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**RACP Submission to the Interactive
Gambling Amendment (Gambling Reform)
Bill 2026**

July 2026

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 24,300 physicians and 9,200 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, public health medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients, the medical profession and the community.



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

Executive Summary

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to respond to the Interactive Gambling Amendment (Gambling Reform) Bill 2026 (the Bill) as introduced.

This submission does not raise new recommendations and is confined to matters within the scope of the Bill as introduced, that is, its advertising restrictions, sponsorship provisions, BetStop amendments, offshore-operator provisions and enforcement powers. It reiterates positions the RACP has already put on record, in:

- The [RACP/ Royal Australian and New Zealand College of Psychiatrists \(RANZCP\) 2024 Joint Position Statement on the Prevention and Treatment of Gambling-Related Harm](#), **Appendix A**.
- The [RACP/RANZCP 2023 Joint Submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs' Inquiry into online gambling and its impacts on those experiencing gambling harm](#).

This submission also has regard to the recommendations of the House of Representatives Standing Committee on Social Policy and Legal Affairs' 2023 report, the [You win some, you lose more - Online gambling and its impacts on those experiencing gambling harm \(Murphy Report\)](#) and describes where the relevant Bill provision falls short of these already stated positions.

While this submission focuses specifically on the Bill and its provisions, the RACP considers that a broader public health response is needed to effectively address gambling-related harm. Gambling-related harm is a significant issue in Australia. Estimates suggest that Australians lost approximately \$31.5 billion on gambling in 2022–23, continuing to represent the largest per capita losses in the world¹.

Strong legislative restrictions on gambling advertising are needed, including measures outlined in the RACP/RANZCP 2023 Joint Position Statement, that fall outside the scope of this Bill. Such measures would strengthen prevention, treatment, workforce capacity, research and data collection.

The following points are central to how the RACP has approached this Bill:

- **Gambling harm does not affect only the person who gambles; it also affects families, carers and communities, financially, socially, legally and psychologically².**
- **There is strong evidence that gambling advertising drives harmful gambling behaviour³. Betting has become so closely integrated with sport that many young people no longer distinguish between the two⁴.**
- **The law should ban gambling advertising outright, rather than manage it through partial restrictions.**

¹ Australian Institute of Health and Welfare. Gambling [Internet]. Canberra: AIHW, Australian Government; 2025 Oct 16 [updated 2025 Nov 10; cited 2026 Jul 14]. Available from: <https://www.aihw.gov.au/reports/australias-welfare/gambling>

² Dowling N. The impact of gambling problems on families. Melbourne: Australian Gambling Research Centre; 2014. (AGRC Discussion Paper)

³ Torrance J, et al. Emergent gambling advertising: a rapid review of marketing content, delivery and structural features. BMC Public Health. 2021;21(1):718.

⁴ Gridley H. The increasing harm from advertising and promotion of gambling in sport. InPsych. 2013;35(June).

- **Broad, population-wide protections work better than protections that rely on individual gamblers recognising they have a problem and opting out themselves⁵.**

While the Bill represents a good start, in the RACP's view it does not go far enough to protect children, families and communities from gambling harm. The comments below set out where, and how, the Bill's advertising provisions fall short of this evidence base and of the RACP's existing position.

Recommendations

The RACP reiterates the following previously stated recommendations, each addressed to a provision within the Bill as introduced:

1. Legislate for the cessation of all gambling advertising on television and online; failing that, legislate a review point within one to two years of commencement to assess progress toward a complete ban.
2. Ban all gambling inducements, including bonus bets, sign-up offers and deposit-matching offers, without delay.
3. Reverse the default for online gambling advertising, so that no advertisements are shown unless a person has actively opted in as a verified adult.
4. Review the Bill's advertising time and frequency restrictions against current viewing habits, including streaming and on-demand services.
5. Extend the Bill's advertising restrictions to ban the advertising of jackpots.
6. Build health professional involvement in early-exit decisions and mandatory low deposit limits on exit into BetStop's exit process.

Advertising restrictions: a good start, but not yet a path to cessation

1. Legislate for the cessation of all gambling advertising on television and online; failing that, legislate a review point within one to two years of commencement to assess progress toward a complete ban.

