

ATODA Policy Position Statement

Reducing harms from the co-occurrence of gambling with ATOD use
in the ACT

Preamble

Gambling harms and alcohol, tobacco and other drug (ATOD) use is often co-occurring and can be associated with a range of physical, mental, and social harms.^{1, 2} Individuals experiencing both gambling harms and ATOD harms can suffer more serious impacts to their physical and mental health, their relationships, financial stability, and overall wellbeing. A systematic review and meta-analysis of available population surveys found that 57.5 percent of individuals experiencing gambling harms experienced co-occurring substance use harms.³ Moreover, those with long-term harmful gambling experience are up to seven times more likely to also experience substance use harms than non-gamblers or those assessed as 'recreational gamblers'.⁴ Conversely, those with a lifetime experience of substance use harms may be as much as 10 times more likely to experience gambling harms than the general population.⁵ Individuals experiencing co-occurring harms are more likely to cease treatment prematurely and may require more treatment attempts or longer treatment timeframes.⁵⁻⁹ Harms from co-occurring gambling and ATOD use are not evenly distributed through the population; individuals are exposed to different risk factors that may make them more or less likely to experience harms from their own or someone else's gambling or ATOD use, and more or less likely to seek treatment or support.

Key recommendations

ATODA recommends that:

1. ATOD services in the ACT are appropriately resourced to provide best practice gambling interventions for service users experiencing co-occurring harms;
2. systems-level responses are prioritised to address the harms that people experience from their own and/or someone else's co-occurring gambling and ATOD use;
3. there is a whole-of-government approach to reducing gambling harm in the ACT community, with particular attention to the reduction and regulation of Canberra's electronic gambling machines;
4. the ACT Government supports co-ordinated efforts to reducing the harms of online gambling at the Federal level; and
5. there is a whole-of-government commitment to reduce the influence of the gambling industry in policy-making and legislation across the ACT.

Explanatory notes

ATODA has a broad interest in supporting community action to reduce the harms of gambling, including through membership of the Canberra Gambling Reform Alliance (CGRA) and the Gambling Harm Prevention Community of Practice (the Community of Practice). As a longstanding member of both groups, ATODA's contribution lies in the organisation's specialist expertise in alcohol, tobacco and other drugs (ATOD). ATODA considers a key function of its participation in these groups being the continued visibility of the potentially underrepresented population of people who access ATOD services, as well as the ATOD services themselves, in gambling reform efforts.

1. Supporting ATOD services to respond to co-occurring gambling harms

ATODA received funding to explore interventions to address co-occurring gambling and ATOD harms in the ACT.⁹ Identified priorities include 1) building worker capability by identifying and/or developing training and professional development opportunities for the ATOD and gambling support sectors for enhanced identification of co-occurring harms and increased knowledge of appropriate responses to co-occurring harms; and 2) building service and sector level capacity by improving data collection for co-occurring harms, developing enhanced identification and assessment tools for screening at multiple points, in line with service capacity, facilitating cross-sectoral communication for knowledge exchange and referrals, and developing and circulating formal screening and referral protocols.

ATODA recognises that these activities fall beyond current funding scope for ATOD services in the ACT and recommends that co-occurring harms, including co-occurring gambling harms, be incorporated into future funding agreements, including funding for training and professional development for the sector.

The lived and living experience workforce, which includes the peer workforce, is often uniquely placed to understand and address complex harms that may not be easily accommodated in standard models of care. ATODA supports efforts to expand the lived and living experience workforce, including the peer workforce, in the ACT and this should remain as a resourcing priority of the ACT Government.

Recommendation 1.1. That the ATOD sector be appropriately funded to address co-occurring and complex needs, including co-occurring gambling harms, in the treatment and harm reduction setting, for instance, by dedicating resources to staff training and professional development for best-practice responses.

Recommendation 1.2. That the development and maintenance of a lived and living experience workforce, including a peer workforce, be prioritised to ensure that the sector is well-placed to respond to complex and co-occurring harms.

