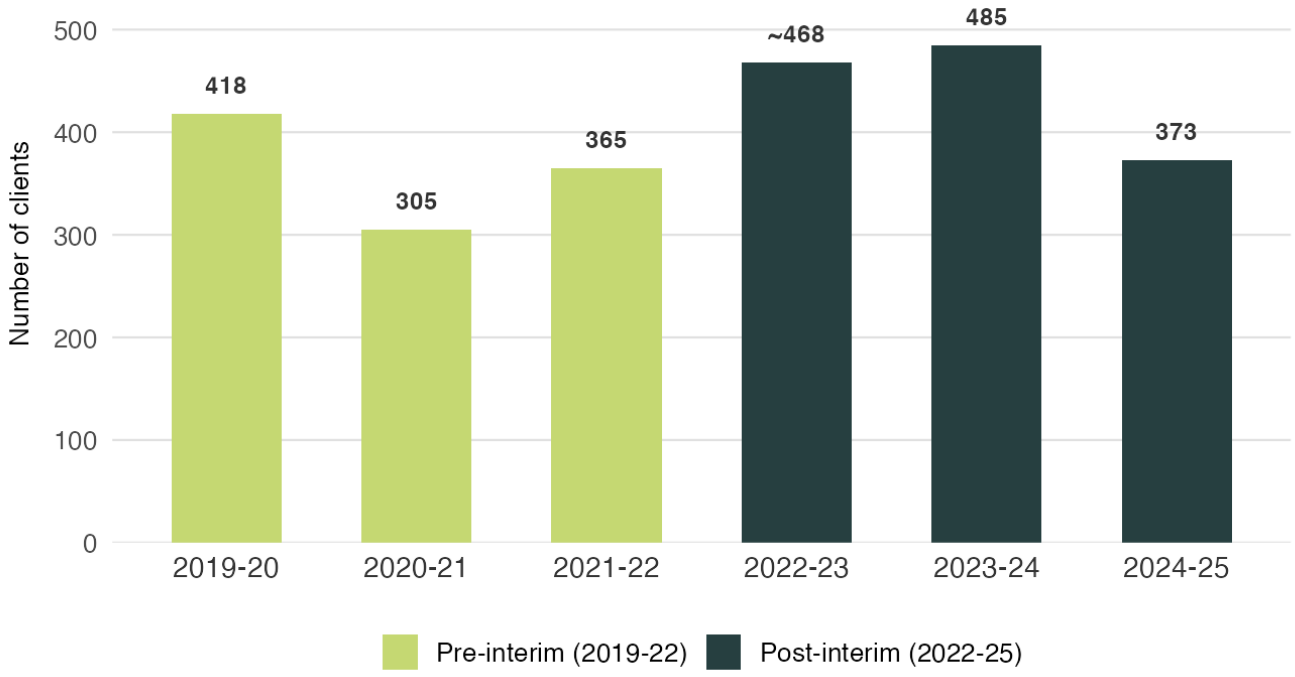
- The "Getting Played: Gambling, Gaming and Young People" school education program was developed and launched (also addresses Objectives 2 and 5).
- GCO training continued (also addresses Objectives 2 and 4).
- AGSS was delivered by Relationships Australia Canberra Region, supporting the 1800 helpline, counselling (phone, face-to-face and virtual), and peer drop-in sessions for ACT residents affected by gambling harm. This included stronger engagement with Aboriginal and Torres Strait Islander peoples, and people from culturally and linguistically-diverse communities. The AGSS continued its partnership with Care Financial, to provide financial counselling. Relationships Australia were also successful in their tender to continue service in 2025-26.
- Gambling Harm Prevention and Mitigation Fund (GHPMF) grants were awarded to ANU ($122,650) and Deakin University ($157,400) (also addresses Objective 5).

AGSS and National Helpline Volumes (ACT clients), and AGSS client satisfaction

The AGSS has seen a similar number of clients to 2019-20 (i.e., a period that was only partly impacted by COVID). However, the number of total sessions delivered has increased substantially (Figures 11 and 12).

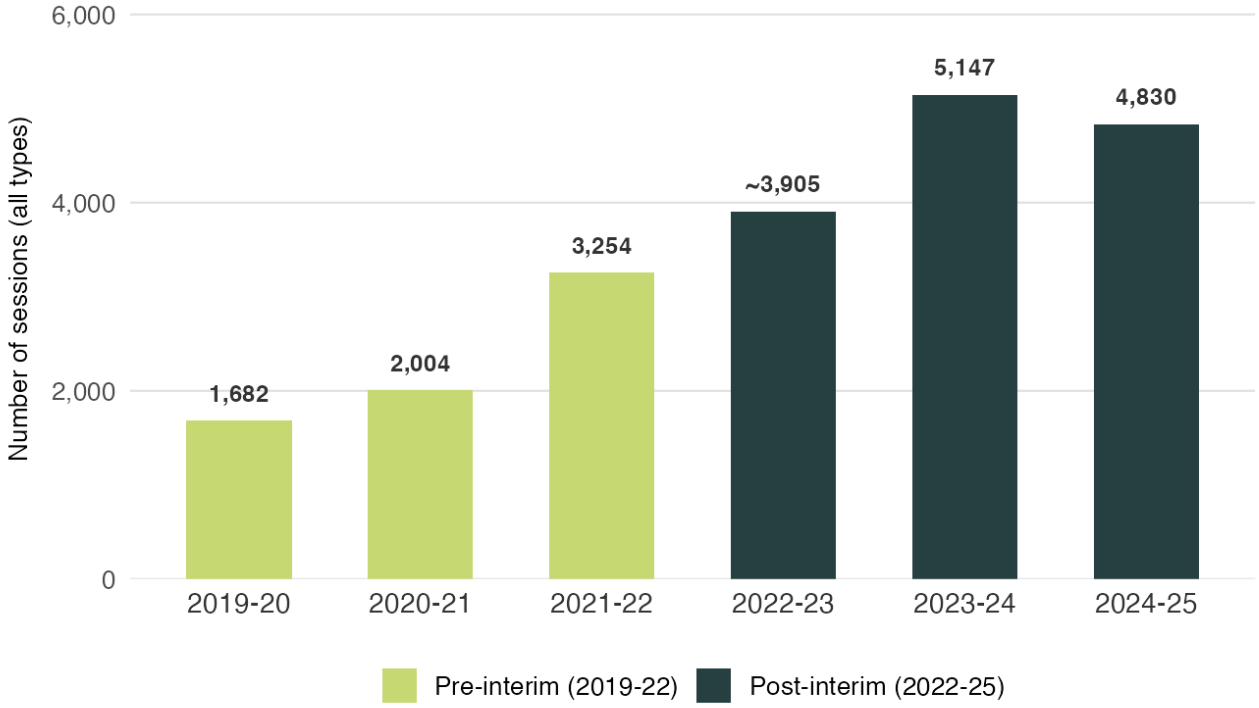
AGSS post-counselling outcomes indicate sustained high levels of overall client satisfaction, with 91% satisfied in 2024-25 (Figure 13), although the percentages should be interpreted with caution due to the small number of respondents each year.

Figure 11 - AGSS: Total Clients in Counselling (2019-25)



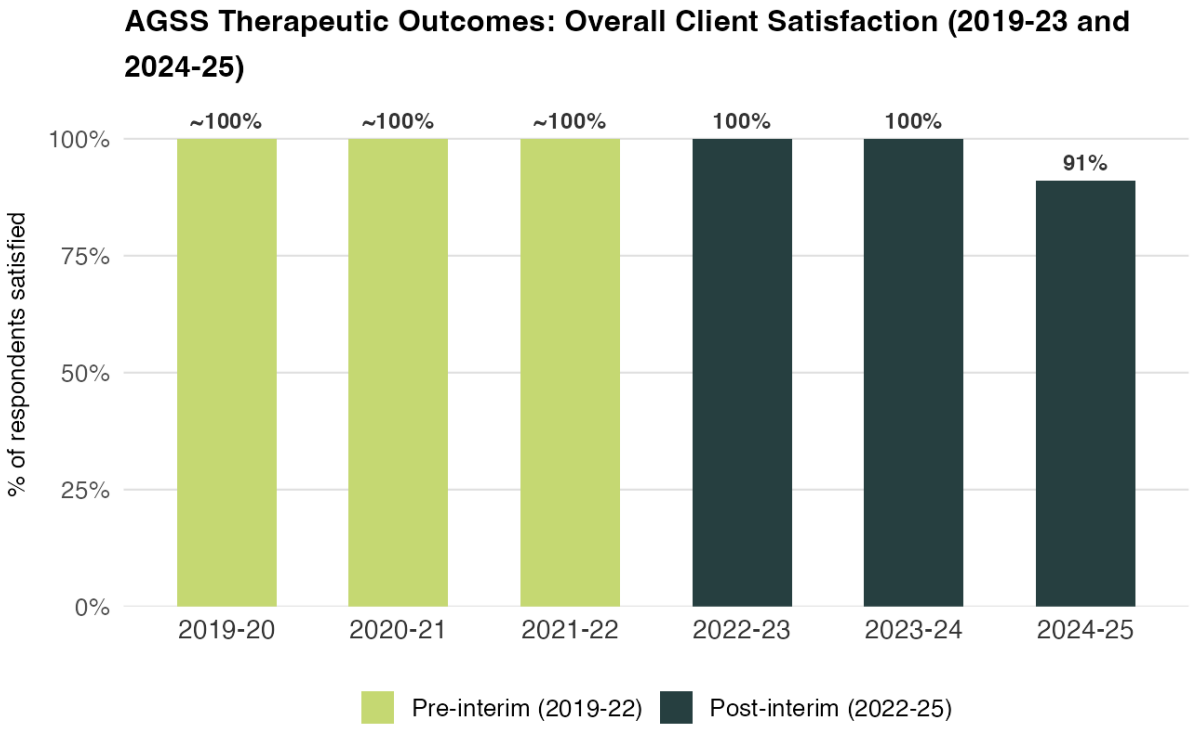
Note: Unduplicated count of clients who accessed therapeutic, financial, or peer support counselling through the ACT Gambling Support Service (AGSS) in each financial year. The 2022-23 value is approximate (indicated by ~). The 2020-21 decline reflects COVID disruption to service delivery. Note: the 2024-25 annual report states 373 represents a 15% decrease from 2023-24, implying a 2023-24 base of approximately 439. Sources: Crondar Consulting (2023) Tables 4-6, pp.44-46; AGSS Annual Reports 2022-23 to 2024-25.

Figure 12 - AGSS: Total Sessions Delivered - All Types (2019-25)



Note: Total occasions of support delivered by the AGSS (assessment, counselling, casework, peer support, group work, and enquiries). The 2022-23 figure is approximate, derived from a reported 20% increase on 2021-22. Note: GRC monitoring data recorded 3,126 sessions for 2021-22; the AGSS Annual Report 2021-22 (p.11) states 3,254. Sources: Crondar Consulting (2023); AGSS Annual Reports 2021-22 to 2024-25.