The RACP supports a number of the Bill's advertising measures: the ban on betting advertisements during live sporting broadcasts (ss 62K, 62L and 62R), the cap on the frequency of television advertising (s 62M), the ban on radio advertising during school drop-off and pick-up times (s 62N), the ban on athletes and other influencers promoting betting (s 62W), and the ban on the promotion of odds during broadcasts (s 62X). These are solid, evidence-based measures that align with the recommendations of the 2023 Murphy Report.

The RACP suggests that legislation should prohibit all forms of gambling advertising and recommends that governments legislate for the cessation of gambling advertisements on television and online.

The RACP's biggest concern is that the Bill puts in place permanent partial restrictions, not a path to a full ban. This falls short of the RACP's call for prohibiting all forms of gambling advertising, and of the 2023 Murphy Report, which recommended phasing in a complete ban on all online gambling advertising within three years. As it stands, children and the wider community will continue to see substantial gambling advertising outside the specific windows the Bill protects, particularly through streaming and on-demand content that does not run to a standard broadcast schedule.

⁵ House of Representatives Standing Committee on Social Policy and Legal Affairs. You win some, you lose more: online gambling and its impacts on those experiencing gambling harm. Canberra: Commonwealth of Australia; 2023.

The Bill's advertising provisions (ss 62K–62Z) establish permanent partial restrictions rather than a path to cessation and treat broadcast and online channels unevenly. Free-to-air and other broadcast television is subject to a frequency cap of three advertisements per 60-minute period between 6:00am and 8:30pm (s 62M). Online content services, including streaming platforms, are not subject to any equivalent frequency cap or time-of-day restriction outside live sporting coverage; their only obligation is to take reasonable steps around under-18s and provide an opt-out mechanism (ss 62P–62S).

This gap matters as audiences increasingly use streaming platforms⁶ that are less regulated than TV broadcasts. This imbalance risks shifting advertising volume toward platforms with the weakest protections, which is the opposite of the outcome the RACP calls for in naming both television and online as requiring cessation.

Inducements: bonus bets and sign-up offers

2. Amend the Bill to ban all gambling inducements, including bonus bets, sign-up offers and deposit-matching offers without delay, as recommended in the 2023 Murphy Report.

The Bill bans misleading and harmful advertising content, but does not extend to inducements, bonus bets, sign-up offers and deposit-matching offers that are used to encourage people to start or increase their betting. This is a significant gap: these offers are known to drive harmful gambling, particularly in people who are new to betting, and the 2023 Murphy Report specifically recommended that they be banned outright, without delay.

Default settings for online gambling advertising

3. Reverse the default for online gambling advertising, so that no gambling advertisements are shown unless a person has verified they are an adult and has actively opted in.

Under the Bill, online platforms may continue to show gambling advertisements unless a person opts out or is flagged as under 18 (ss 62P–62S). This leaves 'advertising on' as the default position unless the individual takes action, an extra barrier in itself, and one that is easily circumvented through shared devices, false ages or logged-out browsing. This is inconsistent with the RACP's position that broad, population-wide protections are more effective than measures that rely on individuals recognising harm and protecting themselves.

Advertising time restrictions and current viewing habits

4. Review the Bill's advertising time and frequency restrictions against current viewing habits, including streaming, catch-up and on-demand services, to ensure the protections are not easily bypassed by how content is now consumed.

The television advertising frequency cap in the Bill only applies between 6:00am and 8:30pm (s 62M); outside this window, there is no limit at all. Similarly, the ban on advertising around live sporting broadcasts applies only in the five minutes either side of the broadcast. Given how much sport and

⁶ Australian Communications and Media Authority. Streaming remains Australia's favourite way to watch or listen, ACMA research shows [Internet]. Canberra: ACMA; 2026 Mar 5 [cited 2026 Jul 14]. Available from: <https://www.acma.gov.au/articles/2026-03/streaming-remains-australias-favourite-way-watch-or-listen-acma-research-shows>

other content is now watched through streaming and catch-up services rather than live, scheduled broadcast, these windows are unlikely to reflect how people actually watch content.

Advertising of jackpots

5. Extend the Bill's advertising restrictions to ban the advertising of jackpots, as already recommended by the RACP and RANZCP.

