



ACT
Government



DRAFT

**A Public Health Approach to Gambling
Regulation in the ACT:
2027-2032 Harm Prevention Strategy**





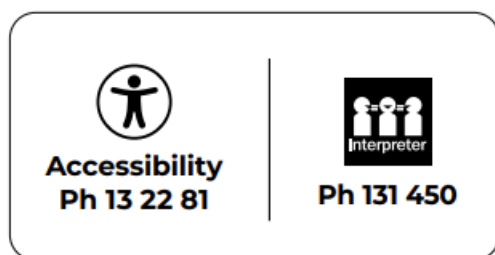
We acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

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Produced by the ACT Gambling and Racing Commission. Enquiries about this publication should be directed to the Commission.

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There are many ways to get help and support for gambling harm

Phone:	Gambling helpline 1800 858 858
Financial:	Call 1800 007 007 if you would like help with your finances
Online:	gamblinghelponline.org.au
Face to face:	Call 1800 858 858 to find out about face-to-face counselling
ACT support & information:	act.gov.au/community/gambling-harm
Self-exclusion from ACT gambling venues:	Call 6207 0359 (Option 3) or visit act.gov.au/community/gambling-harm/exclusion-from-gambling
Self-exclusion from online gambling:	Betstop.gov.au - the national self-exclusion register from online gambling

To lodge a complaint about compliance with an ACT gaming law

www.gamblingandracing.act.gov.au/about-us/complaints

Acknowledgements

This Draft Strategy was founded on lessons learned from implementing the ‘*Strategy for Gambling Harm Prevention in the ACT- A Public Health Approach 2019-2024*’ (2019 Strategy) and multiple evidence resources. The ACT Gambling and Racing Commission (the Commission) particularly acknowledges and gives thanks for the following key contributions, which are all available on the Commission’s website.¹

A Public Health Approach to Gambling Regulation in the ACT

Following an open procurement process CQUniversity, along with Ipsos Australia as a consultant, were awarded the contract to develop a public health framework incorporating all the Commission’s functions. The framework was founded on an extensive literature review and environmental scan, independent evaluation of the 2019 Strategy and a program logic.

Independent Evaluations of the 2019 Strategy

A mid-term evaluation of the 2019 Strategy was conducted by Crondar Consulting, with CQUniversity subsequently undertaking a final evaluation that incorporated and expanded upon the earlier findings. Collectively, these evaluations enabled a comprehensive review of the Strategy’s implementation and progress between 2019 and 2025.

The 2019 and 2024 ACT Gambling Surveys

Change over time and up-to-date ACT trends were informed by comparing gambling prevalence surveys conducted by the Australian National University (2019) and CQUniversity (2024).

Gambling Harm Prevention and Mitigation Fund Projects

ACT based research has been conducted covering the alcohol and other drug sector, Culturally and Linguistically Diverse communities, youth and young adults, women, families and child wellbeing, and gambling in the digital age conducted by:

- Alcohol, Tobacco and Other Drug Association ACT
- Australian Multicultural Action Network
- Australian National University
- Deakin University
- University of Canberra

¹ <https://www.gamblingandracing.act.gov.au/>

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A message from the ACT Gambling and Racing Commission Chair

The ACT Gambling and Racing Commission (the Commission) is pleased to release a draft of its new gambling harm prevention strategy - *A Public Health Approach to Gambling Regulation in the ACT: 2027-2032 Harm Prevention Strategy (Draft Strategy)* - for stakeholder consultation.

This Draft Strategy incorporates a public health approach into the Commission's gambling harm prevention, regulatory and advisory functions, recognising that preventing and reducing gambling-related harm requires coordinated action at individual, community and system levels.

Preventing gambling harm is a core objective of the Commission. This Draft Strategy has been developed to strengthen the integration of a public health approach into the Commission's activities, ensuring a consistent, evidence-based and outcomes-focused approach in regard to this objective.

The Draft Strategy was founded on lessons learned from the implementation of the Commission's 2019 Harm Prevention Strategy, including the recommendations from an independent evaluation process. It draws on a comprehensive review of current research and evolving national and international best practice. It outlines a practical framework to guide the Commission's efforts to reduce gambling harm and improve community wellbeing, supporting the vision of an ACT free from gambling harm.

Stakeholder input is critical to ensuring the Strategy is effective, balanced, and responsive to community needs. The Commission invites feedback from all interested parties, including lived experience, service providers, industry representatives, government and research stakeholders. The Commission particularly recognises the important insights provided by people with lived experience of gambling harm. The learnings gained through this consultation will inform the final Strategy and its implementation.

Have your say

The Commission welcomes submissions on the Draft Strategy. Feedback will play an important role in shaping a strengthened, public health-focused approach to gambling harm prevention in the ACT.

The 2027 Strategy will provide a forward-looking roadmap for the Commission's work about gambling harm over the coming years, including the delivery of coordinated, evidence-informed initiatives and ongoing evaluation to support continuous improvement.

About the ACT Gambling and Racing Commission

The Commission is an independent statutory body established under the *Gambling and Racing Control Act 1999*.²

Functions

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

This includes:

- approving and regulating gambling and racing activities;
- monitoring and researching the social effects of gambling and gambling harm, and funding activities relating to harm prevention;
- providing education and counselling services;
- engaging in community consultation as appropriate;
- reviewing legislation and policies relating to gambling and racing, and making recommendations to the Minister on those matters;
- investigating and conducting inquiries into issues and activities related to gambling and racing; and
- collecting taxes, fees and charges imposed or authorised by or under gaming laws.

Core objectives

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

- implementing harm prevention strategies;
- increasing compliance rates by engaging and educating licensees and the gaming industry, enforcing regulatory requirements; and
- collaborating and consulting with stakeholders with a commitment to promoting continuous improvement particularly on areas relevant for the ACT Community.

The Commission's licensing, probity, compliance, investigations and enforcement functions are key mechanisms through which harm is prevented, and consumer protection is achieved.