Figure 13 - AGSS Therapeutic Outcomes: Overall Client Satisfaction (2019-23 and 2024-25)

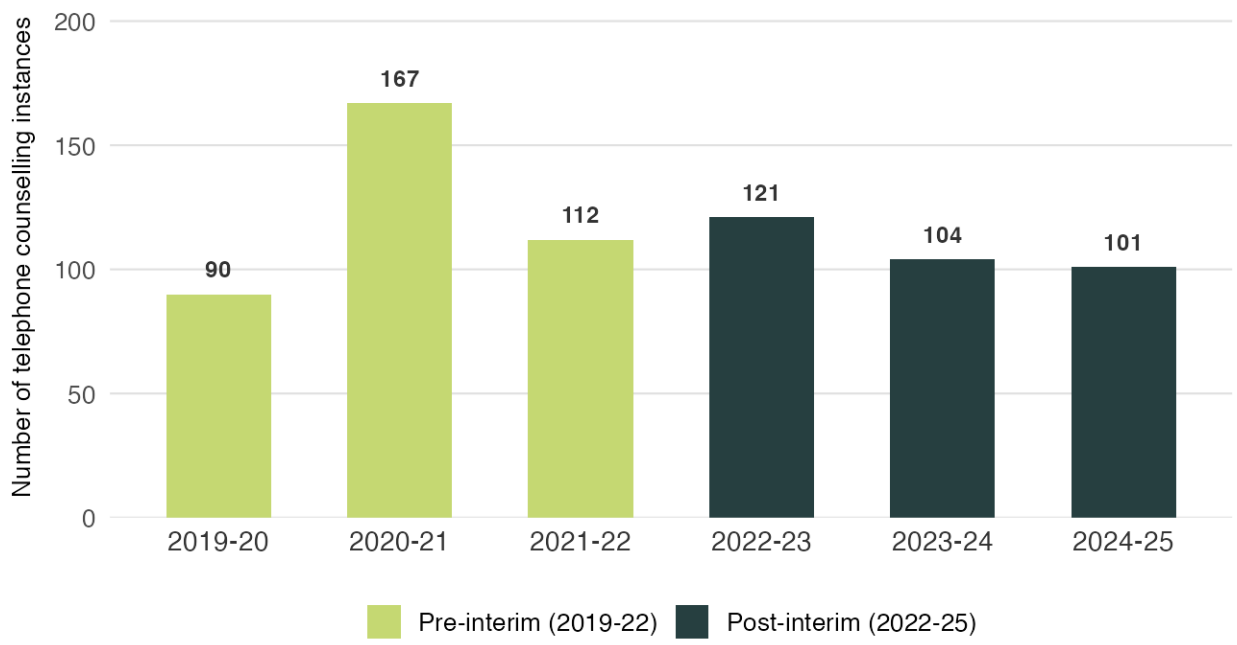


Note: Survey item: 'Overall, I was satisfied with the service I received.' Percentage who agreed or strongly agreed. Values for 2019-22 are approximate (indicated by ~). AGSS Annual Report 2024-25.

National Helpline Volumes (ACT clients)

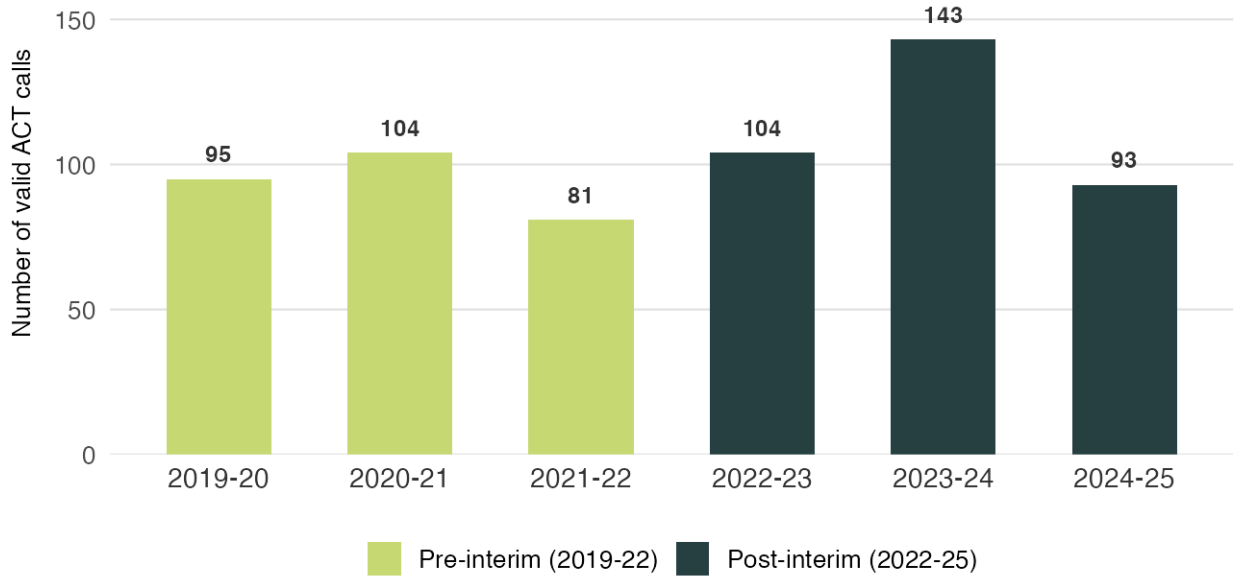
The National Helpline has seen a decrease in number of telephone counselling instances attributable to the ACT (Figures 14 and 15).

Figure 14 - National Gambling Helpline: Telephone Counselling Instances - ACT (2019-25)



Note: Count of telephone counselling instances delivered to ACT callers via the National Gambling Helpline (1800 858 858). Sources: Crondar Consulting (2023) Tables 4-6; GRC AGSS 1800 monitoring file (provided); AGSS Annual Report 2024-25.

Figure 15 - National Gambling Helpline: Valid Calls Identified as from the ACT (2019-25)

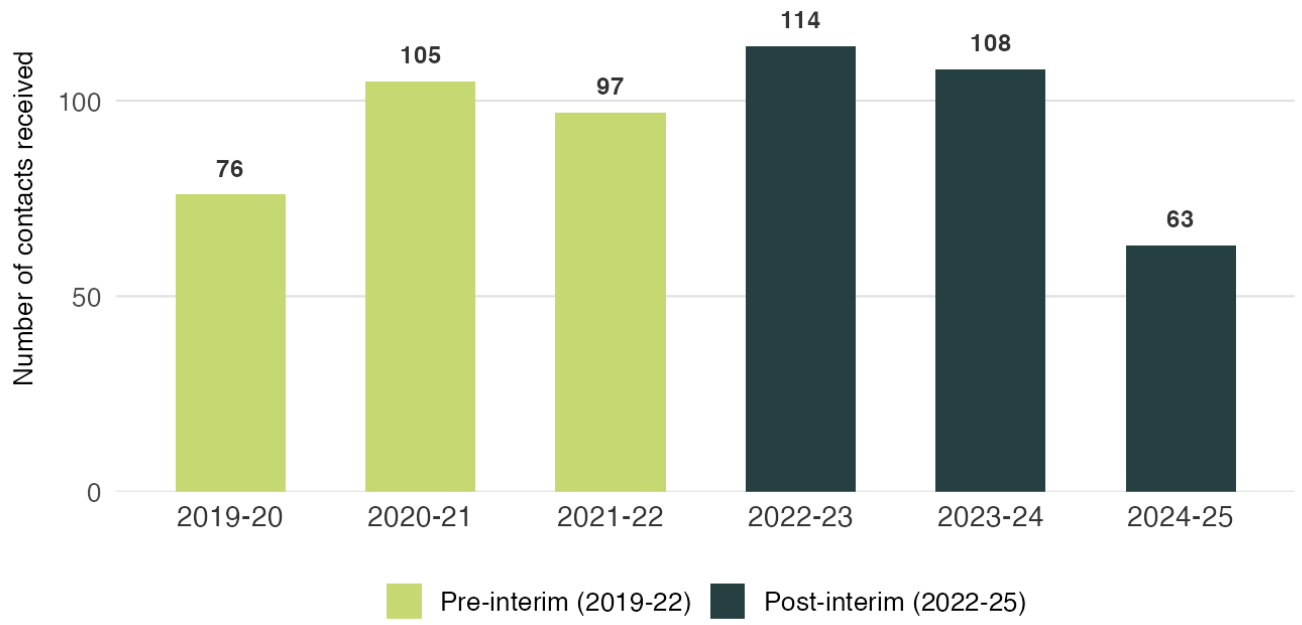


Note: Count of valid calls to the National Gambling Helpline (1800 858 858) identified as originating from the ACT. Sources: Crondar Consulting (2023) Tables 4-6; GRC AGSS 1800 monitoring file (provided); AGSS Annual Report 2024-25.

Gambling Help Online Service Volumes

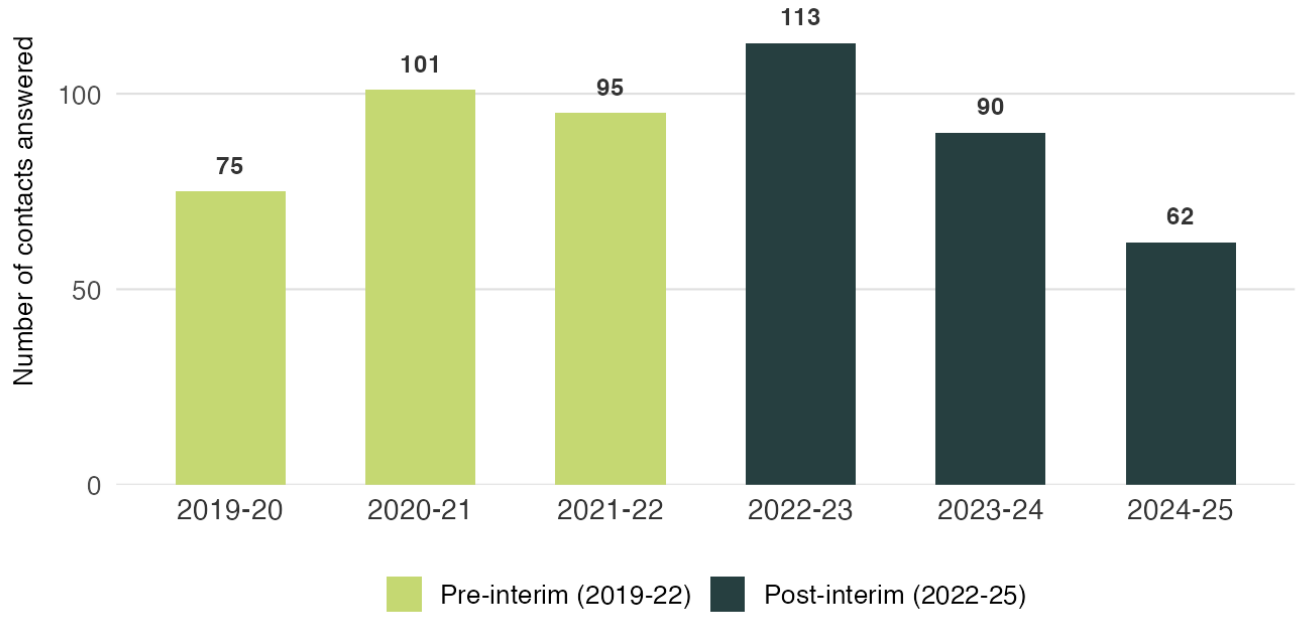
The gambling help online service demand for ACT clients also decreased over the post-interim evaluation period (Figures 16 and 17). Notably, the percentage of demand that was met (i.e., answered) was above 96% for all years, except for 2023-24 where it was 83%.

Figure 16 - Gambling Help Online: Gambling Client Contacts - Demand (ACT) (2022-25)



Source: ACT GHO data file (provided);.

Figure 17 - Gambling Help Online: Gambling Client Contacts - Answered (ACT) (2022-25)



Source: ACT GHO data file (provided).