The RACP/RANZCP's joint publications on gambling recommended a ban on advertising online jackpots, alongside other measures to reduce their appeal to people experiencing gambling harm.

The Bill's advertising restrictions already ban specific categories of content, including odds promotion (s 62X) and harmful or misleading content (s 62Z), but do not extend to jackpot advertising.

BetStop exit process

6. Build health professional involvement in early-exit decisions, and mandatory low deposit limits on exit, into Schedule 3's BetStop provisions, as already recommended by the RACP and RANZCP.

The RACP/RANZCP's joint publications on gambling recommended further development of BetStop's exit process, specifically: consultation with a physician, psychiatrist or other listed support service when a person decides to end their exclusion period early, and a requirement that individuals who leave the program specify low deposit limits on any account they subsequently open.

The Bill's Schedule 3 strengthens BetStop's exit process, introducing a mandatory 7-day cooling-off period, a confirmation step, and notification of a nominated support person, but does not include health professional involvement in early exits or mandatory low deposit limits on exit.

Closing Comment

The recommendations above are not new. They restate positions already on the record in the RACP/RANZCP's 2023 Joint Submission and 2024 Position Statement and the 2023 Murphy Report and are addressed specifically to those provisions of the Bill that fall short of those positions.

The RACP reiterates that gambling-related harm is a significant public health issue in Australia, affecting not only the person who gambles but also families, carers and communities. The evidence is clear that gambling advertising drives harmful gambling behaviour, and that broad, population-wide protections work better than measures that rely on individuals recognising harm and protecting themselves. For this reason, the RACP continues to call for the cessation of all gambling advertising, rather than the permanent partial restrictions the Bill currently provides for.

The RACP would welcome the opportunity to discuss this submission further and to give evidence to the Committee, should that assist its consideration of the Bill.

If you require further information or would like to engage with us, please contact Debra Moss, Policy and Advocacy Officer, via the RACP Policy and Advocacy unit policy@racp.edu.au.

Appendix A

Joint RANZCP/RACP Position statement 45

Prevention and treatment of gambling-related harm



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Authorising Body:	Board
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Summary

This position statement outlines the impact of gambling-related harm and the need for evidence-based preventative measures and therapeutic interventions.

Purpose

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) and the Royal Australasian College of Physicians (RACP) have developed this statement to outline their shared position on gambling-related harm and its impact on individuals, family, whānau and support networks (including carers). It highlights the need for stronger regulation to address the increasing burden of harm caused by gambling in Australia and Aotearoa New Zealand. It also outlines the need to address barriers preventing help-seeking and the need for assessment, diagnosis, treatment of harmful gambling behaviour.

Key messages

- Gambling-related harm impacts individuals, families, whānau, carers, and communities and can affect mental and emotional, social, financial, legal, and physical wellbeing.
- Comorbid disorders such as substance use disorders and mood disorders are frequently present in individuals experiencing gambling-related harm.
- Online gambling and electronic gaming machines (EGMs) pose significant risks to the health and wellbeing of individuals and communities and require strong regulatory measures to reduce these risks.
- Increasing evidence-based preventative measures is essential to reduce the burden of harm caused by gambling. This includes prohibiting all forms of gambling advertising through legislation.
- Evidence-based therapeutic interventions exist for those experiencing gambling-related harm but are insufficiently accessible. A trained and supported healthcare workforce should play an important role in identification and treatment alongside individuals experiencing gambling-related harm and their communities.
- More research is required to broaden options for early intervention, assessment, and treatment for individuals experiencing gambling-related harm.

Understanding gambling-related harm

Gambling is an activity which involves a prize of money (or something else of value), where money (or something of value) is staked, where the outcome involves an element of chance.[1] Gambling-related harm is harm or distress arising from, caused or exacerbated by an individual's gambling. Gambling-related harm occurs on a spectrum and can range in severity. Throughout the position statement, the term 'problem gambling' is used when referring to the clinical disorder. Where referring to an individual, person-first language is used.