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

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

² [*Gambling and Racing Control Act 1999*](#)

About this strategy

The need for a new strategy

The Commission first adopted a public health approach to preventing gambling harm in its *Gambling Harm Prevention Plan 2017-18: A Public Health Approach*. Building on this commitment, the Commission released a more detailed five-year strategy in 2019³ (2019 Strategy).

Under the 2019 Strategy the Commission committed to the prevention and reduction of gambling harm, defined as ‘any negative consequence caused or made worse by gambling’, encompassing the health and wellbeing of individuals, families, communities and society. The 2019 Strategy outlined the principles, objectives and governance arrangements that would guide the Commission’s gambling harm prevention efforts.

Since then, the Commission has delivered a range of initiatives designed to prevent, minimise and reduce gambling harm. These have included, but are not limited to, a school education program, industry training, Gambling Harm Action Week activities, ongoing public information campaigns and materials, a grants program funding ACT based gambling harm prevention initiatives and research, and the management of the ACT’s Gambling Support Service and exclusion scheme.

The 2019 Strategy was independently evaluated, and its implementation included ongoing monitoring and continuous improvement. The evaluations called for the expansion of the Commission’s public health approach to encompass all its harm prevention, licensing, compliance, investigations, policy and research functions – under an integrated and co-ordinated framework.

Towards the end of the 2019 Strategy a prevalence survey was also conducted allowing an independent evaluation of changes in gambling behaviour and harm overtime. The 2024 ACT Gambling Survey⁴ showed both the persistent, but also the evolving nature of gambling participation and harm in the ACT. It showed a decrease in gambling participation across almost all forms of gambling. The exception being a marked increase in online gambling. Despite an overall decline in gambling participation, harm remains persistent among those who gamble. Overall, the survey found that gambling harm is becoming increasingly concentrated amongst vulnerable groups of people who gamble. The 2024 ACT Gambling Survey provides invaluable information about where to best to focus efforts and resources going forward.

³ [Strategy for Gambling Harm Prevention in the ACT: A Public Health Approach 2019-2024](#)

⁴ Rockloff, M., Russell, A. M. T., Browne, M., & Hing, N. (2025). [2024 ACT Gambling Survey](#). The ACT Gambling and Racing Commission (*Note: Rockloff, Russell co-first authors).

Lessons learned from delivering the 2019 Strategy have helped shape the development of this Draft Strategy. Key priorities include:

- better aligning and expanding the strategy to encompass the Commission's role, functions and areas of responsibility;
- strengthening partnerships and engagement with stakeholders and the community; and
- better recognition and focus on priority groups in our community.

This Draft Strategy builds on public health foundations established since 2017 and aims to further strengthen the Commission's public health approach to preventing and reducing gambling harm.

A public health approach to Gambling Harm Prevention

A public health approach was first applied to gambling by Korn and Shaffer (1999)⁵, who argued that gambling harm is shaped by the interaction between the person, the product, and the environment. Different commitments and frameworks have been undertaken across international and Australian jurisdictions. However, a public health approach fundamentally extends responsibility for harm reduction beyond the individual to the conditions through which gambling is supplied, designed, marketed, and accessed.

It supports action across the full continuum of harm, from promoting wellbeing in the general population through to early intervention, treatment, recovery and supporting the prevention of recurring harm. It recognises that harm is distributed across the full spectrum of gambling risk, not only among those with a diagnosed disorder.^{6,7}

A public health approach recognises the importance of addressing the wide-ranging stages of gambling harm, including focussing on:

Harm prevention – the initial onset of harm;

Harm minimisation - where harm cannot be fully prevented, but the amount of harm can be minimised; and

Harm reduction - treatments, supports and recovery from already established harm.

Source: Russell, A.M.T. et al. (forthcoming)

Under a public health approach, responsibility is distributed across individuals, gambling operators, product designers, as well as regulator, government and community sector organisations - with each acting within their sphere of influence to reduce harm.^{6,7} Individuals make choices, but operators shape the products and conditions under which those choices are made. Governments and regulators determine what is available, to whom, and on what terms. Communities and services also have a role in prevention, early intervention, treatment and recovery.

The Commission and stakeholders have different roles, authority and areas of responsibility in addressing gambling harm. This Draft Strategy places a priority on recognising the ranging roles and agency of different parties and the importance of working together to align and co-ordinate responses.

⁵ Korn, D. A., & Shaffer, H. J. (1999). Gambling and the health of the public: Adopting a public health perspective. *Journal of Gambling Studies*, 15(4), 289–365.

⁶ Goyder, E., Blank, L., Baxter, S., & van Schalkwyk, M. C. (2020). Tackling gambling related harms as a public health issue. *The Lancet. Public Health*, 5(1), e14–e15.

⁷ Wardle, H., Degenhardt, L., Marionneau, V., Reith, G., Livingstone, C., Sparrow, M., Tran, L. T., Biggar, B., Bunn, C., Farrell, M., Kesaite, V., Poznyak, V., Quan, J., Rehm, J., Rintoul, A., Sharma, M., Shiffman, J., Siste, K., Ukhova, D., ... Saxena, S. (2024). The Lancet Public Health Commission on gambling. *The Lancet. Public Health*, 9(11), e950–e994.

A call to action

Internationally, gambling is now widely recognised as a public health concern. However, recognition does not always lead to a full public health response.^{8,9} Many jurisdictions now describe gambling as a health and wellbeing issue, but policy responses often still focus on individual harms and individual responsibility.⁹

A public health approach does not rely solely on harm prevention programs; it requires action across the wider policy and regulatory environment to reduce harm at the population level.^{8,10,11} The Commission operates within legislative and policy frameworks that have historically placed greater emphasis on individual responsibility than on the shared responsibility of governments, industry and regulators to prevent gambling harm.

As the ACT's gambling regulator, the Commission will continue to champion reform that places harm prevention at the centre of gambling regulation. Informed by data, research and lessons from national and international jurisdictions, the Commission will advocate for stronger consumer protections, including a positive duty model, to drive cultural change within the gambling industry and reduce the impact of gambling harm on individuals, families and the community. In doing so, the Commission's work and functions will be also informed by other complementary strategic drivers.