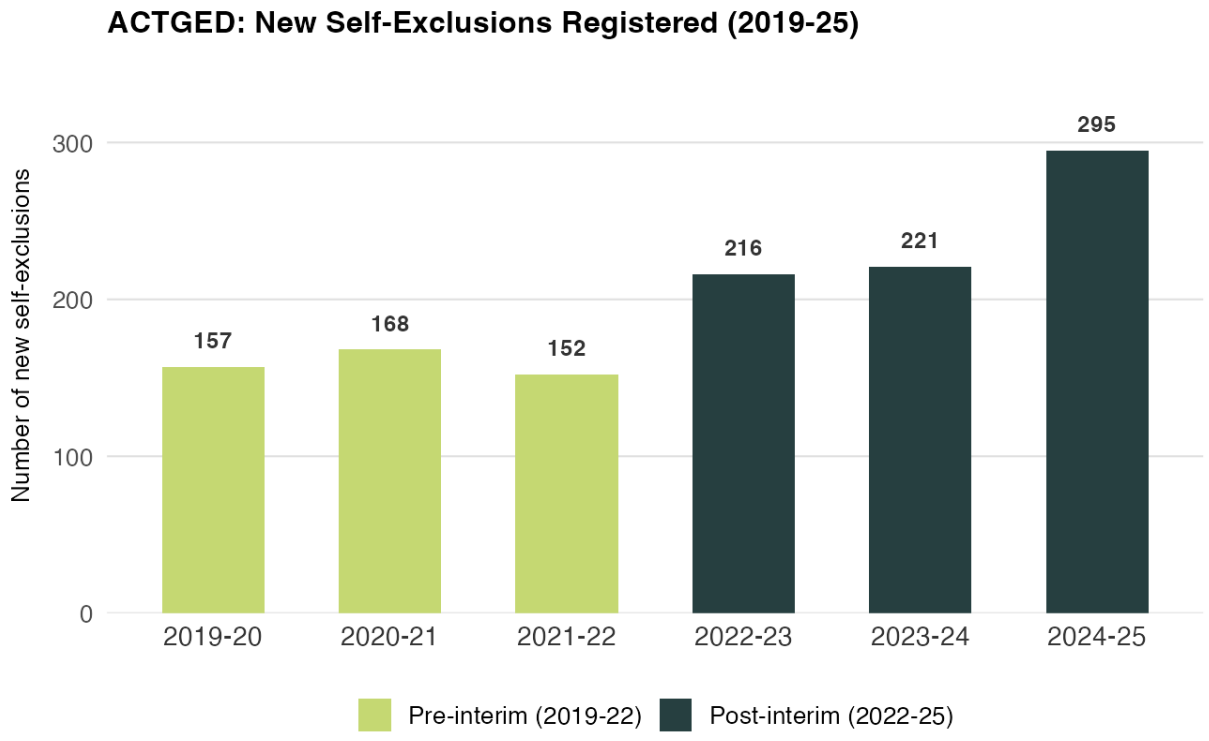
ACTGED – Exclusions

ACTGED was redeveloped in 2022-23. While there are some evident changes in the data reported below, it is important to reiterate an important caveat around the impacts of COVID on the data. COVID impacted pre-interim evaluation figures, from 2019-22. Figures from 2022-23 onwards may reflect changes due to COVID having less of an effect, the redeveloped ACTGED, increases in demand and/or the support of self-exclusion by industry and the GHP team, or all of the above. Readers are advised to keep this in mind when interpreting these trends. To assist with interpretation, pre-COVID figures from 2018-19 showed 215 self-exclusions and 20 licensee-initiated exclusions. These have not been added to the figure as they are outside of the reporting period, but are provided for context.

The post-interim evaluation period shows an increase in new self-exclusions registered, and similar levels of licensee-initiated exclusions (Figures 18 and 19). The number of breaches increased in the post-interim period (Figure 20), as did exclusion revocations (Figure 21).

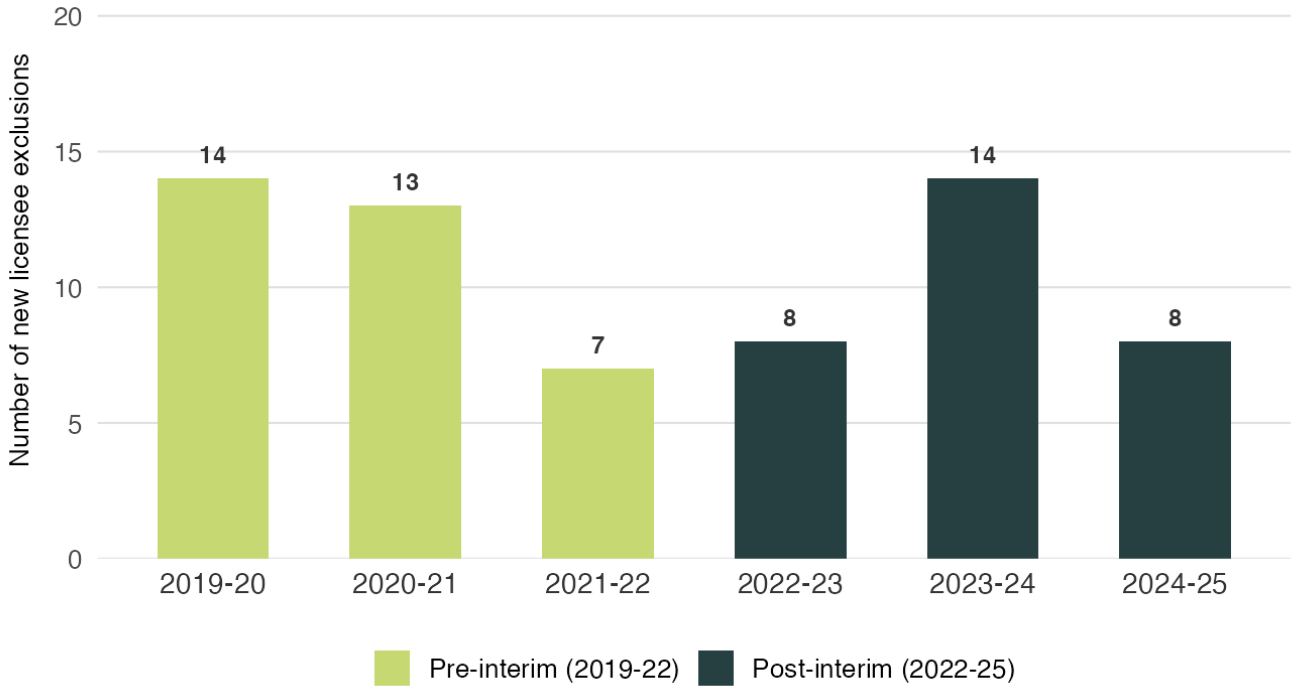
ACTGED is designed to record exclusions as well as incidents. The figure below shows the number of gambling harm incidents recorded each year over the life of the Strategy. The data show an upward trend, particularly in 2024-25 (Figure 22). The Commission advised us that the shift to the new ACTGED created some inconsistencies in reporting compared to older data. These inconsistencies are not expected to persist after the release of the new system.

Figure 18 - ACTGED: New Self-Exclusions Registered (2019-25)



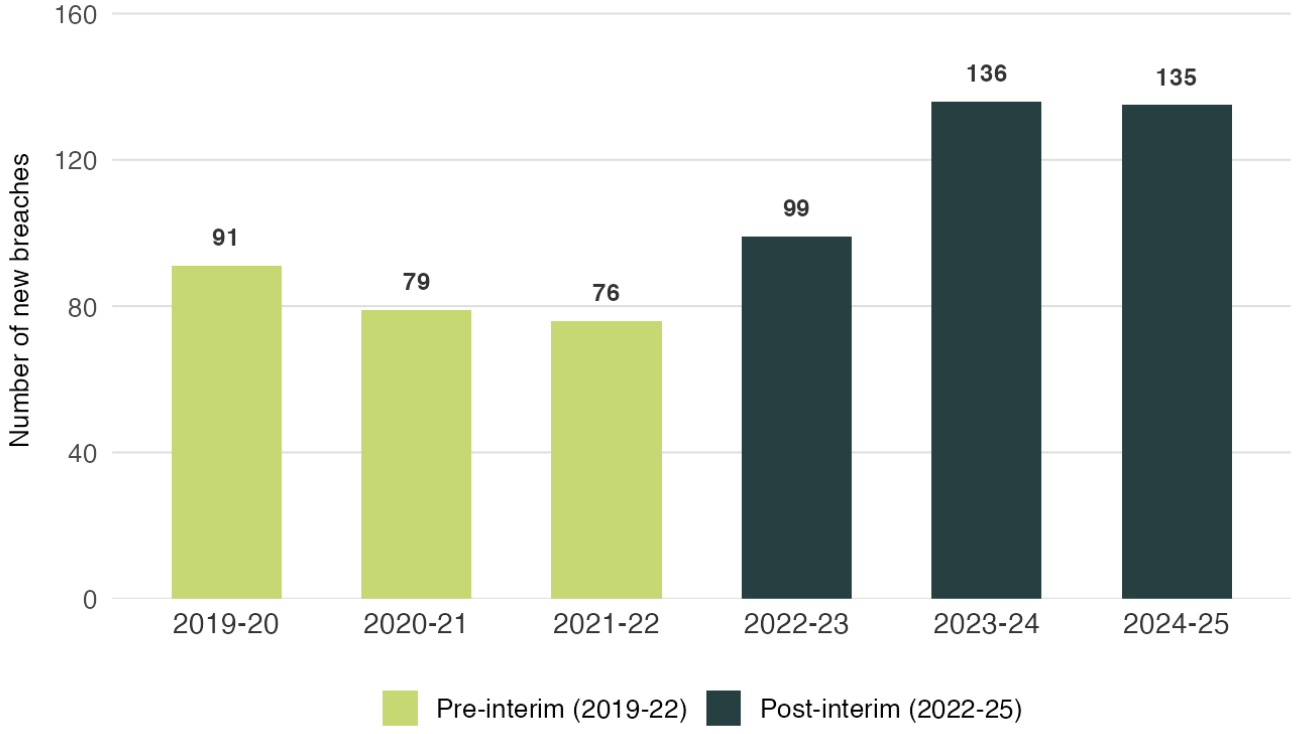
Note: Count of new self-exclusion registrations in ACTGED in each financial year. Note: BetStop (national online register, launched August 2023) is a separate scheme. Sources: Crondar Consulting (2023) Table 12, p.52; GRC monitoring data file (provided); AGSS Annual Report 2024-25.

Figure 19 - ACTGED: New Licensee-Initiated Exclusions (2019-25)



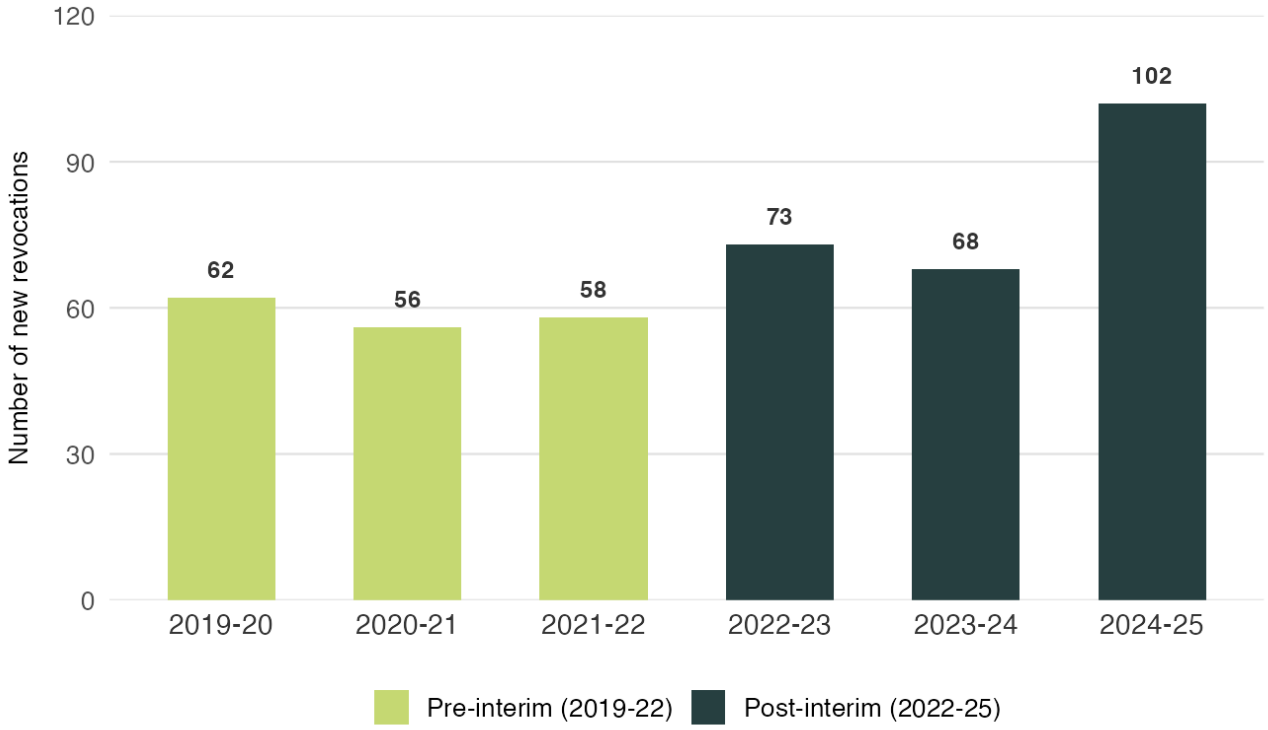
Note: Count of new licensee-initiated (venue-initiated) exclusions in ACTGED. Numbers are small across all years, suggesting venues are rarely using their power to exclude patrons on harm grounds. Sources: Crondar Consulting (2023) Table 12, p.52; GRC monitoring data file (provided); AGSS Annual Report 2024-25.