The [International Classification of Diseases 11th Revision](#) (ICD-11) and the [Diagnostic and Statistical Manual of Mental Disorders Fifth Edition](#) (DSM-5), outline and describe the clinical condition 'gambling disorder', under the broad category of addictive behaviours and substance and addictive disorders.[2, 3] The ICD-11 also includes 'hazardous gambling or betting', a term which recognises the risk of harm caused by gambling when the threshold of 'disorder' is not met. Research suggests that gambling disorder is similar to substance disorders in diagnostic criteria, comorbidities, shared genetic underpinnings, comparable neurobiological effects and treatment approach.[4]

Blaszczynski and Nower's [pathways model](#) provides an explanation for the ways in which people might fall into harmful gambling behaviours and has been validated through empirical studies.[5, 6] It categorises individuals into three subtypes and notes different motivations for gambling including: errant beliefs about gambling, enjoyment or escapism, or predisposition to impulsive decision-making. Understanding these pathways is important for addressing harmful gambling behaviour more effectively.

The [Problem Gambling Severity Index](#) (PGSI) is a screening tool used to measure the severity of gambling-related harm. Categories used by the PGSI include: 'non-problem gambler', 'low-risk', 'moderate-risk' and 'problem gambler'. 'Problem gambler' is the term for the highest risk category in this tool and these individuals most likely meet the threshold to receive a clinical diagnosis for their gambling behaviour.[7, 8]

Impact of gambling-related harm

Gambling-related harm is a significant public health issue in Australia and Aotearoa New Zealand and requires a concerted public health approach. Estimates suggest that Australians lost approximately \$25 billion on legal forms of gambling in 2018–19, representing the largest per capita losses in the world.[9] Aotearoa New Zealand was among the top five countries with largest per capita loss due to gambling in 2017.[10]

On individuals

Mental health conditions are often comorbid for individuals who experience gambling related harm and are more predisposed to feelings of guilt, shame, hospital presentation and risk of suicide as a result.[11-13] Comorbidities of concern include alcohol-use disorder, substance use disorders and mood disorders.[4] The use of addictive substances such as alcohol and nicotine may drive gambling activity and conversely gambling activity may influence the consumption of addictive substances.[14] While the true number of gambling-related deaths are underestimated, individuals are at a higher risk of mortality by suicide, often driven by feelings of indebtedness and shame.[15-17]

Several priority population groups are disproportionately affected by gambling-related harm, further exacerbating existing socioeconomic and health inequalities. They include: Aboriginal and Torres Strait Islander peoples, Māori, culturally and linguistically diverse peoples, men, adolescents, individuals from a low-socioeconomic background and individuals who have been incarcerated.[9, 18-27]

On families, whānau, carers and the broader community

Gambling-related harm extends beyond the individual and also impacts families, whānau, carers and the broader community, including through financial and legal difficulties causing damage to relationships.[28] This can escalate to intimate partner violence which, while not caused by gambling, may intersect in a range of ways.[29] Economic abuse is highly prevalent for women experiencing gambling-related intimate violence.[29] While less common, gambling can lead to illegal activities motivated by an attempt to recover losses because of gambling activity.[30]

Higher risk gambling platforms

Electronic gaming machines (EGMs)

EGMs, colloquially known as 'pokies', are responsible for the majority of gambling revenue in Australia and Aotearoa New Zealand.[31-33] The risk of gambling-related harm increases significantly with an individual's frequency of playing EGMs. EGM users are also more likely to significantly underestimate the duration of their gambling session and spend more than intended.[34]

Given the disproportionate impact of EGMs use, including the financial risk, high participation rate and high frequency of play, EGM regulation should be considered a primary focus of policy action, including restricting the number of EGMs and reducing the maximum bet and limiting jackpots.[35, 36]

Online gambling

The rise in online gambling, including convergence between video gaming and gambling (i.e. through wagers, betting, randomised rewards in exchange for real-world money), has led to increased gambling-related harm.[37-40] In addition, the COVID-19 pandemic has accelerated the use of online gambling, especially among new gamblers recruited online, including young people.[41]

Online gambling is easily accessible, immersive, enables secretive behaviour, and is aggressively marketed, leading to devastating consequences for individuals and families.[17, 42] Online gambling sites are accessible 24 hours per day, do not require the person to leave their home, and lack physical/visual supervision from staff in public gambling venues. In Australia, online gambling is regulated by the *Interactive Gambling Act 2001* (Cth), making it illegal for offshore gambling services to offer real money gambling to individuals accessing the internet in Australia. In Aotearoa New Zealand, offshore gambling services are not regulated.[43] Appropriate legislative responses are required to keep pace with these advances.