Under this Draft Strategy, the Commission re-commits to adopting a public health approach across its functions and to working with other stakeholders in progressing public health principles, including influencing ACT and Australian policy and legislative frameworks. These frameworks need to be fit for purpose in supporting contemporary harm prevention objectives and prioritising the health and wellbeing of the community.

⁸ van Schalkwyk, M. C. I., Petticrew, M., Cassidy, R., Adams, P., McKee, M., Reynolds, J., & Orford, J. (2021). A public health approach to gambling regulation: countering powerful influences. *The Lancet. Public Health*, 6(8), e614–e619.

⁹ Ukhova, D., Marionneau, V., Nikkinen, J., & Wardle, H. (2024). Public health approaches to gambling: a global review of legislative trends. *The Lancet. Public Health*, 9(1), e57–e67.

¹⁰ Korn, D. A., & Shaffer, H. J. (1999). Gambling and the health of the public: Adopting a public health perspective. *Journal of Gambling Studies*, 15(4), 289–365.

¹¹ Wardle, H., Reith, G., Langham, E., & Rogers, R. D. (2019). Gambling and public health: We need policy action to prevent harm. *British Medical Journal*, 365, l1807.

Harm prevention, public health and the functions of a regulator

The Commission recognises that gambling regulation is critical to harm prevention, minimisation and reduction.

Licensing, regulatory oversight and enforcement provide the primary levers through which gambling-related risks are managed, consumer protections are strengthened and industry behaviour is influenced. A

Gambling regulation is critical to harm prevention, minimisation and reduction.

public health approach is given practical effect through these regulatory interventions, which in part seek to prevent harm before it occurs and reduce its impact where it does arise.

Gambling regulation serves multiple purposes: including but not limited to revenue collection, prevention of fraud and crime, consumer protection and harm reduction.¹² As such, the regulator has a pivotal role in preventing, minimising and reducing gambling-related harm, both for individuals directly affected by gambling and for the broader community that bears its social and economic impacts.

Licensing and probity assessments are important preventative measures that reduce access to potentially harmful products, services and environments within the community. Likewise, investigations, intelligence gathering and enforcement activities are critical regulatory tools that deter misconduct, prevent future harm and protect the community from gambling-related risks.

Australian States and Territories have different models, structures and strategies encompassing the functions of the regulator and gambling harm prevention. A common model is to develop public health, prevention and support initiatives separate from the role and activities of the regulator. This model recognises that harm is not only a matter of individual choice, and that prevention, services, community action and research all have a role. However, public health is often set aside from the functions of the regulator and licensing, compliance, product controls, venue obligations and market settings continue to operate through a narrower regulatory lens.

This matters in practice. A compliance-focused approach focuses on whether an obligation was met and what consequence should follow if it was not. A public health approach asks a wider set of questions. It asks what incidents reveal about the design of the system, whether obligations are realistic and effective, what support or safeguards are needed, and what changes would reduce the chance of harm recurring.

¹² Sulkunen, P., Babor, T. F., Cisneros Ornberg, J., Egerer, M., Hellman, M., Livingstone, C., Marionneau, V., Nikkinen, J., & Orford, J. (2019). *Setting limits: Gambling, science and public policy*. Oxford University Press.

In this way compliance and enforcement are placed within a broader harm-reduction framework.

The Lancet Public Health Commission on Gambling¹³ described challenges and strengths in the quality of the evidence base supporting the application of a public health to gambling harm prevention. Using the best available evidence and taking a precautionary approach both lie at the heart of public health practice. This means acting to prevent harm even when evidence is still emerging, considering a wide range of alternatives to possibly harmful actions, considering the risk associated with proponents of emerging activities, and involving the community in decision making.

In the ACT, preventing gambling harm is a core responsibility for the Commission. This means that its harm prevention, licensing, compliance, investigations, policy and research functions are, ultimately, tools for reducing harm, among other purposes. A

“Jurisdictions that permit gambling need a well-resourced, independent, and adequately empowered regulator, focused on the protection of public health and wellbeing.”¹³, e985

public health approach brings these functions together under a shared gambling harm prevention purpose and roadmap. This provides a unique opportunity for the Commission to plan and commit to a whole-of system public health framework, complementing other Commission core responsibilities and strategic drivers.

¹³ Wardle, H., Degenhardt, L., Marionneau, V., Reith, G., Livingstone, C., Sparrow, M., Tran, L. T., Biggar, B., Bunn, C., Farrell, M., Kesaite, V., Poznyak, V., Quan, J., Rehm, J., Rintoul, A., Sharma, M., Shiffman, J., Siste, K., Ukhova, D., ... Saxena, S. (2024). [The Lancet Public Health Commission on gambling](#). *The Lancet. Public Health*, 9(11), e950–e994.

Priority products

Under a public health approach to gambling harm prevention, priority should be given to products associated with the greatest harm. In terms of individual products, the 2024 ACT Gambling Survey¹⁴ found that Electronic Gaming Machines (EGMs) still account for the largest share of gambling-related harm - one-third of all gambling harm to gamblers in the ACT is from EGMs. Wagering products (sports and race betting) and casino table games also contributed substantially.

However, the survey also shows that the combined harm from products primarily undertaken online is now similar to that of EGMs. While the regulation of online gambling largely falls outside the Commission's legislative authority, the Commission is dedicated to progressing initiatives that prevent, minimise and reduce gambling harm associated with online gambling.

Priority groups and risk of harm

The risk and impacts of gambling harm are not experienced equally across the population. While gambling harm can affect anyone, some groups are more exposed to gambling products, experience greater vulnerability to harm, are more at risk of experiencing harm from another person's gambling or face barriers to accessing appropriate and effective information and support. The Commission will prioritise responses that address these inequalities while continuing to monitor emerging risks across the broader population.