Figure 20 - ACTGED: New Exclusion Breaches Recorded (2019-25)



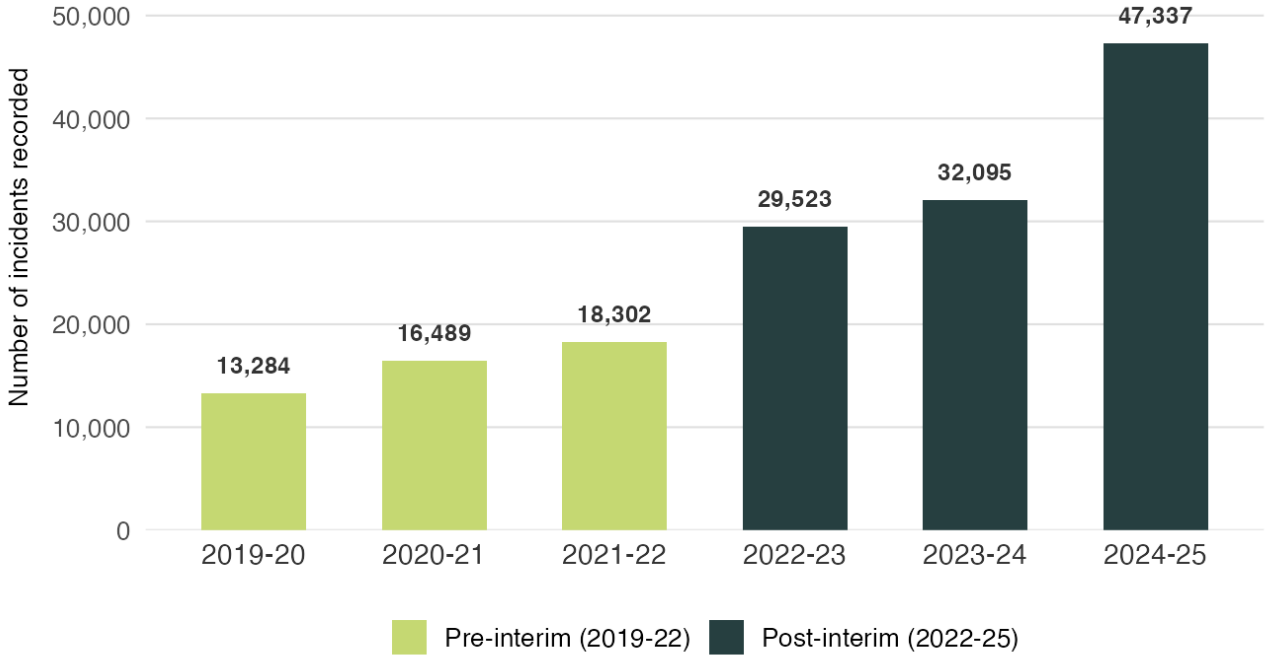
Note: Count of new exclusion breaches recorded in ACTGED. Breach rates are influenced by venue staff vigilance and ACTGED record quality. Sources: Crondar Consulting (2023) Table 12, p.52; GRC monitoring data file (provided); AGSS Annual Report 2024-25.

Figure 21 - ACTGED: New Exclusion Revocations (2019-25)



Note: Count of self-exclusion revocations (requests by individuals to be removed from the register) processed in each financial year. In 2023-24, 25 of the 68 revocations were processed directly by Commission staff. Sources: Crondar Consulting (2023) Table 12, p.52; GRC monitoring data file (provided); AGSS Annual Report 2024-25.

Figure 22 - ACTGED: Gambling Harm Incidents Recorded (2019-25)



Note: Count of gambling harm incidents recorded in the ACT Gambling and Exclusions Database (ACTGED). The large increases from 2022-23 onward primarily reflect improved ACTGED functionality (redeveloped July 2022) and better venue recording practice - not a genuine increase in the rate of harm in venues. COVID-19 venue closures also suppressed recorded incidents in 2019-22. Sources: Crondar Consulting (2023) Table 12, p.52; GRC monitoring data file (provided); AGSS Annual Report 2024-25.

Interpretation

Objective 3 focuses on the availability of accessible, responsive and effective services and initiatives that prevent and reduce gambling harm. The range of help services remains similar, with AGSS, the National Helpline and Gambling Help Online providing a range of services, including peer and group support. Financial counselling services are also available through these pathways. In this sense, the Commission has met this objective.

Only around 10% of people who attend help services complete surveys, limiting the ability to evaluate the effectiveness of the services.

Uptake of the AGSS has increased compared to the first half of the Strategy, while National Helpline and Gambling Help Online services have declined over time. These trends should be treated with caution when compared to the first half of the Strategy period, due to the impact of COVID on venue-based gambling accessibility.

The redeveloped ACTGED has also shown an increase in recorded instances of exclusions, breaches and incidents. Once again, it is important to note that the first half of the Strategy period was impacted by COVID, and venue closures and trading restrictions meant that figures would be lower during this period. The increase in numbers could be interpreted in one of three ways: 1) an increase in harm, 2) an increase in uptake of exclusions, and/or 3) better record-keeping. Further understanding of the trends in these data may require follow-up research.

OBJECTIVE 4: ENSURING GAMBLING ENVIRONMENTS AND PROVIDERS PREVENT AND REDUCE GAMBLING HARM

Intended outcome

Gambling environments and providers actively prevent and reduce gambling harm, including through effective operation of the self-exclusion scheme and incident recording register, engagement with training, and implementation of harm minimisation obligations.

Interim evaluation findings

The interim evaluation reported the following summary of findings:

The exclusion scheme is the major strategy to prevent and reduce gambling harm in gambling environments. Gambling harm minimisation programs, both industry-led, and industry and gambling support service collaboratives, also support gambling harm prevention (see Question 2.2).

On 30 June 2022 there were 163 active licensee exclusions and 482 active self-exclusions, a total of 645 exclusions. The exclusion scheme is accessible for patrons and venues. However, the scheme has some functionality challenges for venues and patrons, principally due to the requirement for manual recognition of patrons who are self-excluded or licensee-excluded from venues. How to use the incident recording register is not well understood by some staff at licensed venues, as reported by some focus group attendees.

ACTGED, the exclusions register and incidents recording database, was substantially redeveloped including technological updates, with activation in July 2022. ACTGED is part of the exclusion scheme. The Territory-wide database is supported by stakeholders and enables improved monitoring and reporting procedures for venues and the Commission, ultimately providing a long-term harm prevention resource for the ACT.

Evaluation of objective 4 includes evaluation questions in the evaluation of objective 1 (see Question 1.1), and objective 2 (see Question 2.1 and Question 2.2).

Actions taken since the interim evaluation

Major actions in 2022-23:

- The introduction of the Exclusion and Incident Database (ACTGED) (see Objective 3).
- The pilot training program for staff in licensed gambling venues, run by Lifeline Canberra, involving staff from the Vikings Group (see Objective 2).
- GCO training refreshed and delivered by Wisdom Learning, including 11 GCO training sessions and a casino-specific session (see Objective 2).
- Liaised and engaged with industry peak bodies.
- Provided technical, legislative and operational support to venue staff.
- Supporting AGSS engagement and education activities (see Objective 3).
- Providing advice for gambling policy and initiatives (see Objective 1).

- Active engagement as members of the National Consumer Protection Framework Implementation Governance Committee (IGC) (see Objective 1).
- Collaboration with AGSS in diversifying and providing high quality best practice information and support, including peer support (see Objective 3).

Major actions in 2023-24:

- Operated ACTGED to support licensees engaging with patrons, managing and recording exclusion records, associated breaches, revocations and gambling harm incidents. The Commission also provided support with ACTGED by creating or addressing self-exclusions and updating personal details of excluded people, and providing support by phone and email around database support and other issues, including access for new staff or revocation of access for non-active staff.
- BetStop was launched in August 2023. The Commission was consulted during the development of BetStop.
- ART was approved as a new GCO training provider. The Lottery Corporation's employee training program was also approved.

Major actions in 2024-25:

- Continued to operate the ACTGED, including entry of exclusions, revocations, review of breaches, and liaising with licensees to grant and support access.
- GCO training continued (see Objectives 2 and 3).

Five-Year Findings and Interpretation

Many of the findings relevant to this Objective are shown above for Objectives 1, 2 and 3, particularly the ACTGED, GCO training, and the Commission's influence on ACT Government policy in relation to EGM reductions and regulatory changes.

The redeveloped ACTGED showed an increase in self-exclusions, as well as breaches and incidents, although it is difficult to determine the extent to which these changes are due to the register itself, recovery from COVID, or increases in venue staff engaging with people experiencing harm. GCO training outcomes were generally very positive, with sustained sessions during the Strategy, although mixed results for Board Member training. Training outcomes generally showed increases in all metrics from pre to post training, indicating that the programs are effective.

The Commission's extensive engagement with various stakeholders, including industry, Federal Government and AGSS amongst others indicate the steps taken to meet this objective.

However, the focus in this Strategy was on the role of the Gambling and Harm Prevention team. Other arms of the Commission, such as licensing and compliance, are likely to have more direct input into this objective. A future Strategy that encompasses all arms of the Commission would enable greater coverage of this objective.

In addition, research in other jurisdictions (Hing et al., 2020) has shown that actual industry practice in relation to harm prevention and reduction does not always reflect best practice. No

data was made available that could be used to evaluate the industry's actual practices in this area, and the extent to which the Commission has influenced change in this behaviour. A similar study exploring industry attitudes and practices is likely to provide the Commission with information that can help to address this objective, or a similar objective, in the future.

OBJECTIVE 5: SUPPORTING AND BUILDING THE EVIDENCE BASE FOR GAMBLING HARM PREVENTION STRATEGIES AND INITIATIVES.

Intended outcome

The Commission supports, funds, and participates in research activities that build the evidence base for gambling harm prevention. Strategies, services, and initiatives are evidence-informed.

Interim evaluation findings

The interim evaluation reported the following summary of findings:

GRC is actively engaged in supporting and building the evidence base for gambling harm prevention. The Strategy is evidence-informed and evidence is used to inform government submissions, services and other initiatives is standard practice for the GaHP team.

To focus research to meet the Commission's needs, there has been increased promotion of the GHPMF and increased utilisation of the fund for harm prevention research and evidence-generating projects, and the release of the Commission's Research Agenda 2021-2024. The Commission's partnership with the ANU Centre for Gambling Research has been reviewed, with research priorities being overseen by a steering committee comprising of independent members and representatives from the Commission and the ANU.

Funded research projects include the *2019 ACT Gambling Survey*, development of resources incorporating lived experience stories, development of a population gambling harm literacy measure, and assessment of the impact of policy and regulatory settings on gambling harm.

Planned research projects of the CGR include understanding the gambling experiences of young people aged 18-25 years, particularly in relation to online gambling, and what influences the transition of people from low-risk gambling to severe levels of gambling harm.

The GaHP team actively works with national and jurisdiction working groups to advance national research and evidence-informed policy and practice. Evidence gaps have been identified and strategies are in place to address them.