2. Prioritising system responses to co-occurring gambling and ATOD harms

The *ACT Drug Strategy Action Plan 2022 – 2026* notes that people with co-occurring issues and complex needs, including people experiencing gambling harms, constitute a population requiring special consideration. The focus on co-occurring gambling harms should be maintained in future action plans and funding should be made available to ensure the ACT Government meets its commitment to strengthen “supports for people with co-occurring and complex needs”.¹⁰

ATODA notes that the *Strategy for gambling harm prevention in the ACT: A public health approach, 2019 – 2024*, did not contain any reference to co-occurring harms.¹¹ Given the prevalence of ATOD harms amongst those experiencing gambling harms (and vice versa), this absence should be rectified in future Strategies through the consultation of ATOD sector representatives in its development.

An ACT Government commissioned report in 2018 looked at how gambling could be effectively addressed using a public health approach.¹² ATODA supports the application of a health equity lens to the issue of co-occurring gambling and ATOD harms. ATODA notes that gambling harms are subject to similar and overlapping social determinants as ATOD use and recommends that gambling (either independently or as a co-occurring harm) be

considered as a priority area in the next *ACT Preventive Health Plan* alongside smoking, alcohol, sexually transmitted infections and bloodborne viruses.¹³ Any mention of actions to address co-occurring gambling harms in high-level policy documentation must be actively implemented by Government.

The ACT's venue-based self-exclusion list program is a systems response to gambling harms that allows people to exclude themselves from access to venues with EGMs. As of 2024, this self-exclusion list is known to just under 50 percent of people in the ACT, and only 53 percent of people who gamble have heard of it.¹⁴ This highlights the need for greater promotion of the program to reduce harms. Furthermore, there is limited understanding of the effectiveness of the existing measures under the program, and its social impacts.¹⁵ The effectiveness of the program was partially assessed in the ACT Auditor-General's 2025 review of Gaming machine licensee regulation, with review of the ACT Gambling Exclusions Database. The exclusions database was recommended to improve the timeliness of its incident reporting and to provide analysis of compliance data, where many gaming machine incidents were reported late and not monitored by the Gambling and Racing Commission.¹⁶ Beyond the mention in this report, the self-exclusion list program was last assessed in full in 2016. This highlights the need for up-to-date and ongoing research, monitoring, and evaluation of the self-exclusion list program and the associated supports for people who self-exclude.¹⁷ Better understanding of issues such as stigma, accessibility, oversight and processes to support and empower people who self-exclude, is important in reducing the harms of gambling in the ACT community.

Recommendation 2.1. That future ACT Drug Strategy Action Plans retain a concern for strengthening supports for people with co-occurring and complex needs, such as people experiencing co-occurring gambling harms, and implement harm reduction measures accordingly.

Recommendation 2.2. That the next Strategy for gambling harm prevention in the ACT is developed imminently, with consultation from the ATOD sector, and includes reference to co-occurring ATOD harms as a priority issue with actions listed to address them.

Recommendation 2.3. That consideration is given to including gambling, and co-occurring gambling harms, within the next *ACT Preventive Health Action Plan*, such that gambling harm prevention measures can be implemented through public health policy.

Recommendation 2.4. That the ACT Government undertakes monitoring and evaluation of the effectiveness of the ACT venue-based self-exclusion list program in reducing gambling harms and improves public awareness of the program.

3. Regulating electronic gambling machines in the ACT

Electronic gambling machines (EGMs) pose significant social and economic harms.¹⁰ EGMs are harmful by design, with features that encourage prolonged use and engagement in gambling behaviours.¹⁸ ATODA maintains that gambling harms occur as a matter of systemic design rather than individual failing. To mitigate gambling harms, governments and regulatory bodies should implement regulations on EGM operation, including meeting current commitments towards reducing the number of EGMs in the ACT, as outlined in the *Strategy for gambling harm prevention in the ACT: A public health approach 2019 – 2024*.¹¹

ATODA supports advocacy efforts to reduce the number of EGMs in the ACT alongside the implementation of harm reduction measures such as bet limits and loss limits. ATODA is aware of the ways in which bet limits and loss limits have the potential to increase harms, counter to intentions, where they are inappropriately set, where there is uneven implementation, or when limits are tied to income or to welfare payments. ATODA also recognises the capacity for legislative reform to increase the stigma and discrimination experienced by individuals with co-occurring gambling and ATOD use, which should be a consideration when legislation is implemented.