Young people

Australian research identifies young people as the group most at risk of gambling harm¹⁵ with nearly a third young people aged 12-17 having gambled in the past year.¹⁶ Young people are exposed to gambling through advertising, sport, social media, online content and the gambling behaviours of peers and parents. They are also increasingly exposed to gambling-like features in digital games. Young people aged 8 to 16 can recall wagering advertising in detail, know how to place a bet and agree that wagering advertising makes betting seem like a normal part of sport.¹⁷

Young people can also experience harm from the gambling of others. Those living in households impacted by gambling can be exposed to multiple forms of harm, including

¹⁴ Rockloff, M., Russell, A. M. T., Browne, M., & Hing, N. (2025). [2024 ACT Gambling Survey](#). The ACT Gambling and Racing Commission (*Note: Rockloff, Russell co-first authors).

¹⁵ <https://aifs.gov.au/media/young-people-most-risk-gambling-harm>

¹⁶ <https://www.gambleaware.nsw.gov.au/resources-and-education/check-out-our-research/published-research/nsw-youth-gambling-study-2020>

¹⁷ Australian Government. (2026c). *Wagering advertising reform impact analysis*. Australian Government. <https://oia.pmc.gov.au/published-impact-analyses-and-reports/wagering-advertising-reforms>

financial stress, family conflict, loss of trust, damaged relationships and disruptions to caregiving environments. Impacts on young people are complex and can be long-term, enduring into adulthood. Recent ACT research highlights strengths but also improvements in the ACT service system including the early identification of gambling issues in families as well as better integrated, family-centred responses.¹⁸

Younger adults

The 2024 ACT Gambling Survey found that younger adults, particularly men, are more likely to gamble on higher risk products including EGMs, casino table games and sports betting. Younger men account for a disproportionately large share of gambling harm from their own gambling and gambling losses in the ACT. However, younger women are most at risk for experiencing harm from someone else's gambling.

Tailoring initiatives and responses to the type of harm experienced by men and women, particularly amongst younger adults, is integral to providing accessible and effective supports and services, and achieving equitable outcomes in our community.

Aboriginal and/or Torres Strait Islander Peoples

The Commission recognises the importance of culturally safe and community led approaches to gambling harm prevention, minimisation and reduction. For Indigenous Australians, gambling harm is shaped by cultural context, community norms, and preferences for local Aboriginal services and informal support networks. Mainstream services are not always experienced as accessible or appropriate.^{19,20,21} Services should be designed and delivered in ways that supports these preferences and strengths.

Culturally and linguistically diverse communities

The 2024 ACT Gambling Survey identified unmet needs for support among people whose main language spoken at home is not English and people born overseas. These groups were less likely to be aware of available support services and more likely to report wanting, but not receiving, help for gambling-related harm. Tailored information, engagement and support approaches will be central to reducing these barriers.

¹⁸ Suomi, A., Hosseini, A., Noble-Carr, D. & Edwards, B. (2026). *Risky Parental Gambling and Child Wellbeing – Evidence-Base for Policy, harm prevention and Service Co-ordination*. Ce

¹⁹ Hing, N., & Breen, H. (2014). *Indigenous Australians and gambling. AGRC Discussion paper no. 2*.

²⁰ Hing, N., Breen, H., Gordon, A., & Russell, A. (2014). Gambling harms and gambling help-seeking amongst indigenous Australians. *Journal of Gambling Studies* / Co-Sponsored by the National Council on Problem Gambling and Institute for the Study of Gambling and Commercial Gaming, 30(3), 737–755.

²¹ Whitty, M., Breen, H., Paterson, M., & Sollis, K. (2021). Health promotion strategies to address gambling-related harm in Indigenous communities: A review of reviews. *Critical Gambling Studies*, 2(1), 39–54.

People experiencing complex and co-occurring challenges

A wide range of health, wellbeing and social issues often co-occur with gambling harm. These sorts of difficulties can result from gambling, but they can also compound harm and trigger risky gambling behaviour. For instance, gambling harm is associated with increased:

- i. physical health problems;
- ii. depressive, anxiety, and substance use disorders; and
- iii. relationship issues, including family violence.^{22, 23, 24}

Services, supports and information need to be agile and integrated in addressing complex needs.

²² Galeazzi, G.M., Marchi, M., & Castagnini, A.C. (2025). Psychiatric morbidity and gambling disorder: A systematic review and meta-analysis of population-based surveys. *European Psychiatry*, 68(1), e161.

²³ Hing, N, O'Mullan C, Mainey L, Greer N & Breen H (2022). An integrative review of research on gambling and domestic and family violence: Fresh perspectives to guide future research. *Frontiers in Psychology*. 13, 987379. doi: 10.3389/fpsyg.2022.987379.

²⁴ Victorian Responsible Gambling Foundation. *Strategic Plan 2017-18*. State of Victoria, Melbourne, pg11.

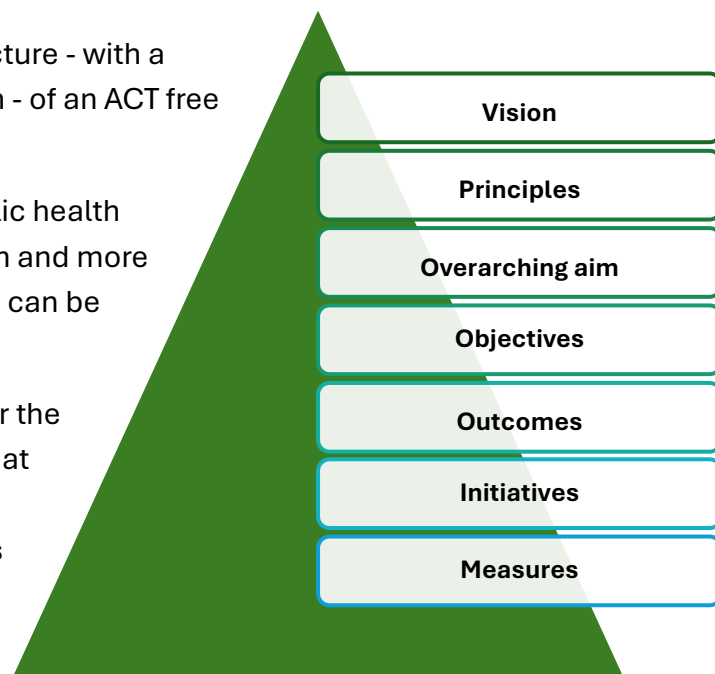
Strategy vision and structure

The Strategy's vision is an ACT free from gambling harm

The Draft Strategy has a hierarchical structure - with a broad, aspirational and longer-term vision - of an ACT free from gambling harm.