Actions taken since the interim evaluation

Major actions in 2022-23:

- The interim evaluation was completed, and an Outcomes Monitoring Framework was developed by Crondar Consulting. As described earlier, the interim evaluation found that the Strategy was highly suitable to continue for the remaining two years with some modifications, and to also form the basis for future strategies.
- Funding was secured for the procurement of the 2024 ACT Gambling Survey. That study was identified as crucial by the interim evaluation.
- The procurement process for the 2024 ACT Gambling Survey also commenced, including the development of the statement of requirements.

- The release of the updated Exclusion and Incident Database (ACTGED) (already reported in Objective 3), which provides monitoring data that can inform the evidence base.
- The Commission identified research gaps and needs for the ACT. This informed the funding of four research projects under the GHPMF: University of Canberra, ANU (x2) and Alcohol Tobacco and Other Drugs Association (ATODA). This also involves developing and managing contracts. The Commission also conducted in-house research projects as required.
- Monitored, managed and participated in the Steering Committee governing the Collaboration Agreement between the ANU and the Commission.
- Reviewed and utilised external research relating to prevalence, incidence and causes of gambling harm to inform development of initiatives and policies.
- Active membership of Gambling Research Australia (GRA) in development and management of research projects.
- Collaboration and engagement with other jurisdictions.
- Commissioned the development of an evaluation framework with a focus on success indicators and impact measurements.
- Captured data periodically to assess progress against the Annual Work Plan, and wrote internal reports on Annual Work Plan initiatives and Strategy Objectives. These reports form the basis of assessing actions taken in this final evaluation.

Major actions in 2023-24:

- Awarded the contract to conduct the 2024 ACT Gambling Survey to CQUniversity. See next section for more information.
- A new grants program was developed and implemented in 2023. This program includes funding for research and gambling harm prevention initiatives. The Commission has advised that rollout included a dedicated staff member to develop and manage the program and to communicate the funding opportunities. The Commission advised that this has resulted in a large increase in the number and breadth of funding applications.
- Funded research by the University of Canberra, to inform the ACT gambling harm literacy strategy.
- Funded research by ATODA ($79,290) and ANU ($172,000).
- The "Getting Played" school education program was developed, ready for launch in Term 4, 2024 (see also Objectives 2 and 3).
- National interjurisdictional working group participation continued, contributing to Federal-level online gambling reform discussions.

Major actions in 2024-25:

- The 2024 ACT Gambling Survey was conducted in August-September 2024, with 10,007 ACT adult interviews completed using a mobile-only sampling frame (IPND). Findings were released publicly on 6 June 2025 at a webinar attended by 45 stakeholders, followed by media coverage across ACT and national outlets.
- Gambling Harm Prevention and Mitigation Fund (GHPMF) grants were awarded to ANU ($122,650) and Deakin ($157,400) (see also Objective 3).
- Commenced the development of the next ACT Gambling Harm Prevention Strategy.
- The "Getting Played: Gambling, Gaming and Young People" school education program was developed and launched (also addresses Objectives 2 and 5).

Five-Year Findings

The main deliverable during this period was the 2024 ACT Gambling Survey, which showed that while the population participation rate for gambling overall, and on most products, had declined since 2019, the proportion of adults experiencing harm from their own gambling had stayed approximately the same. This was described as an intensification of harm. In addition, the study included the most comprehensive picture of harm to date, including harm experienced from one's own gambling, from another person's gambling (affected others), or due to gambling that occurred more than 12 months ago (legacy harm), with approximately 1 in 6 ACT adults experiencing harm due to gambling. The ACT Gambling Survey also provided other key insights, including groups overrepresented in terms of gambling-related harm (particularly young men), the gendered nature of harm experienced by people who gamble compared to harm experienced by affected others, and different levels of awareness of venue self-exclusion programs and particularly BetStop amongst different groups. This awareness was particularly low amongst culturally and linguistically-diverse people, representing an opportunity for targeted interventions.

Other research, such as studies funded by the GHPMF, also represent important advances in meeting this objective.

The Commission was also a part of Gambling Research Australia while it was in existence, which funded major national studies including the Second Interactive Gambling study, and work into direct and affiliate marketing, skill-based gambling, trials of voluntary opt-out pre-commitment, trials for consistent gambling messaging and the distribution of sports data into foreign jurisdictions.

The Commission has also been active in disseminating research findings through various means, including facilitating presentation sessions for various stakeholder groups, such as the Community of Practice.

The Commission has committed to conducting prevalence studies approximately every five years. This is appropriate, given the high cost of obtaining a representative sample. However, the prevalence surveys provide the only ongoing direct measures of harm, and a five-year gap means that there is little opportunity for insights between these waves. Indirect measures of harm, such as losses, can provide some insight, but only to people who gamble, not to affected others. An alternative is a regular non-prevalence survey that is conducted consistently each year, using the same panels and same questions. While estimates with online market research panels are very often inflated compared to prevalence surveys (Russell et al., 2022), such an instrument would not be designed to be compared to the prevalence surveys. Instead, *relative* change over multiple waves can be assessed, providing insights into increases or decreases in gambling participation rates and levels of harm. The first waves of this "survey tracker" has been commissioned as part of this study, and it is strongly recommended that it is continued into the future. Importantly, regular tracking of gambling participation rates and harm allows more direct evidence for assessing impacts of policies and initiatives, because data from prior to implementation is very often lacking.

The ACT Auditor-General's Report No. 4/2025 identified a specific gap directly relevant to this objective. The Outcomes Monitoring Framework provided to the Commission by Crondar Consulting following the 2023 interim evaluation was noted by the GRC Board in May 2023 and accepted by the CEO in June 2023, but has not been further developed or used to inform monitoring and evaluation activities since that date (ACT Audit Office, 2025, para. 5.10). The Audit recommended that the Commission use the Framework to inform planning for compliance and evaluation activities (Audit Recommendation 13). This evaluation's Recommendation 8, which calls for a formal Outcomes Monitoring Framework to be developed at the commencement of the next Strategy, is directly consistent with this audit finding.

5. List of responses to specific interim evaluation recommendations

The 2023 interim evaluation (Crondar Consulting, 2023) assessed the first three years of the Strategy and provided 18 specific recommendations aligned with the five Strategy objectives. The previous chapter reports actions and findings for each objective. This section outlines each of the recommendations and the degree to which they have been implemented. The section uses a three-point implementation scale: Implemented, Partially Implemented and Not implemented. A full justification for each rating is then provided.

SUMMARY OF INTERIM EVALUATION FINDINGS

The interim evaluation concluded that the Strategy reduced some of the risks of gambling harm for some people in the ACT, with opportunities for improvement. Key overarching findings included:

- The Strategy provided a public-facing document outlining the need for a public health approach. This informed stakeholders and the community, and provided consistent language and expectations for industry,
- The partnership approach between the Commission, ACT Government, AGSS, industry and community sector was beneficial, but some partnerships were stronger than others,
- GCO training consistently improved knowledge and confidence. Board Member training was limited in the first part of the Strategy due to COVID restrictions,
- The AGSS delivered effective counselling, although uptake rates were low,
- COVID-19 impacted data for the first three years, making trend interpretation difficult or inappropriate,
- ACTGED was redeveloped and activated in 2022, providing a significantly improved platform for exclusion management, and
- No population-level prevalence data were available during the interim evaluation period, thus the delivery of the 2024 survey was crucial.

RECOMMENDATION IMPLEMENTATION STATUS

#	Summary	Status	Evidence
1.1	Advocate for improvements in exclusion scheme legislation and incident recording register	Implemented	ACTGED redeveloped and activated July 2022.
1.2	Review Code of Practice; recommend changes to incorporate public health approach	Partially implemented	Commission advocated for language changes; full legislative review not completed within Strategy period.
1.3	Strengthen coordination with JACS Directorate and GRC Board	Implemented	Regular engagement documented in GRC Annual Reports
1.4	Advice on NCPF implementation and emerging technologies	Implemented	Active contribution to national working groups; BetStop implementation supported. Emerging technology in the 2024 ACT Gambling Survey.
1.5	Broad ACT Government engagement including school-based education	Implemented	Getting Played school program delivered; relationships with ACT Health and Education maintained.
2.1	Implement Communication and Engagement Plan including Always On approach	Implemented	Always On approach implemented and maintained from 2021–22; annual plans delivered.
2.2	Strengthen Community of Practice	Implemented	CoP maintained and active across follow-up period; documented in GRC ARs.
2.3	Facilitate industry understanding of community sector supports	Implemented	Cross-referral pathways developed; industry/AGSS engagement documented.
2.4	Continue GCO and Board training; improve individual-level assessment	Partially implemented	Training continued with refreshed content; individual-level assessment not yet implemented.
2.5	Engage all gambling industry including casino and Tabcorp	Partially implemented	Casino and wagering operators included in GCO training from 2022–23, including casino-specific content. Full extent of Commission engagement with casino and Tabcorp unclear. Can be improved with additional reporting or data collection.
2.6	Tailor industry engagement to venue needs	Implemented	Compliance engagement differentiated by venue type; harm minimisation inspections conducted.
3.1	School-based harm awareness program	Implemented	Getting Played program delivered across ACT schools.
3.2	Refreshed resources for CALD communities and self-exclusion	Partially implemented	Some resource updates; CALD-specific self-exclusion resource status unclear.
3.3	Review evaluation of therapeutic and financial counselling	Partially implemented	Some improvement in data; post-counselling response rates remain <10%.
3.4	Understand variation in venue gambling harm cultures	Partially implemented	Compliance inspection data provides partial evidence; formal attitude and culture assessment not documented.
3.6	Additional ACTGED training for venues	Implemented	ACTGED training provided post-July 2022 activation; ongoing support documented.
4.1	Undertake 2024 Gambling Survey	Implemented	2024 ACT Gambling Survey completed (Rockloff et al., 2025; n = 10,007).
4.2	Continue to fund research through GHPMF	Implemented	GHPMF-funded research continued and expanded; new grants program; multiple projects funded.

Note: Recommendations are drawn from the interim evaluation by Crondar Consulting (2023), pages 62-63. Please note a slight numbering issue, where there was no recommendation 3.5 in the interim evaluation. The status was assessed against the GRC and AGSS annual reports.

DETAILED RATIONALE FOR IMPLEMENTATION RATINGS

This section outlines the evidence behind each implementation status rating.

Objective 1: Government Policy and Initiatives (Recommendations 1.1-1.5)

Recommendation 1.1 (Implemented): The interim evaluation recommended that the Commission advocate for improvements in the implementation of the exclusion scheme, the incident recording legislation, and the use of the incident recording register by licensees (Crondar Consulting, 2023, p.62).

The activation of the redeveloped ACTGED system in July 2022 addressed this recommendation, providing a substantially improved, centralised platform for exclusion and incident management. The establishment of the industry engagement team in 2022-23, with ACTGED support as its first program of work, and ongoing GaHP/JACS engagement throughout the period, directly responded to the recommendation's intent.

Recommendation 1.2 (Partially implemented): The interim evaluation called for the Commission to make recommendations to the Minister about the language in the ACT Gambling and Racing Control (Code of Practice) Regulation 2002, to bring the language into line with a public health approach to gambling harm reduction.

Annual Work Plans across 2022-25 show Code of Practice reform as an ongoing advocacy priority, and the Commission engaged with JACS Directorate on this matter throughout the period. However, the recommendation called for a formal review with specific recommendations for the Minister, and this was not produced within the Strategy period. Further, while beyond the direct control of the Commission, no amendments to the Code of Practice were enacted.

Recommendation 1.3 (Implemented): The interim evaluation called for further coordination and collaboration between JACS Directorate and Commission staff, and between the GRC Board and JACS (Crondar Consulting, 2023, p.62). GRC Annual Reports 2022-23 to 2024-25 document regular inter-agency engagement on gaming reform, with JACS Directorate represented in relevant working groups and policy processes. This could be strengthened through a more formal arrangement, such as a Memorandum of Understanding.