Gaming convergence refers to the intermingling of gaming products with gambling elements. Loot boxes that are incorporated into games use comparable mechanics to EGMs where individuals are incentivised to spend real-world money for the chance to receive a rare in-game item.[43] There is preliminary evidence showing an association between video gaming problems and gambling behaviour, causing harm.[44] Further research is needed to understand the risks associated with gaming and its links to gambling-related harm.

Prevention

Addressing gambling-related harm at its root is crucial and requires stronger government action. This includes the implementation of effective harm minimisation strategies, and regulations on the gambling industry.[45] Evidence-based preventative measures and harm reduction strategies are an effective way to mitigate gambling-related harm and promote positive health outcomes from a population health perspective before harm occurs.[46] Population-wide interventions are considered to be most effective in reducing the burden of gambling-related harm.[17]

Education and awareness

Improved education regarding gambling behaviour and societal context's role to prevent harmful gambling behaviour is required. Governments should prioritise enacting regulatory standards and expectations around education and awareness for the gambling industry and providers. Industry should be kept at a distance from policy development, advocacy and awareness-raising activities.[47]

Advertising

Advertising of gambling products is strongly associated with harmful gambling behaviour.[48] Gambling at sporting events has been normalised to the extent where many young people see gambling and sporting events as inextricably linked.[49] Legislation to prohibit gambling advertising is critical to preventing gambling-related harm.

Early intervention

For individuals

Identifying individuals who experience harm from gambling early is critical. This can be achieved through enacting measures to identify gambling-related harm, with a focus on the priority populations we have previously identified.[9, 18-24]

Empowering individuals to self-check for lower-risk gambling-related harm is an effective public health measure allowing for intervention at the earliest possible moment. In Australia, the empirically derived lower-risk gambling limits can be used to self-identify harm and include: gambling frequency of 20-30 times per year, spending 0.83-1.68% of gross personal income and engaging in two or more types of gambling per year.[50] More research is needed to identify lower-risk gambling limits in Aotearoa New Zealand. Limits need to be shared via an accessible guidance to help individuals make more informed choices about gambling.

Family members, whānau and carers also play a crucial role in prompting individuals experiencing gambling-related harm to seek help and can create conditions that promote early intervention.[51, 52]

Harm/loss minimisation through legislation and host responsibility

Changes to legislation to reduce the supply of land-based gambling products, restricting venues and licenses, increasing pricing and taxation, and limiting operating hours can prevent gambling-related harm. Risk reduction strategies which focus on 'host responsibility' such as training staff in evidence informed formal procedures (e.g., self-exclusion register, cashless gambling cards) can also decrease the risk of gambling-related harm.

Measures to minimise incentives for gambling, such as reducing maximum bets and limiting jackpots on EGMs, have been implemented in some Australian jurisdictions.[53] In Aotearoa New Zealand, changes have been made under the *Gambling (Harm Prevention and Minimisation) Amendment Regulations 2023* to address harms associated with EGMs and recognise them as one of the most harmful forms of gambling.

Treatment

Treatment for individuals who experience gambling-related harm should be person-centred and based on partnership between individuals, their community and the health professional.[54] Clinicians have a role in identifying gambling-related harm through routine screening during initial assessment of individuals.[55] Commonly used evidence-based screening tools include the Problem Gambling Severity Index (PGSI) or Brief Problem Gambling Screen (BPGS). Where mental health comorbidities are present, alternative therapies and treatments should be explored based on the individual's presentation. Further assessment and referral to specialised services can also be made, as appropriate.[56]

Models of treatment should reflect an inter-disciplinary approach, be adequately funded, and include clear referral pathways to address harmful gambling behaviour.[57, 58] This may include contributions from addiction medicine physicians and psychiatrists, general practitioners, qualified psychologists and other therapists, social workers, financial counsellors, those with lived experience of gambling-related harm and peer support workers and mutual support groups (e.g. Gamblers Anonymous).[59] Treatment models should be guided by lived experience wisdom of individuals who experience gambling-related harm.[60] Treatment models should also recognise the role of family and whānau, by involving them in recovery and support options where possible.