This vision is underpinned by a set of public health principles, a fundamental overarching aim and more specific objectives through which the aim can be achieved.

The Strategy is a critical strategic driver for the Commission and informs all its functions at all levels, as the structure provided in the governance section of this strategy shows (see page 25). While the Commission's Statement of Intent and related documents remain critical and reflect the full suite of the Commission's strategic drivers, they will be informed by and reflect the Strategy.



The Commission is one of a wide range of organisations, stakeholders and people impacting and influencing the experience of gambling harm in the community. This strategy delineates outcomes where the Commission has some direct *control*, where it can work with partners to *influence* change, and where the broader social and economic *context* shapes outcomes beyond the Commission's control.

Key initiatives are provided to demonstrate some, but not all, of the actions that will be taken to progress the outcomes across the Commission's functions. The identification of need will inform the development and improvements to the Strategy and its initiatives.

Measuring progress and identifying challenges supports the effective implementation, evaluation and continuous improvement of the Commission's Public Health Strategy.

Principles

The Commission commits to adopting the following principles across all its functions.

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

The Commission recognises that gambling harm is about more than just losing money. It can affect broader financial circumstances, health, wellbeing, relationships, work and study, social, cultural and community cohesion and participation. These harms can be experienced by people who gamble, people around them and at the community level and involve an interplay between individual, family and community processes. Gambling harm also often co-occurs with a wide range of health, wellbeing and social issues. Harm can persist long after gambling has reduced or ceased and can affect multiple generations. Gambling harm isn't experienced by all people in the same way.

2. Unethical and non-compliant provision of gambling is a cause of gambling harm

The Commission recognises that community harm arises where gambling is not conducted with integrity, is influenced by criminal activity, or fails to comply with legislative and regulatory requirements. As an independent regulator, the Commission seeks to minimise gambling harm not only through prevention, research, and support initiatives, but also by ensuring gambling activities are conducted lawfully, fairly, and transparently. This includes regulating market entry, monitoring compliance, taking enforcement action where necessary, and maintaining public confidence that gambling in the ACT is free from criminal influence and operated in accordance with legislative requirements.

3. Gambling harm occurs on a continuum and requires a range of responses across levels of need

A public health approach recognises that focusing attention only on the small group of people who meet the criteria for 'problem gambling' is not sufficient to reduce gambling harm in the population. While addressing severe harm is fundamental, the bulk of harm in the community is experienced at lower levels. Everyone benefits from proactively preventing harm from occurring in the first place.

A successful public health approach requires coordinated, integrated and evidence-based initiatives across the full cycle and breadth of gambling harm. Different responses are needed at different stages to prevent harm, minimise and reduce its impacts and supports a wholistic recovery across individual, family, social and community harm.

4. Some products are more harmful than others

The Commission recognises that 'gambling' refers to a wide range of activities, and that the risk of harm varies across different products. Some forms of gambling, such as lotteries and raffles, generally have a lower risk of harm. Other products, particularly those that are continuous, fast-paced, or involve an element of skill or perceived skill, have a higher risk of harm. The marketing and accessibility of products can compound the risk of gambling harm.

5. A comprehensive, multifaceted and co-ordinated approach across stakeholders is required

Public health strategies recognise that major achievements do not come about through one off initiatives. Meaningful change is most likely to come from the combined impact of a number of co-ordinated initiatives. Initiatives should be strategically planned across public health principles and mapped out over time to ensure the best possible outcomes for the Canberra Community.

A public health approach relies on a wide range of individuals and organisations recognising they can make a difference. Stakeholders have different roles, responsibilities and opportunities to address gambling harm. A co-ordinated approach is needed across organisations, including the Commission's functions as the regulator, but also government, community sector and gambling industry.

6. Appropriately focusing and tailoring initiatives is essential to achieve equity and inclusion

Given that harm is experienced differently by different people, harm prevention, minimisation and reduction initiatives must be tailored to people's experiences. Some approaches may work across the entire population, but other approaches need to be developed to address specific needs or groups of people, such as young people, those experiencing harm from someone else's gambling, and cultural groups. Initiatives need to be informed by lived experience and appropriately tailored to increase equity and resilience, and reduce risk for these groups.

7. Effective regulation is fundamental to preventing, minimising and reducing gambling harm

The Commission recognises that regulation is one of the primary mechanisms through which harm can be prevented, minimised and reduced. Licensing, probity assessments, product approvals, compliance activities, investigations and enforcement actions all contribute to safer gambling environments and better community outcomes. A public health approach relies upon the Commission's functions operating in an integrated manner, rather than as separate streams of work.

The Commission adopts a risk-based and proportionate approach to regulation, seeking to intervene early where risks are identified, promote compliance and continuous improvement and take decisive action where necessary to protect the public interest. Effective regulation supports consumer protection, reduces opportunities for criminal or unethical conduct and helps ensure gambling is conducted safely, lawfully and with integrity.

8. Regulatory decisions should be evidence-informed, transparent, and forward-looking

The Commission is committed to making regulatory decisions and developing initiatives based on the best available evidence, research, intelligence, and data. This includes monitoring trends in gambling participation and harm, evaluating regulatory interventions, considering lived experience perspectives, and supporting the development of new evidence through research and engagement, as well as policy advice provided to Government.

Where risks are well established, regulatory responses should be robust and proportionate. Where risks are emerging or evidence is still developing, the Commission will take a precautionary approach that prioritises community wellbeing and consumer protection and integrity. Continuous monitoring, evaluation and learning support ongoing improvement in regulatory effectiveness and harm prevention outcomes.

Overarching aim and objectives

Prevent, minimise and reduce gambling harm

In line with these principles, the overarching aim of the Draft Strategy is to prevent, minimise and reduce gambling harm across the community.