The establishment of the industry engagement team in 2022-23 strengthened the operational relationship between Access Canberra divisions. The ACT Minister for Gaming Reform's attendance at the March 2025 CoP meeting reflects the strengthened relationship between the Commission's activities and ministerial oversight.

Recommendation 1.4 (Implemented): The interim evaluation recommended continuing to provide advice to JACS specifically on implementation of outstanding National Consumer Protection Framework measures and on emerging gambling technologies and products (Crondar Consulting, 2023, p.62). The Commission remained actively engaged in national working groups on online gambling harms, NCPF implementation, credit card gambling restrictions, and

emerging technology regulation throughout 2022-25 (GRC Annual Reports 2022-23 to 2024-25). The most significant national development was BetStop, the National Self-Exclusion Register for interactive wagering, which was launched August 2023. The Commission actively supported its development and promoted awareness amongst licensees and the community. While the rollout of NCPF measures was beyond the remit of the Commission, this measure was implemented in that the Commission provided advice to JACS. In addition, the 2024 ACT Gambling Survey included some data on loot boxes and social casino games, as well as some emerging gambling products such as esports betting and fantasy sports betting.

Recommendation 1.5 (Implemented): The interim evaluation recommended broadening ACT Government engagement to include other Directorates, specifically recommending development of a school-based gambling harm awareness and education program (Crondar Consulting, 2023, p.62). In response, the Getting Played program was developed in partnership with the ACT Education Directorate. By 2024-25, the program provided professional learning for teachers from 22 ACT schools, with 38 of 39 post-program respondents providing positive feedback. Relationships with ACT Health and the Education Directorate were maintained throughout the period. Implementation of this recommendation can be improved into the future through further rollout of the program to all ACT secondary schools. The Commission has advised that they worked with ACT Health to include gambling questions in the ACT rollout of the Secondary Schools Students Alcohol and Other Drugs Survey. Data have been collected, and results are forthcoming.

Objective 2: Increasing Understanding (Recommendations 2.1-2.6)

Recommendation 2.1 (Implemented): The interim evaluation recommended implementing the 2022-23 Communication and Engagement Plan, including the "Always On" communication approach (Crondar Consulting, 2023, p.62). An ongoing approach to communication was in place from GHAW 2022 and was maintained and expanded thereafter. Annual communication plans were delivered in each year. GHAW was conducted annually at growing scale: the 2024-25 campaign ('Let's connect with what really matters') was the most extensive of the Strategy period, with a 12-month communication plan that included out-of-home advertising, social media, digital video and audio, radio, display and Google Search. In addition, for the first time, socials and digital video were translated into Mandarin/Simplified Chinese and bespoke targeting was undertaken for Hindi, Nepalese and First Nations audiences (in English). This shift from a discrete campaign burst to a 12-month communication plan, which was the core of the recommendation, was achieved and maintained.

Recommendation 2.2 (Implemented): The interim evaluation recommended strengthening and supporting the Community of Practice of community sector organisations that support people experiencing co-occurring issues with gambling harm (Crondar Consulting, 2023, p.62). The CoP was formally established in August 2022, met three times per year throughout the follow-up period, and included 23 member organisations across the ACT community sector, health, government, and research sectors. The ACT Minister for Gaming Reform attended the March 2025 meeting. The CoP functions effectively as an engagement mechanism, but its contribution to harm reduction outcomes has not been formally documented.

Recommendation 2.3 (Implemented): The interim evaluation recommended facilitating increased industry understanding of community sector supports and initiatives for gambling harm prevention (Crondar Consulting, 2023, p.62). Across the follow-up period, the industry engagement team connected venues with AGSS and community supports; GCO training incorporated content on referral pathways; the CoP provided a cross-sector exchange forum; and AGSS-industry engagement was documented in AGSS Annual Reports. The available data shows engagement activity but could be strengthened by quantifying whether industry understanding of community supports genuinely increased, or whether referral rates changed as a result.

Recommendation 2.4 (Partially implemented): This recommendation had two distinct parts: (a) continuing GCO and Board Member training; and (b) improving individual-level assessment of training impact by tracking change for individual GCOs rather than using group-level pre/post averages (Crondar Consulting, 2023, p.62). Part (a) was delivered: GCO training was conducted across all three follow-up years by two providers in 2023-24 and 2024-25, reaching 192 GCOs, and Board Member training was conducted in 2024-25 after a break but then suspended, as it was noted that this may not be effective in preventing harm. Part (b) was not implemented: training evaluation continued to report aggregate group means throughout the period. For this reason, this recommendation is marked as partially implemented.

Recommendation 2.5 (Partially implemented): The interim evaluation recommended that, in addition to GCO training, the Commission should engage with all parts of the gambling industry, specifically mentioning the casino and Tabcorp (Crondar Consulting, 2023, p.63). GRC Annual Reports and GCO training participant data for 2022-25 confirm that casino and wagering venue GCOs participated in training across the follow-up period., as well as casino-specific content and sessions for casino staff The industry engagement team worked beyond EGM venues, although it is unclear the extent to which they engaged with the casino (beyond the aforementioned casino-specific training sessions) and Tabcorp in comparison to standard engagement with EGM venues. This recommendation may have been fully implemented, but this rating cannot be applied because relevant data around the level of engagement with different gambling operators was not documented. A suggestion for any future Strategy is to include measures that document this engagement in comparable ways for all gambling providers.

Recommendation 2.6 (Implemented): The interim evaluation recommended increasing the tailoring of industry engagement to meet the needs of the specific licensed venue, noting that variation in gambling harm prevention cultures required venue-specific responses (Crondar Consulting, 2023, p.63). The industry engagement team, established in 2022-23, was created for this purpose, and harm minimisation inspections provided venue-specific data. GCO training was delivered by different providers in 2023-24 and 2024-25 (ART and Lifeline Canberra) with slightly different content. Implementation of this recommendation could be improved into the future through formally documenting and responding to the different needs of different venues.

Objective 3: Services and Initiatives (Recommendations 3.1-3.6)

Recommendation 3.1 (Implemented): The interim evaluation recommended developing and implementing a school-based harm awareness and education program (Crondar Consulting,

2023, p.63; see also Recommendation 1.5). In response, the "Getting Played" was developed in partnership with the ACT Education Directorate. By 2024-25, 39 individuals from 22 ACT schools participated in professional learning, with 38 of 39 post-program respondents providing positive feedback. The program represents the first systematic gambling harm prevention resource for ACT secondary schools. Implementation of this recommendation can be improved through further roll-out of the program to all ACT secondary schools.

Recommendation 3.2 (Partially implemented): The interim evaluation recommended providing refreshed resources for a broader range of age and language backgrounds, with specific emphasis on materials supporting people from non-English-speaking backgrounds to understand and access the self-exclusion scheme, including translated self-exclusion deed materials and GCO training in how to assist NESB clients through the deed process (Crondar Consulting, 2023, p.63). In 2024-25, GHAW campaign materials were developed in Mandarin, Hindi, Nepalese, and First Nations language streams for the first time, in direct response to the multilingual dimension of this recommendation. However, the specific components regarding translated self-exclusion deed materials and GCO training in supporting NESB clients through the deed were not documented as completed within the Strategy period.

Recommendation 3.3 (Partially implemented): The interim evaluation recommended reviewing the evaluation of therapeutic and financial counselling to provide consistent, longitudinally comparable data aligned with program logic, calling for higher response rates and more sensitive measurement instruments (Crondar Consulting, 2023, p.63). Some improvement was made: financial counselling survey data shows more consistent reporting across years and higher response rates than therapeutic data, although some data are only available in confidential annual reports, which were not available for this evaluation. However, the core problem of low response rates for post-counselling surveys remains a problem according to public annual reports. At these response rates, therapeutic outcome data are not reliable for trend analysis. Additionally, question wording changed between years, complicating longitudinal comparison. The 'partially implemented' rating reflects genuine effort to improve data reporting, and that some reporting decisions are beyond the direct control of the Commission. In addition, the issue of low response rates is a widespread problem, beyond the ACT.

Recommendation 3.4 (Partially implemented): The interim evaluation recommended gaining structured, additional understanding of the variation in gambling harm prevention cultures and commitment across licensed venues, to enable more tailored industry engagement (Crondar Consulting, 2023, p.63). The industry engagement team and harm minimisation inspections introduced in the follow-up period generated venue-level information on compliance behaviour and ACTGED use. However, no formal culture assessment, needs analysis, or structured study of venue-level variation was documented within the Strategy period. The compliance data available provides information about whether venues are meeting their obligations but does not capture the attitudinal and cultural dimensions - commitment, awareness, capacity, willingness to act proactively - that the interim evaluation's recommendation specifically targeted. Some insight into industry attitude and culture has become evident through work such as the ACT Clubs Inquiry, but this was not the intent of the

inquiry. As described below, this research could be conducted through a similar study to the NSW Responsible Conduct of Gambling Study (Hing et al., 2020).

Recommendation 3.6[1] (Implemented): The interim evaluation recommended providing additional training in the use and application of ACTGED, given the redevelopment of the system (Crondar Consulting, 2023, p.63). GRC Annual Reports show ongoing ACTGED training and support activities across 2022-25. Compliance inspections included ACTGED compliance checking and corrective action where needed.

Objective 5: Evidence Base (Recommendations 4.1-4.2)

Recommendation 4.1 (Implemented): The interim evaluation identified completing the 2024 ACT Gambling Survey as the single most important piece of evidence that was not available during the evaluation. This is because the prevalence surveys are the primary means of measuring gambling-related harm, which is the core element of the Commission's vision. The survey was completed with 10,007 respondents (Rockloff et al., 2025), providing population-level data on gambling participation, harm, help-seeking, and gambling harm awareness to update findings from 2019 and earlier studies. The measures of harm included in the study provide the most comprehensive picture of harm to date, including harm experienced by people who gamble, by affected others, and harm that is currently experienced due to gambling that happened more than 12 months ago (legacy harm). The survey incorporated gambling harm literacy measures developed through the GHPMF and, where possible, was aligned with the 2019 methodology to enable comparison. This recommendation is rated 'fully implemented' because it was clearly delivered in full.

Recommendation 4.2 (Implemented): The interim evaluation recommended continuing to fund research to address evidence gaps in priority areas through the GHPMF (Crondar Consulting, 2023, p. 63). The GHPMF research funding was maintained and expanded across the post-interim period, with the grants program developed and implemented in 2023. Funded projects include understanding gambling harms in the digital age (University of Canberra); gambling harm profiles in the ACT (ANU Centre for Gambling Research); young adults gambling online in the ACT (ANU); and exploration of gambling and co-occurring harms in crossover populations (ATODA). The Commission's Research Agenda and ANU CGR partnership were maintained throughout.

OVERALL ASSESSMENT OF RESPONSIVENESS

Of the 18 recommendations assessed: 12 (67%) were fully implemented, and 6 (33%) partially implemented. No recommendation was not implemented. The Commission demonstrated strong responsiveness to recommendations within its direct control (training, GHPMF, 2024 survey, Always On, ACTGED). Recommendations requiring legislative change, improved evaluation methodology, or third-party co-operation were more challenging to implement fully within the remaining time period of the Strategy.

[1] Note that the interim evaluation did not have a recommendation number 3.5.

6. Overall assessment

This chapter addresses the overarching evaluation questions for the full five-year Strategy period (2019–25). Each question is answered on the basis of the evidence reviewed in this evaluation.

HAS THE STRATEGY REDUCED GAMBLING HARM IN THE ACT OVER THE FULL FIVE-YEAR PERIOD?

This is the core measure of success of the Strategy. The 2024 ACT Gambling Survey showed that rates of gambling harm (and problems) remained approximately stable since the previous study in 2019. This is despite a decreasing participation rate in almost all gambling forms, and in gambling overall. However, indirect measures of harm may indicate some reduction. For example, expenditure on EGMs in the ACT has continued a long-term decline over the Strategy period, which is notable given that EGMs are the gambling form most strongly associated with harm in the ACT. In contrast, trends in online wagering indicate an increase over the life of the Strategy.