Cognitive behavioural therapy (CBT) is recognised as the most effective evidence-based treatment for gambling-related harm.[61] This is followed by motivational interview (MI) which emphasises the need for an empathic, patient-centred approach.[61] Other approaches to treatment include participation in community-based programs like Gamblers Anonymous which can assist individuals through mutual support, accountability and structure.[62, 63] Pharmacological interventions can be

used to enhance first-line treatment when first-line treatments alone prove unsuccessful. Pharmacological interventions are recommended as part of a holistic treatment plan where appropriate precautions are taken.[64-66] This should be approached with awareness of the low certainty of a medium benefit regarding the short-term improvements found with the use of opioid antagonists such as naltrexone.

Addressing barriers to treatment

Stigma is often encountered by individuals who experience gambling-related harm, which may exacerbate the harm and prevent help-seeking in these individuals.[37, 67, 68] Other challenges to receiving treatment for gambling-related harm may include previous history of trauma (including in childhood), societal attitudes, reluctance to seek help, geographic barriers, limited service availability, financial limitations, and lack of knowledge.[69-71] Almost three out of four individuals who experience gambling-related harm do not seek professional treatment or join support groups.[72] Overcoming these obstacles is crucial to ensure fair access to treatment and positive outcomes. This may include placement of services providing treatment of problem gambling where there is greatest need, including at-risk communities that are more likely to experience disproportionate harm from gambling.

Trauma-informed practice

Individuals who experience gambling-related harm often have higher rates of trauma.[73] Trauma-informed practice is a strengths-based delivery approach that recognises the impact trauma can have on individuals to improve health outcomes and paths for recovery.[74] This includes recognising diversity of an individual's experiences and presentation, understanding how trauma can impact functioning and behaviour and creating a safe environment to minimise re-traumatisation.[73] It is important to raise awareness and integrate trauma-informed practices into services addressing gambling-related harm.

Improving the evidence base

There is no universally accepted approach to measuring gambling-related harm. More research is needed to establish effective measures for regulating gambling. This includes incorporating harm reduction strategies and input from those with lived experience. Evidence-informed prevention and intervention efforts are necessary to address harmful gambling behaviour and develop international screening and diagnostic instruments for gaming disorder. Collaboration across jurisdictions and joint governance agreements are essential to improve regulatory practices and reduce harm for online gamblers.[75]

Regulatory and systemic measures must be evidence-based to prevent and reduce harm for people who experience gambling-related harm, with adjustments modifications as the evidence base develops. Assessment of services occurring both nationally and across jurisdictions, including their joint governance and data sharing agreements should take place, as appropriate.

Some assistance may be provided by the World Health Organization's plan to develop new international screening and diagnostic instruments for gaming disorder and gambling disorder. This is intended to improve the evidence base to create comparable epidemiological data and provide a basis to facilitate training and capacity building for health professionals.[76]

Recommendations

The RANZCP and the RACP recommend that:

- Gambling-related harm is recognised as a public health issue with a significant impact on the health and well-being of individuals and families, whānau, carers, and communities.
- Individuals and communities with lived experience of gambling-related harm are involved in the development of strategies to address gambling-related harm.

- There is adequate funding and equitable access to treatment and support for individuals experiencing gambling-related harm, including addressing stigma and other barriers to accessing treatment.
- Public health campaigns increase their focus on early intervention particularly for priority population groups in addressing gambling-related harm.
- The identification and treatment of gambling disorder is recognised as a health portfolio priority, and gambling-related harm is aligned with mental health within government portfolios.
- Governments implement regulatory measures to restrict maximum bets, jackpots, and the number of electronic gaming machines (EGMs) in venues to mitigate its risks.
- Governments legislate for the cessation of gambling advertisements on television and online.
- There is improved training for practitioners in identifying harmful gambling behaviour and provide resources for early identification and intervention to the workforce.
- Practitioners screen individuals who experience comorbid mental health disorders for harmful gambling behaviour.
- There is greater investment in research to improve the evidence base for gambling-related harm.
- There is greater investment in evidence-based treatment models that involve a multidisciplinary approach, including psychiatrists and physicians, allied health professionals and individuals with lived experience to address gambling-related harm effectively.

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