- **Harm prevention** refers to measures intended to stop harm before it occurs or prevent its recurrence;
- **Harm minimisation** refers to measures intended to interrupt emerging harm or limit its severity where harm cannot completely be prevented; and
- **Harm reduction** refers to treatment, support and recovery responses intended to reduce the effects of harm that has already occurred.

Source: Russell, A.M.T. et al. (forthcoming)

The overarching aim and high-level outcomes will be achieved through four key objectives.

Aim: Prevent, minimise and reduce gambling harm			
Objective 1 Safe, lawful and accountable provision of gambling	Objective 2 Improved understanding and awareness of gambling harm	Objective 3 Provision of accessible, responsive and effective services and supports	Objective 4 Proactive and responsive action through strong partnerships and engagement

High level outcomes	Level of influence*
Reduced harm experienced by people who gamble	Influence
Reduced harm experienced by people from another person's gambling, including young people	Influence
Reduced ongoing harm from past gambling (legacy harm) and improved recovery for individuals, families and communities	Influence
Reduced community-level burden of gambling harm, with reduced inequity in its distribution	Influence & Context

Progress towards achieving the strategy's aim fundamentally relies upon maintaining an up-to-date understanding of harm, its drivers and what works, as well as ensuring this understanding informs decisions and initiatives across all Commission's functions.

*Outcomes and measures where the Commission has some direct *control*, where it can work with partners to *influence* change, and where the broader social and economic *context* shapes outcomes beyond the Commission's control.

Safe, lawful and accountable provision of gambling

The prevention, minimisation and reduction of gambling-related harm require reducing exposure to higher-risk products, environments and practices, while promoting responsible industry conduct. By addressing the factors that contribute to harm, regulatory interventions can prevent harm from occurring, reduce its severity, and limit its impact on individuals, families and the broader community.

ACT legislation establishes minimum standards for the provision of gambling products and services. The Commission is committed to interventions that address risks before harm occurs and support safer gambling environments. As part of the Strategy, through proactive, responsive, risk-based and evidence-informed regulatory activities, the Commission will target products, environments and practices associated with the greatest risk of harm.

Licensing, probity assessments and ongoing regulatory oversight are important preventative measures that help reduce community exposure to gambling-related risks. Investigations, intelligence gathering and enforcement activities provide a further layer of protection by identifying and addressing emerging risks, deterring misconduct, promoting compliance and preventing future harm.

The Commission will continue to work collaboratively with gambling providers, government agencies, researchers, people with lived experience and other stakeholders to identify, develop and implement opportunities to prevent, minimise and reduce gambling-related harm across the ACT.

Outcomes	Level of influence*
Gambling is conducted lawfully	Control
Gambling is conducted fairly: Gambling and gambling related products (e.g. promotions) operate as approved and as represented to consumers	Control
Licensees meet and maintain probity standards	Control & Influence
Licensees comply with, and exceed their harm-minimisation obligations	Influence
Gambling products are assessed against harm-related standards, and high-risk products are detected and restricted at market entry as far as is supported by law	Control
Reduced availability of, and exposure to, higher-risk products and environments	Influence
Venue staff are capable of recognising gambling harm, responding appropriately and supporting referral to recovery-focussed services	Influence
Complaints are resolved appropriately and inform regulatory action, initiatives and policy development	Control & Influence
Regulation is applied consistent with level of risk and harm and is evidence led	Control
Reduced exposure to gambling marketing, including for young people	Influence
Public confidence in the ACT gambling regulator	Influence

*Outcomes and measures where the Commission has some direct *control*, where it can work with partners to *influence* change, and where the broader social and economic *context* shapes outcomes beyond the Commission's control.

Key initiatives

- Risk based compliance programs
- Licensing and probity assessments
- Promoting in-venue signage and harm prevention communications
- Implementation of government reforms
- Delivery and review of industry training sessions
- Engagement and education compliance programs and harm prevention initiatives

Improved understanding and awareness of gambling harm

Effective prevention, minimisation and reduction of harm relies upon understanding the evolving nature of gambling harm and increased awareness of gambling harm amongst the community and all stakeholders. This includes:

- the factors that contribute to gambling harm, its impacts on individuals, families, and communities, and actions that can prevent, minimise or reduce harm; and
- addressing the signs of gambling harm, misconceptions, stigma, earlier recognition and knowledge and uptake of supports and services.

Outcomes	Level of influence*
Increased understanding of harm, recovery, risks and signs in the community	Control
Increased awareness of support information and services for people who gamble and those affected by another's gambling	Control
Reduced stigma associated with gambling harm	Influence
Government and community sector professionals understand gambling harm and respond appropriately	Influence
Industry understands gambling harm and their obligations and responds appropriately	Influence
Language used about gambling harm, by the Commission and in public discourse, is accurate and non-stigmatising	Control & Influence
The Commission's understanding of gambling harm is evidence based and up-to-date	Control

Key initiatives

- Gambling Harm Action Week and 'Always-on' communications campaigns
- 'Getting Played' schools education program
- Training for community organisations, government and industry
- Campaigns and materials promoting language that minimises stigma
- Engagement and education via licensing, compliance and harm prevention programs
- Funding and managing research
- Managing the Gambling Harm Prevention and Mitigation Fund grants program
- Monitoring and evaluation of ACT gambling trends, services, initiatives and campaigns
- Improving systems and initiatives based on identification of harms, risks and venue behaviour trends that contribute to harm

*Outcomes and measures where the Commission has some direct *control*, where it can work with partners to *influence* change, and where the broader social and economic *context* shapes outcomes beyond the Commission's control.

Provision of accessible, responsive and effective services and supports

The prevention, minimisation and reduction of harm require the provision of effective services and supports integrated across the full continuum of need, including sustaining recovery. Supports and services should be responsive to the wide-ranging experiences and needs of people and communities experiencing gambling harm. They should be tailored and accessible across different settings, including those provided in the community and those available for gambling industry to assist their patrons.

The Commission will work with government, health and community sector, and gambling industry partners to strengthen referral pathways, improve awareness of available supports, build workforce capability, support evidence-informed service development and address barriers to accessing help.