Taking the available evidence together, it is not possible to state that there has been a reduction in gambling harm in the ACT over the full five-year period. However, it is important to recognise that gambling harm takes time to reduce, with legacy harm having an estimated half-life of five years (Rockloff et al., 2022). It is important to consider this lag when assessing harm reduction at a population level.

Nevertheless, the evaluation recognises the role that the Commission has played in facilitating important harm minimisation initiatives, including education, training, resources (including ACTGED) and other functions. These are assessed in the next question.

HAS THE STRATEGY REDUCED THE RISK OF GAMBLING HARM THROUGH IMPLEMENTATION OF THE STRATEGY OBJECTIVES?

The evidence across all five objectives supports the conclusion that the Strategy has reduced the *risk* of gambling harm in the ACT, consistent with the interim evaluation's finding that the Strategy "reduced some of the risks of gambling harm for some people in the ACT" (Crondar, 2023, p.3). This conclusion is supported by evidence across all objectives.

The strongest evidence of risk reduction comes from Objectives 2 and 3. GCO training consistently improved knowledge and confidence in identifying and responding to gambling harm, reaching 462 GCOs after the interim evaluation. The AGSS delivered effective therapeutic and financial counselling, with 90%+ of clients across the period reporting that counselling reduced the impact of gambling. For Objectives 1 and 4, risk reduction is shown through improved systems infrastructure (ACTGED, BetStop) and policy engagement. For Objective 5, the completion of the 2024 survey itself constitutes a risk reduction investment: future decision-making has been, and will be, better informed than was possible at the start of the Strategy.

Risk reduction was uneven across the population. Help-seeking data and service engagement patterns suggest that people who gamble online, people from culturally and linguistically diverse backgrounds, young adults (especially young men), and people experiencing intersecting harms (AOD, mental health, financial) were less consistently reached than the general population of venue-based gamblers. The Strategy's risk reduction effect was therefore most pronounced for those already engaged with formal gambling harm services and least pronounced for populations experiencing the highest burden of harm but least likely to seek help.

Most of these efforts address harm once it has occurred. The Commission has also played a role in more proactive efforts to prevent harm from occurring in the first place, including engagement with community sector stakeholders, education initiatives, an "Always on" communications campaign and major events such as Gambling Harm Awareness Weeks. The next Strategy, which will feature an expanded scope incorporating the whole of the Commission, can support further proactive efforts, particularly through licensing and compliance functions.

WHAT ENABLED, AND WHAT HINDERED, ACHIEVEMENT OF THE STRATEGY OBJECTIVES?

Key enabling factors across the five years were: the GaHP team's sustained relationships with stakeholders; the AGSS contract providing a reliable and effective service platform; the GHPMF facilitating research and new insights; the public health framing, which facilitated engagement across government, community, health, and industry in a way that a problem gambling treatment model would not; and the improved ACTGED. BetStop also represented an enabling factor for online gambling harm minimisation, and the Commission played a role in its development. Ministerial engagement, particularly the development of the ACT Minister's Gambling Reforms, also signals a more supportive policy environment.

Key hindering factors were: COVID-19, which substantially disrupted the first three years and impacted on interpretation of trends; the Commission's limited sphere of influence over legislative change, industry culture, and Commonwealth policy; some initiatives that had limited success such as Board Member training; the widespread and persistent challenge of improving help-seeking rates; and limitations on some data availability or capture.

HAS THE STRATEGY BEEN DELIVERED ACCORDING TO ITS PRINCIPLES?

The Strategy is built on a public health approach to gambling harm prevention, characterised by a focus on the population rather than only individuals experiencing harm, multilevel action across policy, environment, industry, community, and individual levels, and a partnership model that recognises shared responsibility across government, industry, and the community sector. Across the five years, delivery was broadly consistent with these principles.

The multilevel structure was maintained throughout: GHAW and Getting Played addressed population-level awareness; CoP activities addressed multiple groups through a diverse

membership; GCO training reinforced identification of gambling harm and action when identified; AGSS therapeutic and financial counselling addressed individuals experiencing harm. Partnerships were developed or strengthened with a variety of groups, including other ACT Government directorates and community sector organisations. Practice was informed by research, including the 2024 ACT Gambling Survey and the various GHPMF-funded research projects. Findings from the interim evaluation were largely addressed, although this only occurred in 2023-24. See below for a recommendation on recognising the Commission's sphere of influence in the next Strategy.

WHICH INTERIM EVALUATION RECOMMENDATIONS WERE ADOPTED, TO WHAT EXTENT, AND WITH WHAT APPARENT EFFECT?

Of the 18 recommendations assessed: 12 (67%) were fully implemented and 6 (33%) partially implemented. No recommendation was not implemented. Full detail on implementation status and its rationale is provided in Chapter 5. In overall terms, the Commission demonstrated strong responsiveness to the interim evaluation recommendations, particularly for those within its direct control.

The ACT Auditor-General's Performance Audit Report No. 4/2025 characterised the Commission's response to the interim evaluation differently, finding that the Commission 'has not effectively responded to the interim evaluation report or demonstrated how it would address shortcomings in its performance identified through the evaluation' (ACT Audit Office, 2025, p.5). This evaluation and the Auditor-General's finding are not necessarily inconsistent, in part because the Auditor-General's report had a different objective to the current evaluation. Specifically, the objective for the Auditor-General's report was focused on assessing the effectiveness of the Commission in encouraging EGM licensees' compliance with their legislative frameworks. That is, the Auditor-General's report covered wider functions of the Commission (i.e., compliance) which were not covered by the Strategy, and only considered EGM licensees, while the Strategy includes all forms of gambling. The Auditor-General appears to have assessed whether the Commission produced a formal, documented organisational response and embedded the interim evaluation's findings into governance and planning frameworks, while the current report focuses on actions taken by the Gambling and Harm Prevention team in relation to all forms of gambling.

The recommendations with the most clear and comprehensive implementation were:

- Recommendation 4.1: The 2024 ACT Gambling Survey was conducted, addressing a major evidence gap,
- Recommendation 4.2: The rollout of the Commission Grants program to fund research and other harm prevention activities.
- Recommendation 1.5 and 3.1: The development and deployment of the "Getting Played" education program into secondary schools,
- Recommendation 2.2: The implementation and continued work of the Community of Practice,
- Recommendation 2.4 (part a): The continuation of GCO training, and
- Recommendation 2.1: The implementation of the "Always On" communications campaign.

The recommendations that were partially implemented were:

- Recommendation 1.2: Code of Practice reform, which was consistently flagged as a priority, but no formal review or Ministerial recommendation was produced within the period of the Strategy. Work on this is ongoing beyond the Strategy period,
- Recommendation 2.4 (part b): Individual-level training assessment was not implemented,
- Recommendation 3.2: CALD resources were partially implemented, particularly for self-exclusion resources, despite the findings of the 2024 ACT Gambling Survey of low awareness of self-exclusion resources for CALD participants,
- Recommendation 3.3: Low uptake of post-counselling surveys to evaluate performance,
- Recommendation 3.4: No formal analysis of industry attitude or culture, and
- Recommendation 2.5: The extent of engagement with industry, particularly the casino and Tabcorp, was only mentioned briefly in reporting and therefore could not be fully assessed.

HOW EFFECTIVELY DID THE STRATEGY ADAPT OVER TIME IN RESPONSE TO EVIDENCE AND CHANGING CONTEXT?

The Strategy demonstrated good adaptive capacity across the follow-up period, with several clear examples of evidence-based change. Examples include: changing the wording of two objectives to reflect the sphere of influence of the Commission; the development and delivery of the Getting Played program; strengthening partnerships; diversified training through the introduction of two GCO providers; the completion of the 2024 ACT Gambling Survey; major changes to self-exclusion and incident reporting, both in venues (in the Commission's direct control) and online (BetStop, developed with contributions from the Commission); and the resumption of GHAW activities following COVID disruption. Additional examples include supporting the roll-out of BetStop through awareness activities, and creating multilingual content for GHAW in Mandarin, Hindi, Nepalese and First Nations languages.

Adaptation was less effective in some areas. Individual-level GCO training assessment remained unimplemented despite the interim evaluation's recommendation. Therapeutic counselling response rates did not improve despite two years of awareness of the problem. Code of Practice reform was consistently noted as a priority, but no formal review was completed. Some changes, such as reduction in harm or increasing help-seeking, are influenced by multiple factors, only some of which are in direct control of the Commission. Importantly, they are issues for most jurisdictions, not just the ACT.

WHAT DOES THE FIVE-YEAR EVIDENCE BASE SUGGEST FOR THE DESIGN AND EVALUATION OF FUTURE STRATEGIES?

The 2019-24 Strategy focused only on the functions of the Gambling and Harm Prevention team, rather than the Commission as a whole. The next Strategy is expected to include licensing and compliance functions, which therefore requires a major Strategy revision. For this reason, the five-year evidence base is useful for determining which aspects have worked well

for the GaHP team, but it should not form the only basis for the design and evaluation of the next and future strategies.

One major strength of the approach is the use of a public health approach. During interviews with Commission staff, it became apparent that there were some different opinions about the nature of a public health approach. The next Strategy will be designed to encompass all functions of the Commission and can assist in creating a consistent understanding and implementation of a public health approach across the entire Commission. A second major strength is a focus on partnerships to assist with knowledge dissemination, consultation, input, and other functions. The public health approach, and the widened scope of the next Strategy, allow for the development of further partnerships, and strengthening of existing ones.

Improvements for the next Strategy include: an Outcomes Monitoring Framework; recognition of the sphere of influence of the Commission; objectives that recognise the wider roles of the Commission beyond the Gambling and Harm Prevention team; more regular monitoring of gambling-related harm between prevalence studies; more formal and consistent evaluation of all parts of the Strategy to improve low response rates (e.g., Community of Practice assessment) or where data are lacking entirely (e.g., industry attitudes and culture). The next Strategy should aim to specifically address low uptake of help-seeking, including expanding stigma reduction initiatives, advertising help services and self-exclusion in a wide range of languages to address low awareness in CALD communities, and assessing gambling harm in non-gambling settings, such as GPs. Improved data can be obtained from GCO data through anonymised individual responses rather than group responses, and from AGSS through a contractual requirement to improve response rates.

7. Lessons learned and recommendations

The following recommendations are drawn from the five-year evidence reviewed in this evaluation. They are intended to inform the development of the next ACT Gambling Harm Prevention Strategy (2025–2030). While the interim evaluation paired recommendations with each objective, the present evaluation provides more holistic recommendations, beyond single objectives. The next Strategy is expected to extend beyond the Gambling and Harm Prevention team to all functions of the Commission, which will require revised objectives.

LESSONS AND RECOMMENDATIONS FOR THE NEXT STRATEGY

1. Retain and Strengthen the Public Health Approach

The Strategy's public health approach is supported by the evidence reported above. It enabled the Commission to engage a much broader range of partners than a treatment-focused approach would allow, including government, community sector, health, research, and industry. It also allows the Commission to address environmental, structural and commercial determinants of harm alongside individual support services. Stakeholder engagement through the Community of Practice, GCO training, the AGSS, and awareness campaigns has been more coherent and sustained because of the shared framework the Strategy provides. Retaining this approach in the next Strategy is strongly supported.

- **Recommendation 1**: Retain the public health approach as the foundation of the next Strategy. Strengthen partnership language to explicitly name the shared responsibilities of government, industry, services, and community in preventing gambling harm.

However, interviews with Commission staff during this evaluation period have highlighted some misconceptions about what a public health approach involves. One example is that some members feel that the public health approach entirely absolves people who gamble of any responsibility for the harm that they experience. Similar comments are often made by gambling industry employees. For this reason, it is important to clearly articulate what a public health approach involves, and address misconceptions.

- **Recommendation 2**: Raise awareness about the nature of, and misconceptions about, a public health approach to addressing gambling-related harm.