Recommendation 3.1. That the ACT Government continue to reduce the number of EGMs in the ACT, in line with current commitments.

Recommendation 3.2. That bet and loss limits are implemented and guided by a public health approach, and set appropriately in consultation with stakeholders, including those with lived experience.

4. Reducing the national harms of online gambling

Online gambling is an increasingly common modality of gambling, as it is easily accessible to anyone on the internet.¹⁹ Online forms of gambling carry high risk of associated gambling harm.²⁰ Continuous access goes hand-in-hand with reduced oversight and the potential for harmful gambling behaviours such as persistence, loss-chasing, impulsive gambling²¹ and gambling under the influence,²² as well as increased risk of harms to others, including exposure of children to parental gambling²³ and domestic and family violence.²⁴

As a national issue, the Federal government should ultimately commit to policy measures that reduce such harms, however the ACT has a place in contributing to the conversations and in the coordinated efforts to reduce online gambling harms. The 2024 ACT Gambling survey found that online gambling participation has increased in recent years, to just under 30 percent of ACT adults (26.9 percent), and participation is higher among men aged 25-54, where approximately 37 percent of online gambling participation occurs in this demographic.²⁰ Activities such as sports betting and online lottery ticket purchases were the most common forms of online gambling and the shift towards a greater engagement of the general population in online gambling highlights the need to find interventions that more directly address the potential harms of digital gambling environments, and the demographic groups most impacted by them.²⁰ Furthermore, awareness of BetStop, the national online self-exclusion register, is relatively low in the ACT, with only one-third of adult ACT residents who gamble online reporting familiarity with the scheme.

Recommendation 4.1. That the ACT Government identifies and implements interventions that more directly address online gambling environments, and the demographic groups that are most engaged or most harmed by online gambling.

Recommendation 4.2. That the ACT Government raises public awareness in the Territory of the national self-exclusion register, BetStop.

5. Limiting the influence of industry

Strong, consistent, and whole-of-government action is required to reduce the influence of the gambling industry in the ACT community, including its influence on legislation. ATODA supports campaigns to limit the marketing of gambling products and calls on the ACT Government to ensure that the lobbying capacity of the gambling industry is reduced. Extending the existing prohibited donor list to include a ban on political donations from the gambling industry and its associates would be in line with community sentiment.^{14, 15, 25}

There is a need for the ACT Government to take appropriate action to address the shortfall in the scope of Commonwealth legislation to limit gambling advertising, towards the banning of gambling advertising in the ACT. It is crucial to put restrictions in place that limit the gambling industry's ability to advertise gambling in diverse spaces.

The Gambling and Racing Commission Advisory Committee should maintain a membership that does not prioritise the interests of the gambling and racing industry over parties with an interest in limiting gambling harms. ATODA supports the inclusion of people with lived experience of gambling harms on the committee and/or the formation of a lived experience advisory sub-committee, as per the recommendations of those with lived and living experience expertise.

Recommendation 5.1. That the ACT Government limits the capacity for the gambling industry to lobby individual politicians or parties and places a ban on political donations from the gambling industry and bodies associated with the gambling industry.

Recommendation 5.2. That concrete steps towards the banning of gambling advertising are taken in recognition of the inherent harms of gambling products.

Note

While the term AOD (alcohol and other drug) is commonly used to refer to the alcohol, tobacco and other drug sector, ATODA's preference is to use the term ATOD. This acknowledges the role that specialist service providers in this sector play in providing tobacco cessation support, and because tobacco use is the leading preventable cause of the burden of disease in Australia, contributing far more than alcohol or all illicit drugs combined

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Acknowledgment

ATODA proudly acknowledges the Ngunnawal peoples as Traditional Custodians of the land we work on and recognises all other people or families with connections to the ACT and region.

ATODA acknowledges and respects their continuing culture and the contributions of Aboriginal and Torres Strait Islander peoples to the life of the ACT and region. We respect and value the contributions of Aboriginal and Torres Strait Islander peoples to the alcohol, tobacco and other drug sector.

Artwork: Unspoken History, Map of Pain by Sharon (2020). To learn more, go to: <https://www.atoda.org.au/featured-artwork/>

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