Outcomes	Level of influence*
A diverse range of culturally appropriate, effective information, services and supports are available and accessible.	Control & Influence
Effective referral pathways into support function effectively from venues, the exclusion process, health professionals and self-referral	Influence
An effective exclusion scheme where people at risk of harm can take a break from gambling at venues	Control & Influence
People experiencing harm and others affected by gambling seek and access supports earlier and are supported to sustain recovery	Influence
People experiencing co-occurring health and wellbeing issues are appropriately supported	Influence
An accessible and responsive complaints service for the public	Control
A transparent, well managed community contributions scheme	Control

Key initiatives

- Actively supporting and promoting the 1800 858 858 helpline, Gambling Help Online and BetStop
- Funding and contract managing the ACT's Gambling Support Service to support people to achieve sustained recovery and improved wellbeing
- Working with the ACT Gambling Support Service to provide responsive services that prevent, minimise and reduce harm for people who gamble and people impacted by another's gambling
- Producing evidence based tailored resources and materials, including those appropriately tailored for priority groups, including CALD, youth and people affected by another person's gambling
- Ongoing management, support and improvements to the ACT Gambling exclusion and incident register
- The development and production of harm prevention materials and guides
- Engagement with Access Canberra's resolution and support feedback process
- Implementation and oversight of the Community contributions scheme

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Proactive and responsive action through strong partnerships and engagement

The prevention, minimisation and reduction of harm requires strong partnerships and engagement across government, industry, communities, service providers, researchers and people with lived experience.

Everyone has a role to play, but stakeholders have different responsibilities, influence and opportunities to take action. Working together in ways that reflect these roles is essential to an effective public health response.

The Commission will continue to advise Government on legislative reform and regulatory settings that reduce gambling-related harm and support integrity outcomes. The Commission will also work with local and interjurisdictional government to share learning, inform policy, legislation, regulation and practice, and support continuous improvement in the adoption and implementation of a public health approach to gambling harm prevention.

Strong partnerships and engagement enable the Commission and its partners to be co-ordinated, proactive and responsive to emerging, ongoing and evolving risks and harms.

Outcomes	Level of influence*
Initiatives are informed by people with lived experience of gambling harm and recovery	Control
Strong collaboration with the community sector	Control
Proactive industry harm minimisation efforts meet and exceed legislative requirements	Influence
Public health principles are understood and applied consistently across the Commission's functions	Control
The ACT Government is provided with advice and learnings arising from the Commission's operations for policy and legislative consideration	Control
Legislative and policy reform reflects a public health approach	Influence
The Commission advocates for systems and practices that reduce criminal activity associated with, or facilitated by, gambling products	Influence
Cross jurisdictional collaboration and knowledge sharing resulting in improvements in capability and better allocation of resources	Influence
Public confidence in the Commission as Regulator	Influence

*Outcomes and measures where the Commission has some direct *control*, where it can work with partners to *influence* change, and where the broader social and economic *context* shapes outcomes beyond the Commission's control.

Key initiatives

- Meaningful engagement with lived experience
- Ongoing partnership with the AGSS lived experience program
- Ongoing co-ordination of the Commission's Community of Practice
- Co-design of communications, resources and awareness campaigns with all stakeholders
- Engagement, education and consultation with industry via compliance and harm prevention programs, such as the exclusion scheme
- Ongoing consultation with ACT Government
- Proactive participation in interjurisdictional working groups
- Proactive engagement with crime intelligence and policing agencies

Annual planning

This Draft Strategy provides the Commission's direction and priorities over a five-year period. To support implementation, the Commission will enhance its current annual integrated planning to develop annual plans that respond to the Strategy. Annual plans will be also informed by other complementary strategic drivers.

To respond to the Strategy, annual plans will:

- align with the Strategy's aim, principles, objectives and priority groups;
- identify priority initiatives and regulatory activities for the year;
- allocate responsibilities across relevant business areas;
- co-ordinate collaboration across Commission teams and with external stakeholders; and
- support transparent reporting of progress and achievements.

Recognising that gambling harm and the gambling environment continue to evolve, annual plans will allow the Commission to remain flexible and responsive while maintaining a consistent focus on longer-term objectives.

Learnings gained from the implementation of annual plans provide a means of continuous improvement.

Monitoring, evaluation and reporting

The Commission commits to the following approach to monitoring, evaluation and reporting, informing ongoing transparent improvements in annual work planning and implementation of the Strategy.

Operational monitoring and accountability

The Commission will report annually on the implementation of the Strategy along with its other critical strategic documents through its Annual Report.

This reporting will demonstrate progress against commitments and implementation activities across all Commission functions.

Annual reporting will focus on implementation progress, achievements, emerging issues and lessons learned. It will provide a means of demonstrating how the Commission is delivering on its commitments, supporting transparency and accountability to government, stakeholders and the ACT community.

Outcomes monitoring and measurement

Outcomes and impacts from the strategy are likely to take time and are complex to assess. It is often not possible to interpret change over time in a single measure. For example:

An increase in the uptake of self-exclusion from gambling could be interpreted as a negative or a positive outcome. While uptake can be influenced by increased rates of gambling harm, it can also be influenced by improvements in the (i) awareness and accessibility of the scheme, (ii) venue staff culture and training and (iii) Commission engagement and compliance programs.

Context and systems need to be considered to understand any changes over time. Individuals and organisations also have varying responsibility and agency in contributing to change. The Commission will develop, maintain and continuously improve the monitoring of outcomes and impacts, to complement the Commission-

Monitoring, evaluation and reporting under the strategy will be:

Integrated across Commission's functions - recognising that harm prevention is embedded within all areas of the Commission's work and that multiple functions contribute to shared outcomes

Context-sensitive - recognising that changes in individual indicators may have multiple explanations and must be interpreted within broader system and policy contexts

Proportionate and practical - balancing the need for accountability with the realities of data availability, resources and the time required for public health impacts to emerge

Designed to support continuous improvement - enabling findings to inform future policy, regulation, programs and service delivery

wide performance framework. This will be achieved through establishing a co-ordinated approach to mapping, collecting and collating data that enables complex systems to be interrogated.