2. Expand the Scope of the Strategy

The Strategy has focused primarily on harm prevention activities: awareness, training, services, and research. The Commission's broader regulatory functions, such as licensing and compliance, were not included in the 2019-24 Strategy. The Commission has already recognised this, as it has explicitly required that the next Strategy incorporates all of these functions into the next Strategy. This will lead to a more comprehensive and coordinated approach to addressing gambling-related harm, ensuring that all regulatory levers are used to achieve harm prevention goals.

- **Recommendation 3**: Expand the scope of the next Strategy to encompass all functions of the Commission, including licensing and compliance, so that harm prevention and harm minimisation activities are integrated within a single strategic framework.

3. Identify and Strengthen Partnerships

The Strategy has involved extensive partnerships, for example with the AGSS, the Community of Practice, the ACT Education Directorate, and roles in working groups and committees. Some partnerships may be stronger than others, providing opportunities for further development. A broadened Strategy, encompassing all functions of the Commission, allows for further partnerships related to these other functions. The ACT Government's gambling reform commitments also allow for new directions with existing partnerships.

- **Recommendation 4**: Identify new partnerships and strengthen existing partnerships with bodies that can meaningfully influence gambling harm.

4. Ensure Language Reflects the Commission's Actual Sphere of Influence

Two of the five Strategy objectives used 'ensuring' language implying a level of control the Commission does not have. The Commission responded well during the Strategy period: from 2023–24, Annual Work Plans retitled Objective 1 to 'Influencing policy and legislation to prevent and reduce gambling harm' and Objective 4 to 'Supporting and facilitating gambling harm prevention and reduction initiatives in licensee environments'. This operational revision should be formalised in the next Strategy document, and the principle applied consistently across all objectives and associated action language. In addition, the next Strategy should recognise which factors the Commission has direct control over, which it can influence, and which factors it cannot influence but nonetheless are informative, drawing on the Victorian and Queensland frameworks.

- **Recommendation 5**: Ensure all objective and action language in the next Strategy accurately reflects the Commission's sphere of influence, by identifying which measures the Commission can directly control, can influence, and are for context only.

5. Include Recognition of Vulnerable Groups

The 2024 ACT Gambling Survey and GHPMF-funded research point to differential burden of gambling harm across population groups. Young men account for a disproportionate share harm from their own gambling, while women experience more harm as affected others. Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse (CALD) communities face additional barriers to accessing support and may experience harm differently. Children and adolescents are increasingly exposed to gambling-adjacent products including simulated gambling, social casino games, and loot boxes - products that blur the line between gaming and gambling. The current Strategy did not explicitly name or target these groups. An explicit focus on concentration of harm can ensure maximum "bang for buck" in terms of interventions.

Importantly, these initiatives should not focus only on limitations in help-seeking uptake, as was evident amongst culturally and linguistically-diverse people in the 2024 ACT Prevalence survey. Drawing on a public health approach, the Commission should explore ways to prevent harm before it occurs in these groups, given they experience disproportionate amounts of harm, and particularly since young men account for a very large proportion of harm at a population level.

People from other groups should not be neglected; for example, a focus on young men who gamble should not mean that women who gamble are not also considered.

- **Recommendation 6**: Include explicit recognition of vulnerable groups in the next Strategy, with specific consideration of young men who gamble, women who are affected others, First Nations people, people from culturally and linguistically diverse communities, and children and adolescents.

6. Monitor and Proactively Address Changes in the Gambling Environment

Gambling products, platforms, and consumer behaviours evolve faster than regulatory frameworks. The follow-up period saw the launch of BetStop, continued growth in sports wagering, and the proliferation of gambling-adjacent products (e.g., simulated gambling products). Online gambling participation continues to increase, driven by lotteries and sports betting. Regulation is typically reactive, often responding to product developments or harms after they have become established. A strategy that explicitly commits to monitoring environmental change and responding proactively would be better placed to address emerging risks before they become entrenched.

- **Recommendation 7**: Monitor and proactively address changes in the gambling environment, including those driven by technology and new product types. Mechanisms for environmental scanning should be built into the next Strategy's governance arrangements from the outset, enabling earlier and more proportionate regulatory responses. New products or product changes, no matter how minor, should require regulatory approval before launch.

7. Address the Persistently Low Rate of Help-Seeking

Low rates of help-seeking is a persistent problem around the world, not just in the ACT. Nevertheless, help-seeking is a primary tool for reducing gambling harm once it is occurring. The AGSS has demonstrated consistently high client satisfaction once clients take part, but the gap between the number of people experiencing high levels of harm and those accessing support represents a persistent and substantial challenge. Barriers to help-seeking include stigma, low awareness (particularly amongst people who mainly speak a language other than English), concerns about confidentiality and practical access issues. The Commission should continue general awareness campaigns, with a particular focus on those under-served.

- **Recommendation 8**: Develop targeted initiatives to address the persistently low rate of help-seeking. This should include destigmatisation campaigns grounded in consumer insight, peer support expansion, strengthened community referral pathways, and exploration of opportunities to integrate gambling harm screening into primary health care and other community service settings.

8. Develop a Formal Outcomes Monitoring Framework

A persistent limitation across both the interim and follow-up evaluations has been the absence of a prospective monitoring framework; a list of measures and data collection timeframes that was established before the Strategy commenced. This meant the evaluation relied on retrospective analysis of available data rather than systematic reporting against pre-defined outcomes. A formal Outcomes Monitoring Framework, developed prior to the commencement of

the next Strategy, would substantially improve accountability and enable regular assessment of the Strategy. This approach would allow the Commission to receive regular feedback on performance against objectives, and potentially enable agile responses by the Commission should changes be observed.

The ACT Auditor-General's Report No. 4/2025 reached a similar conclusion. The Audit found that the Outcomes Monitoring Framework developed by Crondar Consulting and provided to the Commission after the interim evaluation had not been further developed or used after its acceptance in June 2023, and recommended that the Commission use the Framework to inform compliance planning (ACT Audit Office, 2025, paras. 5.10, 5.13; Audit Recommendation 13).

- **Recommendation 9**: Develop a formal Outcomes Monitoring Framework for each objective prior to the commencement of the next Strategy. The framework should specify indicators, baseline measures, data owners, collection frequency, and reporting mechanisms. All contracted service providers should be required to report against agreed indicators.

9. Address Potential Gaps in the Data, and New Data Gathering Opportunities

There were issues with the data used for this evaluation, which made it difficult to fully evaluate progress due to the Strategy. A major gap was that gambling-related harm is only measured every five years, making it difficult to determine whether shifts in harm (or lack thereof) are due to Strategy initiatives or other events. More regular gathering of harm data, through inexpensive non-prevalence studies, would greatly enhance monitoring of harm, including to affected others. As part of the current work evaluating the previous Strategy and contributing to the next Strategy, the evaluation team of CQU and Ipsos are developing a survey tracker, designed to capture harm and other measures between prevalence waves at much lower cost, in order to fill this gap. It is our strong recommendation that this work continues beyond the first wave. However, we are aware that in providing this recommendation in this evaluation, it may be seen as a potential conflict of interest. We do not make this recommendation in order to secure more funding. Instead, we make this recommendation because the lack of harm measurements between prevalence waves was noted in the interim evaluation as a crucial shortcoming, and the development of this survey tracker is designed to fill this gap.

The only data that included a baseline measure was for the effectiveness of the GCO training. All other measures relied on changes over time, generally annually, once again making it difficult to determine the effectiveness of these initiatives. Where possible, baseline data measured immediately prior to the introduction of an initiative can greatly strengthen claims about the effectiveness of the data.

In some cases, no data were collected. An example was industry attitudes and culture, despite this being described in an initiative. In other cases, data collection and reporting can be greatly improved, such as through consistent measures over time, regular consistent reporting, and consideration around the extent to which measures are directly relevant to assessing an initiative, or whether the data are contextual. Where data have been collected, in some cases

the response rates have been very low (e.g., post-counselling data). Efforts should be made to improve this data collection.

A third data gap is identified by the ACT Auditor-General's Report No. 4/2025: the Commission does not monitor compliance with the three-day requirement for licensees to report gambling harm incidents in ACTGED, despite the timeliness data being available within the database. A review of mandatory reporting data found 2,752 incidents reported up to seven days late and a further 641 incidents reported more than seven days late (ACT Audit Office, 2025, para. 4.54), although this represents a small percentage of the number of incidents recorded (between 29,523 and 47,337 incidents per year between 2022-23 and 2024-25). Implementing formal monitoring of ACTGED reporting timeliness would improve the integrity of incident data used to assess harm trends under Objective 4, consistent with Audit Recommendation 9. The Commission provided advice that ACTGED has been updated to facilitate looking at responses to individual and/or grouped incidents. This will assist with examining responses across different levels of severity.

- **Recommendation 10**: Address gaps in the monitoring data by: (a) commissioning regular non-prevalence harm surveys between five-yearly prevalence studies, using consistent measures across waves to enable detection of changes in harm and gambling participation; (b) where possible, collecting baseline data immediately prior to the introduction of new initiatives to strengthen evidence of effectiveness; (c) ensuring data collection is planned for all Strategy initiatives at the outset, with consistent measures over time and a focus on outcomes directly relevant to each initiative rather than contextual data alone; (d) working with the AGSS to redesign the post-counselling survey process, with a target response rate set and reported against annually; and (e) implementing formal monitoring of ACTGED incident reporting timeliness, consistent with Audit Recommendation 9 of the ACT Auditor-General's Report No. 4/2025 (Gaming Machine Licensee Regulation).

LIST OF RECOMMENDATIONS

#	Recommendation
1	Retain the public health approach as the foundation of the next Strategy. Strengthen partnership language to explicitly name the shared responsibilities of government, industry, services, and community in preventing gambling harm.
2	Raise awareness about the nature of, and misconceptions about, a public health approach to addressing gambling-related harm.
3	Expand the scope of the next Strategy to encompass all functions of the Commission
4	Identify new partnerships and strengthen existing partnerships with bodies that can meaningfully influence gambling harm.
5	Ensure all objective and action language in the next Strategy accurately reflects the Commission's sphere of influence, by identifying which measures the Commission can directly control, can influence, and are for context only.
6	Include explicit recognition of vulnerable groups in the next Strategy, with specific consideration of young men who gamble, women who are affected others, First Nations people, people from culturally and linguistically diverse communities, and children and adolescents.
7	Monitor and proactively address changes in the gambling environment, including those driven by technology and new product types. Mechanisms for environmental scanning should be built into the next Strategy's governance arrangements from the outset, enabling earlier and more proportionate regulatory responses. New products or product changes, no matter how minor, should require regulatory approval before launch.
8	Develop targeted initiatives to address the persistently low rate of help-seeking. This should include destigmatisation campaigns grounded in consumer insight, peer support expansion, strengthened community referral pathways, and exploration of opportunities to integrate gambling harm screening into primary health care and other community service settings.
9	Develop a formal Outcomes Monitoring Framework for each objective prior to the commencement of the next Strategy. The framework should specify indicators, baseline measures, data owners, collection frequency, and reporting mechanisms. All contracted service providers should be required to report against agreed indicators.
10	Address gaps in the monitoring data by: (a) commissioning regular non-prevalence harm surveys between five-yearly prevalence studies, using consistent measures across waves to enable detection of changes in harm and gambling participation; (b) where possible, collecting baseline data immediately prior to the introduction of new initiatives to strengthen evidence of effectiveness; (c) ensuring data collection is planned for all Strategy initiatives at the outset, with consistent measures over time and a focus on outcomes directly relevant to each initiative rather than contextual data alone; (d) working with the AGSS to redesign the post-counselling survey process, with a target response rate set and reported against annually; and (e) implementing formal monitoring of ACTGED incident reporting timeliness, consistent with Audit Recommendation 9 of the ACT Auditor-General's Report No. 4/2025 (Gaming Machine Licensee Regulation).

Note: It is important to declare that the tenth recommendation, capturing regular gambling harm data, may represent a potential conflict by the evaluation team. The first draft of a survey tracker will be conducted as part of the development of the next Strategy, led by CQU and Ipsos. We are recommending that the survey tracker continues beyond the first wave to fill a key evidence gap, and note that this may be viewed as a potential conflict of interest.

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