Co-ordinated evaluation of impact and outcomes

The assessment of the impact and outcomes of the strategy will be founded on the conduct of (i) an independent evaluation and (ii) the conduct of an ACT gambling survey. It is critical that the timing of these be co-ordinated so that they combine to inform the development of the subsequent strategy.

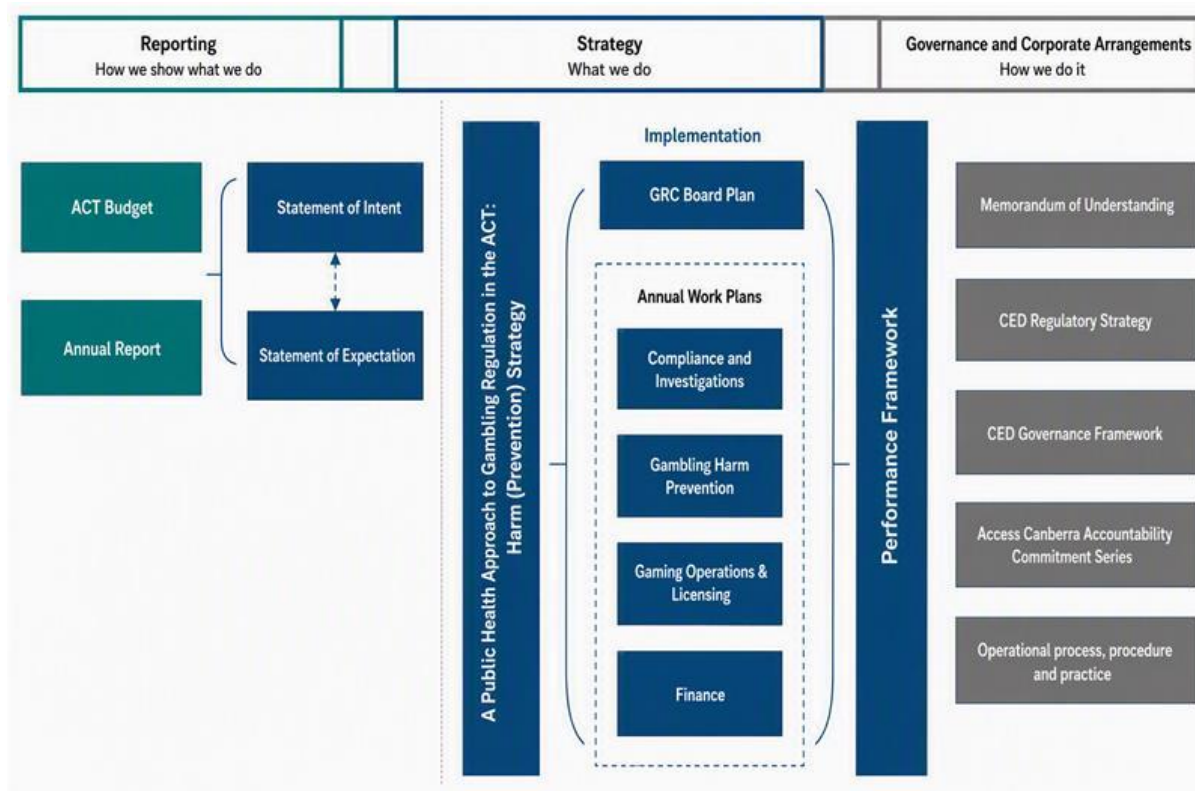
By synchronising the survey with the evaluation of the strategies, the Commission will be able to draw on a high-quality evidence base to inform and strengthen its gambling harm prevention initiatives into the future.

The evaluation and survey will seek the perspectives and experiences of people affected by gambling harm to ensure that outcomes are meaningful, relevant and reflective of lived experience.

Governance and accountability

This strategy is implemented within a governance framework that provides clear oversight, strategic direction, operational delivery and accountability. As an independent statutory authority, the Commission's Board has primary responsibility and oversight of the development, implementation, monitoring, evaluation and reporting for the Strategy. The Minister for Gaming Reform has portfolio responsibility for gambling reform and receives assurance regarding the Commission's performance through established statutory and accountability mechanisms. Access Canberra delivers the Commission's functions, activities and services under a Memorandum of Understanding, which establishes governance, performance, operational planning and reporting, and funding arrangements.

The Strategy informs the Commission's primary strategic statement, the Statement of Intent. Delivery of the Strategy is actioned through the mechanisms available to support the implementing of the Statement of Intent as summarised below, and other mechanisms that may be required to implement the Strategy.



On the ground implementation is largely undertaken by functional areas of Access Canberra including Authorisations and Approvals and Fair Trading and Compliance functions, including the Gambling Harm Prevention, Licensing, Compliance and Investigations teams. Implementation activities are also informed and enabled by the City and Environment Directorate (CED) Regulatory Governance Framework, CED Regulatory Strategy, and associated operational processes, procedures and practices. Progress and performance are monitored through established planning and reporting mechanisms, including but not limited to, annual reports, annual planning and the statement of expectations. This ensures transparency, accountability and continuous improvement in reducing gambling-related harm across the ACT.

Any implementation is subject to resourcing, noting the Commission must responsibly manage its finances.

Consultation and feedback

The Commission invites feedback from all interested stakeholders on this Draft Strategy. Feedback and consultation will help ensure the final Strategy is practical, effective, evidence-based and responsive to the needs and experiences of the ACT community.

There are several ways to contribute to the consultation process:

Attend an information and consultation session

Stakeholders are invited to participate in one of the following online sessions. Please register using the below QR codes or links:



Community Sector Session

 Tuesday 3 November 2026

 1:30 pm - 2:30 pm

 [Register for this session](#)



Gambling Industry Session

 Friday 6 November 2026

 10:00 am - 11:00 am

 [Register for this session](#)

Make a written submission



The Commission welcomes constructive input on all aspects of the Draft Strategy.

 Provide a written submission via this [online form](#), also accessible via the QR code

Submissions close at 5:00 pm (COB) on Monday 16 November 2026.

Requests for further information should be directed to:

GamblingHarmPrevention@act.gov.au